# Community Health Improvement Plan

**Dixie County** 

**June 2022 – December 2026** 



# **Revisions:**

## Revisions:

Date Approved	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By

For questions about this plan, contact: Jan Gonthier

Jan.Gonthier@flhealth.gov

352-463-3120

# **Table of Contents**

Executive Summary	4
Overview Error! Bookma	rk not defined
Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP)	<b>th</b> 5
Methodology	<i>6</i>
MAPP Phase 1: Organizing for Success and Partnership Development	
MAPP Phase 2: Visioning	7
Key Community Health Needs Assessment Issues	8
Community Health Status Assessment	8
Community Themes and Strengths Assessment	13
Forces of Change Assessment	19
MAPP Phase 4: Identifying Strategic Issues	20
Strategic Priority Issue Areas Identified	22
Key Considerations	
MAPP Phase 5: Formulate Goals and Strategies	24
MAPP Phase 6: Action Cycle	24
Dixie County CHIP (Goals, Strategies and Objectives)	25
Alignment with State and National Priorities	46

# **Executive Summary**

## <u>Dixie County Community Health Improvement Plan: Strategic Priority Issue Areas Identified</u>

- Access to Healthcare and Social Services, including:
  - Dental care
  - o Primary care
  - Mental healthcare services
  - Obstetric, prenatal, and family planning care
  - Barriers to care including insurance, transportation, demand, culture and language, and community awareness.
- Mental and Behavioral Health, including:
  - Substance misuse prevention, including:
    - Tobacco and nicotine delivery systems
    - Alcohol misuse
    - Illegal and prescription drug use and misuse
  - o Local policy, ordinance, and enforcement related to substance use.
- Healthy Lifestyles with emphasis on:
  - Heart and lung health
  - Diabetes prevention and management
  - o Primary prevention and promotion of
    - Screenings
    - Immunizations
    - Safe environment
    - Health literacy for appropriate use of resources and services.

The Florida Department of Health in Dixie County, in collaboration with their partners in the Dixie County Community Health Improvement Plan Partnership (CHIPP), launched the Community Health Assessment in April 2022. Dixie County CHIPP group elected to utilize the Mobilizing for Action through Planning and Partnerships (MAPP) framework to ensure that there would be a comprehensive community health assessment which then would lead to the creation of the community health improvement plan. The MAPP process yielded the Dixie County Community Health Assessment Plan (Dixie CHA) and the Dixie County Community Health Assessment Technical Appendix (Dixie Technical Appendix) which helped the CHIPP identify the strategic priorities for the Community Health Improvement Plan. The overall assessment purpose is two-fold; first, to uncover or substantiate the health needs and health issues in Dixie County and better understand the causes and contributing factors to health and quality of life in the county; and second, to prioritize those identified gaps and concerns that are determined to be strategic priorities so that pressing issues can be addressed through collective community action.

# Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP)

As a Public Health Accreditation Board accredited health department, the Florida Department of Health in Dixie County confirms its commitment to ongoing community engagement to address health issues and mobilize resources towards improving health outcomes through this comprehensive community health assessment process every five years. A critical part of the assessment process is the involvement of a diverse, broad, and representative group of community partners and members from Dixie County. This body, called the 2022 Dixie County CHA Steering Committee, guided the process, and assured that the health needs and issues of all Dixie County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between several public and private institutions in Dixie County for the larger goal of improving health outcomes and quality of life for all residents in Dixie County.

The Florida Department of Health in Dixie County in collaboration with Well Florida Council first developed a Community Health Assessment (CHA) to examine the health of Dixie County and its residents. The Community Health Assessment is used to identify key health needs and issues through methodical, comprehensive data collection and analysis. A Community Health Assessment gives the community and partnering organizations comprehensive information about the community's current health status, needs and issues. In turn, this information aids in the development of the Community Health Improvement Plan by justifying how and where resources should be allocated to best meet community needs.

Community health needs assessment (CHNA) and community health improvement planning (CHIP) activities for Dixie County in 2022 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (<a href="www.naccho.org/topics/infrastructure/mapp/">www.naccho.org/topics/infrastructure/mapp/</a>). These activities were funded by the Florida Department of Health-Dixie County (FDOH-Dixie) in their efforts to promote and enhance needs assessments in Dixie County.

#### **The MAPP Process**

The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). Use of the MAPP tools and techniques helped Dixie ensure that a collaborative and participatory process with a focus on wellness and quality of life would lead to the identification of shared, actionable strategic health priorities for the community.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success

Phase 2 - Visioning

Phase 3 - The Three MAPP Assessments

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

Phase 4 - Identify Strategic Issues (CHIP activity)

Phase 5 - Formulate Goals and Strategies (CHIP activity)

Phase 6 - Action Cycle (Program Planning, Implementation and Evaluation)



#### FIGURE 1: THE MAPP PROCESS DIAGRAM

Source: National Association of County and City Health Officials (N.D.). Community Health Assessment and Improvement Planning. Retrieved August 8, 2019, <a href="https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment">https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment</a>.

# Methodology

To conclude the MAPP community health needs assessment, a group representative of the local public health system partners was created to identify some potential next steps for Dixie County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns that they have learned from their personal experiences as well as residents' testimonies. To conclude the session, participants also identified and discussed potential strategic actions to address and possibly make improvements in these priority issue areas.

The next steps identified included:

 Utilize results of three MAPP assessments to drive a process of developing community identified strategic priorities with goal statements and strategies leading to the creation of a Community Health Improvement Plan (CHIP).

Members of the Dixie County CHIP Committee met in-person for three meetings (June 8<sup>th</sup>, 2022, September 13<sup>th</sup>, 2022, and November 17<sup>th</sup>, 2022) to take the input of the MAPP needs assessment, steering committee recommendations and identify the priority issues and formulate a response to those issues which ultimately became the CHIP.

During the June meeting, members dissected the key insights of the needs assessment and brainstormed a list of key community health issues and partners that could be utilized. The second and third meetings were conducted to choose strategies and develop action plans for the selected strategies. A timeline

detailing key points about the steering committee meetings can be found on the next page.

The development of the Dixie County CHIP is a continuation of the community health assessment process that began in April 2022 and concluded in December 2022. The three phases of the MAPP process that were conducted within the CHA process and the completion of the final two MAPP phases accomplished by partners of the Dixie County CHIP process are captured in the breakdown below.

## MAPP Phase 1: Organizing for Success and Partnership Development

Having broad community representation during the Community Health Assessment process is crucial to accurately identifying and reflecting the health issues and needs of the community. Therefore, community leaders and organizations were invited to partake in the assessment process as Steering Committee members. This process ensured that the numerous local partners in Dixie County were accounted for and were able to voice their opinions on behalf of their participants/clients/members of the community.

## **MAPP Phase 2: Visioning**

At their kick-off meeting on June 8, 2022, the Dixie County Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Dixie County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed for a healthy Dixie County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Discussion largely centered around challenges and barriers to implementing change in the Dixie County community. These thoughts were compiled by WellFlorida Council into five (5) potential vision statements.

These statements were edited at the September 13 Forces of Change meeting to yield the following:

- Dixie County, where all residents have access to affordable living and health care.
- Dixie County, a supportive community where all individuals can attain optimal health.
- To ensure the health and wellness of each individual so every person may reach their fullest human potential within a caring environment.
- Dixie County, where all can achieve health equity and a high quality of life for all.
- A community where all people achieve their fullest potential for optimal wellness across the lifespan.

A vote at this same meeting resulted in the second option being selected as the vision statement: "Dixie County, a supportive community where all individuals can attain optimal health."

# **Key Community Health Needs Assessment Issues**

The following is a brief bulleted list of key insights each of the four assessments that comprised the MAPP CHNA. Ultimately, these key insights provided input to the CHIP process for Dixie County.

# **Community Health Status Assessment**

The Community Health Status Assessment provides a narrative summary of the data presented in the Tri-County Community Health Assessment Technical Appendix, which includes analysis of socio-economic barriers, community health status, and health system assessment. Myriad secondary data sources were used to examine the health of Dixie County, including the U.S. Census Bureau, the Florida Department of Health's FLHealthCHARTS, the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, and the Florida Agency for Health Care Administration. Where available and pertinent, zip code tabulation areas (ZCTA) are examined and analyzed for Dixie County. More information on ZCTAs as well as a list of ZCTAs for Dixie County can be found in the Technical Notes section of the 2022 Tri-County Community Health Assessment Technical Appendix and will henceforth be presented as the ZCTA number followed by the area name: for example, 32628 Cross City. Through the analysis of data on these indicators of socioeconomic barriers, community health status, and health system resources, this assessment answers the question: "How healthy is the community?"

A community health status assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging issues. Data from this report can be used to explore and understand the health needs of Dixie County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary includes data from these areas:

- Demographics and Socioeconomics
- Mortality and Morbidity
- Health Care Access and Utilization
- Behavioral Risk Factors
- Health Disparities
- Socio-economic Barriers

Many of the data tables in the 2022 Technical Appendix contain standardized rates for the purpose of comparing Dixie County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (i.e., the number of new cases is small). Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary includes references to specific tables in the 2022 Technical Appendix so that users can refer to the numbers and the rates in context.

#### **Key insights of this section include:**

- Low per capita income, high rates of food insecurity and poverty, especially among children and Black/Hispanic residents.
  - Income and Poverty Estimates place poverty estimates for Dixie County at 23.2 percent of all ages and 31.1 percent of children, compared to only 12.4 percent and 17.2

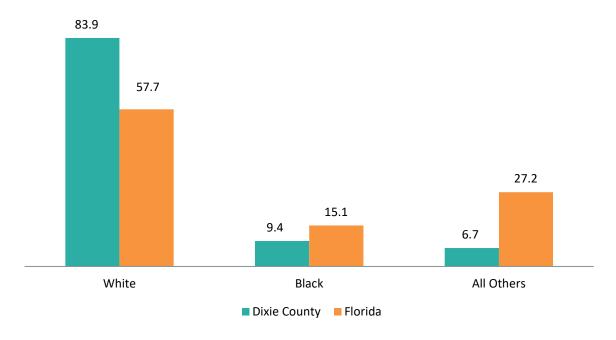
percent of Florida, respectively.

- Among all Dixie County residents, from 2016-2020 the ACS estimates that 16.8 percent of the population was in poverty, as well as 27.4 percent of children.
- Only 14.5 percent of the White population is in poverty. However, Black residents experience poverty rates that are three (3) times as high as those of their White counterparts, with 46.4 percent living in poverty. Similarly, Hispanic Dixie County residents experience poverty rates significantly higher, with 47.8 percent living in poverty.
- 2021 Dixie County had higher rates than the state of eligibility for free or reduced lunches for every grade level from Pre-Kindergarten through Middle School. To elaborate, those eligible made up:
  - o 75.2 percent of Dixie County Pre-Kindergarten Students, 61.0 percent of Florida
  - o 71.2 percent of Dixie County Kindergarten Students, 53.4 percent of Florida
  - 66.8 percent of Dixie County Elementary School Students, 56.6 percent of Florida
  - o 63.7 percent of Dixie County Middle School Students, 55.1 percent of Florida
- Elevated mortality rates, especially due to Cancer, Heart Disease, Chronic Lower Respiratory Disease (CLRD), and Unintentional Injury.
  - Age-adjusted mortality rates are much higher for Dixie County than for the state, reaching 910.8 deaths per 100,000 population as compared to Florida's rate of 698.4 for 2018-2020 according to the Florida Bureau of Vital Statistics.
  - Cancer, the leading cause of death in Dixie County, accounts for 22.8 percent of all deaths in the county, like the state at 20.9 percent.
  - Heart disease accounts for 16.1 percent of all deaths in Dixie County and 22.0 percent of Florida deaths.
  - Dixie County leads the state in CLRD deaths by a large margin: 8.0 percent of deaths at 63.6 deaths per 100,000, as compared to 5.5 percent of Florida deaths at 36.2 deaths per 100,000.
  - Dixie County also depicts higher rates of death compared to the state due to unintentional injury (73.2 deaths versus 59.0).
- Higher rates of suicide, domestic violence, Baker Acts, Mental Health Emergency Department visits, obesity, and tobacco use and exposure.
  - 2020 data for mental health ED visits in Dixie County are higher than the state among all ages (90.6 visits per 1,000 population versus 56.8), children (15.7 versus 10.7), and especially adults (107.3 versus 68.2).
  - Involuntary exam initiations, informally known as Baker Acts, are a significant reflection of the status of care and resources for those who may be a harm to themselves or others. The rates of involuntary exam initiations in Dixie County are higher than in the state and have increased drastically from the 2014-2015 fiscal year to the 2018-2019 fiscal year, climbing from 544.0 exams per 100,000 persons to 1,282.0 for all ages.
  - Domestic violence offenses are much more prevalent in Dixie County than in the state overall. Dixie County reported 178 instances of domestic violence in 2020.
  - 69.9 percent of the Dixie County population is overweight or obese according to 2017-2019 BRFSS estimates.
  - Tobacco use and exposure is also extraordinarily high in Dixie County. 29.5 percent of

adults are current smokers, far exceeding the state rate of 14.8 percent, and 26.5 percent are former smokers. The percentage of adults using chewing tobacco, snuff, or snus some days or every day also far surpasses the state rate -13.5 percent as compared to 2.2 percent. Dixie County also contains a higher percentage of former e-cigarette users than the state -22.3 percent compared to 18.4 percent.

- With respect to health status and quality of life, Dixie County presented worse rates than the state of every measure on the BRFSS, especially the percentage of adults with good to excellent overall health.
- Very limited access to healthcare facilities and providers.
- Dixie County is near the bottom third of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
  - Dixie County ranks as 62<sup>nd</sup> out of 67 counties in Florida for length of life, with a life expectancy of 74.9 years for all residents contrasting with the expected 79.4 years for the state.

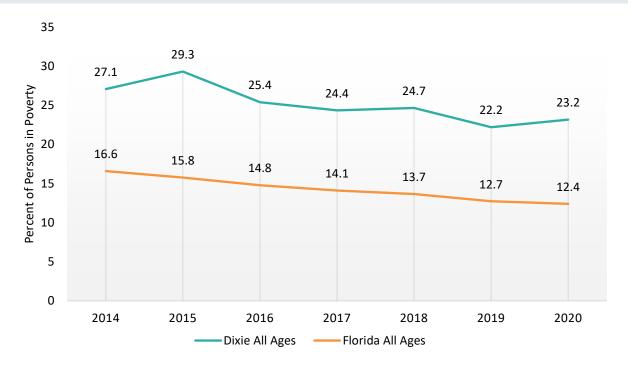
#### FIGURE 2: PERCENTAGE POPULATION BY RACE, DIXIE COUNTY AND FLORIDA, 2020



Source: Table 7, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

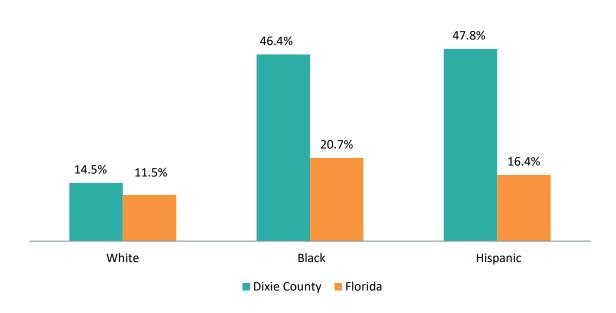
Dixie County is less racially diverse than the state, with 83.9 percent of the population reporting as White. The Black population makes up the largest racial minority at 9.4 percent of residents, followed by Two or More Races at 4.7 percent, and Other at 1.3 percent. American Indian and Alaska Native Alone, Asian Alone, and Native Hawaiian and Other Pacific Islander Alone cumulatively constitute less than one (1) percent of the Dixie County population.

FIGURE 3: PERCENT OF PERSONS IN POVERTY FOR ALL AGES, DIXIE COUNTY AND FLORIDA, 2014-2020



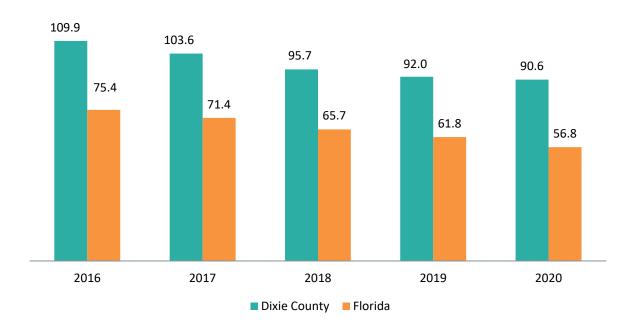
Source: Table 23, 2020 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 4: PERCENTAGE OF PERSONS IN POVERTY BY RACE AND ETHNICITY, DIXIE COUNTY AND FLORIDA, 2016-2020



Source: Table 28, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 5: MENTAL HEALTH ED VISITS, DIXIE COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



Source: Table 93, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

Dixie County faces numerous challenges typical of a rural and poor community, including low income, few resources, and limited access to healthcare providers and other social services. The number of physicians, facilities, and other resources within the county is extremely low, and transportation to and from more distant clinicians and specialty care is both scarce and expensive. This may lead to individuals avoiding or delaying seeking care, which often manifests in high rates of avoidable hospitalizations, such as those seen in Dixie County. Although uptake of certain healthy behaviors is encouraging throughout the community, with high rates of pneumococcal vaccinations among adults and childhood recommended vaccinations, several other health outcomes associated with individual behaviors demand improvement, especially high rates of teen pregnancies, tobacco use, obesity, and domestic violence. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, higher poverty rates, racial and ethnic income disparities, and food insecurity. Health disparities and the underlying inequities require further research and consideration to understand the community's health problems and the extent to which these inequities contribute to them. As evidenced in this thorough and robust Community Health Assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of community health improvement planning for Dixie County.

# **Community Themes and Strengths Assessment**

A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents in Dixie, Gilchrist, and Levy Counties. Survey respondents selected their county of residence and survey responses were analyzed by county. For the purposes of this assessment, a community member was defined as any person 18 years of age or older who resides in the county selected. Responses from individuals who did not meet these criteria were not included in the data analysis. The survey included 16 core questions with additional items depending on responses, and nine (9) demographic items. The Qualtrics® web-based surveying platform was used to deliver the survey and collect responses. A web link and QR code made the survey accessible on any internet-enabled device, including smartphones. The survey was available in English and Spanish. Prior to deployment, the electronic survey was pre-tested for readability, functionality, and ease of use.

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on June 8, 2022 and was available through August 19, 2022. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and other print and electronic promotional materials. At the time the survey closed for Dixie County there were 123 completed, eligible surveys. There was one (1) survey completed in Spanish; the remaining 122 were completed in English. The overall survey completion rate was calculated at 76.1 percent; note that the ten (10) surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Dixie County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together.

#### **KEY FINDINGS FROM COMMUNITY SURVEY**

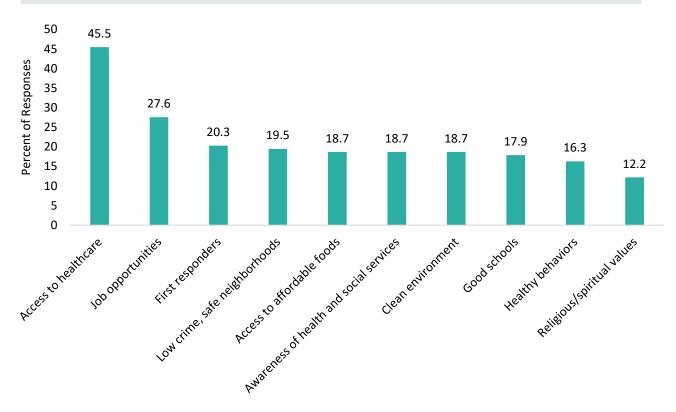
The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health problems and needs of the community. To determine the community's perspectives on priority community health issues and quality of life issues related to health care, surveys were used to collect input from community members at large. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report and seeks to understand "What is important to the community?" and "How is health and quality of life perceived in the community?".

For the community survey, a convenience sampling approach (i.e., respondents self-select based on accessibility and willingness to participate) was utilized for collecting survey responses. The survey went live on June 8, 2022, and was available through August 19, 2022. Community partners widely distributed and promoted the surveys using email blasts, social media posts, press releases, flyers, and

other print and electronic promotional materials. At the time the survey closed, for Dixie County there were 123 completed, eligible surveys. There was one (1) survey completed in Spanish; the remaining 122 were completed in English. The overall survey completion rate was calculated at 76.1 percent; note that the ten (10) surveys deemed ineligible due to residency or age requirements were classified as complete because survey respondents answered all questions for which they qualified. The eligible, completed surveys from Dixie County residents were analyzed. Because of the small number of surveys completed in Spanish, the English and Spanish surveys were analyzed together. Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) survey, participants highlighted the following areas (in ranking):

- Most important factors that define a healthy community:
  - 1. Access to health care
  - 2. Job Opportunities
  - 3. First Responders
  - 4. Low Crime, safe neighborhoods
  - 5. Access to affordable foods

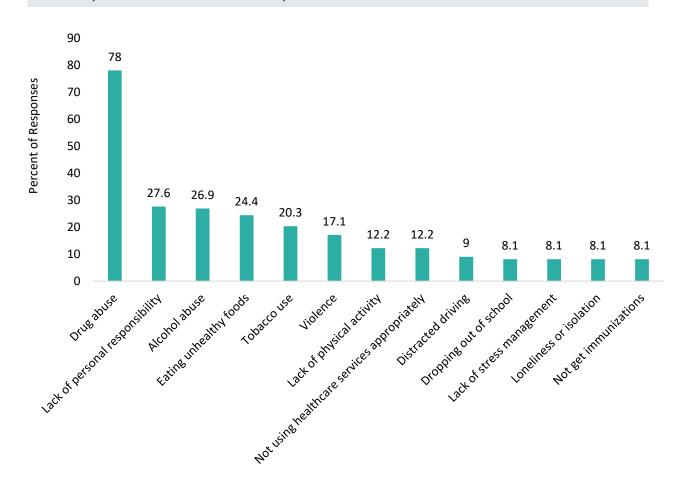
FIGURE 6: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTH COMMUNITY, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

- o Behaviors with the greatest negative impact on overall health:
  - 1. Drug Abuse
  - 2. Personal Responsibility
  - 3. Alcohol Abuse
  - 4. Eating unhealthy foods/drinks
  - 5. Tobacco use

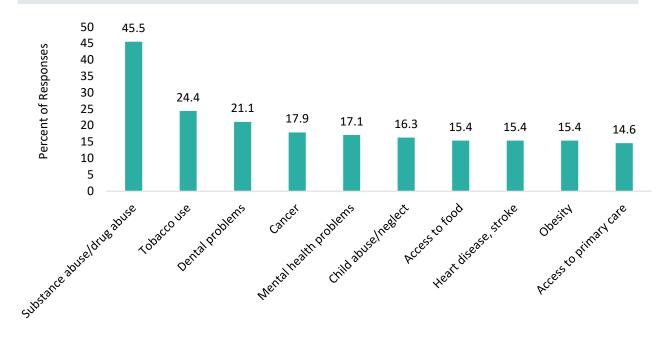
# FIGURE 7: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

- Most Important Ranked Health Issues to be Addressed in Dixie County, by Percent of Responses,
   2022
  - 1. Substance/drug abuse
  - 2. Tobacco Use
  - 3. Dental Problems
  - 4. Cancer
  - 5. Mental health problems

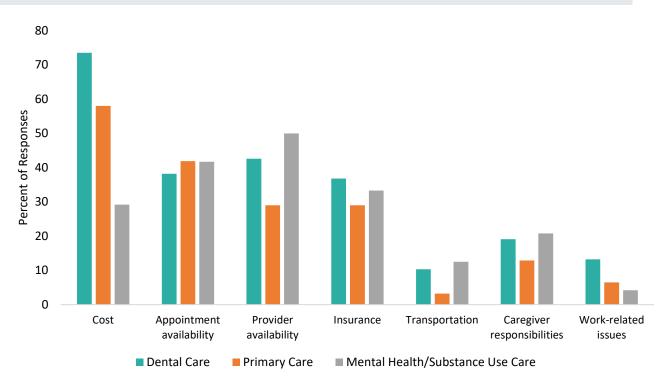
FIGURE 8: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022



 $Source: \ Dixie, \ Gilchrist, \ and \ Levy \ County \ Community \ Health \ Survey, \ 2022. \ Prepared \ by \ WellFlorida \ Council, \ 2022.$ 

- o Reasons why individuals did not receive dental, primary, and/or mental health care.
  - o Dental
    - Cost 73.5%
    - No dentists available 42.6%
    - No appointments available/long wait times 38.2%
    - Service not covered by insurance or have no insurance 36.8%
  - Primary Care
    - Cost 58.0%
    - No appointments available/long wait times 41.9%
    - No primary care providers (doctors, nurses) available 29.0%
    - Service not covered by insurance or have no insurance 29.0%
  - o Mental Health
    - No mental health care providers available 50.0%
    - No appointments available/long wait times 41.7%
    - Service not covered by insurance or have no insurance 33.3%
    - Cost 29.2%

FIGURE 9: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCE BY SURVEY RESPONDENTS, DIXIE COUNTY, BY PERCENT OF RESPONSES, 2022



Source: Dixie, Gilchrist, and Levy County Community Health Survey, 2022. Prepared by WellFlorida Council, 2022.

#### OBSERVATIONS FROM PROVIDER SURVEY

Likewise, to determine providers' perspectives on the priority community health issues and quality of life issues related to health care, surveys were used to collect input from 58 health care, behavioral health care, health education, and social services providers. The Steering Committee worked with WellFlorida Council to determine survey questions and to distribute them electronically, both in Spanish and in English. Detailed analysis of survey responses is included in the Community Themes and Strengths Assessment segment of this report and seeks to understand "What is important to the community?" and "How is health and quality of life perceived in the community?".

- An array of healthcare and social service providers and community partners responded to the survey. The largest single group of survey respondents, representing 25.9 percent of the total, were from social and/or community services. This was closely followed by nurses at 22.4 percent. The occupations of others who participated in the survey included pharmacy technicians, public health preparedness and environmental health specialists, social workers, administrators, case managers, and certified nursing assistants, to name a few. Survey participants represented a range of ages and length of time in their profession. At both ends of the career spectrum, about 29 percent had been in their profession for less than five years while about a quarter (25.9 percent) reported having more than 20 years of experience.
- More than half (53.5 percent) of the providers and partners who took the survey rated the overall health of Dixie, Gilchrist, and Levy County residents as somewhat healthy with another 31.0 percent giving overall health a rating of unhealthy. Providers and partners ranked the most important health issues that need to be addressed as substance/drug abuse, mental health problems, dental problems, tobacco use, and access to primary care. These survey respondents identified the five behaviors with the greatest negative impact on overall health as alcohol abuse, dropping out of school, drug abuse, unhealthy eating and drinking, and lack of physical activity.
- While there was some agreement between the providers and partners and Dixie County survey respondents on the most important health issues, such as mental health and substance and drug abuse problems, community members ranked obesity as their third top concern followed by access to primary or family care and access to food. Behaviors with negative impacts on health were also somewhat in alignment between community and provider and partner survey respondents. Drug and alcohol abuse as well as unhealthy eating and drinking practices made the top of both lists. Providers and partners spotlighted education (i.e., dropping out of school) as very impactful whereas community members focused on general lack of personal responsibility, distracted driving, and not getting immunizations. As did the community at large, providers and partners ranked access to healthcare services as the most important factor that contributes to a healthy community (37.9 percent of responses).
- Healthcare providers and community partners ranked several access-related behaviors among those with the greatest negative impact on overall health in the region. These included not getting immunizations (17.2 percent), not using birth control (15.5 percent), and not using healthcare services appropriately (13.8 percent).
- Overall accessibility to health care for Dixie, Gilchrist, and Levy County residents was deemed by responding providers and partners as fair (50.0 percent). For providers and partners, the healthcare services most difficult to obtain in the Tri-County area were emergency room, specialty, dental, in-patient, and mental/behavioral health care.

- According to the providers and partners who took the survey, the most common barriers for their clients in self-management of chronic diseases and conditions were cost (60.3 percent), lack of sufficient time with the healthcare provider (32.8 percent), lack of knowledge (27.6 percent), and inability to use technology effectively (20.7 percent).
- Strategies ranked highest by providers and partners to improve health outcomes included increasing access to dental services (62.0 percent), increasing access to mental health and primary care services (53.4 percent), and providing education on available services (also 53.4 percent). Further, more than half (51.7 percent) of healthcare and social service providers and partners cited establishing community partnerships to address issues collectively as a key strategy to improving individual and population health.

## **Forces of Change Assessment**

The Forces of Change Assessment focuses on answering the questions: "What is occurring or what might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?". The Dixie County Forces of Change Assessment aimed at identifying forces – such as trends, factors, and events – that are or will be influencing the health and quality of life of the community and the work of the community to improve health outcomes.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

On September 13, 2022, the Dixie County Community Health Needs Assessment Steering Committee convened a group of community leaders to participate in this Forces of Change Assessment. Prior to the Forces of Change discussion, WellFlorida Council presented preliminary data findings from the secondary and primary data reviews so participants would be familiar with Dixie County demographics, health conditions and behaviors, healthcare resources, and perspectives of community members and providers. Discussions began with brainstorming to identify the possible forces that may hinder or help the community in its quest for improvement in community health outcomes.

Please note: The Forces of Change for Dixie County table reflects qualitative opinion data collected during the Forces of Change Assessment. Comments and discussions are summarized in the table and accurately catalog comments from the facilitated discussion; however, these are not a reflection of the Florida Department of Health and cannot be attributed to one person, rather these are summaries of a group discussion in aggregate.

#### Trends

- Social/Behavioral
  - Aging Population, Especially Due to Older Adults Moving into Community.
  - o Influx of People (In General).
  - Increase in High School Dropouts.
  - o Increasing Dental Problems.
  - Increased Distrust of Science and Authority.

- Increase in Drug Potency.
- Factors
  - Social/Behavioral
    - Privacy Highly Valued.
    - High Rates of Vaping Among Students.
    - Lack of Connection Between Programs and Clients.
    - Lack of Obstetrical Care.
  - Social/Economic
    - Lack of Transportation Services for Healthcare Purposes.
    - No dentists available.
- o Events
  - Social/Behavioral
    - New High School built, and grade levels reorganized.
  - Economic
    - 2008 recession.
    - Inflation.
  - Political
    - Changes in Laws on Marijuana.
    - Can no longer make local policies regarding vaping.

## **MAPP Phase 4: Identifying Strategic Issues**

The intersecting themes, recurring issues, and major health needs in Dixie County as identified through the community health assessment process are listed below. The themes articulated below emerged from the three assessments conducted as part of Dixie County's MAPP process. That process included the health status assessment through a comprehensive secondary data review, the community themes and strengths assessment that generated primary data collected from the community at large and from healthcare providers, and a facilitated forces of change discussion with community partners to consider current and future influences on health, the healthcare and public health systems, and quality of life. These intersecting themes were considered in the identification and prioritization of potential strategic issues. For ease of understanding common themes and root causes, the key issues are grouped below into categories including socio-economic barriers, health status and health behaviors, health resources, and community infrastructure. Many of the key issues emerged as concerns across multiple of the intersecting theme areas shown below; however, each issue is only listed once.

- Socio-Economic Barriers
  - Poverty
  - o Income disparities by race, gender, and ethnicity
  - Limited employment opportunities
  - Lower educational achievement
  - Rising school drop-out rates
  - Unaffordable housing and utility costs
  - Food insecurity
  - Violence and unsafe neighborhoods
- Health Outcomes, Conditions, and Behaviors

- o Rising and persistently high rates of death and prevalence of
  - Cardiovascular Problems (heart disease, stroke, hypertension)
  - Cancer
  - Diabetes
  - Lung ailments (Chronic Lower Respiratory Disease)
  - Chronic Liver Disease
  - Alzheimer's Disease
  - Suicide
  - Unintentional injuries
- Overweight and obesity resulting from poor nutrition and physical inactivity.
- Mental and behavioral health problems
- Substance abuse
  - Tobacco and nicotine-delivery system use, particularly among youth
  - Illegal drug and prescription drug abuse
  - Alcohol
  - Marijuana and cannabidiol (CDB) product abuse
- Maternal, infant, and child health
  - Teen pregnancy
  - Poorer birth outcomes related to late prenatal care.
  - Child abuse and neglect
- Lower life expectancy
- Disparities in health outcomes by race, ethnicity, income
- Access to healthcare and social services
  - Healthcare provider shortages including primary, dental, mental, and behavioral healthcare professionals.
  - Lack of obstetric, family planning, and prenatal care services
  - Health insurance issues
    - High uninsured rates
    - High costs for health insurance, including premiums and deductibles.
    - Provider acceptance of plans and benefits such as Medicaid
  - Transportation to healthcare services
  - Inappropriate or non-use of existing resources
    - Use of Emergency Departments for routine care
    - Low health literacy and challenges navigating the healthcare system.
  - o Inequities in healthcare and social service access

At the November 17, 2022, meeting, Dixie County Community Health Needs Assessment Steering Committee members reviewed the data and findings from the entire community health assessment process. Steering Committee members discussed the issues and themes and confirmed that the list above accurately reflected the areas of concern for Dixie County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

#### TABLE 10: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, DIXIE COUNTY, 2022

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul> <li>Issue severity</li> <li>Burden to large or priority populations</li> <li>Of great community concern</li> <li>Focus on equity</li> </ul>	<ul> <li>Potential effectiveness</li> <li>Cross cutting or targeted reach</li> <li>Ability to demonstrate progress</li> </ul>	<ul><li>Community capacity</li><li>Political will</li><li>Acceptability to the community</li></ul>	<ul><li>Financial costs</li><li>Staffing</li><li>Stakeholder support</li><li>Time</li></ul>

Source: Adapted from National Association of County and City Health Officials (N.D.). Community Health Assessment and Improvement Planning. Retrieved November 10, 2022, <a href="https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues">https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues</a>

#### Strategic Priority Issue Areas Identified

- Access to Healthcare and Social Services, including:
  - Dental care
  - Primary care
  - Mental healthcare services
  - Obstetrics, prenatal, and family planning care
  - Barriers to care including insurance, transportation, demand, culture and language, and community awareness.
- Mental and Behavioral Health, including:
  - Substance misuse prevention, including:
    - Tobacco and nicotine delivery systems
    - Alcohol misuse
    - Illegal and prescription drug use and misuse
  - o Local policy, ordinance, and enforcement related to substance use.
- Healthy Lifestyles with emphasis on:
  - Heart and lung health
  - Diabetes prevention and management
  - o Primary prevention and promotion of
    - Screenings
    - Immunizations
    - Safe environment
    - Health literacy for appropriate use of resources and services.

Thoughtful consideration was also given to issues that were ultimately set aside. Much discussion took place about changes in Dixie County's population and in-migration of people from out of state and from other parts of Florida. Concerns were raised about meeting the basic needs of all Dixie County residents including newcomers, many of whom are senior citizens. Related issues of job opportunities and lower

incomes were also examined and debated. There was agreement on the importance of these issues and their impact on health and wellbeing. The Steering Committee also agreed that some groups are disproportionately impacted such as senior citizens, working families with children, and single parents. Weighing the importance of these issues and balancing feasibility and resources available for implementing strategies to address these concerns, the Steering Committee tabled population growth and its economic impact as priority issues. The Steering Committee also took the approach of including access to mental and behavioral healthcare services in the broader healthcare access strategy so that an emphasis on prevention, education, and a focus on youth as a priority population would be clear.

Steering Committee members discussed and acknowledged that many of the strategic priority issues have shared root causes, related contributing factors, and will be addressed by common strategies that will have the potential to address multiple issues simultaneously. As part of the community health assessment process, several recommendations and considerations for planning and sustained, successful implementation emerged as a result of discussions among community partners. As Dixie County partners move forward with community health improvement planning, it is important to bring these points forward.

#### *Key Considerations*

- Promote a culture of community health as a system of many diverse partners and organizations.
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures.
- Create a core system of metrics to monitor and improve the performance of a community health system and to inform collective and individual entity investment in community health.
- Develop resource availability and educate on the appropriate utilization of services and programs.
- Enhance or create preventive programs, services, and resources to address behaviors that lead to or exacerbate chronic disease conditions, including cardiovascular disease, cancer, mental health problems, substance abuse, and tobacco use.
- Enhance or create programs to manage oral health more effectively and efficiently.
- Enhance or create policy, programs, and environmental change to address unintentional injuries and suicide.
- Create initiatives to increase the availability of primary, specialty, dental, and mental health professionals, and services.
- Consider a policy, environmental change, interventions, and programs to address root causes that include social and economic conditions that impact health.

## **MAPP Phase 5: Formulate Goals and Strategies**

Within this phase the Community Health Improvement Plan Partnership (CHIPP) worked towards developing goals, identifying specific strategies, and writing Specific Measurable Achievable Realistic and Timely (SMART) objectives. After reviewing the MAPP assessments, the Dixie CHIPP convened for monthly meetings where partners discussed what the group wanted to achieve moving forward. The Dixie County Health Department strived to ensure that there was diverse representation of subject matter experts. For example, the CHIPP did not want to make decisions regarding tobacco policies within the school district without having the individuals responsible for the Tobacco Free Florida Grant and the school district present. Action Plans were utilized to assign lead entities and performance measures. For information about tracking and status indicators, reports can be pulled from the Florida Department of Health's Performance Improvement Management (PIM's) ClearPoint system. The status of objectives will be discussed at the monthly CHIP meetings conducted by the Dixie County Health Department.

## **MAPP Phase 6: Action Cycle**

This phase includes implementation of the CHIP and regular evaluation of the status of the goals and objectives. The CHIP group is always striving for quality improvement. Meetings are conducted on a regular basis to ensure that the CHIP goals and objectives remain feasible. The CHIP is monitored by the PIMS ClearPoint system. When appropriate, the plan objectives can be revised but there must be a general consensus from the collective. Monthly review of the objectives with regular communication will enable the group to make the best decisions moving forward.

# **Dixie County CHIP (Goals, Strategies and Objectives)**

A key component of Dixie County's CHIP is an overarching strategy to conduct a community outreach in January 2023 to present the results of the needs assessment and the CHIP to the key leaders and decision makers in Dixie County including representatives of:

- o Dixie County Board of County Commissioners
- City Commissions
- County and City Managers
- Clerks of County and Cities
- Dixie County Sheriff's Department
- City Police Departments
- UF–IFAS Extension Office
- Emergency Medical Services
- o Dixie County Health Department
- Family Medical
- Dixie County School Board and Public Schools
- Ministerial Association and Churches
- Physicians and Dentists
- Meridian Health Care
- Local Libraries
- Dixie County School District
- Tri-County Community Resource Center
- o Community Organizations (Chamber, Rotary, etc.)
- Social Services Providers
- o Department of Children and Families
- Department of Corrections
- Dixie County Jail
- Leading Community Businesses
- Haven Hospice
- Suwannee River Economic Council
- o Gilchrist Prevention Coalition
- American Red Cross
- Alachua County Health Department WIC
- Dixie County Day Cares
- Well Florida Council
- Rural Women's Health Project
- University of Florida, Cancer Institute
- Dixie County Anti-Drug Coalition
- Hanley Foundation

The following Dixie County CHIP is presented below as goals, strategies and objectives, and the action plans that include key activities, lead roles, community resources, targeted dates for key activities and evaluation measures.

Ohiostivos	Ctrotogy	behaviors of a	Possible	Lead	Voy Partners and
Objectives	Strategy	Action Steps / Performance Measures	Possible Policy Changes Needed	Agency	Key Partners and Resources
1.1 – Through December 31, 2026, increase the percentage of mothers who initiate breastfeeding in Dixie County from a rate of 71.2	1.1.1 – Provide Certified Lactation Counseling to residents of Dixie County.	1. Have an employee of the Dixie County Health Department maintain their CLC certification.  2. Partner with local pediatricians and daycares to offer CLC services.  3. Provide CLC support and classes in Dixie County.	• None	Florida     Depart     ment of     Health     in Dixie     County	Local doctors' offices     Local daycares     Local Pregnancy Centers
(2021) to 76.2.  Baseline: Rate of 71.2, Target: 76.2.  Data Source:	1.1.2 – Continue to support the Breast Pump Lending Program offered by FDOH – Dixie County.	1. Coordinate breast pumps lending program with local organizations.	•		<ul> <li>Local doctors' offices</li> <li>Local daycares</li> <li>Local Pregnancy         Centers     </li> </ul>
Florida Health CHARTS	1.1.3 – Coordinate with local organizations and offices to help set-up a Breastfeeding friendly environment.	<ol> <li>Promote program to women who recently gave birth trying to return to work.</li> <li>Partner with local organizations to coordinate a space.</li> </ol>	•		<ul> <li>Local doctors' offices</li> <li>Local daycares</li> <li>Local Pregnancy Centers</li> </ul>
1.2 – By December 31, 2024, increase	1.2.1 – Provide pack and plays or	Create     partnerships	• None	Florida     Depart	<ul><li>Local doctors' offices</li><li>Local daycares</li></ul>

			1	T	1
the number of safe	other safe sleep	with community		ment of	<ul> <li>Local Pregnancy</li> </ul>
sleep educational	environments to	partners to		Health	Centers
messaging that	families whose	utilize Healthy		in Dixie	
reaches families	infants need a	Start, Healthy		County	
from 1650 (2022)	safe place to	Families and the			
to 3000.	sleep.	Healthy Babies			
	-	Programs.			
Baseline: 1650		2. Increase			
educational		utilization of			
messages, Target:		families and			
3000.		parents/guardia			
		ns who sign-up			
Data Source:		for the Healthy			
Internal		Start and			
meeman		Healthy Families			
		-			
	1.2.2 – Research	programs.  1. Converse with	None		Local doctors' offices
			None		
	alternative sleep environments for	the Healthy Start Coalition			Local daycares
					Local Pregnancy
	parents and	to see grant			Centers
	guardians.	information on			
	(Complete)	what allowable			
		safe sleep			
		environments			
		are.			
		2. Report findings			
		back to the			
		group.			
	1.2.3 – Create QR		•		Local doctors' offices
	codes with	information			<ul> <li>Local daycares</li> </ul>
	information on	that can be			<ul> <li>Local Pregnancy</li> </ul>
	safe sleep.	accessed with			Centers
		the QR code.			
		2. Print and			
		laminate the QR			
		code.			
		3. Distribute the			
		QR Code to			
		local businesses			
		and doctor			
		offices.			
	1.2.4 - Partner	Participate in	None		Local doctors' offices
	with local	outreach	- NOTIC		Local doctors offices     Local daycares
	organizations to	events.			-
	distribute safe	2. Partner with			Local Pregnancy     Contors
	sleep information	local EM and			Centers
	to the	EMS to			Emergency Services
	community.	distribute safe			

		1				1			
			sleep						
			information.						
		3.	Partner with						
			local doctor's						
			offices to						
			distribute to						
			their patients.						
1.3 – By December	1.3.1 – Partner	1.	Coordinate with	•	None	•	Florida	•	Well Florida Council
31, 2024, increase	with Well Florida		Well Florida on				Depart	•	Suwannee River Area
the outreach and	Council Inc to		the colon's				ment of		Health Education
education	utilize the		availability.				Health		Center (SRAHEC)
opportunities	inflatable colon	2.	Utilize the giant				in Dixie		cerreer (Strate)
throughout Dixie	procured through		inflatable colon				County		
County that share	their grant.		as an immersive				County		
accurate, reliable,	their grant.		educational						
and cohesive			experience.						
information	1.3.2 –	1.	•	•	Class	1		•	Well Florida Council
regarding	Coordinate and	1.						_	
colorectal cancer	schedule with		perspective events.		schedulin			•	Suwannee River Area
		_			g within				Health Education
screening	event spaces to	2.	Partner with		the				Center (SRAHEC)
opportunities from	set up the colon.		local		school				
0 (2023) to 4.			organizations to		district.				
			utilize event						
Baseline: 0 events,			space to set up						
Target: 4 events.			the colon.						
	1.3.3 - Discuss	1.	Educate	•				•	Well Florida Council
Data Source:	the importance		community					•	Suwannee River Area
Internal	of colorectal		members						Health Education
	screenings.		(target audience						Center (SRAHEC)
			aged 40 – 75)						
			on the						
			importance of						
			colorectal						
			cancer						
			screening.						
		2.	Educate						
			residents						
			-						
			~						
			special						
			instructions on						
			their colorectal						
			cancer						
			screening plan.						
			younger than 50 with high risk for colorectal cancer to ask their doctors for special						

	3. Designate a local healthcare provider or community health worker to provide a scripted walking tour of the Giant Colon. 4. Have residents complete pre and post survey questions before and after the walk through of the colon. 5. Tour the six stations within the Giant Colon including normal colon tissue, benign polyp, Crohn's disease, malignant polyp, colon cancer, and advanced colon cancer.	
1.3.4 - Offer screening information to clients for those uninsured and insured.	<ol> <li>Distribute importance screening information to the community.</li> <li>Refer those that are uninsured to a health insurance navigator or the Tri-County Resource Center to gain coverage.</li> <li>Refer those</li> </ol>	<ul> <li>Well Florida Council</li> <li>SRAHEC         Local doctors' offices</li> </ul>

			uninsured to primary care providers that will utilize the sliding fee scale.						
1.4 – By December 1, 2025, conduct 5 5k events within Dixie County from 1 (2021). Baseline: 1 Event in	1.4.1 – Conduct planning committee meetings.	1.	Send a sign up to the CHIP partners to volunteer for the planning committee. Conduct	•	None	•	Forward Fitness	•	FDOH – Dixie Dixie County Anti- Drug Coalition UF-IFAS
2021, Target 5 events in 2025.			planning meetings.						
Data Source: Internal	1.4.2 – Promote the event to the community.	1.	Partner with local organizations to post flyers and information about the event.	•	None			•	FDOH – Dixie Dixie County Anti- Drug Coalition UF-IFAS

	Goal 2 – Improve the health care resources in Dixie County.											
Objectives	Strategy	Action Steps / Performance Measures	Possible Policy Changes Needed	Lead Agency	Key Partners and Resources							
2.1 – By June 30, 2025, increase the number of Blood Pressure Self- Monitoring classes held in Dixie County from	2.1.1 - Conduct blood pressure screenings and referrals in the community.	<ol> <li>Identify community events and screening opportunities.</li> <li>Recruit staff to conduct screenings.</li> </ol>	• None	Florida     Department     of Health in     Dixie     County	<ul> <li>Dixie County Public Library</li> <li>Local doctors' offices</li> <li>Agape Garden</li> </ul>							
1 (2021-2022) to 3.  Baseline: 1 class, Target: 3 classes.  Data Source: Internal	2.1.2 - Partner with local organizations to conduct Blood Pressure Self-Monitoring classes.	<ol> <li>Identify community-based organizations to conduct classes.</li> <li>Promote and recruit to the classes.</li> </ol>	• None		<ul> <li>Dixie County Public Library</li> <li>Local doctors' offices</li> <li>Agape Garden</li> </ul>							
2.2 – By December 31, 2025, utilize the	2.2.1 – Promote the Mobile Outreach Clinic	Create a flyer     or brochure     about the	• None	Florida     Department     of Health in	<ul><li>Dixie County Anti-Drug Coalition</li><li>Local doctors' offices</li></ul>							

mobile outre clinic to incr health care services for underserved geographica areas from (2022) to 5 pcounty in Di Gilchrist, and Levy.	ease community.	Mobile Outreach Clinic.  2. Meet with partners to distribute information about what the Mobile Outreach Clinic can offer.  1. Research	• None	Dixie County	Dixie County Public     Library     Suwannee River Area     Health Education     Center (SRAHEC)      Dixie County Anti-Drug
served, Targ  Data Source Internal	get 5. areas to take the mobile outreach clinic.	locations.  2. Identify a liaison for the specific region.  3. Record findings and report back to the group.			Coalition  Local doctors' offices  Suwannee River Area Health Education Center (SRAHEC)
	2.2.3 - Schedule locations for the mobile outreach clinic.	times.  2. Coordinate staffing for internal and external partners.  3. Promote the Mobile Outreach Clinic for the designated date.	• None		<ul> <li>Dixie County Anti-Drug Coalition</li> <li>Local doctors' offices</li> <li>Dixie County Public Library</li> <li>Suwannee River Area Health Education Center (SRAHEC)</li> </ul>
2.3 – By June 2024, increa number of workshops throughout County that information signing up regarding th Navigator Program opportunitie	the Navigator Program.  Dixie share about	1. Attend outreach events to distribute information about the services offered.  2. Attend community meetings with local partners.	• None	Suwannee     River Area     Health     Education     Center     (SRAHEC)	Florida Department of Health in Dixie County

from 0 (2023) to 4. Baseline: 0 events, Target: 4 Events. Data Source: Suwannee River Area Health Education Center	2.2.2 - Identify areas to implement workshops.	<ol> <li>2.</li> <li>3.</li> </ol>	Research locations. Identify a liaison for the specific region. Record findings and report back to the group.	•	None			•	Florida Department of Health in Dixie County
	2.2.3 - Schedule locations for the mobile outreach clinic.	<ol> <li>2.</li> <li>3.</li> </ol>	Coordinate dates and times. Coordinate staffing. Promote the Workshops for the designated dates.	•	None			•	Florida Department of Health in Dixie County
2.4– By December 31 <sup>st</sup> , 2025 increase awareness and the ability to recognize the signs of human trafficking (HT) by delivering education to community organizations.  Baseline: TBD, Target: TBD  Data Source: North Central Florida Human Trafficking Task Force	2.4.1: Identify current partners that have and have not received training.	2.	with Local Human Trafficking Service Provider for current demographics. Identify and develop a list of local partners who have not received training. Identify a list of organizations that can provide HT Trainings.	•	None	•	Gateway to Fr33dom Human Trafficking Task Force.	•	Lutheran Services Florida (LSF) Health Systems FDOH – Dixie County Tri-County Community Resource Center Meridian Health Care Dixie County Sherriff's Department Law Enforcement from neighboring counties One More Child
	2.4.2: Provide training opportunities to identified partners who have not received	1.	dates, venue, and times.	•	None	•	Gateway to Fr33dom Human Trafficking Task Force.	•	Lutheran Services Florida (LSF) Health Systems FDOH – Dixie County Tri-County Community Resource Center

trainings.	3. Promote the trainings to	Meridian Health Care     Divio County Shorriff's
	designated	<ul> <li>Dixie County Sherriff's Department</li> </ul>
	partners.	<ul> <li>Law Enforcement from neighboring counties</li> </ul>
		One More Child

	educe the impact of	of pediatric and adult n	nental, emotio	nal, and behavior	al health disorders.	
Objectives	Strategy	Action Steps / Performance Measures	Possible Policy Changes Needed	Lead Agency	Key Partners and Resources	
3.1 – By March 30 <sup>th</sup> , 2024, implement a mental health court program for Dixie County from 0 (2022) to 1.  Baseline: 0 mental health courts, Target: 1 mental health court.  Data Source: Hanley Foundation	3.1.2 - Determine leadership and mental health court model.	<ol> <li>Identify stakeholders.</li> <li>Meet with stakeholders to join the partnership.</li> <li>Clarifying the grant as to who must participate by Florida Statute.</li> <li>Determine leadership involved within Mental Health Court.</li> <li>Meet with the Judge to discuss the grant.</li> </ol>	• Section 394.657	<ul> <li>The Hanley Foundation</li> <li>Dixie County Anti-Drug Coalition</li> <li>Meridian Behavioral Health</li> </ul>	<ul> <li>State Attorney</li> <li>Dixie County Courthouse</li> <li>Dixie County Board of County Commissioner</li> <li>Dixie County Sherriff's Office</li> <li>North Central Florida Regional Housing Authority</li> <li>Department of Juveni Justice</li> <li>Cross City Police</li> <li>State Probation Circui</li> <li>Circuit Court</li> <li>Well Florida Council</li> <li>LSF Health Systems</li> <li>Dixie County Anti-Dru Coalition</li> <li>State Attorney</li> <li>Dixie County Courthouse</li> <li>Dixie County Board of County Commissioner</li> <li>Dixie County Sherriff's Office</li> <li>North Central Florida Regional Housing Authority</li> <li>Department of Juveni Justice</li> <li>Meridian Behavioral Health</li> <li>Cross City Police</li> </ul>	

3.1.3: Create and improve policies and procedures for mental health court.	<ol> <li>Research         policies and         procedures.</li> <li>Compile a list of         perspective         policies and         procedures.</li> <li>Base policies         and procedures         off Florida         Statutes and         other Mental</li> </ol>	•		<ul> <li>State Probation Circuit</li> <li>Circuit Court</li> <li>Well Florida Council</li> <li>LSF Health Systems</li> <li>State Attorney</li> <li>Dixie County         <ul> <li>Courthouse</li> </ul> </li> <li>Dixie County Board of         <ul> <li>County Commissioners</li> </ul> </li> <li>Dixie County Sherriff's         <ul> <li>Office</li> </ul> </li> <li>North Central Florida         <ul> <li>Regional Housing</li> <li>Authority</li> </ul> </li> <li>Department of Juvenile</li> </ul>
3.1.4: Hire	other Mental Health Courts.  4. Approval of policies and procedures by the Court Judge, State Attorney, Public Defender, and others required by law.  1. Create a			Justice  Meridian Behavioral Health  Cross City Police State Probation Circuit Circuit Court Well Florida Council LSF Health Systems
specialty court coordinator.	contract with the Community Coalition Alliance to hire a specialty court coordinator.			<ul> <li>State Attorney</li> <li>Dixie County         Courthouse</li> <li>Dixie County Board of         County Commissioners</li> <li>Dixie County Sherriff's         Office</li> <li>North Central Florida         Regional Housing         Authority</li> <li>Department of Juvenile         Justice</li> <li>Meridian Behavioral         Health</li> <li>Cross City Police</li> <li>State Probation Circuit</li> <li>Circuit Court</li> <li>Well Florida Council</li> <li>LSF Health Systems</li> </ul>
3.1.5: Coordinate	Create a     contract for	•		<ul><li>State Attorney</li><li>Dixie County</li></ul>
	l	I	I L	1

				T		
required		services			_	Courthouse
services with		through Meridian.			•	Dixie County Board of
providers.	2	Partner with				County Commissioners
	۷.	Tri-County			•	Dixie County Sherriff's
		Resource				Office
		Center.			•	North Central Florida
	3.					Regional Housing
	٥.	Way for			_	Authority
		Services.			•	Department of Juvenile Justice
	4.	Identify a			_	Meridian Behavioral
		homelessness			•	Health
		coalition that			_	
		serves Dixie			•	Cross City Police
		County.			•	State Probation Circuit
		•			•	Circuit Court Well Florida Council
					•	
					•	United Way – North Florida
					•	Tri-County Resource
						Center
					•	LSF Health Systems
3.1.6: Hear	1.	Determine if	•		•	Dixie County Anti-Drug
diversion cases		defendant				Coalition
and follow		qualifies for			•	State Attorney
program model.		Mental Health			•	Dixie County
		Court through a				Courthouse
		screening			•	Dixie County Board of
		process.				County Commissioners
	2.	Provide Mental Health Court			•	Dixie County Sherriff's
		Services.				Office
		Services.			•	North Central Florida
						Regional Housing
						Authority
					•	Department of Juvenile
						Justice
					•	Meridian Behavioral
						Health
					•	Cross City Police
					•	State Probation Circuit
					•	Circuit Court
	_				•	Well Florida Council
3.1.7: Promote	1.		•		•	State Attorney
services to the		community			•	Dixie County
community.		event with				Courthouse
		community			•	Dixie County Board of
		partners.				County Commissioners
	2.	Create and				

3.2 – By February 30 <sup>th</sup> , 2024, implement a teen court program for Dixie County from 0 (2022) to 1.  Baseline: 0 Teen Courts, Target: 1 Teen Court implemented.  Data Source; Hanley Foundation	3.2.1 - Conduct stakeholder meetings.	1. Identify stakeholders. 2. Meet with stakeholders to join the partnership. 3. Create subgroups. 4. Partner with the Anti-Drug Coalition to conduct Teen Court, Mental Health Court, and Handle with Care Groups. 5. Partner with community partners and create a Reinvestment Committee.	• None	<ul> <li>The Hanley Foundation</li> <li>Dixie County Anti-Drug Coalition</li> <li>Dixie County High School Criminal Justice Program - Amy Jones</li> </ul>	<ul> <li>Dixie County Sherriff's Office</li> <li>North Central Florida Regional Housing Authority</li> <li>Department of Juvenile Justice</li> <li>Meridian Behavioral Health</li> <li>Cross City Police</li> <li>State Probation Circuit</li> <li>Circuit Court</li> <li>Well Florida Council</li> <li>LSF Health Systems</li> <li>Dixie County School District</li> <li>Dixie County Anti-Drug Coalition</li> <li>State Attorney</li> <li>Dixie County Board of County Commissioners</li> <li>Dixie County Sherriff's Office</li> <li>North Central Florida Regional Housing Authority</li> <li>Department of Juvenile Justice</li> <li>Meridian Behavioral Health</li> <li>Cross City Police</li> <li>State Probation Circuit</li> <li>Circuit Court</li> <li>Well Florida Council</li> <li>LSF Health Systems</li> </ul>
	3.2.2 - Determine leadership and teen court model.	<ol> <li>Hire the Teen Court coordinator.</li> <li>Choose from 4 different models.</li> </ol>	• None		<ul> <li>Dixie County School         District</li> <li>Dixie County Anti-Drug         Coalition</li> <li>State Attorney</li> <li>Dixie County         Courthouse</li> <li>Dixie County Board of         County Commissioners</li> </ul>

3.2.3: Create policies and procedures for teen court.	<ol> <li>Research     policies and     procedures.</li> <li>Compile a list of     perspective     policies and     procedures.</li> <li>Base policies     and procedures     off Florida     Statutes.</li> <li>Meet with the     Reinvestment     Committee to     determine     policies and     procedures.</li> <li>Create and</li> </ol>	• Florida Statute: 938.19	<ul> <li>The Hanley Foundation</li> <li>Dixie County Anti-Drug Coalition</li> <li>Dixie County High School Criminal Justice Program - Amy Jones</li> </ul>	<ul> <li>Dixie County Sherriff's Office</li> <li>North Central Florida Regional Housing Authority</li> <li>Department of Juvenile Justice</li> <li>Meridian Behavioral Health</li> <li>Cross City Police</li> <li>State Probation Circuit</li> <li>Circuit Court</li> <li>Well Florida Council</li> <li>Dixie County High School - Amy Jones</li> <li>LSF Health Systems</li> <li>Dixie County Anti-Drug Coalition</li> <li>State Attorney</li> <li>Dixie County Board of County Courthouse</li> <li>Dixie County Sherriff's Office</li> <li>North Central Florida Regional Housing Authority</li> <li>Department of Juvenile Justice</li> <li>Meridian Behavioral Health</li> <li>Cross City Police</li> <li>State Probation Circuit</li> </ul>
	•			
3.2.4: Train teen participants.	<ol> <li>Recruit         students from         the Criminal         Justice's         Program and         previous teen         court         respondents to         serve as jurors.</li> <li>Develop youth</li> </ol>	•	<ul> <li>The Hanley Foundation</li> <li>Dixie County Anti-Drug Coalition</li> <li>Dixie County High</li> </ul>	<ul> <li>Dixie County Anti-Drug Coalition</li> <li>State Attorney</li> <li>Dixie County Courthouse</li> <li>Dixie County Board of County Commissioners</li> <li>Dixie County Sherriff's Office</li> </ul>

	3.	court training curriculum. Conduct the curriculum.			School Criminal Justice Program - Amy Jones	•	North Central Florida Regional Housing Authority Department of Juvenile Justice Meridian Behavioral Health Cross City Police State Probation Circuit Circuit Court Well Florida Council LSF Health Systems
3.2.6: Hear teen cases and follow program model.	2.	Coordinate with the Courthouse a time designated for Teen Court. Create a case docket. Conduct the Teen Court.		•	The Hanley Foundation Dixie County Anti-Drug Coalition Dixie County High School Criminal Justice Program - Amy Jones	• • • • • • • • • • • • • • • • • • • •	Dixie County Anti-Drug Coalition State Attorney Dixie County Courthouse Dixie County Board of County Commissioners Dixie County Sherriff's Office North Central Florida Regional Housing Authority Department of Juvenile Justice Meridian Behavioral Health Cross City Police State Probation Circuit Circuit Court Well Florida Council LSF Health Systems
3.2.7: Promote services to the community.		Host a community event inviting parents, guardians, and community partners. Create and promote media advertisements.	•	•	The Hanley Foundation Dixie County Anti-Drug Coalition Dixie County High School Criminal Justice Program - Amy Jones	•	Dixie County Anti-Drug Coalition State Attorney Dixie County Courthouse Dixie County Board of County Commissioners Dixie County Sherriff's Office North Central Florida Regional Housing Authority Department of Juvenile

3.3 - By	3.3.1 – Host a	1. Show the	•	• Hanley	Justice  Meridian Behavioral Health  Cross City Police  State Probation Circuit  Circuit Court  Well Florida Council  LSF Health Systems  Dixie County Anti-Drug
December 31st, 2024 implement the Handle with Care Program with the Dixie County School District and Dixie County Law Enforcement.	Luncheon and present information regarding the Handle with Care Program.	Handle with Care Program video detailing what the program is, what it can accomplish and who needs to take part. 2. Collect signed MOU's for the respective partners.		Foundation and the Dixie County Anti-Drug Coalition	<ul> <li>Coalition</li> <li>Dixie County Schools</li> <li>Dixie County High School SWAT</li> <li>Dixie County Sherriff's Office</li> <li>Cross City Police Department</li> <li>Florida Department of Health in Dixie County</li> <li>Meridian Behavioral Health</li> <li>UF IFAS</li> </ul>
Baseline: 0 Handle with Care Programs implemented, Target: 1 Handle with Care implemented.  Data Source:	3.3.2 – Present to the Dixie County School Board what the Handle with Care program is.	1. Show the Handle with Care Program video detailing what the program is, what it can accomplish and who needs to take part.	•	Hanley     Foundation     and the     Dixie     County     Anti-Drug     Coalition	<ul> <li>Dixie County School Board</li> <li>Dixie County Schools</li> <li>Dixie County Sheriff's Office</li> <li>Cross City Police Department</li> </ul>
Hanley Foundation	3.3.3 – Provide Trauma Informed Care Training for appropriate professionals.	1. Meet with the Superintendent of the Dixie County School Board.  2. Present information regarding the Trauma Informed Care Training.  3. Schedule trainings for professional development	•	Community     Coalition     Alliance –     Laura     Holley	<ul> <li>Hanley Foundation</li> <li>Dixie County School         District</li> <li>Dixie County Schools</li> </ul>

	days.			
3.3.4 – P Handle v Care Tra Dixie Cou Law Enforcer and Dixie County S Board/So	rovide vith individua ining for unty enforcem ment e enlist in a	nent t will a train- er vith ined, niners s it heir re tions ide to the	Hanley     Foundation     and the     Dixie     County     Anti-Drug     Coalition	<ul> <li>Dixie County Sherriff's         Department</li> <li>Cross City Police         Department</li> <li>Dixie County School         Board</li> <li>Dixie County Schools</li> </ul>
3.3.5 – P Youth M Health F Training Mental H First Aid Trainings commun	romote 1. Identify ental potential irst Aid commun and members Health participa the Youtl	ity s to te in h lealth and tal rst Aid sign- for d. the ental rst Aid Wental rst Aid (Two	Community     Coalition     Alliance –     Laura     Holley	<ul> <li>Dixie County Sherriff's Department</li> <li>Cross City Police Department</li> <li>First Responders</li> <li>Florida Department of Health in Dixie County</li> <li>Dixie County Community Members</li> </ul>
3.3.6 – P Services Commur Handle v Care.	to the presenta nity on for the	ity	<ul> <li>Hanley         Foundation             and the             Dixie             County     </li> </ul>	•

Handle with	Anti-Drug	
Care Program.	Coalition	
<ol><li>Schedule dates</li></ol>		
for a		
community		
meeting.		
3. Promote on		
social media		
and other		
outlets		
detailing dates		
on the meeting.		

	residents.									
Objectives	Strategy	Action Steps / Performance Measures	Possible Policy Changes Needed	Lead Agency	Key Partners and Resources					
4.1 – By December 31, 2026, reduce the percentage of adults who are current smokers from 29.5% (2019) to 28.5%. Baseline: 29.5%, Target 28.5%  Data Source: Florida Health CHARTS	4.1.1 - Offer a virtual or inperson group quit sessions.  4.1.2 - Provide continuing education and continuing medical education credits to healthcare professionals.	<ol> <li>Coordinate     with local     organizations     to host in     person group     quit sessions.</li> <li>Recruit     participants.</li> <li>Coordinate     with health     care     professionals.</li> <li>Host in person     or via virtually.</li> <li>Conduct     trainings to     healthcare     professional     about helping     patients quit,     motivational     interviewing,     brief     interventions,     and referring     tobacco users     to the Tobacco</li> </ol>	• None  • None	Suwannee     River Area     Health     Education     Center     (SRAHEC)	<ul> <li>Dixie County Public Library</li> <li>North Florida Medical</li> <li>Florida Department of Health in Dixie County</li> <li>Dixie County Public Library</li> <li>North Florida Medical</li> <li>Florida Department of Health in Dixie County</li> </ul>					

			AHEC Program and other						
			Tobacco Free						
			Florida Quit						
			Your Way						
			Services.						
4.2 – By June 30,	4.2.1 - Present	1.	Partner with	•	House Bill	•	Quit Doc	•	Dixie County School
2024, complete	to the Board of		community		105		Foundation		Board
the passage of an	County		partners to					•	Dixie County Board
ordinance by local	Commissioners		present to the						of County
governmental	data and		Board of						Commissioners
agencies	resources		County					•	Dixie County High
supporting	regarding House		Commissioners						School – SWAT
changes in the	Bill 105.		information						
Florida Clean			regarding						
Indoor Air Act			House Bill 105.						
allowing for local		2.	Generate						
creation of			talking points.						
tobacco-free		3.	Propose an						
parks and			ordinance to be						
beaches from 0 to			created for						
12.			Dixie County.						
12.	4.2.2 - Gather	1.	Research parks,	•	Local			•	Dixie County School
Baseline: 0	specific data on	Ι.	beaches and		Ordinance				Board
Tobacco-Free	Dixie County		boat ramps		Ordinance				
Parks, Beaches	through the		within Dixie					•	Dixie County Board
and/or Boat	~								of County
	initiation of park	2	County. Partner with						Commissioners
Ramps, Target: 12 Tobacco-Free	clean-ups, with	2.						•	Dixie County High
	a focus on		the school and						School – SWAT
Parks, Beaches,	tobacco littering		local 						
and/or Boat	throughout the		community						
Ramps.	parks.		partners to						
			coordinate a						
Data Source: Quit			pick-up day.						
Doc Foundation		3.	Gather boots						
			on the ground						
			data and						
			information to						
			present to the						
			Board of						
			County						
			Commissioners.			L		L	
	4.2.3 - Partner	1.	Meet with the	•	Local	•		•	Dixie County School
	with the Dixie		Dixie County		Ordinance				Board
	County Attorney		Attorney.					•	Dixie County Board
	to create and	2.	Have the Dixie						of County
	write an		County						Commissioners
	ordinance.		Attorney						55111111551511615
	oranianec.		,y			<u> </u>		l	

	I								
			review the					•	Dixie County High
			ordinance.						School – SWAT
	4.2.4 - Present	1.	Create a	•	Local	•		•	Dixie County School
	the written		motion to		Ordinance				Board
	ordinance to the		advertise the					•	Dixie County Board
	Board of County		ordinance in						of County
	Commissioners		the local paper						Commissioners
	and advertise it		for two weeks					_	
	to the		prior to the					•	Dixie County High
			•						School – SWAT
	community.	_	first hearing.						
		2.							
			motion						
			approved by						
			the Board of						
			County						
			Commissioners.						
	4.2.5 - Prepare	1.	Gather data	•	Local	•		•	Dixie County School
	youth to speak		and		Ordinance				Board
	to the Board of		information to					•	Dixie County Board
	County		develop talking						of County
	Commissioners.		points.						Commissioners
	Commissioners.		poirts.					_	
								•	Dixie County High
									School – SWAT
	4.2.6 –Create a	1.	Write the	•	Local	•		•	Dixie County School
	County		ordinance.		Ordinance				Board
	Ordinance	2.	Motion to					•	Dixie County Board
	about Tobacco		approve the						of County
	and Vape Free		ordinance.						Commissioners
	Parks and	3.	Written into					•	Dixie County High
	Beaches.		policy.						School – SWAT
	4.2.6 - Post	1.	Create signage.	•	Local	•		•	Dixie County School
	signage at parks		or care oignage.		Ordinance				Board
	and beaches				Sidillatice				Dixie County Board
	מווט שבמטווכי							•	
									of County
									Commissioners
								•	Dixie County High
									School – SWAT
4.3 – By June 30,	4.3.1 – Gather	1.	Research data	•	None	•	Quit Doc	•	Dixie County School
2024, increase the	data about		on Menthol				Foundation		Board
outreach and	Menthol		Cigarettes.					•	Dixie County Board
education	Cigarette usage.	2.	Present data to						of County
opportunities			local						Commissioners
throughout Dixie			community						Dixie County High
County that share			leaders.						School – SWAT
accurate, reliable,	422 Davis	1			Nov-	-		_	
and cohesive	4.3.2 – Partner	1.	Create key	•	None			•	Dixie County School
information	with local		health						Board
IIIIOIIIIauoii	organizations to		messaging.					•	Dixie County Board

	regarding Menthol Cigarettes from 0 (2023) to 5.  Baseline: 0 educational opportunities,	share information about health effects, community impact, and ways to quit.	2.	Generate proof points to share with community leaders.					•	of County Commissioners Dixie County High School – SWAT
	Target: 5 educational opportunities.	4.3.3 – Create educational information.	<ol> <li>4.</li> </ol>	Generate key graphics to share with the community. Create flyers to pass out to the community.	•		•		•	Dixie County School Board Dixie County Board of County Commissioners Dixie County High School – SWAT
-	4.4 – By June 30, 2024, adopt into School Board Policy SB8.32 the prohibition of the acceptance of tobacco industry gifts and curriculum.  Baseline: 0 policy, Target: 1 policy.	4.4.1 – Create additional policy information.	3. 4.	Generate wording on policy examples from the American Heart Association, NEOLA 2021, and the Public Health Law Center. Have the Quit Doc membership present policy examples. Adopt or revise current policy. Passage of the new policy.	•	Policy SB8.32	•	Quit Doc Foundation	•	Dixie County School Board Dixie County Schools
	4.5 – By June 30, 2025, lower the Students Who Have Used Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars in the Past 30 Days	4.5.1 – Increase the number of outreach events that promotes quitting inhaled nicotine products.	2.	Coordinate with local cessation organizations. Pass out information to the public about the importance of quitting the usage of inhaled	•		•	Dixie County Anti-Drug Coalition	•	Quit Doc Dixie County Schools Dixie County School Board

from 28.5% to 26.5%.	nicotine products.		
Data Source: Florida Health CHARTS			

#### **Alignment with State and National Priorities**

The 2022-2026 Dixie County Community Health Improvement Plan has been reviewed for alignment with the following state and national guidelines:

- o Florida State Health Improvement Plan 2022-2026 from the Florida Department of Health
- o Healthy People 2030 from the United States Department of Health and Human Services
- National Prevention Strategy America's Plan for Better Health and Wellness (June 2011) from the National Prevention Council

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment.

Objective	HP 2030	FSHIP	NPS	Evidence-Based Sources:
Goal 1: Increase I	healthy life expectance	y, including the reduc	tion of health disparities, to i	mprove and foster healthy
		behaviors of a	III groups.	
	Topic: Infants	Goal MCH 2:	Priorities: Healthy Eating	Breastfeeding: Primary
	Goal: Improve the	Reduce infant		Care Interventions; 2016.
1.1 – Through	health and safety	morbidity and	Recommendation 5.	
December 31,	of infants.	mortality.	Support policies and	The Surgeon General's Call
2026, increase the	Objectives: MICH-	Objective MCH 2.5.	programs that promote	to Action to Support
percentage of	15, MICH 16		breastfeeding. Page 35.	Breastfeeding; 2011.
mothers who				
initiate			Key Indicators: Proportion	
breastfeeding in			of infants who are	
Dixie County from			breastfed exclusively	
a rate of 71.2			through 6 months, page	
(2021) to 76.2.			35.	
4.2. B	T'. I.f	Carlicua Barani	21/2	Cofo to Class 2022
1.2 – By	Topic: Infants	Goal ISV 1: Prevent	N/A	Safe to Sleep; 2023.
December 31,	Goal: Improve the	or reduce		
2024, increase the number of safe	health and safety of infants.	childhood injuries. Objective ISV 1.1.		
	Objectives: MICH-	Objective 13 v 1.1.		
sleep educational messaging that	15, MICH 16			
reaches families	13, MICH 10			
from 1650 (2022)				
to 3000.				
1.3 – By	Topic: Cancer	Goal CD 1.4:	Strategic Directions:	Colorectal Cancer
December 31,	Goal: Reduce new	Reduce new cases	Clinical and Community	Education, Screening and
2024, increase the	cases of cancer	of cancer and	Preventive Services	Prevention Program
outreach and	and cancer-related	cancer-related		(CCESP): Empowering
education	illness, disability,	illness, disability,	Recommendations: 4.	Communities for Life; 2018.
opportunities	and death.	and death.	Support implementation of	
throughout Dixie	Objectives: C-01,	Objective CD 1.4.	community-based	Colorectal Cancer
County that share	C-06, C-07		preventive services and	Screening Intervention

accurate, reliable,			enhance linkages with	Program (CCSIP), 2020.
and cohesive			clinical care, page 19.	
information				
regarding			Recommendations 5	
colorectal cancer			Reduce barriers to	
screening			accessing clinical and	
opportunities			community preventive	
from 0 (2023) to			services, especially among	
4.			populations at greatest	
			risk, page 19.	
			1.6.1, page 251	
			Key Indicators: Proportion	
			of adults aged 50 to 75	
			years who receive	
			colorectal cancer screening	
			based on the most recent	
			guidelines, page 19.	
1.4 – By	Topic: Physical	Goal CD 6: Promote	Strategic Direction:	Physical Activity: Creation
December 1,	Activity	the attainment and	Healthy and Safe	of or Enhanced Access to
2025, conduct 5	Goal: Improve	maintenance of	Community Environments	Places for Physical Activity
5k events within	health, fitness, and	health through	Recommendation: 4:	Combined with
Dixie County from	quality of life	nutrition, physical	Integrate health criteria	Informational Outreach
1 (2021).	through regular	activity, and	into decision-making,	Activities, 2001.
	physical activity.	supportive lifestyle	where appropriate, across	
	Objectives: PA-01	behaviors.	multiple sectors.	Physical Activity: Park,
	-	Objectives: CD 6.2	-	Trail, and Greenway
		-		Infrastructure
				Interventions when
				Combined with Additional
				Interventions, 2021.
L	L	<u> </u>	L	

Objective	HP 2020	FSHIP	NPS	Evidence-Based Sources:
Goal 2	- Link the residents o	f Dixie County to soci	al and health services and reso	ources available.
2.1 – By June 30,	Topic: Heart	Goal CD 2: Improve	Strategic Directions:	Heart Disease and Stroke
2025, increase	Disease and Stroke	cardiovascular	Clinical and Community	Prevention: Self-Measured
the number of	Goal: Improve	health by reducing	Preventive Services.	Blood Pressure Monitoring
Blood Pressure	cardiovascular	new cases,		Interventions for Improved
Self-Monitoring	health and reduce	disability and death	Recommendations 1.	Blood Pressure Control
classes held in	deaths from heart	from heart disease,	Support the National	When Used Alone; 2015.
Dixie County	disease and stroke.	stroke, and other	Quality Strategy's focus on	
from 1 (2021-	Objectives: HDS-01,	related illnesses.	improving cardiovascular	The Surgeon General's Call
2022) to 3.	HDS-04	Objective CD 1.4.	health, page 19.	to Action to Control
				Hypertension; 2020.
			Key Indicators: Proportion	
			of adults aged 18 years and	Economics of Self-
			older with hypertension	Measured Blood Pressure;
			whose blood pressure is	2017.
			under control, page 19	
				<u>Self-Measured Blood</u>
				Pressure Monitoring
				Improves Outcomes:
				Recommendation of the
				Community Preventative
				Services Task Force; 2017.
				Community Guide
				Cardiovascular Disease
				Economic Reviews:
				Tailoring Methods to
				Ensure Utility of Findings;
				2017.
				20171
				Systematic Review of Self-
				Measured Blood Pressure;
				2022.
2.2 – By	Topic: Family	Goal SEC 2:	Priorities: Reproductive	Family Planning:
December 31,	Planning	Improve access to	and Sexual Health.	Providing Quality Family
2025, utilize the	Goal: Improve	high-quality health		Planning Services:
mobile outreach	pregnancy planning	care services for all	Recommendations: 1	Recommendations of CDC
clinic to increase	and prevent	across the lifespan.	Increase the use of	and the U.S. Office of
health care	unintended	Objective SEC 2.2.	preconception and	Population Affairs; 2014.
services for	pregnancy.		prenatal care, page 44.	Recommendations for
underserved	Objectives: FP-01,			Providing Quality Sexually
geographical	FP-09		Recommendations: 4	<u>Transmitted Diseases</u>
areas from 0			Enhance early detection of	Clinical Services, 2020.
(2022) to 5 per	Topic: Cancer		HIV, viral hepatitis, and	
county in Dixie,	Goal: Reduce new		other STIs and improve	Cervical Cancer Screenings:
Gilchrist, and	cases of cancer and		linkage to care, page 45.	<u>Prevention Care</u>
Levy.	cancer-related			Management, 2006.
	•			

	illness, disability,		Key Indicators: Proportion	Tailored Communication
	and death.		of sexually active persons	for Cervical Cancer Risk,
	Objectives: C-05, C-		aged 15 to 44 years who	2013.
	09		received reproductive	
			health services, page 45.	Oral Health:
	Topic: Oral			Oral Health in Children and
	Conditions		Strategic Directions:	Adolescents Aged 5 to 17
	Goal: Improve oral		Clinical and Community	Years: Screening and
	health by		Preventive Services.	Preventive Interventions,
	increasing access			2023.
	to oral health care,		Recommendations: 4	Pit and fissure sealants
	including		Support implementation of	versus fluoride varnishes
	preventive		community-based	for preventing dental decay
	services.		preventive services and	in the permanent teeth of
	Objectives: OH-02,		enhance linkages with	children and adolescents,
	OH-09, OH-10		clinical care, page 19.	2020.
				Interventions with
	Topic: Vaccination		Recommendations 6:	pregnant women, new
	Goal: Increase		Enhance coordination and	mothers, and other
	vaccination rates.		integration of clinical,	primary caregivers for
	Objectives: IID-07,		behavioral, and	<u>preventing early childhood</u>
	IID-08, IID-09, IID-		complementary health	<u>caries</u> , 2019.
	D03		strategies, page 20.	
				Vaccinations:
				<u>Vaccines National Strategic</u>
				<u>Plan</u> , 2021.
				Vaccination Programs:
				Requirements for Child
				Care, School, and College
2.2 Produce 20	Tania Haalda	Caal NACH 4	Stantonia Diagratica a	Attendance, 2016.
2.3 – By June 30,	Topic: Health	Goal MCH 1:	Strategic Directions:	Strategies for expanding
2024, increase the number of	Insurance	Increase access to	Clinical and Community	health insurance coverage
workshops	Goal: Increase health insurance	quality primary, preventative and	Preventive Services.	in vulnerable populations, 2014.
throughout Dixie		sub-specialty care	Recommendations: 4	2014.
County that	coverage. Objectives: AHS-01,	for infants,	Support implementation of	Covering All Kids: States
share	AHS-02, AHS-03,	children, and	community-based	Setting the Pace, 2008.
information	AHS-R03	adolescents.	preventive services and	Setting the race, 2008.
about signing up	7413 1403	duoiescents.	enhance linkages with	
regarding the			clinical care, page 19.	
Navigator			ommour our e, page 15:	
Program			Recommendations 6:	
opportunities			Enhance coordination and	
from 0 (2023) to			integration of clinical,	
4.			behavioral, and	
			complementary health	
			strategies, page 20.	

2.4 – By	N/A	Goal ISV 3: Prevent	N/A	Evidence-Based Human
December 31st,		or reduce injuries		Trafficking Policy:
2025, increase		in vulnerable		Opportunities to Invest in
awareness and		populations.		<u>Trauma-Informed</u>
the ability to		Objective: ISV 3.2		Strategies, 2019.
recognize the				
signs of human				
trafficking (HT)				Evidence-based Care of the
by delivering				Human Trafficking Patient,
education to				2019.
community				
organizations.				

Objective	HP 2020	FSHIP	NPS	Evidence-Based Sources:	
Goal 3 – Improve the health care resources in Dixie County.					
3.1 – By March 30th, 2024, implement a mental health court program for Dixie County from 0 (2022) to 1.	Topic: Mental Health and Mental Disorders Goal: Improve mental health. Objectives: MHMD- 04, MHMD-07	Goal MW 1: Reduce the impact of adult mental, emotional, and behavioral disorders.	Priorities: Mental and Emotional Well-being, page 48 Recommendations: 4 Promote early identification of mental health needs and access to quality services., page 49.	Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders, 2010.  Mental Health and Mental Illness: Mental Health Benefits Legislation, 2012.  Mental Health Courts, 2010.	
3.2 – By February 30th, 2024, implement a teen court program for Dixie County from 0 (2022) to 1.	Topic: Adolescents Goal: Improve the health and well- being of adolescents. Objectives: EH-D01	Goal MW 2: Reduce the impact of pediatric mental, emotional, and behavioral health disorders.	Priorities: Mental and Emotional Well-being, page 48 Recommendations: 4 Promote early identification of mental health needs and access to quality services., page 49.	A Guide for Implementing Teen Court Programs, 1996.  Youth Courts - Youth People Delivering Justice, 1995.	
3.3 - By December 31st, 2024, implement the Handle with Care Program within the Dixie County School District and Dixie County Law Enforcement from 0 (2022) to 1.	Topic: Adolescents Goal: Improve the health and well- being of adolescents. Objectives: AH-D01	Goal ISV 4: Increase mitigation of Adverse Childhood Experiences (ACE's) as a statewide prevention strategy.  Objectives: ISV 4.	Priorities: Mental and Emotional Well-being, page 48 Recommendations: 1 Promote positive early childhood development, including positive parenting and violence-free homes, page 48.	Children's Exposure to Violence: A Comprehensive National Survey, 2009.	

Objective	HP 2020	FSHIP	NPS	Evidence-Based Sources:
Goal 4 – Increase	education on subst		, treatment, and support resource	es available to Dixie County
			idents.	
	Topic: Tobacco	Goal MW 3:	Priorities: Tobacco Free Living	Secondhand Smoke
	Use	Reduce substance		Exposure and the Impact of
	Goal: Reduce	use disorders and	Recommendations: 1. Support	Smokefree Policies, 2021.
	illness, disability, and death related	drug overdose	comprehensive tobacco free and other evidence-based	
	to tobacco use	deaths. Objectives: MW	tobacco control policies, page	Tobacco Cessation: Change
	and secondhand	3.2.	28.	Packet, 2021.
	smoke.	3.2.	20.	<u>rucket</u> , 2021.
4.1 – By	Objectives: TU-		Recommendations: 3 Expand	Tobacco Use:
December 31,	01, TU-02, TU-03,		use of tobacco cessation	Comprehensive Tobacco
2026, reduce the	TU-13, TU-14		services, page 28.	Control Programs, 2014.
percentage of				
adults who are			Recommendations: 4. Use	Tobacco Smoking Cessation
current smokers			media to educate and	in Adults, Including
from 29.5%			encourage people to live	Pregnant Persons:
(2019) to 28.5%.			tobacco free, page 29.	Interventions, 2021.
			Key Indicators: Proportion of	Tobacco Use: Internet-
			adults who are current	based Cessation
			smokers (have smoked at least	Interventions, 2019.
			100 cigarettes during their	
			lifetime and report smoking	Tobacco Use: Quitline
			every day or some days), page	Interventions, 2012.
			29.	
	Topic: Health	Goal MW 3:	Priorities: Tobacco Free Living	Secondhand Smoke
	Policy	Reduce substance		Exposure and the Impact of
4.2 – By June 30,	Goal: Use health	use disorders and	Recommendations: 1. Support	Smokefree Policies, 2021.
2024, complete the passage of	policy to prevent disease and	drug overdose deaths.	comprehensive tobacco free and other evidence-based	Tobacco Use: Smoke-Free
an ordinance by	improve health.	Objectives: MW	tobacco control policies, page	Policies, 2012.
local	Objectives: TU-17	3.1, MW 3.2	28.	<u>1011c1c3</u> , 2012.
governmental	0.0,000000	0.2,		Preventing Tobacco Use
agencies			Recommendations: 3 Expand	Among Youth and Young
supporting			use of tobacco cessation	<u>Adults</u> , 2012.
changes in the			services, page 28.	
Florida Clean				
Indoor Air Act			Recommendations: 4. Use	
allowing for local			media to educate and	
creation of tobacco-free			encourage people to live	
parks and			tobacco free, page 29.	
beaches from 0			Key Indicators: Proportion of	
to 12.			adults who are current	
			smokers (have smoked at least	
			100 cigarettes during their	

4.3 – By June 30, 2024, increase the outreach and education opportunities throughout Dixie County that share accurate, reliable, and cohesive information regarding Menthol Cigarettes from 0 (2023) to 5.	Topic: Tobacco Use Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke. Objectives: TU- 01, TU-03	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.2	lifetime and report smoking every day or some days), page 29.  Key Indicators: Proportion of adolescents who smoked cigarettes in the past 30 days, page 29.  Key Indicators: Proportion of youth aged 3 to 11 years exposed to secondhand smoke, page 29.  Healthy Priorities: Tobacco Free Living, page 28.  Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco control policies, page 28.  Recommendations: 3 Expand use of tobacco cessation services, page 28.  Recommendations: 4. Use media to educate and encourage people to live tobacco free, page 29.  Key Indicators: Proportion of adults who are current smokers (have smoked at least 100 cigarettes during their lifetime and report smoking every day or some days), page 29.	Secondhand Smoke Exposure and the Impact of Smokefree Policies, 2021.  Tobacco Use: Smoke-Free Policies, 2012.  Preventing Tobacco Use Among Youth and Young Adults, 2012.
			Key Indicators: Proportion of adolescents who smoked cigarettes in the past 30 days, page 29.	
4.4 – By June 30, 2024, adopt into School Board Policy SB8.32 the	Topic: Tobacco Use Goal: Reduce illness, disability,	Goal MW 3: Reduce substance use disorders and	Healthy Priorities: Tobacco Free Living, page 28.	Tobacco Use: Smoke-Free Policies, 2012.

prohibition of the acceptance of tobacco industry gifts and curriculum.	and death related to tobacco use and secondhand smoke. Objectives: TU- 04, TU-06, TU-20	drug overdose deaths. Objectives: MW 3.1	Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco control policies, page 28.  Key Indicators: Proportion of adolescents who smoked cigarettes in the past 30 days, page 29.	Preventing Tobacco Use Among Youth and Young Adults, 2012.
4.5 – By June 30, 2025, lower the Students Who Have Used Cigarettes, Cigars, Hookah, Electronic Vapor Products, Flavored Cigarettes or Flavored Cigars in the Past 30 Days from 28.5% to 26.5%.	Topic: Tobacco Use Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke. Objectives: TU- 04, TU-06, TU-20	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.1	Healthy Priorities: Tobacco Free Living, page 28.  Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco control policies, page 28.  Key Indicators: Proportion of adolescents who smoked cigarettes in the past 30 days, page 29.	Secondhand Smoke Exposure and the Impact of Smokefree Policies, 2021.  Tobacco Cessation: Change Packet, 2021.  Tobacco Use: Comprehensive Tobacco Control Programs, 2014.  Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions, 2021.  Tobacco Use: Internet- based Cessation Interventions, 2019.  Tobacco Use: Quitline Interventions, 2012.

#### **References:**

US Preventive Services Taskforce. (2016, October 25). Breastfeeding: Primary care interventions. Recommendation: Breastfeeding: Primary Care Interventions | United States Preventive Services Taskforce. <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breastfeeding-primary-care-interventions">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breastfeeding-primary-care-interventions</a>

U.S. Department of Health and Human Services. *The Surgeon General's Call to Action to Support Breastfeeding*. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2011.

U.S. Department of Health and Human Services. *Safe Sleep for your baby*. Rockville, Maryland: U.S> Department of Health and Human Services and National Institutes of Health; 2023. <a href="https://www.nichd.nih.gov/sites/default/files/2023-01/STS">https://www.nichd.nih.gov/sites/default/files/2023-01/STS</a> 2022 Brochure English.pdf

Preston MA, Glover-Collins K, Ross L, Porter A, Bursac Z, Woods D, Burton J, Crowell K, Laryea J, Henry-Tillman RS. (2017). Colorectal cancer screening in rural and poor-resourced communities. American Journal of Surgery, 1-6.

Blumenthal DS, Smith SA, Majett CD, Alema-Mensah E. (2010). A trial of 3 interventions to promote colorectal cancer screening in African Americans. Cancer, 116, 922-929.

U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2020

Jacob V, Chattopadhyay SK, Proia KK, et al. Economics of Self-Measured Blood Pressure Monitoring: A Community Guide Systematic Review. American Journal of Preventive Medicine. 2017;53(3):e105–13.

Community Preventive Services Task Force. Self-Measured Blood Pressure Monitoring Improves Outcomes: Recommendation of the Community Preventive Services Task Force. American Journal of Preventive Medicine. 2017;53(3):e115–8.

Chattopadhyay SK, Jacob V, Mercer SL, Hopkins DP, Elder RW, Jones CD, Community Preventive Services Task Force. Community Guide Cardiovascular Disease Economic Reviews: Tailoring Methods to Ensure Utility of Findings. American Journal of Preventive Medicine. 2017;53(6S2):S155–63. Available at: http://www.sciencedirect.com/science/article/pii/S0749379717303227?via%3Dihub.

Shantharam SS, Mahalingam M, Rasool A, et al. Systematic Review of Self-Measured Blood Pressure Monitoring With Support: Intervention Effectiveness and Cost. American Journal of Preventive Medicine. 2022;62(2):285–98.

US Preventive Services Task Force. Screening and interventions for overweight in children and adolescents: recommendation statement. Pediatrics. 2005;116(1):205-209.

Dietz WH, Economos CD. Progress in the control of childhood obesity. Pediatrics. 2015;135(3):e559 e56.

Mayor S. Nutrition education: the way to reduce childhood obesity? Lancet Diabetes Endocrinol. 2013 Sep;1(1):14. doi: 10.1016/S2213-8587(13)70099-8. Epub 2013 Aug 20. PMID: 24622259.

US Department of Agriculture, US Department of Health and Human Services. Dietary Guidelines for Americans, 2010. 7th edition. Washington, DC: US Government Printing Office; 2010.

US Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: US Department of Health and Human Services; 2019.

US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Healthy People 2020. Rockville, MD: 2010. Report No. B0132.

Gavin L, Pazol K. Update: Providing Quality Family Planning Services — Recommendations from CDC and the U.S. Office of Population Affairs, 2015. MMWR Morb Mortal Wkly Rep 2016;65:231–234. DOI: http://dx.doi.org/10.15585/mmwr.mm6509a3external icon.

Workowski KA, Bolan GA; CDC. Sexually transmitted diseases treatment guidelines, 2015. MMWR Recomm Rep 2015;64(No. RR-3). PMID:26042815.

Barrow RY, Ahmed F, Bolan GA, Workowski KA. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020. MMWR Recomm Rep 2020;68(No. RR-5):1–20. DOI: http://dx.doi.org/10.15585/mmwr.rr6805a1.

Dietrich,A.J.; Tobin,J.N.; Cassells,A.; Robinson,C.M.; Greene,M.A.; Sox,C.H.; Beach,M.L.; DuHamel,K.N.; Younge,R.G. (2006). Telephone care management to improve cancer screening among low-income women: a randomized, controlled trial. Annals of Internal Medicine, 144(8), 563-571.

Miller SM, Hui SK, Wen KY, Scarpato J, Zhu F, Buzaglo J, Hernandez EE. (2013). Tailored telephone counseling to improve adherence to follow-up regimens after an abnormal pap smear among minority, underserved women. Patient Education and Counseling, 93, 488-495.

Chou R, Bougatsos C, Griffin J, et al. Screening, Referral, Behavioral Counseling, and Preventive Interventions for Oral Health in Children and Adolescents Ages 5 to 17 Years: A Systematic Review for the U.S. Preventive Services Task Force. Evidence Synthesis No 232. Agency for Healthcare Research and Quality; 2023. AHRQ publication 23-05304-EF-1.

Kashbour W, Gupta P, Worthington HV, Boyers D. Pit and fissure sealants versus fluoride varnishes for preventing dental decay in the permanent teeth of children and adolescents. Cochrane Database of Systematic Reviews 2020, Issue 11. Art. No.: CD003067. DOI: 10.1002/14651858.CD003067.pub5. Accessed 23 February 2024.

Riggs E, Kilpatrick N, Slack-Smith L, Chadwick B, Yelland J, Muthu MS, Gomersall JC. Interventions with pregnant women, new mothers and other primary caregivers for preventing early childhood caries. Cochrane Database of Systematic Reviews 2019, Issue 11. Art. No.: CD012155. DOI: 10.1002/14651858.CD012155.pub2. Accessed 23 February 2024.

U.S. Department of Health and Human Services. 2021. Vaccines National Strategic Plan 2021–2025. Washington, DC.

Jacob V, Chattopadhyay SK, Hopkins DP, Murphy-Morgan J, Pitan AA, Clymer JM, Community Preventive Services Task Force. Increasing coverage of appropriate vaccinations: a Community Guide systematic economic review.

Jia L, Yuan B, Huang F, Lu Y, Garner P, Meng Q. Strategies for expanding health insurance coverage in vulnerable populations. Cochrane Database of Systematic Reviews 2014, Issue 11. Art. No.: CD008194. DOI: 10.1002/14651858.CD008194.pub3. Accessed 23 February 2024.

Aizer, A. (2001). *Covering Kids: efforts to increase the health insurance coverage of poor children*. UCLA. Mimeo.

Scott JT, Ingram AM, Nemer SL, Crowley DM. Evidence-Based Human Trafficking Policy: Opportunities to Invest in Trauma-Informed Strategies. Am J Community Psychol. 2019 Dec;64(3-4):348-358. doi: 10.1002/ajcp.12394. Epub 2019 Oct 8. PMID: 31593298; PMCID: PMC8522583.

Costa CB, McCoy KT, Early GJ, Deckers CM. Evidence-based Care of the Human Trafficking Patient. Nurs Clin North Am. 2019 Dec;54(4):569-584. doi: 10.1016/j.cnur.2019.08.007. Epub 2019 Oct 11. PMID: 31703782.

Guide to Community Preventive Services. (2012). Mental Health: Mental Health Benefits Legislation. Retrieved from <a href="https://www.thecommunityguide.org/findings/mental-health-mental-health-benefits-legislation">https://www.thecommunityguide.org/findings/mental-health-mental-health-benefits-legislation</a>.

U.S. Preventive Services Task Force. (2016). Final recommendation statement: depression in children and adolescents: screening. Retrieved from

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/depression-in-children-and-adolescents-screening.

- U.S. Preventive Services Task Force. (2022). Anxiety in Children and Adolescents: Screening. Retrieved from <a href="https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents">https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents</a>.
- U.S. Preventive Services Task Force. (2022). Depression and Suicide Risk in Children and Adolescents: Screening. Retrieved from

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-depression-suicide-risk-children-adolescents.

Centers for Disease Control and Prevention. (2021). Summary of Scientific Evidence: Secondhand Smoke Exposure and the Impact of Smokefree Policies. Retrieved from <a href="https://www.cdc.gov/tobacco/data\_statistics/evidence/pdfs/secondhand-smoke-smokefree-policies-508.pdf">https://www.cdc.gov/tobacco/data\_statistics/evidence/pdfs/secondhand-smoke-smokefree-policies-508.pdf</a>.

Centers for Disease Control and Prevention, Divisions for Heart Disease and Stroke Prevention. (n.d.). Million Hearts®, Tobacco Cessation Change Package. Retrieved from <a href="https://millionhearts.hhs.gov/tools-protocols/action-guides/tobacco-change-package/index.html">https://millionhearts.hhs.gov/tools-protocols/action-guides/tobacco-change-package/index.html</a>.

Guide to Community Preventive Services. (2014). Tobacco Use: Comprehensive Tobacco Control Programs. Retrieved from <a href="https://www.thecommunityguide.org/findings/tobacco-use-comprehensive-tobacco-control-programs">https://www.thecommunityguide.org/findings/tobacco-use-comprehensive-tobacco-control-programs</a>.

U.S. Preventive Services Task Force. (2021). Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Persons. Retrieved from

https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions.

Guide to Community Preventive Services. (2019). Tobacco Use: Internet-based Cessation Interventions. Retrieved from <a href="https://www.thecommunityguide.org/findings/tobacco-use-internet-based-cessation-interventions">https://www.thecommunityguide.org/findings/tobacco-use-internet-based-cessation-interventions</a>.

Guide to Community Preventive Services. (2012). Tobacco Use: Smoke-Free Policies. Retrieved from <a href="https://www.thecommunityguide.org/findings/tobacco-use-smoke-free-policies">https://www.thecommunityguide.org/findings/tobacco-use-smoke-free-policies</a>.

National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. (2012). Preventing tobacco use among youth and young adults: A report of the Surgeon General. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK99237/.

Guide to Community Preventive Services. (2001). Physical Activity: Creation of or Enhanced Access to Places for Physical Activity Combined with Informational Outreach Activities. Retrieved from <a href="https://www.thecommunityguide.org/findings/physical-activity-creation-or-enhanced-access-places-physical-activity-combined.html">https://www.thecommunityguide.org/findings/physical-activity-creation-or-enhanced-access-places-physical-activity-combined.html</a>.

Guide to Community Preventive Services. (2021). Physical Activity: Park, Trail, and Greenway Infrastructure Interventions when Combined with Additional Interventions. Retrieved from <a href="https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html">https://www.thecommunityguide.org/findings/physical-activity-park-trail-greenway-infrastructure-interventions-combined-additional-interventions.html</a>.

Guide to Community Preventive Services. (2010). Mental Health: Collaborative Care for the Management of Depressive Disorders. Retrieved from <a href="https://www.thecommunityguide.org/findings/mental-health-collaborative-care-management-">https://www.thecommunityguide.org/findings/mental-health-collaborative-care-management-</a>

depressive-disorders.

Guide to Community Preventive Services. (2012). Mental Health: Mental Health Benefits Legislation. Retrieved from <a href="https://www.thecommunityguide.org/findings/mental-health-mental-health-benefits-legislation">https://www.thecommunityguide.org/findings/mental-health-mental-health-benefits-legislation</a>.

Development Services Group, Inc. 2010. "Mental Health Courts." Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

https://www.ojjdp.gov/mpg/litreviews/Mental Health Courts.pdf. Prepared by Development Services Group, Inc., under cooperative agreement number 2013–JF–FX–K002.

Office of Juvenile Justice and Delinquency Prevention. 1995. Youth Courts. Youth People Delivering Justice. Retrieved from: <a href="https://www.ojp.gov/pdffiles1/ojjdp/196944.pdf">https://www.ojp.gov/pdffiles1/ojjdp/196944.pdf</a>.

Office of Juvenile Justice and Delinquency Prevention. 1996. Guide for Implementing Teen Court Programs. Retrieved from: <a href="https://ojjdp.ojp.gov/library/publications/guide-implementing-teen-court-programs">https://ojjdp.ojp.gov/library/publications/guide-implementing-teen-court-programs</a>.