



2024-2026



UNION COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

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Executive Summary of the Union County Community Health Improvement Plan 2024-2026

UNION COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Food Insecurity (FI)

- **Goal FI 1:** Improve access to food resources

Strategic Priority: Health Literacy (HL)

- **Goal HL 1:** Foster wellness, primary prevention, and self-care

Strategic Priority: Chronic Disease (CD)

- **Goal CD 1:** Improve cardiovascular health and chronic conditions

Strategic Priority: Tobacco Use and Vaping (TUV)

- **Goal TUV 1:** Prevent vaping among Union County youth
- **Goal TUV 2:** Promote tobacco cessation and supports for youth and adults
- **Goal TUV 3:** Ensure tobacco-free environments

The Florida Department of Health in Union County initiated their latest community health assessment and health improvement planning process in collaboration with community partners. As has been their long-standing practice, Union County community leaders and partners elected to use the modified Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by a diverse, broad, and representative group of local partners and leaders organized into a Core Team and a larger Community Health Assessment Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [2023 Union County Community Health Assessment](#) and [2023 Bradford and Union County Community Health Assessment Technical Appendix](#)). This data and consensus-building discussions were used to identify strategic priorities for the coming three years of 2024-2026. The strategic priorities selected and the key, driving data and discussion points that factored into their selection are described below: (note: for this section data source references have been shortened to *CHA* for the 2023 Community Health Assessment and *Technical Appendix* for the that report; both linked above)

- **Food Insecurity:** The community health assessment brought to light deepening concerns about food insecurity and particularly hunger among senior citizens, young children, and

families with school-age children. Also of concern are contributing factors that themselves are problematic such as rising food costs, job market instability, persistently high poverty rates in Union County, and challenges for community organizations and government agencies to keep pace with meeting basic needs. Food insecurity rates for persons of all ages in Union County, while falling over the past five years, are higher than state rates. Child food insecurity rates have fluctuated but remained higher than state rates until 2020 when 14.9 percent of Union County children were reported as experiencing food insecurity compared with 15.7 percent for Florida (Table 41, Technical Appendix). Secondary data on flagging median and per capita incomes and lower educational achievement (Tables 30, 32, 38, Technical Appendix) also directed attention to these factors that contribute to the stress many Union County households feel. Community survey data showed access to convenient, affordable, and nutritious foods as the second highest ranked factor for a healthy community (40.0 percent of responses) and second (20.0 percent of responses) most important health issue for the county. Eating unhealthy foods and drinking sugar-sweetened beverages ranked third (28.6 percent of responses) among the behaviors with greatest negative impact on overall health (Tables 10, 12, CHA). Forces of change discussions with community partners highlighted concerns about hunger and food insecurity for children and closure of the farmers market (p. 69, 70 CHA).

- **Health Literacy:** Union County is not without health resources. However, using the scarce assets wisely, efficiently, and for their intended purposes by the majority of residents was identified as a persistent mismatch. Grouped together, these skills and knowledge signify challenges with health literacy. Health literacy can be defined as the ability to “access, understand and use information in ways which promote and maintain good health” ([World Health Organization](#), accessed October 23, 2023). Secondary data from the community health assessment found that Union County residents had problematic rates for avoidable (or preventable) hospitalizations, preventable emergency department visits for dental care, mental health care, and general conditions (Tables 104, 105, 161, 168, Technical Appendix). These indicators signal a potential link to gaps in health literacy. Community residents who responded to the assessment survey healthy behaviors among the top five factors for a healthy community and similarly ranked not using healthcare resources appropriately among the leading behaviors with greatest negative impact on health (Tables 10, 12, CHA). During the forces of change primary data collection, discussions pointed to deficits in health literacy in general and specifically in the areas of seeking care for dental problems, mental health issues, and navigating the healthcare provider appointment and payment systems (p. 69, CHA).
- **Chronic Disease:** Primary chronic disease prevention efforts aim to prevent illness and injury before it occurs including averting oral health and dental problems. Healthy living includes

actively making informed choices towards wellness and a fulfilling life. Persistently higher than state rates of overweight and obesity and deaths rates from chronic conditions such as heart disease, cancer, chronic lower respiratory disease, and diabetes were found among Union County residents; these secondary data also pointed to racial disparities (Tables 67, 68, 130, Technical Appendix). Union County residents used emergency room services for dental issues results in higher than state rates of preventable dental emergency department visits (Table 161, Technical Appendix). Community members who responded to the assessment survey ranked obesity and overweight among the top five most important health issues that need to be addressed (Table 11, CHA). Relatedly, again in the community survey among the most commonly identified behaviors with greatest negative health impact were unhealthy eating foods and drinking sugar-sweetened beverages, overeating, and lack of physical activity (Table 12, CHA).

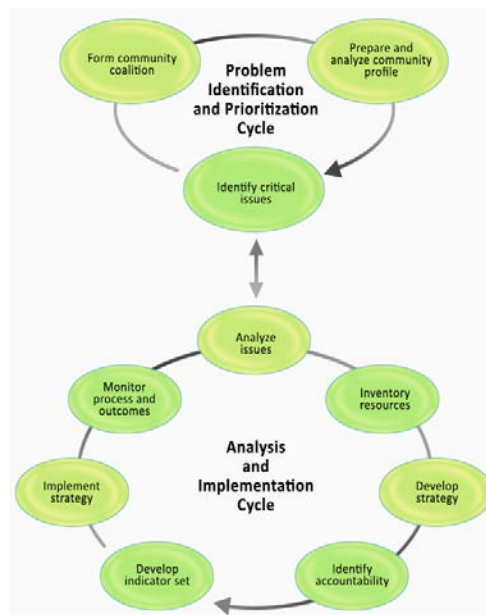
Tobacco Use and Vaping: Any tobacco use—including e-cigarettes and smokeless products—is harmful. Rising rates of tobacco initiation and use by youth are troubling. Trends among Union County youth were identified in the community health assessment and flagged as critical areas of concern (Table 129, Technical Appendix). Adult tobacco use is also a persistent issues according to secondary data (Table 128, Technical Appendix). Tobacco use and vaping, particularly among youth, was elevated as a community priority for Union County. Community members who responded to the assessment survey also signaled that tobacco use (including use of e-cigarettes and smokeless products) was an important issue to be addressed (tied as fifth most important issue with 17.1 percent of responses; Table 11, CHA). Twenty (20.0) percent of survey respondents indicated that tobacco use, vaping, and chewing tobacco were among the top behaviors with greatest negative impact on health in Union County (Table 12, CHA).

Overview of Community Health Improvement Planning

COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine’s (IOM) 1997 publication *Improving Health in the Community*, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community’s health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention’s (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement. MAPP 2.0 was released in 2022 reflecting the updated (2020) Ten Essential Public Health Services and innovations in community engagement, data collection and reporting, and community capacity assessment.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997



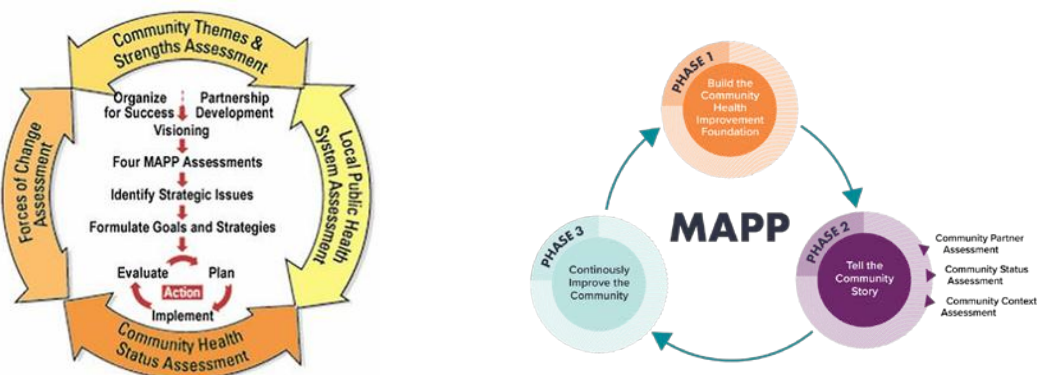
Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) *Improving Health in the Community*, Washington, DC: National Academy Press. Retrieved: October 23, 2023, <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

NACCHO and the CDC’s vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." NACCHO continues this focus with the updated MAPP 2.0 framework released in July 2023. However, the Union County leaders and partners opted to continue with the classic MAPP process. At the heart of the Union County MAPP process were the following core classic MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment

The findings from these three MAPP assessments informed the recognition of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues were documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

FIGURE 2: MOBILIZING FOR PLANNING THROUGH PLANNING AND PARTNERSHIPS (MAPP) MODELS: CLASSIC MAPP AND MAPP 2.0, 2023



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 23, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool “to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.” The community health improvement planning process “involves an ongoing, collaborative, community-

wide effort to identify, analyze, and address health problems; assesses applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (October 2022). *PHAB Acronyms and Glossary of Terms*. Retrieved October 23, 2023, [Acronyms-and-Glossary-of-Terms.pdf \(phaboard.org\)](#)

THE ROLE OF SOCIAL AND ECONOMIC FACTORS IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL, ECONOMIC, AND OTHER FACTORS THAT DETERMINE HEALTH



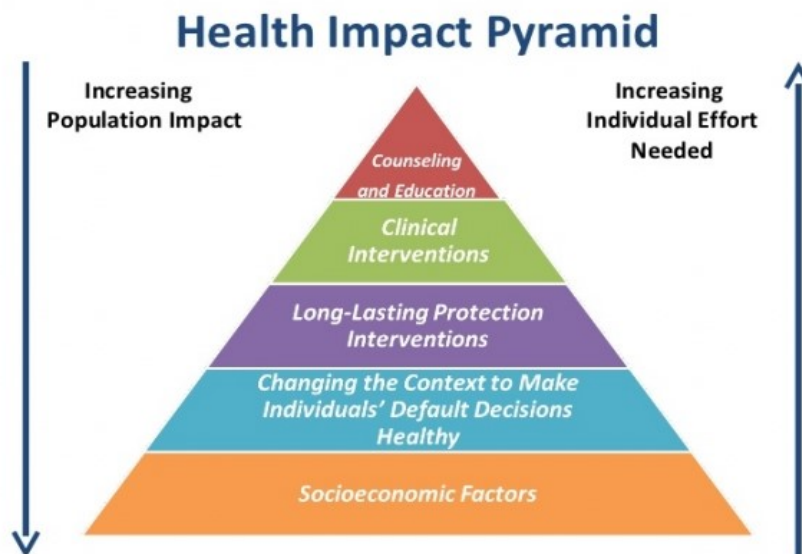
Source: Centers for Disease Control and Prevention. Retrieved October 23, 2023, <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social, economic and other determinants of health include the “conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health, functioning, and quality of life outcomes and risks”. (About Social Determinants of

Health,” World Health Organization, accessed October 23, 2023 http://www.who.int/social_determinants/sdh_definition/en/). These determinants include factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social networks as well as access to health care. Addressing factors that impact health is important for improving physical and mental health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape individuals’ ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address social and economic factors are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 4: HEALTH IMPACT PYRAMID



Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved October 23, 2023 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>



Union County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

The Union County CHIP development is a continuation of the community health assessment process using the modified MAPP model. Community health assessment work began in January and concluded in June 2023. The three phases of MAPP that constituted the community health assessment process are briefly described below. Immediately following the release of the assessment findings, the Florida Department of Health in Union County leaders began organizing the CHIP process and launched the work to complete the final two MAPP phases in August 2023.

MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment (CHA) and health improvement planning process, the Florida Department of Health in Union County engaged partners to plan a process that built upon existing relationships, used resources wisely, learned from successes and challenges, and demonstrated a commitment to making positive, collective impact on health and quality of life in Union County. A listing of the Union County CHA Steering Committee partners and their affiliations can be found in the [2023 Union County Community Health Assessment](#) report.

MAPP PHASE 2: VISIONING AND ASSURING DIVERSE REPRESENTATION

At their kick-off meeting on January 11, 2023, the Union County Community Health Assessment Steering Committee members discussed how they would define health, identify the characteristics of a healthy Union County, and assure that the assessment included diverse and representational input and viewpoints. Partners decided to include the broader community in defining health and listing the factors that contribute to a healthy community through the community survey. The following table lists the population groups and partners that the assessment will endeavor to include for diverse representation. The word cloud below depicts terms that were frequently used to define health in Union County. This data was collected by the community survey; full survey results are found in the [2023 Union County Community Health Assessment](#) report.

TABLE 1: POPULATIONS AND ORGANIZATIONS TO INCLUDE TO ASSURE DIVERSE REPRESENTATION IN THE COMMUNITY HEALTH ASSESSMENT PROCESS, UNION COUNTY, 2023

| Organizations, Partnerships, Groups, or Populations | |
|---|--|
| School district | Mental health organizations, such as Meridian |
| Peaceful Paths | Hospital |
| Sheriff/Law Enforcement | Local government officials |
| Department of Corrections | Institute of Food and Agricultural Sciences (IFAS)/Agricultural Community |
| Housing Authority | Partnership For Strong Families/Department of Children and Families/Children’s Advocacy Center |
| Impact Center | Churches |
| Women’s Club | Library |
| Senior centers | Newspaper |

Source: Union County visioning and diversity exercise results, January 11, 2023, prepared by WellFlorida Council, 2023

FIGURE 5: FACTORS THAT DEFINE HEALTH, UNION COUNTY, 2023



Source: Factors that define a healthy community for Union County from the community survey, May 11, 2023, prepared using WordItOut by Enideo by WellFlorida Council, 2023



MAPP PHASE 3: THREE MAPP ASSESSMENTS

Each of the three assessments in the modified MAPP process gathered data to form a comprehensive picture of health status and outcomes, health behaviors, and health resources in Union County. Key findings and highlights from each of the assessments are summarized below.

Forces of Change:

Union County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state, and nation. Through a facilitated discussion they identified trends, factors, and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal, and ethical factors, trends, and events. The most commonly mentioned forces of change identified are listed below.

- Factors
 - Social Factors
 - Persistent lack of mental health providers
 - Finding affordable dental care for adults is long-standing challenge
 - Limited media outlets
 - Health literacy challenges for residents
 - Very stable school system
 - High rates of food insecurity
 - Presence of educational foundation as an important community resource
 - Economic-related Factors
 - Fiscal challenges for local governments
 - Many organizations/agencies have ability to apply for grants including the county, city, and regional groups
 - Rising costs and inflation impacts all residents, is particularly burdensome to low-incoming individual, families, and senior citizens
- Trends
 - Social and Behavioral
 - Increase in tobacco use, especially vaping
 - Increased risk of chronic conditions, strain on resources for a small community
 - Rise in mental health issues in past year
 - Increasingly difficult to secure and maintain affordable housing
 - Fewer people using services that are available locally

- Social and Economic
 - More people seeking housing in Union County since housing is not available in other counties
 - Residents moving in to work remotely are taking up housing that someone working locally could use
 - More competition for the few resources available
 - Homelessness becoming more common
- Events
 - Social
 - Development of Community Coalition Alliance
 - Facilitates cooperation between existing organizations and services
 - Department of Health planning to institute Blessing Boxes
 - To provide food and children books throughout the county
 - Social and Economic
 - Vape shop coming into town
 - Concerns about its location near middle and high school
 - New business developments popping up
 - Agricultural-based grants available through UF/IFAS
 - Closing of farmers market

Community Themes and Strengths:

The opinions, perspectives and concerns of Union County residents were collected through the community themes and strengths assessment. The goal of this primary data collection activity was to better understand the health-related issues that are important to the community and what barriers and obstacles prevent or impede access to health and social services. An electronic community survey sought input from adult Union County residents. There were 35 completed community surveys included in the analysis. A convenience sampling method was used to collect survey data and results are not generalizable to the general population. More than 30 percent of community survey respondents ranked mental health problems as the most important health issue to be addressed, followed by access to sufficient food, dental problems, and substance/drug misuse (tied at 20.0 percent of responses). Relatedly, drug misuse was ranked as the behavior with the greatest negative impact on health in Union County, with 37.1 percent of responses. Other highlights from the analysis of



the community survey are provided below. For detailed results, please refer to the [2023 Union County Community Health Assessment](#) report.

Top ranked most important health issues to address in Union County included:

- Mental health problems (31.4 percent of survey respondents selected this)
- Access to sufficient, nutritious food (20.0 percent)
- Dental problems (20.0 percent)
- Substance/drug misuse (20.0 percent)
- Cancer (17.1 percent)
- Obesity (17.1 percent)
- Tobacco use (17.1 percent)

Behaviors with the greatest negative impact on health in Union County included:

- Drug misuse (37.1 percent)
- Lack of physical activity (31.4 percent)
- Eating unhealthy foods/drinking sugar-sweetened beverages (28.6 percent)
- Lack of personal responsibility (25.7 percent)
- Overeating (22.6 percent)
- Dropping out of school (22.6 percent)
- Not using healthcare services appropriately (22.6 percent)

Healthcare services that were rated as the most difficult to obtain in Union County included:

- Vision/eye care (74.3 percent)
- Dental/oral care (68.6 percent)
- Specialty care (45.7 percent)
- Urgent care (34.3 percent)
- Alternative medicine/therapy (28.6 percent)

Barriers to accessing dental, primary and mental health care experienced by survey respondents in the past 12 months most commonly cited were:

- Cost (68.2 percent for dental care, 80.0 percent for primary care, and 57.1 percent for mental health care)
- Appointment availability (54.5 percent for dental care, 20.0 percent for primary care, 28.6 percent for mental health care)



- Insurance-related issues (40.9 percent for dental care, 40.0 percent for primary care, and 14.3 percent for mental health care)

Other notable barriers to primary care and mental health care reported by Union County residents who completed the survey were caregiver responsibilities (40.0 percent and 28.6 percent, respectively) and work-related issues (40.0 percent and 42.9 percent, respectively).

Community Health Status:

A comprehensive review of secondary data for Union County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The [2023 Union County Community Health Assessment](#) report and [2023 Bradford and Union Counties Community Health Assessment Technical Appendix](#) were developed as part of this assessment and serve as community resources for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

Social and Economic Factors of Health

As described earlier, these factors have been shown to have impacts on overall health. In addition, these factors can cause health disparities that are often rooted in social and economic disadvantages. Data shows Union County has continuing challenges with related issues as listed below (table references are from the [2023 Bradford and Union Counties Community Health Assessment Technical Appendix](#) unless otherwise noted).

- Poverty [\$55,463 median household income, all races, Union County, \$61,777 Florida (Table 30, 2017-2021); \$20,226 per capita income, all races Union County, \$35,216 Florida (Table 32, 2017-2021); 28.0 percent Asset Limited, Income Constrained, Employed (ALICE) households Union County, 32.0 percent Florida (Table 29, *2023 United Way ALICE Report*)
- Limited employment opportunities [4.2 percent unemployment Union County, 3.7 percent Florida (Table 36, 2021)]
- Barriers to education and job training [88.3 percent graduation rate Union County, 90.1 percent Florida (Table 39, 2020-2021); 20.8 percent college degree as the highest level of school completed Union County, 41.6 percent Florida (Table 38, 2017-2021)]
- Housing [30.1 percent of renter-occupied households with gross rent costing 30 percent or more of household income Union County, 56.8 percent Florida; 14.5 percent (of occupied housing units) with severe housing problems Union County, 14.4 percent Florida; 1.2 percent rental vacancy rate Union County, 7.9 percent Florida (Table 44, 2017-2021)]



- Food insecurity [12.3 percent (all ages) Union County, 10.6 percent Florida; 14.9 percent (children) Union County, 15.7 percent Florida (Table 41, 2020)]
- Healthcare service access [64.8 total physicians/100,000 population Union County, 314.0/100,000 Florida; 0 dentists/100,000 Union County, 55.7/100,000 Florida (Tables 158, 160, 2020-2021)]

Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Union County, as in Florida and the rest of the United States, premature disease and death are largely attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. While Union County is similar to Florida in many health indicators, some differences exist. In Union County for 2019-2021, the age-adjusted death rates of the six leading causes of death for all races were higher than or near state rates (listed below as age-adjusted rates per 100,000 population and in Table 67, [2023 Bradford and Union Counties Community Health Assessment Technical Appendix](#)).

- Heart Disease (259.3 deaths/100,000 Union County, 144.5 deaths/100,000 Florida)
- Cancer (384.6 deaths/100,000 Union County, 139.7/100,000 Florida)
- COVID-19 (142.7 deaths/100,000 Union County, 56.4/100,000 Florida)
- Chronic Lower Respiratory Disease (69.7 deaths/100,000 Union County, 33.6/100,000 Florida)
- Stroke (68.4 deaths/100,000 Union County, 43.2/100,000 Florida)
- Unintentional Injuries motor vehicle crash fatalities (70.0 deaths/100,000 Union County, 65.3/100,000 Florida)
- Diabetes (26.1 deaths/100,000 Union County, 22.4/100,000 Florida)

Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to serious challenges facing Union County residents. The issues listed below require multi-faceted approaches to improve persistent health problems alongside primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions and behaviors that were considered as priority health issues include the following (table references are from the [2023 Bradford and Union Counties Community Health Assessment Technical Appendix](#) unless otherwise noted):

- Mental health problems [24.7 percent adults ever been told they have a depressive disorder Union County, 17.7 percent Florida; 18.1 percent adults whose poor physical or mental health kept them from doing usual activities of daily living on 14 or more of the past 30 days Union County, 18.3 percent Florida (Table 107, 2017-2019)]

- Substance misuse [38.9/100,000 population opioid-involved, non-fatal overdose hospitalizations Union County, 38.4 hospitalizations/100,000 Florida; 32.4/100,000 non-fatal opioid-involved overdose emergency department visits Union County, 107.0/100,000 population Florida (Table 115, 2021)]; and 362.7/100,000 population (all ages) drug arrests Union County, 356.4/100,000 Florida (Table 117, 2015-2021)]
- Impaired driving [25.9/100,000 alcohol-confirmed motor vehicle crashes Union County, 23.2/100,000 Florida (Table 113, 2021)]; [13.0/100,000 population drug-confirmed motor vehicle traffic crash injuries Union County, 2.4/100,000 Florida (Table 114, 2021)]; and [32.4/100,000 population drug-confirmed motor vehicle traffic crash fatalities Union County, 1.9/100,000 Florida (Table 114, 2021)]
- Tobacco use including electronic vapor products among adults [32.4 percent adults who are current smokers Union County, 14.8 percent Florida; 7.4 percent adults are current chewing tobacco, snuff or snus users Union County, 2.2 percent Florida (Table 128, 2017-2019)]
- Tobacco use including electronic vapor products among youth (ages 11-17 years) [14.3 percent youth who are current electronic vapor product users Union County, 10.6 percent Florida (Table 129, 2022)]
- Overweight and obesity [74.8 percent adults who are overweight or obese Union County, 64.6 percent Florida; 38.9 percent adults who are obese Union County, 27.0 percent Florida (Table 130, 2017-2019)]

Geographic, Age, Sex, Racial and Ethnic Disparities

Notable disparities were found in the course of Union County's community health assessment process and these differences, many of which are preventable, were given serious consideration and importance in CHIP discussions. Areas of particular concern include:

- Differences in poverty rates for children, adults, and between Whites, Blacks and Hispanics by geography [43.9 percent of children 0 to 17 years of age living between 100 and 200 percent of poverty in the past 12 months in Raiford (zip code 32083); 20.2 percent of adults 65 years and older living at 100-200 percent of poverty in the past 12 months in Lake Butler (zip code 32054) (Table 24, 2017-202); 17.5 percent of Union County females lived in poverty in the past 12 months, 16.5 percent of Union County males; 45.8 percent of females and 25.3 percent of males in Worthington Springs (zip code 32697) lived in poverty in the past 12 months (Table 25, 2016-2020); 34.4 percent of Blacks, 15.4 percent of Hispanics and 14.9 percent of Whites lived in poverty in the past 12 months (Table 26, 2017-2021); 35.4 percent of persons of all races lived in poverty in the past 12 months in Worthington Springs (zip code 32697), 52.8 percent of Hispanics and 30.4 percent of Whites in Raiford (zip code 32083), and 100.0 percent of Blacks

lived in poverty in the past 12 months in Worthington Springs (zip code 32697) (Table 26, 2017-2021)]

- Differences in mortality rates between Union County Whites and Blacks for heart disease, cancer, chronic lower respiratory disease, stroke, diabetes, and unintentional injuries [(age-adjusted death rates per 100,000 population for heart disease for Whites at 254.2 deaths per 100,000, for Blacks at 302.5 deaths; age-adjusted death rates per 100,000 population for cancer for Whites at 373.8 deaths per 100,000, for Blacks at 601.0 deaths; age-adjusted death rates per 100,000 population for chronic lower respiratory disease for Whites at 68.0 deaths per 100,000, for Blacks at 101.7 deaths; age-adjusted death rates per 100,000 population for stroke for Whites at 65.9 deaths per 100,000, for Blacks at 111.1 deaths; age-adjusted death rates for diabetes for Whites at 21.6 deaths per 100,000, for Blacks at 45.7 deaths; and age-adjusted death rates for unintentional injuries for Whites at 86.8 deaths per 100,000, for Blacks at 21.4 deaths (Tables 67 and 68, 2019-2021)]
- Differences in mortality rates among Union County males and females [(age-adjusted death rates per 100,000 population for heart disease at 259.9 deaths per 100,000 population for males and 91.4 deaths per 100,000 for females); for cancer at 513.5 deaths per 100,000 population for males and 182.7 deaths for females; for unintentional injuries at 82.7 deaths per 100,000 population for males and 91.4 deaths for females; for chronic lower respiratory disease at 29.8 deaths per 100,000 population for males and 69.0 deaths for females (Tables 73 and 74, 2021)]

Health Care Resources and Utilization

Although having health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural communities such as those in Union County face additional barriers in accessing healthcare services. Patterns of utilization and health professional shortage data illuminated the depth of access to care issues in Union County. The major issues related to healthcare resources, access, and utilization fall into the groups listed below.

- Inappropriate use of Emergency Departments for routine mental health and dental care [rate of Emergency Department visits per 1,000 population for mental health reasons Union County residents, all ages at 60.4 visits per 1,000 population, Florida rate at 54.2 visits (Table 104, 2021); preventable Emergency Department visit rate per 1,000 population for dental health reasons for Union County residents at 14.0 visits per 1,000 population, Florida rate at 6.0 visits (Table 161, 2021)]

- Lack of healthcare providers and services, specialty care physicians, and dentists [64.8 total physicians per 100,000 population Union County; 314.0 total physicians per 100,000 Florida; 0 dentists per 100,000 population Union County, 55.7/100,000 Florida (Tables 158 and 160, 2020-2021)]
- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Union County residents at 29.5 percent for Medicare, 15.3 percent Medicaid, 18.0 percent private insurance, 4.1 percent self or non-payment; for Florida 44.6 percent Medicare, 18.5 percent Medicaid, 25.2 percent private insurance, 7.0 percent self or nonpayment (Table 166, 2021); 21.4 percent Union County adults who could not see a doctor in the past year due to cost, 16.0 percent Florida (Table 151, 2017-2019)]
- Lack of affordable health insurance with sufficient coverage [10.0 percent civilian population uninsured Union County, 12.6 percent Florida (Table 155, 2017-2021); 10.4 percent uninsured under 65 years of age Union County, Florida 15.5 percent; 13.2 percent uninsured ages 18-64 Union County, 18.4 percent Florida (Table 154, 2020)]

MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

Essential components of bridging the community health assessment with the development of a community health improvement plan include identifying strategic issues, formulating goals and strategies, and implementation. These steps are also referred to as MAPP phases four through six. On May 24, 2023, Union community partners identified strategic priorities for the next three years. The process included the review of the community health status data, community themes and strengths findings from the community survey, and forces of change issues. Partners discussed the characteristics of strategic priorities to assure a common understanding of issue scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility, and resource availability. The table below lists the characteristics of each criterion. First, meeting participants reviewed, discussed, identified common themes, and individually picked their top five strategic priority issues. Through a facilitated consensus discussion and multi-voting, the group identified the final strategic priorities. It is important to note that a few significant issues were set aside because, in accordance with the agreed-upon criteria, partners determined that the issue was being effectively addressed by another group, that another entity was serving in a leadership role on the issue, and/or that the issue was beyond the scope and capacity of the group. The issue of transportation, a persistent challenge for rural communities, was one such problem tagged as already being addressed by governmental agencies and beyond the scope of the assembled partners. Other issues set aside included housing and job opportunities.



After a brief pause to plan and organize the next phase of community health improvement planning, in August 2023 the Florida Department of Health in Union County leaders and community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP.

TABLE 2: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, UNION COUNTY, 2023

| Importance and Urgency | Impact | Feasibility | Resource Availability |
|---|---|--|---|
| <ul style="list-style-type: none">• Issue severity• Burden to large or priority populations• Of great community concern• Focus on equity | <ul style="list-style-type: none">• Potential effectiveness• Cross cutting or targeted reach• Ability to demonstrate progress | <ul style="list-style-type: none">• Community capacity• Political will• Acceptability to the community | <ul style="list-style-type: none">• Financial costs• Staffing• Stakeholder support• Time |

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 24, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

Strategic Priority Issue Areas Identified

- Food Insecurity, focusing on
 - Food affordability
 - Investing in blessing boxes
 - Farm share and farmer’s market programs
- Health Literacy, addressing
 - Mental health and substance misuse resource access and use
 - Awareness and access to existing resources and services
 - Education on self-care and wellness
- Chronic Disease, impacting
 - Heart disease and related conditions such as obesity and behaviors
 - Hypertension
 - Education and screenings
 - Alzheimer’s Disease and aging-related problems
- Tobacco Use and Vaping, including
 - Cessation for adults
 - Prevention for youth and adults
 - Partnering with schools and community organization



- Policy change for tobacco-free environments

MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES

The purpose of this phase is for community partners to develop goals, identify strategies, write measurable objectives, and build action plans for each of the strategic priority areas. Preceded by a Core Team planning meeting on August 8, 2023, the Union community partners began this work on September 27, 2023. All the meetings for community health planning were conducted virtually to reduce travel time and allow for wider and easier attendance. After reviewing the data and key findings from the three MAPP assessments, the group reconfirmed and refined the strategic priority issue statements. Using the data resources from the community health assessment, templates, and facilitated discussion, partners moved through the four strategic priority areas writing goal statements, identifying strategies, and formulating measurable objectives. Once those components were drafted, partners wrote action plans that covered related milestone activities, lead persons and organizations, performance measures, resource needs, and time targets. A similar meeting was held on November 14, where community partners refined and finished writing action plans. Subject matter experts contributed evidence-based and promising practices which were considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, and data source. Action plans note milestone activities, identify a lead entity, specify performance measures for the activity, list resources needed, and have a tracking and status indicator.

MAPP PHASE 6: ACTION CYCLE

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Union County CHIP action cycle is not only guided by the goals, strategies, and objectives set through the MAPP process but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Union County CHIP will be monitored, tracked and reported quarterly using the Florida Department of Health's performance improvement management (PIM) electronic reporting system (ClearPoint®). When deemed appropriate as supported by progress data and/or information on emerging issues, revisions to the CHIP and/or action plans will be discussed, agreed upon, and documented at review meetings. An annual CHIP review meeting will be held to review, report, redirect, and acknowledge challenges and accomplishments. The Union County partnering agencies and organizations are encouraged to assess and evaluate their CHIP-related activities and programs to identify opportunities for improving and enhancing activities and progress by also employing quality improvement tools and approaches.



UNION COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE

| | |
|-----------------------------|---|
| Fall 2022 | Organizational meetings, partner identification, timeline development |
| January 11, 2023 | Community health assessment kick-off meeting, visioning |
| February - April 2023 | Secondary data collection and analysis |
| February 3 – March 20, 2023 | Primary data collection via community survey |
| May 11, 2023 | Presentation of secondary and primary data, forces of change |
| May 24, 2023 | Review of findings from secondary data and primary data Reach consensus on strategic priority issues |
| June 30, 2023 | Union County CHA report is released |
| June – July 2023 | Core Team organizational discussions, CHIP timeline development |
| August 8, 2023 | Core Team meeting to set CHIP meeting roles, resources, expectations |
| September 27, 2023 | CHIP Workgroup meeting to write goals, objectives, action plans |
| October 12, 2023 | Core Team meeting to review CHIP goals, objectives, action plans |
| November 14, 2023 | CHIP Workgroup meeting to finalize goals, objectives, action plans |
| November 28, 2023 | Core Team meeting to review CHIP goals, objectives, action plans |
| December 31, 2023 | 2024-2026 Union County Community Health Improvement Plan published |
| January 1, 2024 | Union County Community Health Improvement Plan launch |



Union County CHIP Goals, Strategies, Objectives and Related Resources

There are four (4) strategic priority areas in the 2024-2026 Union County community health improvement plan. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring, and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms as well as background on related evidence-based strategies and programs, listing of any proposed policy changes, and notations of gaps and health disparity concerns. Please see the appendices for the action plan template and the action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

| Strategic Priority: Food Insecurity (FI) |
|--|
| Goal FI 1: Improve access to food resources |
| Strategies FI 1.1: Expansion of existing food resources such as food pantries, food giveaway events, blessing boxes, school backpack program; promote use of food benefit programs for those who qualify |
| Objective FI 1.1.1: By December 31, 2026 decrease the percentage of Union County residents experiencing food insecurity by 5 percent (Baseline: 12.3 percent (2020), Target: 11.7 percent (state rate 10.6 percent), Data Source: Feeding America, FLHealthCHARTS) |
| Objective FI 1.1.2: By December 31, 2024 host three (3) coordinated community food giveaway events (Baseline: 0 events, Target: three (3) events, Data Source: Union CHIP) |
| Objective FI 1.1.3: By December 31, 2025 increase the number of blessing boxes placed in Union County by two (2) (Baseline: Zero (0), Target: 2, Data Source: DOH Union) |
| Resources: Food pantries and faith-based food distribution programs and ministries, Florida Department of Health in Union County, CHIP partner organizations, see also <i>2023 Union County Community Health Assessment</i> sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 76) |
| |
| Strategic Priority: Health Literacy (HL) |
| Goal HL 1: Foster wellness, primary prevention, and self-care |
| Strategies HL 1.1: Community education and outreach, general health literacy instruction, health care system navigation guidance |



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|---|
| Objective HL 1.1.1: By June 30, 2024 distribute updated Union County resource guide in both print and electronic formats (Baseline: 0 (not started), Target: documented distribution, Data Source: Union County Children’s Coalition) |
| Objective HL 1.1.2: By December 31, 2026 offer three (3) Mental Health First Aid training classes for Union County community members (Baseline: Zero (0) classes, Target: three (3) classes offered, Data Source: Meridian Behavioral Healthcare) |
| Resources: Meridian Behavioral Healthcare, Youth Mental Health First Aid curriculum and materials, Union County Children’s Coalition, Florida Department of Health in Union County, CHIP partner organizations, see also 2023 Union County Community Health Assessment sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 76) |
| Strategic Priority: Chronic Disease (CD) |
| Goal CD 1: Improve cardiovascular health and chronic conditions |
| Strategies CD 1.1: Health education on nutrition and physical activity, promote health screenings, remove barriers to safe physical activity for persons of all ages and abilities, promote local investments in safe places for physical activity |
| Objective CD 1.1.1: By December 31, 2026 decrease the percentage of Union County adults who are obese by 5 percent (Baseline: 38.9 percent (2019), Target: 37.0 percent (state rate 27.0 percent), Data Source: BRFSS FLHealthCHARTS) |
| Objective CD 1.1.2: By December 31, 2026 decrease the percentage of Union County high school students who are overweight or obese by 5 percent (Baseline: 38.8 percent (2022), Target: 36.6 percent (state rate 30.6 percent), Data Source: FYTS FLHealthCHARTS) |
| Objective CD 1.1.3: By December 31, 2026 increase by five (5) the number of community health events that will offer free blood pressure screenings to community residents (Baseline: 5, Target: 8 events with featured service, Data Source: Union CHIP) |
| Objective CD 1.1.4: By December 31, 2026 increase the number of Union County adults with pre-diabetes who enroll in the diabetes prevention program by 2 individuals (Baseline: 4, Target: 6, Data Source: Florida Department of Health in Union County) |
| Objective CD 1.1.5: By December 31, 2026, complete the upgrade of one county playground with ADA equipment for children with special needs (Baseline: 0 (no upgrades completed) Target: 1 completed upgrade, Data Source: DOH Union) |
| Resources: Florida Department of Health in Union County, Rails to Trails program partners, primary care providers, Union County School District, School Health Advisory Committee, Union County government, CHIP partner organizations, see also 2023 Union County Community Health Assessment sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 76) |
| Strategic Priority: Tobacco Use and Vaping (TUV) |
| Goal TUV 1: Prevent vaping among Union County youth |



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|---|
| <p>Strategies TUV 1.1: Peer education, policy change, regulation enforcement</p> |
| <p>Objective TUV 1.1.1: By December 31, 2026 decrease the percentage of Union County middle school students who used cigarettes, cigars, electronic vapor products or hookah in the past 30 days by 5 percent (Baseline: 13.6 percent (2022), Target: 12.9 percent (state rate 7.7 percent), Data Source: FYTS FLHealthCHARTS)</p> |
| <p>Objective TUV 1.1.2: By December 31, 2026 decrease the percentage of Union County high school students who used cigarettes, cigars, electronic vapor products or hookah in the past 30 days by 5 percent (Baseline: 19.1 percent (2022), Target: 18.2 percent (state rate 17.5 percent), Data Source: FYTS FLHealthCHARTS)</p> |
| <p>Objective TUV 1.1.3: By December 31, 2026 decrease the percentage of Union County middle school students who have ever used an electronic vapor product by 5 percent (Baseline: 21.0 percent (2022), Target: 20.9 percent (state rate 13.3 percent), Data Source: FYTS FLHealthCHARTS)</p> |
| <p>Objective TUV 1.1.4: By December 31, 2026 decrease the percentage of Union County high school students who have ever used an electronic vapor product by 5 percent (Baseline: 34.5 percent (2022), Target: 32.8 percent (state rate 26.9 percent), Data Source: FYTS FLHealthCHARTS)</p> |
| <p>Resources: Hanley Foundation, CivCom, Union County School District, CHIP partner organizations, see also 2023 Union County Community Health Assessment sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 76)</p> |
| <p>Goal TUV 2: Promote tobacco cessation services and supports for youth and adults</p> |
| <p>Strategies TUV 2.1: Education and awareness campaigns, distribution of cessation supplies, sustain support systems and services – referrals to SRAHEC</p> |
| <p>Obj TUV 2.1.1: By December 31, 2026 sponsor at least 36 (monthly) adult cessation groups in Union County (Baseline: Zero (0) new cohort of groups, Target: 12 per year, 36 total groups sponsored, Data Source: Suwannee River Area Health Education Center)</p> |
| <p>Resources: Suwannee River Area Health Education Center, American Lung Association, CivCom, Union County School District, CHIP partner organizations, see also 2023 Union County Community Health Assessment sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 76)</p> |
| <p>Goal TUV 3: Ensure tobacco-free environments</p> |
| <p>Strategies TUV 3.1: Develop and support policy change for tobacco-free environments, educate on enforcement standards, actions, consequences</p> |
| <p>Objective TUV 3.1.1: By July 31, 2024 pass the Tobacco-Free Public Spaces Policy for Lake Butler City Parks (Baseline: Zero (0) policy, Target: One (1) policy passed by Lake Butler City Commission, Data Source: CivCom)</p> |
| <p>Objective TUV 3.1.2: By December 31, 2024 pass the Tobacco-Free Public Spaces Policy for Union County Parks (Baseline: Zero (0) policy, Target: One (1) policy passed by the Union County Board of County Commissioners, Data Source: CivCom)</p> |



Resources: CivCom, City of Lake Butler, Union County Parks, Union County School District SWAT, Tobacco-Free Union coalition, CHIP partner organizations, see also *2023 Union County Community Health Assessment* sections on Community Assets and Resources for Improving Health (p. 46) and Resources for Community Interventions (p. 76)



Union County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies, and objectives in the Union County CHIP align with state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2022-2026 and Healthy People 2030. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Union County residents.

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|---|--|
| Union County CHIP Objectives | <ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026 |
| Strategic Priority: Food Insecurity (FI) | |
| Objective FI 1.1.1: By December 31, 2026 decrease percentage of Union County residents experiencing food insecurity by 5 percent | HP 2030: NWS-01, NWS-02 Florida SHIP: Obj SEC3.3 |
| Objective FI 1.1.2: By December 31, 2024 host three (3) coordinated community food giveaway events | Healthy People 2030: NWS-01, NWS-02 Florida SHIP: Goal SEC 3 |
| Objective FI 1.1.5: By December 31, 2025 increase the number of blessing boxes placed in Union County by two (2) | Healthy People 2030: NWS-01, NWS-02 Florida SHIP: Goal SEC 3 |
| Strategic Priority: Health Literacy (HL) | |
| Objective HL 1.1.1: By June 30, 2024 distribute updated Union County resource guide in both print and electronic formats | HP 2030: MHMD-07, MHMD-08 Florida SHIP: Goal CD 6 |
| Objective HL 1.1.2: By December 31, 2026 offer three (3) Mental Health First Aid training classes for Union County community members | HP 2030: MHMD-06, AH-D02, MHMD-D01 Florida SHIP: Goal MW 1, MW 4 |
| Strategic Priority: Chronic Disease (CD) | |
| Objective CD 1.1.1: By December 31, 2026 decrease the percentage of Union County adults who are obese by 5 percent | HP 2030: NWS-03 Florida SHIP: Goal CD 6, CD6.2 |
| Objective CD 1.1.2: By December 31, 2026 decrease the percentage of Union County high school students who are overweight or obese by 5 percent | HP 2030: NWS-04 Florida SHIP: Goal CD 6 |
| Objective CD 1.1.3: By December 31, 2026 increase by five (5) the number of community | HP 2030: HDS-04, HDS-05 Florida SHIP: Goal CD 6, CD2.1 |



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|--|--|
| <p align="center">Union County CHIP Objectives</p> | <ul style="list-style-type: none"> • HP 2030 = Healthy People 2030 • Florida SHIP = Florida State Health Improvement Plan, 2022-2026 |
| <p>health events that will offer free blood pressure screenings to community residents</p> | |
| <p>Objective CD 1.1.4: By December 31, 2026 increase the number of Union County adults with pre-diabetes who enroll in the diabetes prevention program by 2 individuals</p> | <p>HP 2030: D-02, NWS-05 Florida SHIP: Goal CD 2, CD 4, Obj CD4.1</p> |
| <p>Objective CD 1.1.5: By December 31, 2026, complete the upgrade of one county playground with ADA equipment for children with special needs</p> | <p>HP 2030: PA-09, PA-12 Florida SHIP: Goal ISV 3</p> |
| <p>Strategic Priority: Tobacco Use and Vaping (TUV)</p> | |
| <p>Objective TUV 1.1.1: By December 31, 2026 decrease the percentage of Union County middle school students who used cigarettes, cigars, electronic vapor products or hookah in the past 30 days by 5 percent</p> | <p>HP 2030: TU-04, TU-05, TU-06, TU-07, TU-08, TU-09, TU-10 Florida SHIP: Goal CD 5, Goal MW 3, Obj MW3.1</p> |
| <p>Objective TUV 1.1.2: By December 31, 2026 decrease the percentage of Union County high school students who used cigarettes, cigars, electronic vapor products or hookah in the past 30 days by 5 percent</p> | <p>HP 2030: TU-04, TU-05, TU-06, TU-07, TU-08, TU-09, TU-10 Florida SHIP: Goal CD 5, Goal MW 3, Obj MW3.1</p> |
| <p>Objective TUV 1.1.3: By December 31, 2026 decrease the percentage of Union County middle school students who have ever used an electronic vapor product by 5 percent</p> | <p>HP 2030: TU-04, TU-05, TU-06, TU-07, TU-08, TU-09, TU-10 Florida SHIP: Goal CD 5, Goal MW 3, Obj MW3.1</p> |
| <p>Objective TUV 1.1.4: By December 31, 2026 decrease the percentage of Union County high school students who have ever used an electronic vapor product by 5 percent</p> | <p>HP 2030: TU-04, TU-05, TU-06, TU-07, TU-08, TU-09, TU-10 Florida SHIP: Goal CD 5, Goal MW 3, Obj MW3.1</p> |
| <p>Obj TUV 2.1.1: By December 31, 2026 sponsor at least 36 (monthly) adult cessation groups in Union County</p> | <p>HP 2030: TU-01, TU-02, TU-11, TU-13, TU-14 Florida SHIP: Goal CD 5, Obj MW3.2</p> |
| <p>Objective TUV 3.1.1: By July 31, 2024 pass the Tobacco-Free Public Spaces Policy for Lake Butler City Parks</p> | <p>HP 2030: TU-19 Florida SHIP: Goal CD 5, Goal MW 3, Obj MW3.1, Obj 3.2</p> |



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|--|---|
| Union County CHIP Objectives | <ul style="list-style-type: none">• HP 2030 = Healthy People 2030• Florida SHIP = Florida State Health Improvement Plan, 2022-2026 |
| Objective TUV 3.1.2: By December 31, 2024 pass the Tobacco-Free Public Spaces Policy for Union County Parks | HP 2030: TU-19 Florida SHIP: Goal CD 5, Goal MW 3, Obj MW3.1, Obj 3.2 |



Appendix

This Appendix includes the following sections:

Union County Community Health Improvement Plan (CHIP) Core Team and Partners

Union County CHIP Implementation Action Plan template

Union County CHIP Action Plan



UNION COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) CORE TEAM AND PARTNERS

Core Team

- Kasey Cornwell, Florida Department of Health in Union County
- Jim Lyons, Florida Department of Health in Union County
- Dan Mann, Florida Department of Health in Union County
- Darlene Moran, Florida Department of Health in Union County
- Amie Oody, Florida Department of Health in Union County
- Shelby Parmenter, Florida Department of Health in Union County
- Iana Patterson, Florida Department of Health in Union County
- Amanda Pellechio, Florida Department of Health in Union County
- Tracy Toms, Florida Department of Health in Union County
- Debbie Williams, Florida Department of Health in Union County

Community Partners

- Scott Darius, Florida Voices for Health
- Valeria Gorden, Meridian Behavioral Healthcare
- Jenna Hewett, CivCom Tobacco Prevention Program
- Jamie Holton, Suwannee River Area Health Education Center
- Melody LaFlam, Meridian Behavioral Healthcare
- Alisha Pennington, Hanley Foundation
- Lindsey Rozar, Hanley Foundation



UNION COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

2024-2026 Union County Community Health Improvement Plan (CHIP) Action Plan Template

| Strategic Priority: | | | | | |
|---|----------------------------|--|------------------|-------------|--------------------|
| Goal: | | | | | |
| Strategy: | | | | | |
| Objective: | | | | | |
| Background on Strategy: | | | | | |
| <i>Source or Evidence-base:</i> | | | | | |
| <i>Policy Change</i> (yes/no): | | | | | |
| <i>Health disparity and/or social/economic factors to be addressed</i> (if applicable): | | | | | |
| Action Plan: | | | | | |
| Milestone Activities | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
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UNION COUNTY CHIP ACTION PLAN

2024-2026 Union County Community Health Improvement Plan (CHIP) Action Plan

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|--|---|---|--|--------------------------------------|---------------------------|
| Strategic Priority: Food Insecurity (FI) | | | | | |
| Goal FI 1: Improve access to food resources | | | | | |
| Strategies FI 1.1: Expansion of existing food resources such as food pantries, food giveaway events, blessing boxes, school backpack program; promote use of food benefit programs for those who qualify | | | | | |
| Objective FI 1.1.1: By December 31, 2026 decrease the percentage of Union County residents experiencing food insecurity by 5 percent (Baseline: 12.3 percent (2020), Target: 11.7 percent (state rate 10.6 percent), Data Source: Feeding America, FLHealthCHARTS) | | | | | |
| Objective FI 1.1.2: By December 31, 2024 host three (3) coordinated community food giveaway events (Baseline: 0 events, Target: three (3) events, Data Source: Union CHIP) | | | | | |
| Objective FI 1.1.3: By December 31, 2025 increase the number of blessing boxes placed in Union County by two (2) (Baseline: Zero (0), Target: 2, Data Source: DOH Union) | | | | | |
| Background on Strategy: | | | | | |
| Source or Evidence-base: : 1) The Community Guide, Nutrition: Home-delivered and Congregate Meal Services for Older Adults , 2021, 2) The Community Guide, Social Determinants of Health: Healthy School Meals for All , 2022, 3) Feeding America, BackPack Program , 2022, 4) Journal of the Academy of Nutrition and Dietetics, A Randomized Controlled Trial of Three School Meals and Weekend Food Backpacks on Food Security in Virginia , 2021, 5) Food Bank News, Advancing Best Practices in Hunger Relief, Strategy , 2023 | | | | | |
| Policy Change (yes/no): No | | | | | |
| Health disparity and/or social/economic determinant to be addressed (if applicable): Barriers to food access for children, families, and senior citizens | | | | | |
| Action Plan: | | | | | |
| Milestone Activities Obj FI 1.1.1 – reducing food insecurity, overarching outcome Obj FI 1.1.2 – community events | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Schedule and promote events | Minority Health Liaison, DOH Union with Healthy | Quarterly schedule of events | Staff time Community partner relationships Promotion materials | First quarterly schedule by Sept 30, | |

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|---|--|---|---|------------------------------------|---------------------------|
| | Communities Program, DOH Union | | Communication channels for distribution | 2024 and ongoing | |
| Coordination with partners | Minority Health Liaison, DOH Union with Healthy Communities Program, DOH Union | Number of partners involved in efforts to plan, implement, promote community events | Staff time Community partners | Begin by Sept 30, 2024 and ongoing | |
| Recruit volunteers | Minority Health Liaison, DOH Union with Healthy Communities Program, DOH Union | Number of volunteers Written volunteer duties and requirements | Staff time Relationships with community organizations including faith-based groups | Begin by Sept 30, 2024 and ongoing | |
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| Milestone Activities Obj FI 1.1.3 – blessing boxes | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Reach out to organizations for placement | Jim Lyons, DOH Union | Tracking list of partners, organizations, businesses contacted | Staff time Community partner relationships | By June 30, 2024 and ongoing | |
| Acknowledgment and materials in boxes (include contact and resource information) | Jim Lyons, DOH Union | Resource materials for placement in boxes Distribution check list | Staff time Resource materials | By Sept 30, 2024 and ongoing | |
| Protocols for managing and replenishing boxes, maintaining physical condition of boxes | Jim Lyons, DOH Union | Written protocols | Staff time | By Sept 30, 2024 | |
| Coordinate with other existing blessing box programs, to assure placement in areas of greatest need | Jim Lyons, DOH Union | Spreadsheet of box placement addresses and contacts | Staff time | By June 30, 2024 and ongoing | |

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| Evaluate blessing box usage (including estimation of number of community members served, types of foods and products most needed, usefulness of resource materials) | Jim Lyons, DOH Union | Evaluation tool Completed annual evaluation | Staff time Evaluation criteria Blessing box partner ongoing communications | First evaluation by Dec 31, 2024 and ongoing | |
| | | | | | |



2024-2026 Union County Community Health Improvement Plan (CHIP) Action Plan

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|--|---------------------------------------|---|---------------------------------|--------------------------|---------------------------|
| Strategic Priority: Health Literacy (HL) | | | | | |
| Goal HL 1: Foster wellness, primary prevention, and self-care | | | | | |
| Strategies HL 1.1: Community education and outreach, general health literacy instruction, health care system navigation guidance | | | | | |
| Objective HL 1.1.1: By June 30, 2024 distribute updated Union County resource guide in both print and electronic formats (Baseline: 0 (not started), Target: documented distribution, Data Source: Union County Children’s Coalition) | | | | | |
| Objective HL 1.1.2: By December 31, 2026 offer three (3) Mental Health First Aid training classes for Union County community members (Baseline: Zero (0) classes, Target: three (3) classes offered, Data Source: Meridian Behavioral Healthcare) | | | | | |
| Background on Strategy: | | | | | |
| Source or Evidence-base: 1) U.S. Department of Health and Human Services, Office of Minority Health, Engaging Youth and Young Adults in Community-based Strategies to Improve Health Literacy , 2023, 2) National Library of Medicine, Workshop Proceedings, National Academies of Science, Engineering and Medicine, Community-based Health Literacy Interventions , 2018, 3) National Council for Mental Wellbeing, Mental Health First Aid , reviewed 2022 | | | | | |
| Policy Change (yes/no): No | | | | | |
| Health disparity and/or social/economic determinant to be addressed (if applicable): Changes in social context to empower individuals to advocate for their own health, use health resources to the best of their abilities, and improve access to services | | | | | |
| Action Plan: | | | | | |
| Milestone Activities | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Obj HL1.1.1 – resource guide, assuring inclusion of mental health resources | | | | | |
| Coordinate with other community events (community events/meeting guide) | Debbie Williams, DOH Union | Number of events held Number of participating community partners | Staff time Meeting Guide App | Dec 31, 2024 and ongoing | |
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| Milestone Activities Obj HL1.1.2 – Mental Health First Aid | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
|--|---------------------------------------|--|--|-----------------------------|---------------------------|
| Mental Health First Aid course available at no cost to community members (provide trainers and materials, schedule dates, times, and venues, publicize and recruit participants, evaluate class) | Meridian Behavioral Healthcare | Number of classes held Number of participants Summary of class evaluations | Staff time, expertise Certified trainers Curriculum and materials Participant recruitment materials | First class by Dec 31, 2024 | |
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2024-2026 Union County Community Health Improvement Plan (CHIP) Action Plan

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| Strategic Priority: Chronic Disease (CD) |
| Goal CD 1: Improve cardiovascular health and chronic conditions |
| Strategies CD 1.1: Health education on nutrition and physical activity, promote health screenings, remove barriers to safe physical activity for persons of all ages and abilities, promote local investments in safe places for physical activity, policy on designation of accessible playgrounds |
| Objective CD 1.1.1: By December 31, 2026 decrease the percentage of Union County adults who are obese by 5 percent (Baseline: 38.9 percent (2019), Target: 37.0 percent (state rate 27.0 percent), Data Source: BRFSS FLHealthCHARTS) |
| Objective CD 1.1.2: By December 31, 2026 decrease the percentage of Union County high school students who are overweight or obese by 5 percent (Baseline: 38.8 percent (2022), Target: 36.6 percent (state rate 30.6 percent), Data Source: FYTS FLHealthCHARTS) |
| Objective CD 1.1.3: By December 31, 2026 increase by five (5) the number of community health events that will offer free blood pressure screenings to community residents (Baseline: 5, Target: 8 events with featured service, Data Source: Union CHIP) |
| Objective CD 1.1.4: By December 31, 2026 increase the number of Union County adults with pre-diabetes who enroll in the diabetes prevention program by 2 individuals (Baseline: 4, Target: 6, Data Source: Florida Department of Health in Union County) |
| Objective CD 1.1.5: By December 31, 2026, complete the upgrade of one county playground with ADA equipment for children with special needs (Baseline: 0 (no upgrades completed) Target: 1 completed upgrade, Data Source: DOH Union) |
| <p>Background on Strategy:</p> <p>Source or Evidence-base: 1) Cochrane Database of Systemic Reviews, <u>Decision Aids for People Facing Health Treatment or Screening Decisions</u>, 2017, 2) U.S. Preventive Services Task Force, <u>Weight Loss to Prevent Obesity-related Morbidity and Mortality in Adults: Behavioral Interventions</u>, 2018, 3) The Community Guide, <u>Diabetes Prevention: Interventions Engaging Community Health Workers</u>, 2017, 4) The Community Guide, <u>Physical Activity: Interventions Including Activity Monitors for Adults with Overweight or Obesity</u>, 2017, 5) The Community Guide, <u>Obesity Prevention and Control: Digital Health Interventions for Adolescents with Overweight or Obesity</u>, 2019, 6) Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, <u>Best Practices for Heart Disease and Stroke: A Guide to Effective Approaches and Strategies</u>, 2023</p> <p>Policy Change (yes/no): Yes, county designation of playgrounds with ADA compliant access</p> <p>Health disparity and/or social/economic determinant to be addressed (if applicable): Higher death rates among Union County Black residents for heart disease, stroke, and diabetes compared to Union County White residents; barriers to access to primary prevention, screenings, and education on chronic diseases</p> |
| Action Plan: |



| Milestone Activities Obj CD 1.1.1 – adult overweight and obesity | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
|--|--|---|---|---|---------------------------|
| Promote use of local trail as part of the Rails to Trails program | Diabetes Prevention Program (DPP) Mgr, DOH Union | Number of promotions (events, messages) held | Staff time Promotional and educational materials on physical activity and trail safety Community partner contacts | First round by Dec 31, 2024 and ongoing | |
| Distribute health education materials to primary care physician office; periodic check-in on educational materials needed | Debbie Williams, DOH Union Diabetes Prevention Program Mgr, DOH Union | Number of primary care clinics/offices receiving materials | Staff time Contacts with primary care clinics and providers Educational materials | First round by Dec 31, 2024 and ongoing | |
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| Milestone Activities Obj CD 1.1.2 – overweight and obesity among high school students | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Coordinate with Union SHAC (school health advisory council) to determine existing and proposed activities to promote physical activity | Amy Oody (or DOH Union representative) to SHAC | SHAC documentation (e.g., plan, activity schedule) on health-related events and activities at schools | Staff time Data to support decisions Relationships with schools, community partners | December 31, 2024 | |
| Collaborate with schools on in-school and community physical activity events and activities | Amy Oody (or DOH Union representative) to SHAC or Diabetes Prevention Program Mgr) | Event schedule | Staff time | December 31, 2024 | |



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| Seek approval for purchase of equipment for physical activity in schools; note: if approved further activities will be planned for the equipment installation and continued use | Jim Lyons, DOH Union | Written approval for purchase Contingent upon approval, confirmation of purchase and installation | Funding Collaboration with state, federal partners on selection and purchase Relationship with school district, individual schools | Approval by Feb 28, 2024 with ongoing activities contingent upon purchase | |
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| Milestone Activities Obj CD 1.1.3 – blood pressure screenings | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Coordinate, plan and continue to add locations for blood pressure screenings | Debbie Williams, DOH Union | Documented locations and schedule Number of persons whose BP was screened Number of persons referred for further care | Staff time Community partner relationships Venues Trained healthcare providers Supplies Educational materials Referral materials | Dec 31, 2024 and ongoing | |
| Coordinate with other community events (community events/meeting guide) | Debbie Williams, DOH Union | Number of events held Number of participating community partners | Staff time Meeting Guide App | Dec 31, 2024 and ongoing | |
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| Milestone Activities Obj CD 1.1.4 – prevention education for persons with pre-diabetes | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |



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| Offer diabetes (Type 2) prevention program for adults in Union County (includes planning, scheduling, securing curriculum and trainer, outreach and promotion to recruit participants, providing instruction, program evaluation) | Diabetes Prevention Program (DPP) Mgr, DOH Union | Number of persons enrolled in DPP Tabulated class evaluation | Staff time, expertise Trained instructor Curriculum Program materials Promotion and outreach materials Community partners | Annual review by Dec 31, 2024 and each subsequent year | |
| Promote pre-diabetes screening and awareness through outreach and education at community health-related events | Diabetes Prevention Program (DPP) Mgr, DOH Union | Number of outreach and community health events at which diabetes prevention and care information was distributed | Staff time Educational materials Community partner relationships and contacts | Annually by Dec 31, 2024 and each subsequent year | |
| Connect persons with pre-diabetes or at risk for developing diabetes with local and regional healthcare providers for screenings; provide referrals and care resource information | Diabetes Prevention Program (DPP) Mgr, DOH Union | Number of persons referred for screenings | Staff time Provider/clinician contact list Referral and resource educational material | Annually by Dec 31, 2024 and each subsequent year | |
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| Milestone Activities Obj CD 1.1.5 – ADA compliant playground upgrades to increase physical activity | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Secure funding, adapt plan according to how much funding is secured (DOH grant on physical activity, focusing on persons with special needs) | Jim Lyons, DOH Union | Approved purchase order for ADA equipment | Staff time Research, comparative shopping for equipment Budget | January 31, 2024 | |
| Develop, execute Scope of Work and schedule including securing playground venues | Jim Lyons, DOH Union | Accepted Scope of Work Work schedule | Staff time Community partner relationships | January 31, 2024 | |

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| Oversee playground equipment placement | Jim Lyons, DOH Union | Proof of equipment placement (photos, written permissions) | Staff time Community partner assistance | March 30, 2024 | |
| Monitor and assess playground equipment usage | Jim Lyons, DOH Union | Semi-annual report | Staff time | First report by Dec 31, 2024 and ongoing | |



2024-2026 Union County Community Health Improvement Plan (CHIP) Action Plan

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| Strategic Priority: Tobacco Use and Vaping (TUV) | | | | | |
| Goal TUV 1: Prevent vaping among Union County youth | | | | | |
| Strategies TUV 1.1: Peer education, policy change, regulation enforcement | | | | | |
| Objective TUV 1.1.1: By December 31, 2026 decrease the percentage of Union County middle school students who used cigarettes, cigars, electronic vapor products or hookah in the past 30 days by 5 percent (Baseline: 13.6 percent (2022), Target: 12.9 percent (state rate 7.7 percent), Data Source: FYTS FLHealthCHARTS) | | | | | |
| Objective TUV 1.1.2: By December 31, 2026 decrease the percentage of Union County high school students who used cigarettes, cigars, electronic vapor products or hookah in the past 30 days by 5 percent (Baseline: 19.1 percent (2022), Target: 18.2 percent (state rate 17.5 percent), Data Source: FYTS FLHealthCHARTS) | | | | | |
| Objective TUV 1.1.3: By December 31, 2026 decrease the percentage of Union County middle school students who have ever used an electronic vapor product by 5 percent (Baseline: 21.0 percent (2022), Target: 20.9 percent (state rate 13.3 percent), Data Source: FYTS FLHealthCHARTS) | | | | | |
| Objective TUV 1.1.4: By December 31, 2026 decrease the percentage of Union County high school students who have ever used an electronic vapor product by 5 percent (Baseline: 34.5 percent (2022), Target: 32.8 percent (state rate 26.9 percent), Data Source: FYTS FLHealthCHARTS) | | | | | |
| Background on Strategy: | | | | | |
| Source or Evidence-base: 1) U.S. Food and Drug Administration, This Free Life Campaign , 2022, 2) Centers for Disease Control and Prevention, Summary of Scientific Evidence: Comprehensive Tobacco Control Programs , 2021, 3) Centers for Disease Control and Prevention, Electronic Cigarettes , 2021 | | | | | |
| Policy Change (yes/no): Yes, review and update school policy on education, citations, and enforcement | | | | | |
| Health disparity and/or social/economic determinant to be addressed (if applicable): Higher tobacco use and vaping among rural youth and adults | | | | | |
| Action Plan: | | | | | |
| Milestone Activities | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| Obj TUV 1.1.1 and TUV 1.1.2 – recent use among middle and high school students and TUV 1.1.3 and TUV 1.1.4 prevention | Lindsey Rozar, Hanley Foundation | Approved curriculum Program schedule Number of students reached | Staff time, expertise Trainers Curriculum and materials | First cohort by June 30, 2024 and ongoing | |



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| | | | Coordination with schools | | |
| SWAT programs and events including vaping education at elementary schools | Jenna Hewett, CivCom | Approved curriculum Program schedule Number of students reached | Staff time Trainers Curriculum and materials (ALA) Coordination with school principals | First events by May 30, 2024 | |
| SWAT programs and events including vaping education for middle school students | Jenna Hewett, CivCom | Approved curriculum Program schedule Number of students reached | Staff time Trainers Curriculum and materials (ALA) Coordination with school principals | First events by May 30, 2024 | |
| SWAT programs and events including vaping education for high school students | Jenna Hewett, CivCom | Approved curriculum Program schedule Number of students reached | Staff time Trainers Curriculum and materials (ALA) Coordination with school principals | First events by May 30, 2024 | |
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| Strategic Priority: Tobacco Use and Vaping (TUV) | | | | | |
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| Goal TUV 2: Promote tobacco cessation services and supports for youth and adults | | | | | |
| Strategies TUV 2.1: Education and awareness campaigns, distribution of cessation supplies, sustain support systems and services, policy on referrals | | | | | |
| Obj TUV 2.1.1: By December 31, 2026 sponsor at least 36 (monthly) adult cessation groups in Union County (Baseline: Zero (0) new cohort of groups, Target: 12 per year, 36 total groups sponsored, Data Source: Suwannee River Area Health Education Center) | | | | | |
| Background on Strategy: | | | | | |
| <p>Source or Evidence-base: 1) The Community Guide, <u>Tobacco Use: Mobile Phone Text Messaging Cessation Interventions</u>, 2020, 2) National Cancer Institute, <u>Evidence-Based Cancer Control Programs</u>, 2020</p> <p>Policy Change (yes/no): Yes, policy for cessation supplies distribution and referral; review and update of workplace policy on tobacco and vaping</p> <p>Health disparity and/or social/economic determinant to be addressed (if applicable): Address economic barriers to cessation services and supports; neighborhoods and built environments to promote tobacco-free living</p> | | | | | |
| Action Plan: | | | | | |
| Milestone Activities | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
| TUV 2.1.1 – adult and youth cessation | | | | | |
| Sponsor and hold monthly cessation groups (for adults only) held in person in Union County (note: groups require at least one participant to be registered) | Tobacco Cessation Program Specialist, SRAHEC | Number of participants Number of sessions held | Staff time, expertise Trainers Advertising and recruitment materials | Monthly beginning Jan 31, 2024 and ongoing | |
| Promote availability of virtual cessation groups (adults only) | Tobacco Cessation Program Specialist, SRAHEC | Number of promotional messages distributed | Staff time, expertise Advertising and promotional materials | First quarterly activity by March 31, 2024 and ongoing | |
| Promote the American Lung Association Online Youth Tobacco Cessation Course (for youth) | Tobacco Cessation Program Specialist, SRAHEC | Number of promotional messages distributed | Staff time, expertise Advertising and promotional materials | First quarterly activity by March 31, | |



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Strategic Priority: Tobacco Use and Vaping (TUV)

Goal TUV 3: Ensure tobacco-free environments

Strategies TUV 3.1: Develop and support policy change for tobacco-free environments, educate on enforcement standards, actions, consequences

Objective TUV 3.1.1: By July 31, 2024 pass the **Tobacco-Free Public Spaces Policy for Lake Butler City Parks** (Baseline: Zero (0) policy, Target: One (1) policy passed by Lake Butler City Commission, Data Source: CivCom)

Objective TUV 3.1.2: By December 31, 2024 pass the **Tobacco-Free Public Spaces Policy for Union County Parks** (Baseline: Zero (0) policy, Target: One (1) policy passed by the Union County Board of County Commissioners, Data Source: CivCom)

Background on Strategy:
Source or Evidence-base: 1) Centers for Disease Control and Prevention, Geographic Regions and Commercial Tobacco, 2022, 2) American Journal of Public Health, Maximizing the Impact of Tobacco 21 Laws Across the United States, 2018, 3) American Lung Association, Smoke-Free Environments, 2022
Policy Change (yes/no): Yes, local policy on tobacco-free environments in public spaces such as city and county parks
Health disparity and/or social/economic determinant to be addressed (if applicable): Tobacco-free neighborhoods and built environments

Action Plan:

| Milestone Activities | Lead Person & Organization | Performance Measurement (Product, Deliverable, Result) | Resources Needed | Target Date | Status or Progress |
|--|----------------------------|---|--|-------------------------------|--------------------|
| Organize and support the passage of the Tobacco Free Public Spaces Policy for Lake Butler City Parks | Jenna Hewett, CivCom | Ordinance on City Commission Agenda Ordinance for Tobacco Free Parks | Staff time Community and decision maker support | First reading by Jan 31, 2024 | |



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| Organize and support the passage of the Tobacco Free Public Spaces Policy for Union County Parks, including education activities by SWAT youth and members of the Tobacco-Free Union | Jenna Hewett, CivCom | Ordinance for Tobacco Free Parks | Staff time Community and decision maker support SWAT youth and Tobacco Free Union members Educational materials | First reading by July 31, 2024 | |
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