



2024-2026



COLUMBIA COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

PUBLISHED DECEMBER 2023 | REVIEW DATE



This page is intentionally left blank



Contents

Executive Summary of the Columbia County Community Health Improvement Plan 2024-2026	1
Columbia County Community Health Improvement Plan Strategic Priorities and Goals	1
Overview of Community Health Improvement Planning	5
Community Health Needs Assessment and Health Improvement Planning	5
Role of Social and Economic Factors in Community Health Improvement Planning	7
Columbia County Community Health Improvement Plan (CHIP) Process	9
Methodology	9
MAPP Phase 1: Organizing for Success and Partnership Development	9
MAPP Phase 2: Visioning, Defining Health, and Assuring Diverse Representation	9
MAPP Phase 3: Four MAPP Assessments	11
MAPP Phase 4: Identifying Strategic Issues	20
MAPP Phase 5: Formulate Goals and Strategies	22
MAPP Phase 6: Action Cycle	22
Columbia County Community Health Assessment and Health Improvement Planning Timeline	23
Columbia County CHIP Goals, Strategies, Objectives and Related Resources	24
Columbia County CHIP Alignment with State and National Priorities	27
Appendix	29
Columbia County Community Health Improvement Plan (CHIP) Partners	30
Columbia County CHIP Implementation Action Plan Template	31
Columbia County CHIP Action Plan	32



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

COLUMBIA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

Strategic Priority: Substance Misuse and Mental Health (SMMH)

- Goal SMMH 1: Reduce misuse of drugs, alcohol, and tobacco and promote community support for good mental health

Strategic Priority: Youth Health Behaviors (YHB)

- Goal YHB 1: Foster healthy behaviors and decisions among teens to prevent pregnancy and sexually transmitted diseases

Strategic Priority: Chronic Disease (CD)

- Goal CD 1: Decrease chronic disease through primary and secondary prevention

Strategic Priority: Health Information Access (HIA)

- Goal HIA 1: Improve health information access to address population health

The Florida Department of Health in Columbia County and community leaders and partners began the 2023 Community Health Needs Assessment (CHA) process in February 2023. As in the past, Columbia County community partners used 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. Although MAPP 2.0 was released after the 2023 Columbia County Community Health Assessment was launched, the Columbia CHA Steering Committee opted to include the Community Partner Assessment in the 2023 CHA. As such, the 2023 Columbia CHA followed a modified MAPP and MAPP 2.0 process.

Guided by a diverse, broad, and representative body, called the 2023 Columbia County CHA Steering Committee, the MAPP process yielded a wealth of data (see companion documents, [Columbia County Community Health Assessment 2023](#) and the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023](#)) that were used to identify strategic priorities for the coming three years of 2024-2026. (Table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted). The strategic priorities include:

- **Substance Misuse and Mental Health:** Mental, behavioral, and physical health are equally important factors for overall health and quality of life. Mental and behavioral health includes emotional, psychological, and social well-being and impacts how stress is handled, interpersonal relationships, and healthy decision-making. Concerns about mental health and substance misuse surfaced in all four of the MAPP assessments. The secondary data review found that Columbia County residents seek care for mental health problems in emergency rooms at higher rates than for the state. Although rates of emergency room visits for mental health reasons by Columbia County residents have decreased, these rates continue to exceed state rates (Table 104, Technical Appendix). Opioid overdose deaths and all drug overdose death rates were concerning (Table 116, Technical Appendix), as well as rates of non-fatal overdose emergency department visits and hospitalizations (Table 115, Technical Appendix), and related rates of drug arrests and drug-confirmed motor vehicle crashes (Tables 114-117, Technical Appendix). Community survey respondents identified substance misuse as the most important health issue to be addressed in Columbia County with mental health problems ranking second among the many issues. Further, drug misuse was ranked by more than 50 percent of community survey respondents as the behavior with the greatest negative on health (Tables 11, 12, CHA). About a third of survey respondents said that mental or behavioral health care services were difficult to obtain in Columbia County, ranking as the healthcare service most difficult to obtain locally. Discussions with community leaders during the forces of change assessment brought up troubling observed trends in drug misuse in general and among youth in particular. Issues related to mental health problems were discussed with rising Baker Acts among children as a growing concern. More than half (57.1 percent) of community partner agencies and organizations that participated in the partner assessment reported that they are currently focusing on tobacco and substance misuse in Columbia County while another quarter (28.6 percent) focused on mental or behavioral health (Table 37, CHA).
- **Youth Health Behaviors:** The teen years are a critical time to promote health, healthy decision-making, and preventing diseases that could impact health and wellness for a lifetime.

Promoting adolescent health provides an opportunity to educate and intervene in issues that affect physical, social, and mental health. Assessment findings point to higher than state rates of births to teens aged 15 to 17 years and fluctuating rates of repeat births to teens (Table 128, Technical Appendix). Rates of bacterial sexually transmitted diseases (STDs) for Columbia County youth (ages 12 to 18 years of age) were nearly twice the state rate (2022, FLHealthCHARTS). Forces of change discussions revealed community concerns about Columbia County youth related to crime, violence, mental health, substance use initiation and misuse, lack of coping skills and resources, and family life stressors. Although more than a quarter of the responding community agencies are addressing family and maternal health issues, none of the community partner assessment participants reported focusing on sexual health for neither adults nor teens (Table 37, CHA). However, youth aged 11 to 18 years were listed as a priority population (Table 35, CHA).

- **Chronic Disease:** Chronic diseases such as cancer, heart disease, chronic lower respiratory disease, stroke, and diabetes are the leading causes of death in Columbia County (Table 61, Technical Appendix) and contribute to lower life expectancy and premature death (Table 20, Technical Appendix). In addition to the assessment data on mortality and life expectancy, secondary data on behaviors and outcomes underscored the importance of addressing prevention and management of chronic diseases. Columbia County had higher rates of adults who are current smokers and who currently use chewing tobacco, snuff, or snus some days or every day (Table 128, Technical Appendix). Columbia County youth (ages 11-17) had higher than state rates of current cigar use, cigarette use, smokeless tobacco use, and electronic vapor product use products (Table 129 Technical Appendix). Almost three-quarters (73.4 percent) of Columbia County adults are overweight or obese and about a quarter (26.5 percent) are reported to be sedentary (Table 130, Technical Appendix). The percentage of Columbia County adults with diabetes who ever had diabetes self-management education is notably lower than that of the state rate (38.4 percent compared with 66.3 percent) (Table 149, Technical Appendix).

Primary prevention and routine health care access also impacts chronic disease incidence, prevalence, and severity. Only 74.8 percent of Columbia County adults reported having a personal doctor and 75.9 percent reported having had a medical checkup in the past year; both rates were lower than state rates of 72.0 percent and 78.8 percent, respectively (Table 151, Technical Appendix). Screening as a primary prevention tool also surfaced as a challenge for Columbia County adults. Colorectal cancer screening rates for adults aged 50 years and older were below state rates for several measures (Table 143, Technical Appendix).

Concerns for the behaviors and conditions that contribute to chronic diseases surfaced throughout the assessment process. Respondents to the Columbia County community health assessment survey felt obesity, cancer, and heart disease and stroke topped the list of most important health issues related to chronic disease (Table 11, CHA). Relatedly, consuming unhealthy foods and sugar-sweetened beverages, lack of physical activity, and tobacco use including vaping ranked among the behaviors that have the greatest negative impact on health in Columbia County (Table 12, CHA). Community input during the forces of change discussions pointed to the high prevalence of chronic diseases and unhealthy lifestyle choices as long-standing factors in Columbia County. More than a half (57.1 percent) of the partner agencies and organizations that participated in the community partner assessment reported that tobacco use was an important ongoing focus and another 42.9 percent focus on immunizations and screenings as disease prevention strategies (Table 37 CHA).

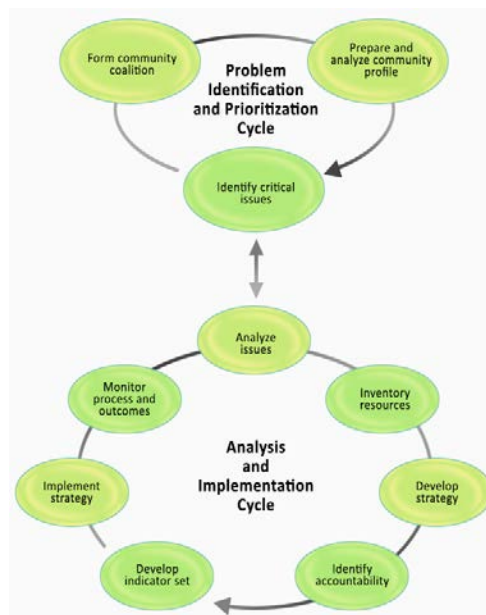
- **Health Information Access:** Easily accessible health information is one tool for making wiser personal health decisions and developing skills to better monitor and understand health conditions. Lack of health literacy emerged over the course of the assessment as a persistent issue that touches many priority populations in Columbia County. Community partners offered examples during the forces of change discussion that pointed to the lack of basic health information, negative examples and influences from social media, school curriculum changes that eliminate basic life skills education, and generational practices. More than a quarter (28.6 percent) of partner organizations and agencies in the partner assessment indicated they focus on health care access and utilization which has a health literacy component (Table 37, CHA). Among the behaviors with greatest negative impact on health in Columbia County, according to those who took the community survey, was not using health care services appropriate; it was selected by 13.3 percent of respondents and ranked eighth among negative behaviors (Table 12, CHA).

Overview of Community Health Improvement Planning

COMMUNITY HEALTH NEEDS 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: November 3, 2023, <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

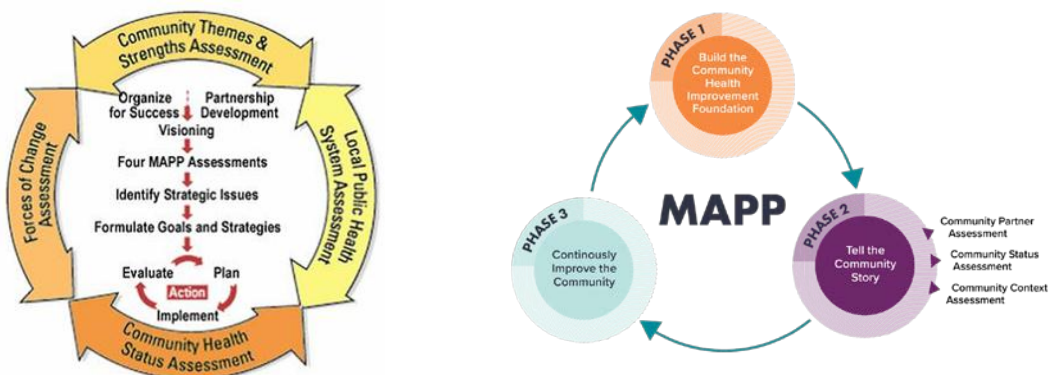
NACCHO and the CDC’s vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the Columbia County MAPP process were the following core classic MAPP assessments, with the inclusion of the MAPP 2.0 Community Partner Assessment:

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

The findings from these four 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 ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP)



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved November 3, 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 November 3, 2023, [Acronyms-and-Glossary-of-Terms.pdf \(phaboard.org\)](#)

ROLE OF SOCIAL AND ECONOMIC FACTORS IN COMMUNITY HEALTH IMPROVEMENT PLANNING

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



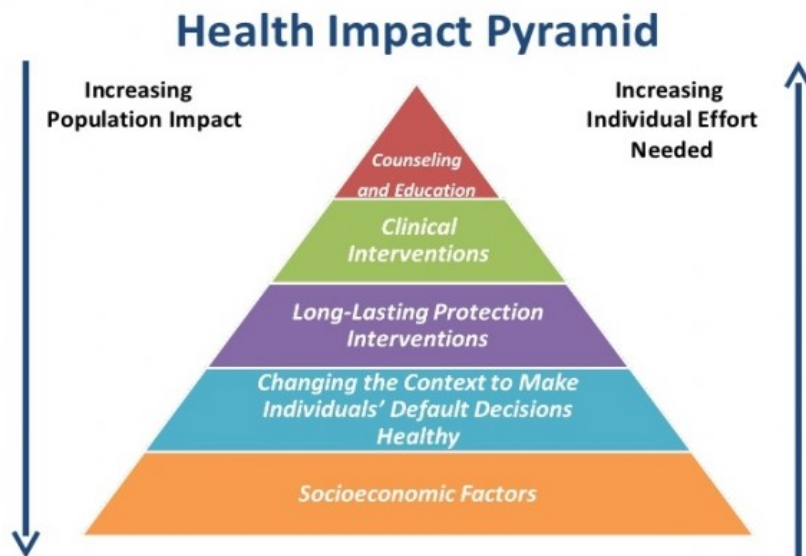
Source: Centers for Disease Control and Prevention. Retrieved November 3, 2023, <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social 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 November 3, 2023).

http://www.who.int/social_determinants/sdh_definition/en/). The 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 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 an individual's 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 November 3, 2023 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

Columbia County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Columbia County CHIP is a continuation of the community health assessment (CHA) process using the modified MAPP model. Community health assessment work began in February 2023 and concluded in June 2023. The four phases of MAPP that constituted the community health assessment process are briefly described below. In September 2023 Columbia County partners began planning for the CHIP process.

MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

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

MAPP PHASE 2: VISIONING, DEFINING HEALTH, AND ASSURING DIVERSE REPRESENTATION

At the February 9, 2023, kick-off meeting of the Columbia County Community Health Assessment, Steering Committee members participated in a visioning exercise to identify the characteristics of a healthy Columbia County, envision the community health system in the next three to five years, visualize the needed resources, assets, and attributes to support such a system, and capture the community definition of health. Through a facilitated process, Steering Committee members brainstormed several questions:

- What characteristics, factors, and attributes are needed to create and support a healthy Columbia County?
- What does having a healthy community mean?
- What are the policies, environments, actions, and behaviors needed to support a healthy community?

A visioning word cloud (see following figure) displays the words used by partners to depict their vision for health in Columbia County.

FIGURE 5: VISIONING WORD CLOUD, COLUMBIA COUNTY, 2023



Source: Columbia County visioning discussion, February 9, 2023. Prepared by WellFlorida Council, using WordItOut.com, 2023.

Partners decided to include the broader community in defining health through the community survey. Factors most frequently selected by survey participants to define a healthy community included access to health care (selected by 43.2 percent of respondents), job opportunities (20.2 percent), affordable housing (20.0 percent), access to convenient, affordable, nutritious foods (19.8 percent), and low crime and safe neighborhoods (19.3 percent) (Table 10, CHA). The full list is available in the [2023 Columbia County Community Health Assessment](#).

In addition, during their kick-off meeting participants considered the population groups and community organizations and partners whose input is essential to a diverse and robust assessment process. The following table lists the population groups and partners that the assessment will endeavor to include for a representative community health assessment and health improvement planning effort.

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

Organizations, Partnerships, Groups, or Populations	
Hospitals	Law enforcement
Faith-based organizations (Christian Services was invited but unable to come to the kickoff; expect to be involved in the future).	Under-represented minorities, including racial minorities
United Way	County, city, and chamber leaders
Senior center	Richardson Community Center

Source: Columbia County diversity discussion results, February 9, 2023. Prepared by WellFlorida Council, 2023

MAPP PHASE 3: FOUR MAPP ASSESSMENTS

Each of the four assessments in the MAPP 2.0 process gathered data to form a comprehensive picture of health status, health behaviors, and health resources in Columbia County. Key findings and highlights from each of the assessments are summarized below.

Forces of Change:

On April 20, 2023 Columbia 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
 - Small community size with few resources
 - Resistance to change is typical
 - Schools no longer teach financial and basic life skills
 - Many lack basic health knowledge
 - High technology use including TikTok and social media
 - High prevalence of chronic diseases and healthy lifestyle issues
 - High sexually transmitted disease (STD) rates
 - Many teen and young mothers

- Trends
 - Increasing crime rates including gun violence, gang activity
 - Crime initiation at younger age is more common
 - Rising prevalence of mental health issues
 - More Baker Act initiations among children
 - Increasing numbers of households with many children, single parents, and grandparents raising grandchildren
 - Vaping is on the increase
- Events
 - Removal of contracted mental health counselors from schools
 - Car crashes on interstate highway
 - Lakeshore Hospital closure
 - Local elections
 - Hurricanes and flooding events
 - Natural and man-made disasters continue to strain resources and put people and property at risk
 - Pandemic impacts continue

Community Themes and Strengths:

The community themes and strengths assessment collected primary, or new data, from Columbia County residents on their opinions, perspectives, and concerns about health-related topics. The goal of this data collection activity was to better understand the health and quality of life 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 collected input from adult Columbia County residents. There were 405 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. About a third (33.8 percent) of community survey respondents ranked substance/drug misuse as the most important health issue to be addressed, followed by mental health problems (28.1 percent), homelessness (22.2 percent), obesity (15.1 percent), and access to primary care (11.6 percent) (Table 11, CHA). Relatedly, drug misuse was ranked as the behavior with the greatest negative impact on health in Columbia County, with 53.3 percent of responses while violence (28.9 percent) and lack of personal responsibility (25.7 percent) ranked second and third, respectively. Columbia County survey respondents reported barriers to dental, primary, and mental health care with 42.2 percent, 28.4 percent, and 21.5 percent of respondents not getting needed care within the past 12 months (Tables 13-15, CHA). Similar barriers among children in the care of survey respondents were reported. About a third (33.8 percent) of those children did not get needed dental care in the past 12 months while

another 18.8 percent and 18.2 percent did not receive needed primary and mental health care, respectively (Tables 17-19, CHA). Other highlights from the analysis of the community survey are provided below (Tables 9-19, CHA). For detailed results, please refer to [Columbia County Community Health Assessment 2023](#) report.

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

- Substance use/drug misuse (33.8 percent)
- Mental health problems (28.1 percent)
- Homelessness (22.2 percent)
- Obesity (15.1 percent)
- Access to primary/family care (11.6 percent)

Behaviors with the greatest negative impact in Columbia County included:

- Drug misuse (use of substances such as cocaine, methamphetamines, opioids, ecstasy, heroin, LSD, bath salts, etc.) (53.3 percent)
- Violence (28.9 percent)
- Lack of personal responsibility (25.7 percent)
- Eating unhealthy foods/drinking sugar-sweetened beverages (24.9 percent)
- Lack of physical activity (20.0 percent)

Health care services that were rated as the most difficult to obtain in Columbia County included:

- Mental and behavioral health care (33.6 percent)
- Specialty care (33.3 percent)
- Dental/oral care (28.6 percent)
- Emergency room care (23.5 percent)
- Alternative medicine and therapy (21.2 percent)

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

- Cost (17.9 percent dental care, 43.54 percent primary care, 59.8 percent mental health care)
- Appointment availability (36.3 percent dental care, 40.0 percent primary care, 37.9 percent mental health care)
- Insurance-related issues (40.9 percent dental care, 37.4 percent primary care, 41.4 percent mental health care)

- Provider availability (24.0 percent dental care, 18.3 percent primary care, 33.3 percent mental health care)

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

- Cost (21.2 percent dental care, 24.1 percent primary care, 31.0 percent mental health care)
- Appointment availability (36.5 percent dental care, 20.7 percent primary care, 10.3 percent mental health care)
- Insurance-related issues (17.3 percent dental care, 20.7 percent primary care, 3.4 percent mental health care)
- Provider availability (34.6 percent dental care, 20.7 percent primary care, 41.4 percent mental health care)

Community Health Status:

A comprehensive review of secondary data for Columbia County examined demographic and socioeconomic indicators, mortality and morbidity, health care access and utilization, and geographic and racial and ethnic disparities. The [Columbia County Community Health Assessment 2023](#) report and [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) 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 Columbia County has continuing challenges with related issues as listed below (table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted).

- Poverty [\$47,750 median household income, all races, Columbia County, \$61,777, Florida (Table 30); \$25,912 per capita income, all races Columbia County, \$35,216 Florida (Table 32); 36.0 percent Asset Limited, Income Constrained, Employed (ALICE) households Columbia County, 32.0 percent Florida (Table 29)]
- Limited employment opportunities [4.5 percent unemployment Columbia County, 4.6 percent Florida (Table 36)]

- Education levels [29.3 percent college degree as the highest level of school completed Columbia County, 42.8 percent Florida (Table 38)]
- Food insecurity [13.2 percent (all ages) Columbia County, 10.6 percent Florida; 17.4 percent (children) Columbia County, 15.7 percent Florida (Table 41)]
- Health care service access [128.4 total physicians per 100,000 population Columbia County, 314.0 total physicians per 100,000 Florida; 25.4 dentists per 100,000 population Columbia County, 55.7 dentists per 100,000 Florida (Tables 158, 160)]

Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Columbia County, as in Florida and the rest of the United States, premature disease and death are primarily 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. The age-adjusted death rates per 100,000 population for the leading causes of death for all races in Columbia County for 2021 that were higher than state rates are listed below as well as the infant mortality rate for which Columbia County exceeded the state rate for 2019-2021 (Tables 64, 69, 122, Technical Appendix)

- Cancer (177.9 deaths per 100,000 Columbia County, 137.7 deaths per 100,000 Florida)
- Heart Disease (199.8 deaths per 100,000 Columbia County, 144.1 deaths per 100,000 Florida)
- COVID-19 (187.8 deaths per 100,000 Columbia County, 108.8 deaths per 100,000 Florida)
- Stroke (52.1 deaths per 100,000 Columbia County, 43.7 deaths per 100,000 Florida)
- Chronic Lower Respiratory Disease (CLRD) (72.6 deaths per 100,000 Columbia County, 30.7 deaths per 100,000 Florida)
- Diabetes (44.1 deaths per 100,000 Columbia County, 24.2 deaths per 100,000 Florida)
- Unintentional Injuries (74.6 deaths per 100,000 Columbia County, 72.8 deaths per 100,000 Florida)
- Infant mortality (13.2 deaths per 1,000 live births Columbia County, 5.9 deaths per 1,000 live births Florida (note: there were 31 total infant deaths in 2019-2021 in Columbia County))

Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Columbia County residents face challenges with health behaviors that lead to poorer health outcomes as found in the health behavior data studied in the assessment. The issues listed below require multi-faceted approaches to improve persistent health problems with simultaneous primary prevention strategies to help ensure healthy futures for everyone. The chronic conditions and behaviors that were considered as priority health issues include the following (table references are from the [Columbia and](#)

[Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted):

- Mental health problems [17.7 percent adults had poor mental health on 14 or more of the past 30 days Columbia County, 13.8 percent Florida; 27.1 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 Columbia County, 18.3 percent Florida (Table 107)]
- Tobacco use among adults including e-cigarettes and smokeless tobacco products [23.9 percent adults who are current smokers Columbia County, 14.8 percent Florida; 7.4 percent adults who currently use chewing tobacco, snuff or snus some days or every day Columbia County, 2.2 percent Florida (Table 128)]
- Tobacco use including electronic vapor products among youth (ages 11-17 years) [15.4 percent youth who currently use electronic vapor products Columbia County, 10.6 percent Florida; 4.4 percent youth who currently use cigarettes, cigars, or smokeless tobacco Columbia County, 2.6 percent Florida; 2.5 percent youth who currently use smokeless tobacco Columbia County, 1.0 percent Florida (Table 129)]
- Overweight and obesity [73.4 percent adults who are overweight or obese Columbia County, 64.6 percent Florida; 35.2 percent adults who are obese Columbia County, 27.0 percent Florida; 36.7 percent adults who are sedentary Columbia County, 26.5 percent Florida (Table 130)]
- Late entry into prenatal care [62.6 percent of births that received first trimester care, all races, Columbia County, 69.3 percent Florida (Table 124)]

Geographic, Racial and Ethnic Disparities

The community health assessment findings pointed to some disparities among the Columbia County population. These preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include the following: (all table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted):

- Differences in poverty rates were seen for children, adults and between Whites, Blacks and Hispanics by geography, age, and sex. All the following rates are for 2017-2021. About 14.4 percent of Columbia County individuals overall were in poverty in the past 12 months (13.1 percent for Florida) with 16.1 percent of Columbia County children (0 to 17 years of age) in poverty (18.2 percent for Florida) in the past 12 months. The highest percentage of individuals in poverty in the past 12 months was found in Lake City (zip code 32055) at 17.6 percent while

for children 0-17 years of age the highest percentage at 20.9 percent was found in Fort White (zip code 32038) (Table 22). The rates of Columbia County residents ages 18-64 years living below 100 percent of poverty (15.3 percent) and between 100 to 199 percent poverty (22.9 percent) were higher than state rates (12.2 and 17.6 percent, respectively, 2017-2021). Columbia County children had higher than state rates between 100 to 199 percent poverty at 30.3 percent compared with 24.2 percent for the state. Columbia County senior citizens aged 65 years and older had higher than state rates for between 100 to 199 percent poverty (25.4 percent) compared with 18.8 percent for the state (Table 24). When examined by sex, poverty rates were higher among males in Columbia County (14.5 percent) as compared with females (14.2 percent) and both rates were higher than state rates (14.1 percent and 12.0 percent, respectively) (Table 25).

Poverty affects people of color disproportionately throughout the state of Florida and in Columbia County. In 2017-2021, 20.7 percent of Black Columbia County residents lived in poverty compared with 11.2 percent of White Columbia County residents. Both rates were comparable for state rates for their counterparts (20.5 percent and 11.1 percent, respectively). Hispanics living in Columbia County were reported to have experienced poverty at higher percentages than all races, Whites, and Blacks for both their Columbia County and Florida counterparts. Data showed that 29.1 percent of Columbia County Hispanics lived in poverty compared with 15.9 percent in Florida (Table 26).

- Differences in mortality rates among Columbia County Whites, Blacks, and Hispanics. However, small numbers for the Hispanic population required caution in interpretation (Tables 67, 68). For 2019-2021, Columbia County Blacks had higher age-adjusted mortality rates per 100,000 population compared with Whites due to:
 - Heart disease at 186.7 deaths per 100,000 population as compared with 170.1 deaths
 - COVID-19 at 118.5 deaths per 100,000 population as compared with 92.1 deaths
 - Diabetes at 50.3 deaths per 100,000 population as compared with 37.2 deaths
 - Stroke at 69.9 deaths per 100,000 population compared with 50.6 deaths
 - Homicide at 29.6 deaths per 100,000 population compared with 3.1 deaths

For the same period Columbia County Whites had higher age-adjusted death rates per 100,000 population than Blacks due to:

- Cancer at 189.2 deaths per 100,000 population as compared with 135.9 deaths
- Chronic Lower Respiratory Disease (CLRD) at 79.0 deaths compared with 52.4 deaths
- Liver Disease at 24.6 deaths per 100,000 population as compared with 4.0 deaths

- Influenza and Pneumonia at 16.6 deaths per 100,000 population compared with 7.6 deaths
- Suicide at 28.7 deaths per 100,000 population as compared with 2.1 deaths
- Unintentional injuries at 71.3 deaths per 100,000 population as compared with 53.0 deaths

Columbia County Hispanics had lower age-adjusted death rates per 100,000 population than their White and Black counterparts for cancer, heart disease, COVID-19, CLRD, unintentional injuries, stroke, diabetes, influenza and pneumonia, and homicide (Tables 67, 68).

- Disparities were noted in first trimester care rates among pregnant women in Columbia County. In 2019-2021, 62.6 percent of all births to Columbia County mothers of all races received first trimester care compared to 69.3 percent for the state. Also lower than state rates were seen for first trimester care rates for Columbia County Whites (63.8 percent) and Hispanics (53.4 percent). Black Columbia County mothers received first trimester care at a higher rate (59.5 percent) than White and Hispanic Columbia County mothers (see above) and Black mothers across the state (44.0 percent) (Table 124).

Health Care Resources and Utilization

Although 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 areas such as Columbia County face many barriers in accessing health care services. Utilization and health professional shortage data illuminated the depth of access to care issues in Columbia County. The major issues related to health care resources, access, and utilization fall into the groups listed below. Table references are from the [Columbia and Hamilton County Community Health Assessment Technical Appendix 2023-2026](#) unless otherwise noted):

- Inappropriate use of Emergency Departments (ED) for dental problems [18.3 preventable dental emergency department visits per 1,000 population Columbia County, 6.0 visits Florida (2021); 1.2 preventable dental hospitalizations per 1,000 population Columbia County, 0.8 hospitalizations Florida (Tables 161, 162)]
- Avoidable (or preventable) hospital discharges [17.7 avoidable discharges per 1,000 population under the age of 65 Columbia County (2021), 12.3 avoidable discharges Florida (Table 168)]
- Lack of health care providers and services, specialty care physicians, and dentists [128.4 total physicians per 100,000 Columbia County, 314.0 total physicians per 100,000 Florida; 25.4

dentists per 100,000 Columbia County, 55.7 dentists per 100,000 Florida (2020-2021) (Tables 158, 160)]

- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Columbia County residents at 47.8 percent for Medicare, 21.6 percent Medicaid, 20.2 percent private insurance; Florida at 44.6 percent Medicare, 18.5 percent Medicaid, 25.2 percent private insurance (2021) (Tables 165-167)]
- Lack of affordable health insurance with sufficient coverage [86.0 percent civilian population, all ages insured (2017-2021), Columbia County; 87.4 percent Florida (Table 155); percent uninsured by age groups, under 65 years of age Columbia County at 14.5 percent, Florida 15.5 percent; ages 18-64 Columbia County at 17.4 percent, Florida 18.4 percent (Table 154)]

Community Partner Assessment:

As part of this modified MAPP-based assessment, Columbia County community partners participated in the new MAPP 2.0 community partner assessment to better understand the interests and capacities of health improvement planning collaborators. Using an electronic survey of community partner organizations and agencies and the discussion of its results, Columbia County partners inventoried their assets, skills, gaps, and challenges. The results point to capacities and shared interests for improving community health. According to survey results, more than half (57.1 percent) of partners are addressing tobacco use and substance abuse, 42.9 percent focus on immunizations and health screenings, and more than a quarter (28.6 percent) are working on a host of topics including family and maternal health, injury and violence prevention, health care access, mental and behavioral health, and food benefit programs (Table 37, CHA). Creating long-term, permanent social change, obtaining or providing services, and planning and launching community-wide initiatives (57.1 percent each) were the top interests in participating in collaborative community health assessment and health improvement planning (Table 28, CHA). Columbia County partners indicated they bring resources such as staff support, implementation support, meeting and activity assistance, community engagement and relationship-building skills, policy and advocacy skills, facilitation, quantitative and qualitative data analysis skills, as well as physical space and technology to support meetings (Table 29, CHA). Other highlights from the analysis of the partner survey are provided below (Tables 23-48, CHA). For a full description of the process and findings, please see the Community Partner Assessment section in the [Columbia County Community Health Assessment 2023](#).

Priority populations addressed by Columbia County community partners (Table 34, CHA):

- Families
 - Vulnerable families with infants

- Low-income families and individuals
- Pregnant people and premature babies
- Seasonal and migrant farmworkers' children
- Youth aged 11-18 years, students
- Parents and caregivers

Health topics of focus by Columbia County community partners included (Table 37, CHA):

- Tobacco use and substance misuse prevention (57.1 percent)
- Other topic not listed in the survey (42.9 percent)
- Immunizations and screenings (42.9 percent)
- Injury and violence prevention (28.6 percent)
- Health care access and utilization (28.6 percent)
- Health insurance/Medicaid/Medicare (28.6 percent)
- Mental or behavioral health (28.6 percent)
- Women, Infants, Children (WIC) program and food benefits (28.6 percent)
- Family and maternal health (28.6 percent)

Community partner assessment highlights (Tables 23-478 CHA):

- Gaps
 - Limited data sharing
 - Language interpretation and translation services somewhat limited
 - Limited focus on social and economic factors that impact health
- Strengths
 - Shared dedication to serving all populations including those who are vulnerable
 - Interest in community health assessment and health improvement planning partnership and process
 - Willingness to share resources and expertise for assessment and planning
 - Common focus on several health topics

MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES

An essential component of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies, and implementation. These steps are also referred to as MAPP phases four through six. On June 7, 2023, the Columbia County CHA Steering Committee identified strategic priorities. The process

included a data review from the community health status assessment, community themes and strengths findings from the community survey, forces of change issues discussion, and the community partner assessment. The steering committee 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. Table 2 below lists the characteristics of each criterion. First participants reviewed, discussed, identified common themes, and picked their top five strategic priority issues. All attendees then participated in a facilitated consensus discussion and multi-voting to identify the final strategic priorities. On September 21, 2023 the Columbia County 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, COLUMBIA 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 November 3, 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

- Chronic Disease
 - Prevention and management of chronic conditions including hypertension, pre-diabetes, diabetes, heart disease
 - Obesity
 - Physical activity
 - Health literacy
- Substance Misuse and Mental Health
 - All substances including alcohol, tobacco, illicit drugs
 - Youth and adult focus on prevention and treatment

- Youth Health Behaviors
 - Sexual health education
 - Youth and young adult focus
 - Emphasis on education, prevention, screening, and treatment
- Health Information Access
 - Focus on local providers and services
 - Streamlined referrals
 - Centralized information access points

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. At its September 21, 2023 meeting, the Columbia County community partners began this work. After reviewing the data and key findings from the four MAPP assessments, the group reconfirmed and refined the strategic priority issue statements and began work on writing objectives and action plans. With remote work ongoing, community partners reconvened for four more meetings to refine and finish 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 Columbia 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 Columbia County CHIP will be monitored and tracked by semi-annual reporting to the Columbia County partnership. There will also be an annual CHIP review. If appropriate, revisions to the CHIP and/or action plans will be proposed, supporting data reviewed, discussions held, and changes made and documented.



COLUMBIA COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT PLANNING TIMELINE

November 2022-January 2023	Organizational meetings, steering committee and partner identification and timeline development
February 9, 2023	Community health assessment kick-off meeting, visioning
February 14 – March 31, 2023	Primary, secondary and qualitative (community survey) data collection and analysis
April 20, 2023	Forces of Change Assessment conducted and presentation of preliminary assessment data and findings
May 19 – 31, 2023	Community Partner Assessment survey and analysis
June 7, 2023	Community partners convened, solicited community input on findings, reached consensus on strategic priority issues
July 2023	Columbia County Community Health Assessment report is published
September 11, 2023	Columbia CHIP Core Team organizational discussions, CHIP timeline development, set CHIP meeting roles, resources, expectations
September 21, 2023	Columbia CHIP Community Partner meeting to write goals, objectives for first draft of action plans
October 19, 2023	Columbia CHIP Community Partner meeting to continue to write goals, objectives, action plans
November 16, 2023	Columbia CHIP Core Team and Community Partner combined meeting to continue to write goals, objectives, refine action plans
November 29, 2023	Columbia CHIP Core Team and Community Partner combined meeting to refine action plans
December 14, 2023	Columbia CHIP Core Team and Community Partner combined meeting to finish action plans
December 31, 2023	2024-2026 Columbia County Community Health Improvement Plan published
January 2024	Columbia County Community Health Improvement Plan launch

Columbia County CHIP Goals, Strategies, Objectives and Related Resources

There are four strategic priority areas in the 2024-2026 Columbia 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: Substance Misuse and Mental Health (SMMH)
Goal SMMH 1: Reduce misuse of drugs, alcohol, and tobacco and promote community support for good mental health
Strategies SMMH 1.1: Mobilize community partners to create a community awareness of substance misuse and mental health disorders
Objective SMMH 1.1.1: By January 1, 2025, create a substance misuse and mental health workgroup with at least 6 members representing diverse groups including: schools, law enforcement, employers, mental and primary health providers, media, faith-based and general community members (Baseline: Zero (0) workgroup, Target: One (1) workgroup, Data Source: DOH Columbia)
Objective SMMH 1.1.2: By January 31, 2026, provide at least four (4) Youth Mental Health First Aid trainings in Columbia County (Baseline: Zero (0) trainings, Target: Four (4) trainings, Data Source: Meridian Behavioral Healthcare)
Objective SMMH 1.1.3: By December 31, 2028 reduce the number of all drugs non-fatal overdose emergency department visits by 5.0 percent (Baseline: 159 emergency department visits (2022), Target: 151 emergency department visits, Data Source: FLHealthCHARTS)
Objective SMMH 1.1.4: By December 31, 2026, reduce the percentage of youth who currently use electronic vapor products (EVP) by 10.0 percent (Baseline 15.4 percent (2022), Target 13.8 percent, Data Source: Florida Tobacco Youth Survey, FLHealthCHARTS)
Objective SMMH 1.1.5: By December 31, 2026 reduce the percentage of students who engaged in binge drinking in the past 30 days by 5.0 percent (Baseline: 6.6 percent (2022), Target: 6.3 percent, Data Source: Florida Youth Substance Abuse Survey, FLHealthCHARTS)
Objective SMMH 1.1.6: Implement no tobacco usage policy in county and city parks with signage at parks by December 31, 2026 (Baseline: Zero (0) policy in county and zero (0) policy in city, Target: One (1) policy for county and one (1) policy for city, Data Source: CivCom)

<p>Resources: Meridian Behavioral Healthcare, Florida Department of Health in Columbia County, CivCom, Hanley Foundation, Columbia County School District, Columbia County Parks and Recreation, Columbia County Board of County Commissioners, Lake City Council, Columbia CHIP partner organizations, see also <u>Columbia County Community Health Assessment 2023-2026</u> sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)</p>
<p>Strategic Priority: Youth Health Behaviors (YHB)</p>
<p>Goal YHB 1: Foster healthy behaviors and decisions among teens to prevent pregnancy and sexually transmitted diseases</p>
<p>Strategies YHM 1.1: Provide health education to teens</p>
<p>Objective YHB 1.1.1: By December 31, 2026, reduce the number of births to teens aged 15-17 by 20 percent (Baseline: 9 births (2021), Target: 7 births, Data Source: Florida Department of Health, FLHealthCHARTS)</p>
<p>Objective YHB 1.1.2: By December 31, 2026, reduce the rate of bacterial STDs in 12 -18-year-olds by 5 percent (Baseline: 2,525 cases per 100,000, Target: 2,398 cases per 100,000, Data Source: Florida Department of Health, FLHealthCHARTS)</p>
<p>Resources: Florida Department of Health in Columbia County, HIV High Impact Program, WellFlorida Council, Columbia CHIP partners, see also <u>Columbia County Community Health Assessment 2023-2026</u> sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)</p>
<p>Strategic Priority: Chronic Disease (CD)</p>
<p>Goal CD 1: Decrease chronic disease through primary and secondary prevention</p>
<p>Strategies CD 1.1: Provide chronic disease prevention education opportunities to Columbia County residents</p>
<p>Objective CD 1.1.1: By December 31, 2026, decrease the percentage of adults who are current smokers by 2 percent (Baseline: 23.9 percent (2019), Target: 23.4 percent, Data Source: BRFSS, FLHealthCHARTS)</p>
<p>Objective CD 1.1.2: By December 31, 2026 increase access to colorectal cancer screening education resource events in low-income areas of Columbia County (Baseline: One (1) event (2023), Target: One (1) event annually for a total of three (3) events, Data Source: North Central Florida Cancer Control Collaborative)</p>
<p>Objective CD 1.1.3: By December 31, 2026 host two (2) chronic disease interventions annually at the Richardson Community Center and Annie Mattox Center (Baseline: Zero (0) interventions (2023), Target: Two (2) interventions per year at each location, Data Source: Richardson Community Center Director and Annie Mattox Center Director)</p>
<p>Resources: Hanley Foundation, Columbia County District Schools, Suwannee River Area Health Education Center, North Central Florida Cancer Control Collaborative, WellFlorida Council, Florida</p>

<p>Department of Health in Columbia County, Richardson Community Center, Annie Mattox Recreation Center, Columbia CHIP community partners, see also <u><i>Columbia County Community Health Assessment 2023-2026</i></u> sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)</p>
<p>Strategic Priority: Health Information Access (HIA)</p>
<p>Goal HIA 1: Improve health information access to address population health</p>
<p>Strategy HIA 1.1: Increase promotion of health resources to increase awareness of resources</p>
<p>Objective HIA 1.1.1: By December 31, 2026 increase the percentage of Columbia County students who visited a dentist office in the past year by 3 percent (Baseline: 30.8 percent (2020), Target 31.7 percent, Data Source: Florida Youth Tobacco Survey, FLHealthCHARTS)</p>
<p>Objective HIA 1.1.2: By December 31, 2026 develop and maintain a dental health workgroup in Columbia County (Baseline: Zero (0) workgroup, Target: One (1) workgroup, Data Source: DOH Columbia)</p>
<p>Objective HIA 1.1.3: By December 31, 2026 promote community resources annually using a health literacy campaign (Baseline: Zero (0) health literacy campaigns, Target: One (1) campaign annually, Data Source: DOH Columbia)</p>
<p>Resources: Florida Department of Health in Columbia Dental Program, Columbia County District Schools, human trafficking trainers and subject matter experts, Florida Department of Law Enforcement, Florida State University, Columbia CHIP community partners, see also <u><i>Columbia County Community Health Assessment 2023-2026</i></u> sections on Community Assets and Resources for Improving Health (p. 47) and Resources for Community Interventions (p. 115)</p>



Columbia County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies, and objectives in the Columbia County CHIP align with state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2023-2026 and Healthy People 2030. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Columbia County residents.

<p>Columbia 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>Strategic Priority: Substance Misuse and Mental Health (SMMH)</p>	
<p>Objective SMMH 1.1.1: By January 1, 2025, create a substance misuse and mental health workgroup with at least 6 members representing diverse groups including: schools, law enforcement, employers, mental and primary health providers, media, faith-based and general community members</p>	<p>HP 2030: MHMD-07 Florida SHIP: Priority Area 5 Mental Well-being and Substance Abuse Prevention</p>
<p>Objective SMMH 1.1.2: By January 31, 2026, provide at least four (4) Youth Mental Health First Aid trainings in Columbia County</p>	<p>HP 2030: MHMD-03, MHMD-06, MHMD-08 Florida SHIP: Goal MW 2</p>
<p>Objective SMMH 1.1.3: By December 31, 2028 reduce the number of all drugs non-fatal overdose emergency department visits by 5.0 percent</p>	<p>HP 2030: MPS-02, SU-01, SU-D02SU-03, SU-07, SU-13, SU-14, SU-15 Florida SHIP: Goal MW 3, Obj MW3.4</p>
<p>Objective SMMH 1.1.4: By December 31, 2026, reduce the percentage of youth who currently use electronic vapor products (EVP) by 10.0 percent</p>	<p>HP 2030: TU-04, TU-05, TU-09, TU-10, TU-22 Florida SHIP: Obj MW 3.1</p>
<p>Objective SMMH 1.1.5: By December 31, 2026 reduce the percentage of students who engaged in binge drinking in the past 30 days by 5.0 percent</p>	<p>HP 2030: SU-04, SU-09 Florida SHIP: Goal MW 2</p>
<p>Objective SMMH 1.1.6: Implement no tobacco usage policy in county and city parks with signage at parks by December 31, 2026</p>	<p>HP 2030: EH-01, TU-19 Florida SHIP: Goal CD 5</p>

<p align="center">Columbia 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 align="center">Strategic Priority: Youth Health Behavior (YHB)</p>	
<p>Objective YHB 1.1.1: By December 31, 2026, reduce the number of births to teens aged 15-17 by 20 percent</p>	<p>HP 2030: FP-01, FP-03 Florida SHIP: Goal MCH 2</p>
<p>Objective YHB 1.1.2: By December 31, 2026, reduce the rate of bacterial STDs in 12 -18-year-olds by 5 percent</p>	<p>HP 2030: STI-01, STI-02, STI-06, STI-07, Florida SHIP: Goal TED 2, Obj TED2.1, Obj TED2.2, Obj TED2.3</p>
<p align="center">Strategic Priority: Chronic Diseases (CD)</p>	
<p>Objective CD 1.1.1: By December 31, 2026, decrease the percentage of adults who are current smokers by 2 percent</p>	<p>HP 2030: TU-01, TU-02, TU-03 Florida SHIP: Goal MW 3, Obj MW3.2</p>
<p>Objective CD 1.1.2: By December 31, 2026 increase access to colorectal cancer screening education resource events in low-income areas of Columbia County</p>	<p>HP 2030: C-06, C-07 Florida SHIP: Goal CD 1, Obj CD1.4</p>
<p>Objective CD 1.1.3: By December 31, 2026 host two (2) chronic disease interventions annually at the Richardson Community Center and Annie Mattox Center</p>	<p>HP 2030: NWS-03, PA-01, PA-02, PA-03, PA-04, PA-05 Florida SHIP: Goal CD 2, Obj CD6.2</p>
<p align="center">Strategic Priority: Health Information Access (HIA)</p>	
<p>Objective HIA 1.1.1: By December 31, 2026 increase the percentage of Columbia County students who visited a dentist office in the past year by 3 percent</p>	<p>HP 2030: OH-01, OH-02, OH-09, OH-10 Florida SHIP: Goal CD7, Obj 7.1, Obj MCH1.4</p>
<p>Objective HIA 1.1.2: By December 31, 2026 develop and maintain a dental health workgroup in Columbia County</p>	<p>HP 2030: OH-01 Florida SHIP: Goal CD7</p>
<p>Objective HIA 1.1.3: By December 31, 2026 promote community resources annually using a health literacy campaign</p>	<p>HP 2030: HC/HIT-R01, HC/HIT-04 Florida SHIP: Priority Area 6 Social and Economic Conditions Impacting Health</p>

Appendix

This Appendix includes the following sections:

- Columbia County Community Health Improvement Plan (CHIP) Partners
- Columbia County CHIP Implementation Action Plan template
- Columbia County CHIP Action Plan



COLUMBIA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PARTNERS

Core Team members

- Wendy Bragdon, Florida Department of Health in Columbia County
- Diana Duque, Florida Department of Health in Columbia County
- Jeremy Gifford, Florida Department of Health in Columbia County

Community Partners

- Kim Allison, Columbia County School District
- Ashley Barrs, Florida Department of Health in Columbia County
- Emily Berry, Suwannee River Area Health Education Center
- Halie Corbitt, 4H and University of Florida Institute of Food and Agricultural Sciences (UF/IFAS)
- Valeria Crawford, WellFlorida Council
- Tony Ferris, Florida Department of Health in Columbia County
- Brooke Frye, CivCom
- Travis George, Community Outreach, Florida Gateway College
- Jamie Holton, Suwannee River Area Health Education Center
- Kody Latham, Hanley Foundation
- Connie O'Donnell, Florida Department of Health in Columbia County
- Diana Padilla, Florida Department of Health, Office of Minority Health, North Central Region
- Valeria Pasquale, Meridian Behavioral Healthcare
- Erin Peterson, Healthy Start North Central Florida Coalition, WellFlorida Council
- Shane Ross, Florida Department of Health in Columbia County



COLUMBIA COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

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

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



COLUMBIA COUNTY CHIP ACTION PLAN

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

Strategic Priority: Substance Misuse and Mental Health (SMMH)
Goal: SMMH 1: Reduce misuse of drugs, alcohol and tobacco and promote community support for good mental health
Strategy SMMH 1.1: Mobilize community partners to create a community awareness of substance misuse and mental health disorders
Objectives: SMMH 1.1.1: By January 1, 2025, create a substance misuse and mental health workgroup with at least 6 members representing diverse groups including: schools, law enforcement, employers, mental and primary health providers, media, faith-based and general community members (Baseline: Zero (0) workgroup, Target: One (1) workgroup, Data Source: DOH Columbia) SMMH 1.1.2: By January 31, 2026, provide at least four (4) Youth Mental Health First Aid trainings in Columbia County (Baseline: Zero (0) trainings, Target: Four (4) trainings, Data Source: Meridian Behavioral Healthcare) SMMH 1.1.3: By December 31, 2028 reduce the number of all drugs non-fatal overdose emergency department visits by 5 percent (Baseline: 159 emergency department visits (2022), Target: 151 emergency department visits, Data Source: FloridaHealthCHARTS) SMMH 1.1.4: By December 31, 2026, reduce the percentage of youth who currently use electronic vapor products (EVP) by 10 percent (Baseline 15.4 percent (2022), Target 13.8 percent, Data Source: Florida Tobacco Youth Survey, FloridaHealthCHARTS) SMMH 1.1.5: By December 31, 2026 reduce the percentage of students who engaged in binge drinking in the past 30 days by 5 percent (Baseline: 6.6 percent (2022), Target: 6.3 percent, Data Source: Florida Youth Substance Abuse Survey, FloridaHealthCHARTS) SMMH 1.1.6: Implement no tobacco usage policy in county and city parks with signage at parks by December 31, 2026 (Baseline: Zero (0) policy in county and zero (0) policy in city, Target: One (1) policy for county and one (1) policy for city, Data Source: CivCom)
Background on Strategy: Source or Evidence-base: 2023.03.01 MHFA Research-Summary infographic.pdf (mentalhealthfirstaid.org) ; Reduce drug overdose deaths — Evidence-Based Resources - Healthy People 2030 health.gov ; Reduce current e-cigarette use in adolescents — Evidence-Based Resources - Healthy People 2030 health.gov ; Reduce the proportion of people under 21 years who engaged in binge drinking in the past month — Evidence-Based Resources - Healthy People 2030 health.gov

Policy Change (yes/no): Yes, county and city policies on tobacco use in public parks
Health disparity and/or social/economic factors to be addressed (if applicable): No, however, excessive substance misuse can contribute to economic and health disparities

Action Plan:

Key Activity SMMH 1.1.1 (facilitate and sustain workgroup)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Recruit at least 2 representatives from each priority discipline as workgroup members	Shane Ross, Jeremy Gifford/DOH	Development of workgroup	Engagement material, data	January 2024	
Hold quarterly workgroup meetings	Columbia Partner Group	Meeting agendas	Location for meetings	January 2024	
Publish and distribute quarterly workgroup newsletter to all affiliated partners	Columbia Partner Group	Newsletter	Time to develop newsletter	March 2024	
As a workgroup, annually publish and distribute report on the status of mental health in Columbia County and resources	Columbia Partner Workgroup	Published Report	Time and information from resources, data and analysis, electronic resources for sharing	Beginning December 31, 2024	
Key Activity SMMH 1.1.2 (youth mental health first aid training)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Provide at least one Mental Health first aid training for law enforcement, school staff, and community partners per year	Meridian Behavioral Healthcare	Number of classes held, number of people trained	Trainers, location for training, attendees	Annually by December 31	
Conduct training specific to school resource officers to identify mental health	Meridian Behavioral Healthcare	Number of trainings held, number of resource officers trained	Trainers, location for training, attendees	By December 31, 2026	

signs and symptoms that increase truancy.					
Have two DOH staff complete the train the trainer instructor training	Meridian Behavioral Healthcare	Number of instructors trained, certificate of training	Train the trainer training	By December 31, 2026	
Key Activity SMMH 1.1.3 (decrease non-fatal overdose emergency department visits)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Distribute Narcan at outreaches	Meridian Behavioral Healthcare	Number of outreaches	Staff to distribute Narcan	Annually beginning January 1, 2024	
Identify community partners, businesses, community members to target for Narcan training	Meridian Behavioral Healthcare	List of potential partners identified; list of businesses who agree to partner	Staff time to identify and reach out to possible community partners	December 31, 2024	
Train partners to distribute Narcan	Meridian Behavioral Healthcare	Number of trained partners	Training, partners	December 31, 2025, 2025	
Supply trained community members with Narcan	Meridian Behavioral Healthcare	Number of Narcan distributed	Narcan	Annually beginning January 1, 2026	
Key Activity SMMH 1.1.4 (reduce the percentage of youth using EVP)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress

Recruit 10 additional SWAT chapter members	Brooke Frye, CivCom	Number of SWAT members	Promotion or incentive	May 2026	
Increase awareness through social media posts	Brooke Frye, CivCom	Number of people reached through social media	Social media ads	May 2026	
Provide in school prevention education	Kody Latham, Hanley Foundation	Number of students who receive education	Access to school; Hanley staff time	Beginning August 1, 2024	
Key Activity SMMH 1.1.5 (reduce youth binge drinking)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Facilitate presentations to students in the school setting with focus on alcohol and tobacco use	Kody Latham, Hanley Foundation	Number of presentations given; number of students who receive presentation; results of knowledge gained	School Board approval; Hanley Foundation staff time	Annually beginning August 1, 2024	
Key Activity SMMH 1.1.6 (implement no tobacco use in parks policy)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Develop signage for Ft. White parks	Brooke Frye, CivCom	Signage Design	Samples	June 30, 2024	
Approval of signage for Ft. White parks	Brooke Frye, CivCom	Approved Sign Design	City official approval/meeting	December 31, 2024	

Purchase Signage and Install at Ft. White parks	Brooke Frye, CivCom	Picture of Signage installed at parks	Funding	December 31, 2025	
Columbia County to design and install signage at County parks	Columbia County Parks and Recreation	Picture of Signage installed at parks	County staff time and funding	December 31, 2026	



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

Strategic Priority: Youth Health Behaviors (YHB)					
Goal YHB 1: Foster healthy behaviors and decisions among teens to prevent pregnancy and sexually transmitted diseases					
Strategy YHB 1.1: Provide health education to teens					
Objectives:					
<p>YHB 1.1.1: By December 31, 2026, reduce the number of births to teens aged 15-17 by 20 percent (Baseline: 9 births (2021), Target: 7 births, Data Source: Florida Department of Health, FLHealthCHARTS)</p> <p>YHB 1.1.2: By December 31, 2026, reduce the rate of bacterial STDs in 12 -18-year-olds by 5 percent (Baseline: 2,525 cases per 100,000, Target: 2,398 cases per 100,000, Data Source: Florida Department of Health, FLHealthCHARTS)</p>					
Background on Strategy:					
<p>Source or Evidence-base: Reduce pregnancies in adolescents — Evidence-Based Resources - Healthy People 2030 health.gov; HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents - Healthy People 2030 health.gov</p> <p>Policy Change (yes/no): No</p> <p>Health equity or disparity to be addressed (if applicable): Rates of bacterial STDs are higher in Non-Hispanic Black population in Columbia than in non-Hispanic White population</p>					
Action Plan:					
Key Activity YHB 1.1.1 and 1.1.2 (reduce teen births and reduce STIs)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Provide family planning information at all outreaches	DOH Columbia	Materials available	Materials, staff time to develop and provide materials	Beginning January 1, 2024	
Identify community partners/organizations that can distribute contraception and STI prevention information/materials to youth	DOH Columbia	MOU from community partners willing to provide contraception and STI prevention information to youth	Community partner and meeting time	June 30, 2024	

Promote clinical services to teens in Lake City and Fort White	DOH Columbia	Promotion efforts and number of teen clinic appointments	Clinic/staff time	Beginning July 1, 2024	
Partner or contract a youth health education program with a focus on healthy relationships	DOH Columbia and WellFlorida's HIV High Impact Prevention Program	Education Program (Presentation) and list of events	Youth to participate, staff time of partner, location for education programs, education program materials, incentives	By December 31, 2024	
Implement a youth health education program focused on STI prevention	HIV High Impact Prevention Program	List of events, number of participants	Youth to participate, staff time of partner, location for education programs, education program materials, incentives	Beginning January 1, 2025	
Form a youth taskforce to focus on youth related issues to meet once per quarter	DOH Columbia	Meeting Agendas, Meeting Minutes	Community members to participate	Beginning June 30, 2024	



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

Strategic Priority: Chronic Disease (CD)					
Goal CD 1: Decrease chronic disease through primary and secondary prevention					
Strategy CD 1.1: Provide chronic disease prevention education opportunities to Columbia County residents					
Objectives:					
<p>CD 1.1.1: By December 31, 2026, decrease the percentage of adults who are current smokers by 2 percent (Baseline: 23.9 percent (2019), Target: 23.4 percent, Data Source: BRFSS, FLHealthCHARTS)</p>					
<p>CD 1.1.2: By December 31, 2026 increase access to colorectal cancer screening education resource events in low-income areas of Columbia County (Baseline: One (1) event (2023), Target: One (1) event annually for a total of three (3) events, Data Source: North Central Florida Cancer Control Collaborative)</p>					
<p>CD 1.1.3: By December 31, 2026 host two (2) chronic disease interventions annually at the Richardson Community Center and Annie Mattox Center (Baseline: Zero (0) interventions (2023), Target: Two (2) interventions per year at each location, Data Source: Richardson Community Center Director and Annie Mattox Center Director)</p>					
Background on Strategy:					
<p>Source or Evidence-base: Reduce current tobacco use in adolescents — Evidence-Based Resources - Healthy People 2030 health.gov; Florida Cancer Plan 2020 – 2025 https://ftp.cdc.gov/pub/publications/cancer/ccc/florida_ccc_plan-508.pdf; Chronic disease intervention to be identified</p>					
<p>Policy Change (yes/no): No</p>					
<p>Health disparity and/or social/economic factors to be addressed (if applicable): Yes, tobacco use is more common in lower income residents. The Richardson Community Center is located in an economically disadvantaged community.</p>					
Action Plan:					
Key Activity CD 1.1.1 (decrease adult smokers)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Provide education in schools to prevent onset of tobacco usage	Kody Latham, Hanley Foundation	Number of students who receive the training, results of pre and post surveys	Access to students in school	Beginning January 1, 2024	

Awareness campaign on health benefits of reducing tobacco use	Jamie Holton, SRAHEC	Number of people reached with campaign	Staff time	Beginning January 1, 2024	
Provision of adult cessation classes	Jamie Holton, SRAHEC	Number of people who attend cessation classes	Participants and locations for hosting cessation classes	Beginning January 1, 2024	
Key Activity CD 1.1.2 (increase colorectal cancer education)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify location to host Small Town, Giant Colon Experience (name of intervention as funded by FDOH Comprehensive Cancer Program and C-CRAB).	Lindsey Redding, WellFlorida Council/NCFCCC	Location/Event Details	Location and partners to help plan for event	June 30, 2024	
Promote event to possible partners to increase event participation and services to be offered	Lindsey Redding, WellFlorida Council/NCFCCC and DOH Columbia	Flyers and Promotion	Assistance promoting the flyers	1 month prior to event	
Host Event	Lindsey Redding, WellFlorida Council/NCFCCC and DOH Columbia and partners	Number of people served at event, pre and post test results	Location, staff, partners to provide resources to attendees	By December 31, 2024	
Key Activity CD 1.1.3 (chronic disease interventions)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress

Annually, identify evidence-based chronic disease intervention to utilize at each community location	DOH Columbia and Richardson Community Center Director and Annie Mattox Director	Intervention	Meetings, research on possible interventions	March 31, 2024	
Identify partners to provide chronic disease intervention	DOH Columbia and Richardson Community Center Director and Annie Mattox Director	List of partners	Partners and funding for intervention	June 30, 2024	
Promote chosen chronic disease intervention to residents near each community location	DOH Columbia and Richardson Community Center Director and Annie Mattox Director	Promotion materials	Materials developed and printed	1 month prior to event	
Host chronic disease intervention with Columbia County residents	DOH Columbia and Richardson Community Center Director and Annie Mattox Director and Columbia CHIP partners	Number of people who complete intervention	Participants and resources for the participants (based on intervention evidence-base)	Annually by December 31, 2024	
Repeat the above action steps each year					



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

Strategic Priority: Health Information Access (HIA)					
Goal HIA 1: Improve health information access to address population health					
Strategy HIA 1.1: Increase promotion of health resources to increase awareness of resources					
Objectives:					
<p>HIA 1.1.1: By December 31, 2026 increase the percentage of Columbia County students who visited a dentist office in the past year by 3 percent (Baseline: 30.8 percent (2020), Target 31.7 percent, Data Source: Florida Youth Tobacco Survey, FLHealthCHARTS)</p> <p>HIA 1.1.2: By December 31, 2026 develop and maintain a dental health workgroup in Columbia County (Baseline: Zero (0) workgroup, Target: One (1) workgroup, Data Source: DOH Columbia)</p> <p>HIA 1.1.3: By December 31, 2026 promote community resources annually using a health literacy campaign (Baseline: Zero (0) health literacy campaigns, Target: One (1) campaign annually, Data Source: DOH Columbia)</p>					
Background on Strategy:					
<p>Source or Evidence-base: https://health.gov/healthypeople/objectives-and-data/browse-objectives/oral-conditions/increase-proportion-low-income-youth-who-have-preventive-dental-visit-oh-09/evidence-based-resources; https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-communication/increase-health-literacy-population-hchit-r01/evidence-based-resources;</p> <p>Policy Change (yes/no): Yes, training policy on human trafficking at the Florida Department of Columbia County</p> <p>Health equity or disparity and/or social/economic factors to be addressed (if applicable): Columbia County experiences disparities in the rate of dentists as compared to Florida. Low-income residents experience additional challenges to accessing dental care, especially residents ensured by Medicaid</p>					
Action Plan:					
Key Activity HIA 1.1.1 (increase percentage of students with access to a dentist)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Increase dental hygiene staff	DOH Columbia	Number of hygiene staff	Personnel	March 31, 2024	
Promote DOH Columbia’s dental bus and dental services	DOH Columbia	Promotion materials, number of people served by dental bus and	Promotion materials/development,	June 30, 2024	

		stationary dental services	funding for advertisements		
Optimize parent consent forms for school-based dental programs	DOH Columbia and Columbia County Schools	Consent forms, number of consent forms returned	Meeting with Columbia County schools to approve new forms	June 30, 2024	
Key Activity HIA 1.1.2 (dental health workgroup)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Identify partners for dental health workgroup	Jeremy Gifford, DOH Columbia	List of possible partners	partners	March 31, 2024	
Dental health workgroup to meet quarterly to focus on increasing access to and awareness of available dental resources	Dental Health Workgroup	Meeting Agendas and Attendance Logs	Meeting location	Beginning April 1, 2024	
Key Activity HIA 1.1.3 (health literacy campaign)	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Develop human trafficking related policies (assure 70 percent of all client facing FDOH facing staff receive human trafficking training via FDLE; assure 75 percent of all DOH nursing staff receive human trafficking training via FSU)	Jeremy Gifford, DOH Columbia	Policy	Human Trafficking Training Module/Curriculum	July 1, 2024	
Identify community partners with expertise in human trafficking and community training	Jeremy Gifford, DOH Columbia	Community Partner	Human Trafficking experts	January 31, 2025	

Provide human trafficking community education annually	TBD	Agenda and Sign in Sheet	Location, trainer, attendees	December 31, 2025	