Community Health Improvement Plan

Gilchrist County

June 2022- December 2026

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Executive Summary

Gilchrist County Community Health Improvement Plan: Strategic Priority Issue Areas Identified

- Access to Healthcare, including:
    - Dental care
    - Primary care (including screening and access to lab services)
    - Obstetrics, prenatal, and family planning care
    - Chronic disease care
    - Barriers to care including insurance, transportation, high demand, culture and language, and community awareness.
- Behavioral Health (mental health and substance misuse), including:
    - Substance misuse prevention, including:
        - Tobacco and nicotine delivery systems
        - Alcohol misuse
        - Illegal and prescription drug use and misuse
    - Local policy, ordinance, and enforcement related to substance use.
    - Access to mental healthcare
    - Barriers to mental and behavioral healthcare, including lack of providers, demand, transportation, lack of internet access for telehealth, and awareness of available services.
- Healthy Lifestyles with emphasis on:
    - Chronic disease prevention, education, and management
    - Primary prevention and promotion of:
        - Screenings
        - Immunizations
        - Health literacy for appropriate use of resources and services

The Florida Department of Health in Gilchrist County, in collaboration with their partners in the Gilchrist County Community Health Improvement Plan Partnership (CHIPP), launched the Community Health Assessment in April 2022. Gilchrist 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 Gilchrist County Community Health Assessment Plan (Gilchrist CHA) and the Gilchrist County Community Health Assessment Technical Appendix (Gilchrist 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 Gilchrist 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 Gilchrist 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 Gilchrist County. This body, called the 2022 Gilchrist County CHA Steering Committee, guided the process, and assured that the health needs and issues of all Gilchrist County residents were considered. This effort exemplifies a shared commitment to collaboration, partnership, and integration between several public and private institutions in Gilchrist County for the larger goal of improving health outcomes and quality of life for all residents in Gilchrist County.

The Florida Department of Health in Gilchrist County in collaboration with Well Florida Council first developed a Community Health Assessment (CHA) to examine the health of Gilchrist 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 Gilchrist 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 (www.naccho.org/topics/infrastructure/mapp/). These activities were funded by the Florida Department of Health Gilchrist County (DOH Gilchrist) in their efforts to promote and enhance needs assessments in Gilchrist 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 Gilchrist 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 and Organizing for Success

Phase 2 – Visioning

Phase 3 - The Four MAPP Assessments

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- 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, https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment

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 Gilchrist 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 Gilchrist County CHIP Committee met in-person for three meetings (June 9th, 2022, September 14th, 2022, and November 15th, 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 Gilchrist County CHIP is a continuation of the community health assessment process that began in April 2022 and concluded in December 2022. Organizing for Success and Partnership Development (Phase 1), Visioning (Phase 2), The Three MAPP Assessments (Phase 3) and the completion of the final three MAPP phases accomplished by partners of the Levy 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 Gilchrist 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 9, 2022, the Gilchrist County Community Health Assessment Steering Committee members initiated a visioning exercise to define health, identify the characteristics of a healthy Gilchrist 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 Gilchrist 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 eventually resulted in the formation of the following vision statement: "A modern healthy lifestyle in a rural setting."
This vision statement was confirmed at the September 14 Forces of Change meeting.

MAPP Phase 3: Three MAPP Assessments

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 Gilchrist County.

Community Health Status Assessment

The Community Health Status Assessment provides a narrative summary of the data presented in the 2022 Dixie, Gilchrist, and Levy Counties Community Health Needs 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 Gilchrist County, including the U.S. Census Bureau, the Florida Department of Health's Florida HealthCHARTS, 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 Gilchrist County. More information on ZCTAs as well as a list of ZCTAs for Gilchrist County can be found in the Technical Notes section of the 2022 Dixie, Gilchrist and Levy Counties Community Health Needs Assessment Technical Appendix and will henceforth be presented as the ZCTA number followed by the area name: for example, 32619 Bell. Through the analysis of data on these indicators of socio-economic barriers, community health status, and health system resources, this assessment answers the question: "How healthy is the community?".

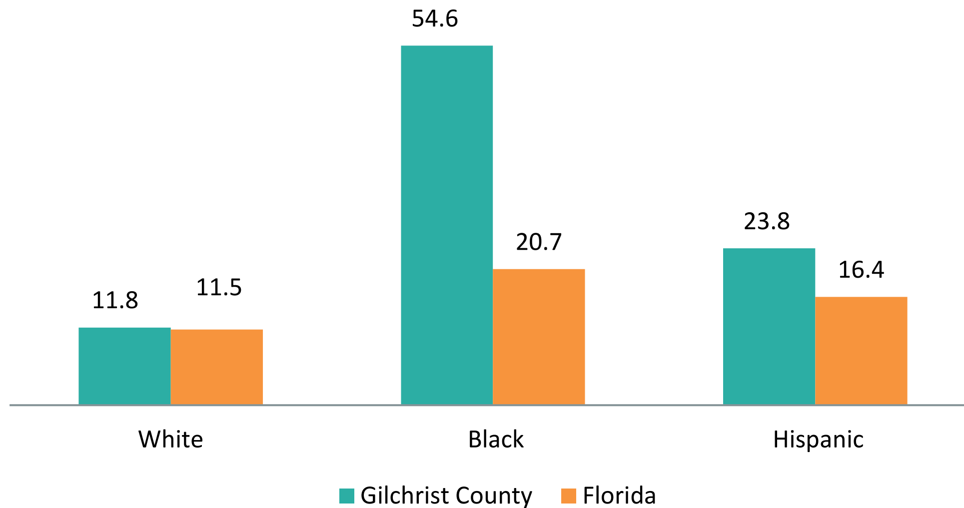
Key insights of this section include:

- High poverty, large uninsured population, and limited economic base continue to be leading predictors of health outcome and health access in Gilchrist County, especially among children and Black/Hispanic residents.
    - Since 2013, Gilchrist County has had consistently higher rates of uninsured individuals under the age of 19 compared to the state.
    - In 2019, 9.9 percent of those under 19 years of age were uninsured in Gilchrist County, exceeding the state estimate of 7.6 percent; among those aged 18-64 years old, the 19.9 percent uninsured in the county exceeded the 19.4 percent uninsured in the state; and among all individuals under the age of 65, 17.2 percent were uninsured, exceeding the state estimate of 16.4 percent.
- Gilchrist County continues to have elevated mortality rates, especially due to Cancer, Chronic Lower Respiratory Disease (CLRD), and unintentional injury.
    - Higher mortality rate of 186.8 per 100,000 population in Gilchrist County as compared to 142.5 in Florida.
    - According to the Florida Department of Health Bureau of Vital Statistics, the average childhood mortality rate for Gilchrist County from 2018-2020 was 99.0 deaths per 100,000 population, roughly twice the state rate of 49.9.
    - Gilchrist County cancer mortality is noticeably more common than at the state level, with average age-adjusted mortality rates for 2018-2020 measuring up to 186.8 deaths per 100,000 population for the county and 142.5 deaths per 100,000 for the state.
    - Cancer, the leading cause of death in Gilchrist County, accounts for 23.2 percent of all deaths in the county somewhat higher than the state at 20.9 percent.
    - Gilchrist County leads the state in CLRD deaths by a margin of 6.6 percent of deaths at 52.0 deaths per 100,000, as compared to 5.5 percent of Florida deaths at 36.2 deaths per 100,000.
    - Gilchrist County also experiences higher rates of death compared to the state due to unintentional injury (69.7 deaths versus 59.0)
- Higher rates of suicide, rape, Baker Acts among children, Mental Health Emergency Department visits, obesity and tobacco use and exposure.
    - Among children in Gilchrist County the rate is higher than the state: 1,360.0 involuntary exam initiations per 100,000 persons versus 1,240.0.
    - Gilchrist County has higher rates of ED Visits for mental health reasons than the state, with a rate of 79.7 per 1,000 compared to 57.0 for the state.
- Limited access to healthcare facilities and providers.
- With respect to health status and quality of life, Gilchrist County presented worse rates than the state for nearly every measure on the BRFSS, especially among indicators of physical health.

- Gilchrist County is ranked 38 out of 67 counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- 77.7 percent of the Gilchrist County population is overweight or obese according to 2017-2019 BRFSS estimates.

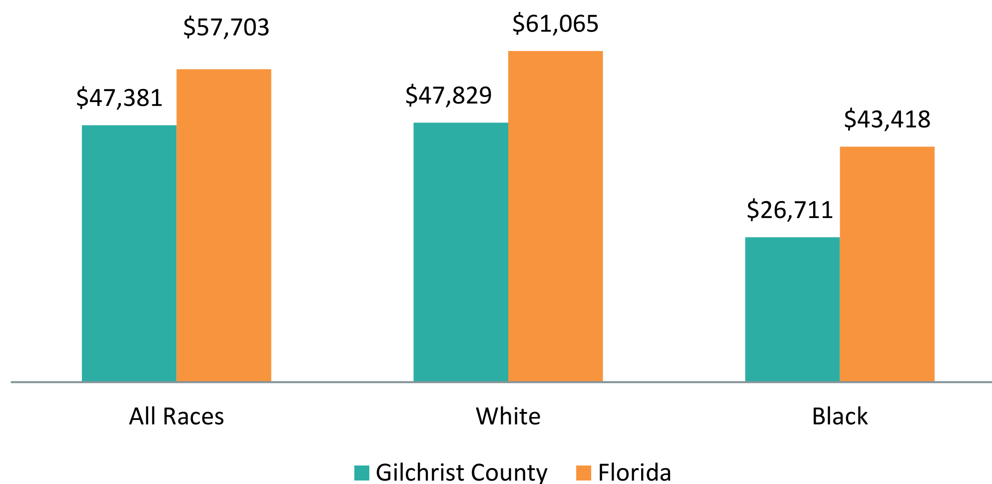
FIGURE 2: ESTIMATED PERCENT OF PERSONS IN POVERTY, BY RACE AND ETHNICITY, GILCHRIST COUNTY AND FLORIDA, 2016-2020

Gilchrist County displays enormous disparities in poverty by race and ethnicity.



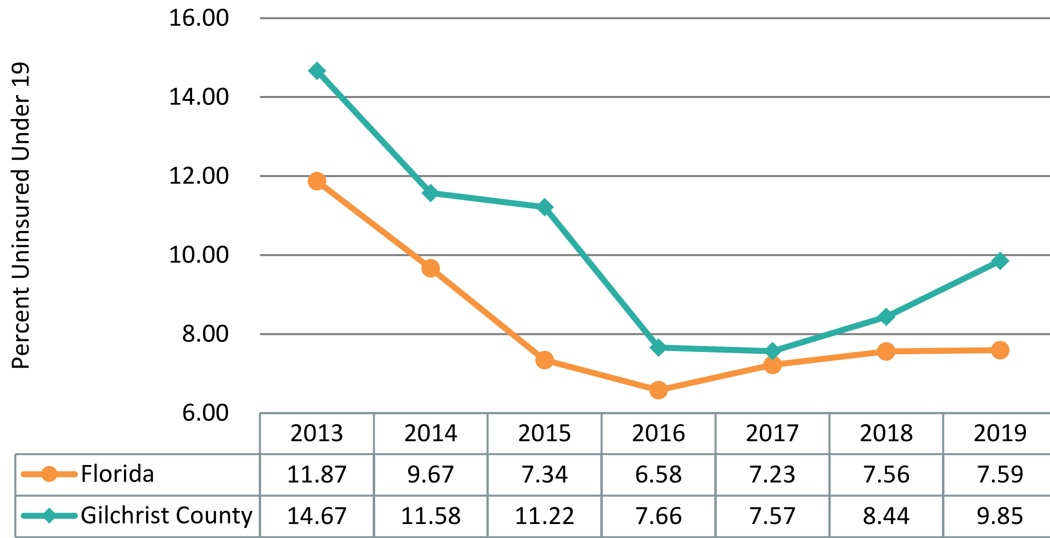
Source: Table 28, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 3: MEDIAN HOUSEHOLD INCOME BY RACE, GILCHRIST COUNTY AND FLORIDA, 2016-2020



Source: Table 31, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

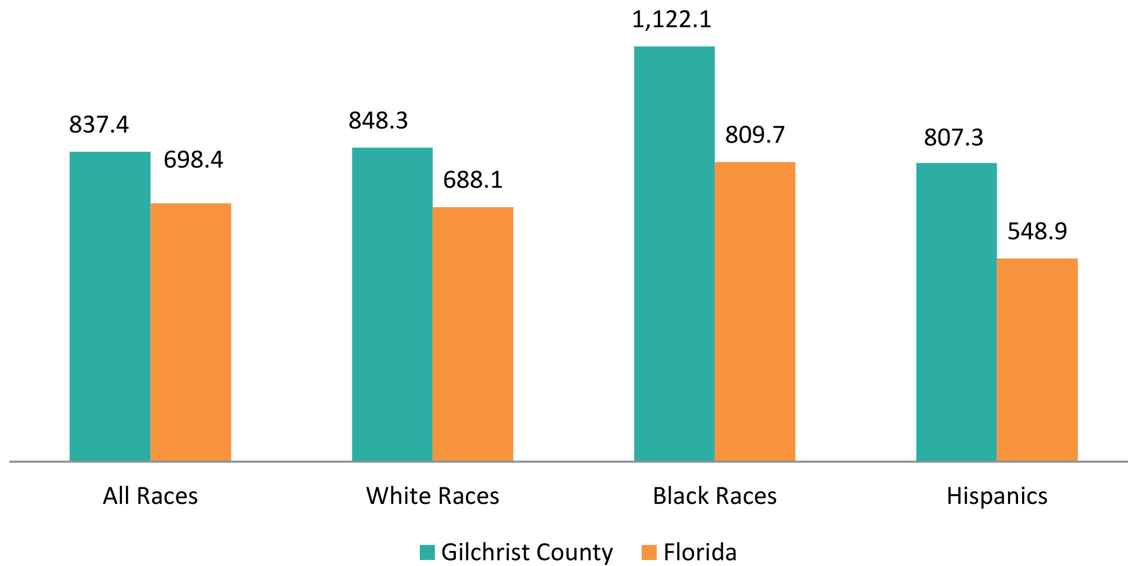
FIGURE 4: PERCENT UNINSURED UNDER 19, GILCHRIST COUNTY AND FLORIDA, 2013-2019



	2013	2014	2015	2016	2017	2018	2019
Florida	11.87	9.67	7.34	6.58	7.23	7.56	7.59
Gilchrist County	14.67	11.58	11.22	7.66	7.57	8.44	9.85

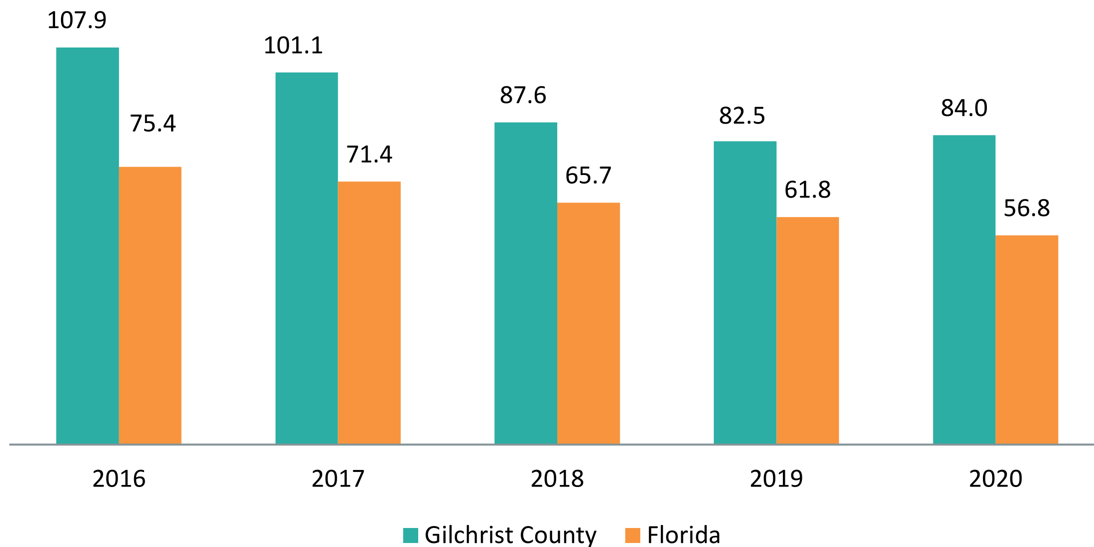
Source: Table 38, 2022 Technical Appendix, prepared by WellFlorida Council, 2022

FIGURE 5: AGE-ADJUSTED DEATH RATES PER 100,000 POPULATION BY RACE AND ETHNICITY, GILCHRIST COUNTY AND FLORIDA, 2018-2020



Source: Table 66, 2022 Technical Appendix, Prepared by WellFlorida Council, 2022

FIGURE 6: MENTAL HEALTH ED VISITS, GILCHRIST COUNTY AND FLORIDA, RATE PER 1,000 POPULATION, 2016-2020



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

Gilchrist County faces many 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 in this 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 to seek care, which can manifest in high rates of avoidable hospitalizations, such as those seen in Gilchrist County. Although uptake of certain healthy behaviors has been encouraging throughout the community, with low rates of reported binge drinking and high rates of childhood recommended vaccinations and pneumococcal vaccinations among adults, several other health outcomes associated with individual behaviors demand improvement, especially high rates of tobacco use, obesity, and suicide. Data also indicates multiple socioeconomic barriers to health and quality of life, including lower income relative to the state, racial and ethnic income disparities, and food insecurity. Health disparities require further research and consideration to understand the community's health problems. As evidenced in this thorough and robust Community Health Needs Assessment process and historic commitment to community collaboration, these findings will inform and inspire a new cycle of Community Health Improvement Planning for Gilchrist County.

Community Themes and Strengths Assessment

KEY FINDINGS FROM COMMUNITY SURVEY

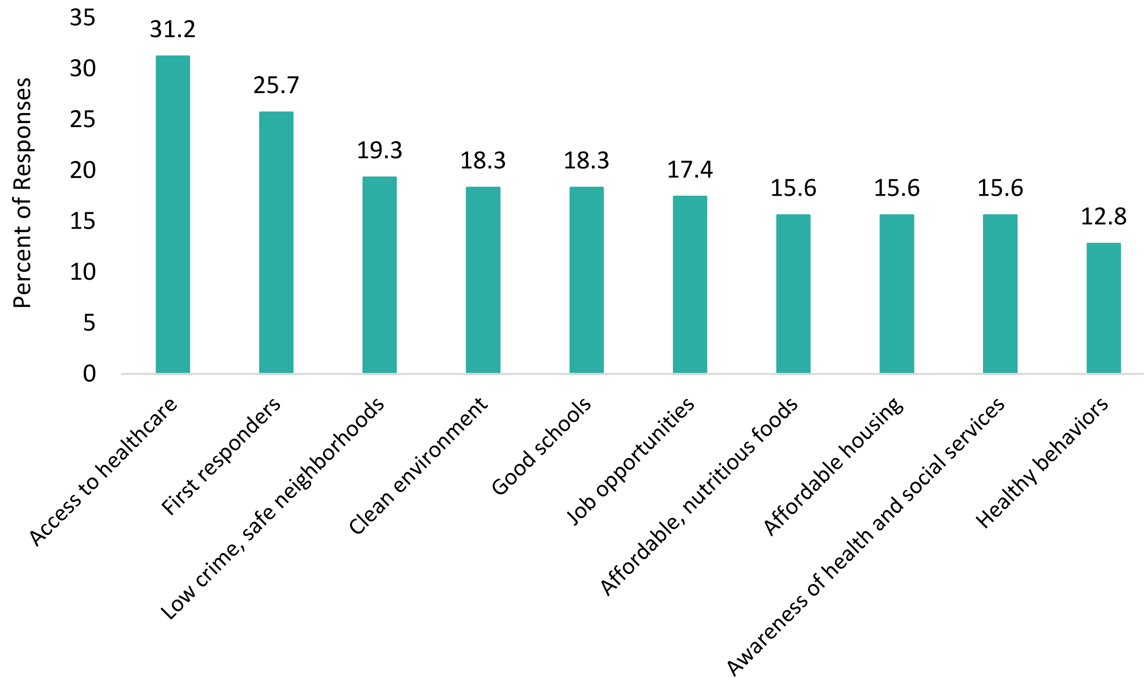
A community survey was developed to poll individuals about community health issues and the healthcare system from the perspective of residents in Dixie, Gilchrist, and Levy Counties. Survey respondents selected their county of residence and survey responses were analyzed by county. For the purposes of 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.

A similar survey was developed to collect input specifically from healthcare and community partners who provide healthcare and social services in the Tri-County region of Dixie, Gilchrist, and Levy Counties. Healthcare providers included professionals such as physicians, dentists, nurses, and advanced registered nurse practitioners; community partners included social service workers, counselors, and others who provide community-based services. The electronic survey had 13 questions and five (5) demographic items and was available in both English and Spanish.

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 Gilchrist County there were 109 completed, eligible surveys. There were five (5) surveys completed in Spanish; the remaining 104 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 Gilchrist 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 – 31.2%
    2. First responders -25.7%
    3. Low crime/safe neighborhoods – 19.3%
    4. Clean Environment and Good Schools (tied at 18.3%)

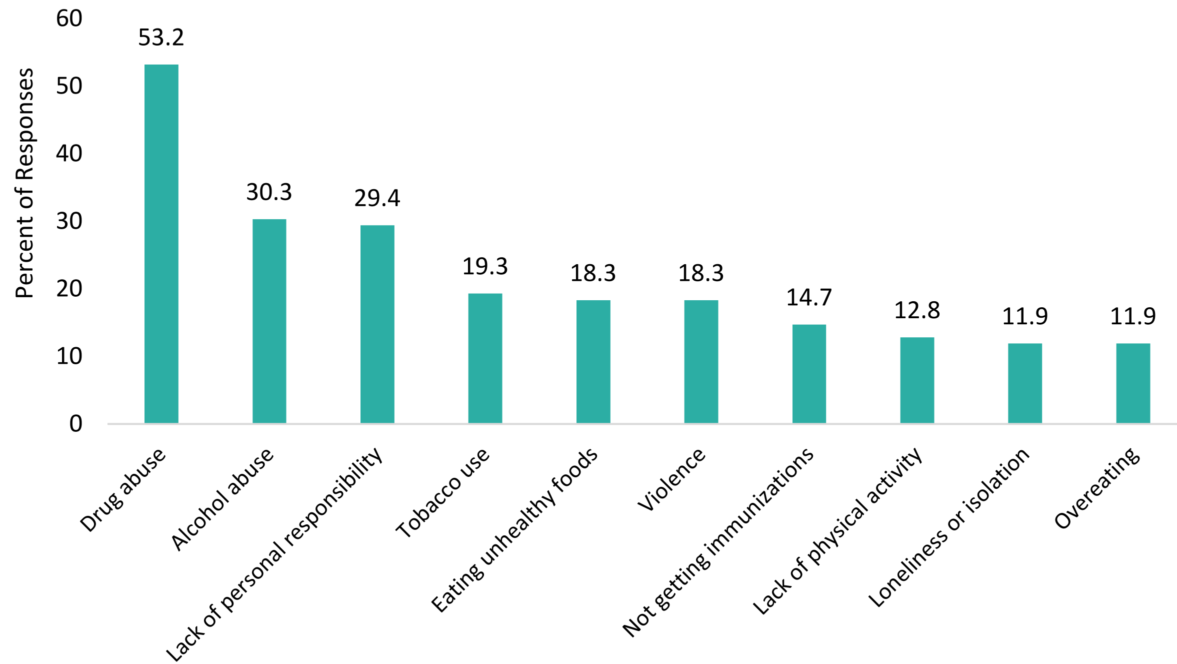
FIGURE 2: TOP 10 FACTORS THAT CONTRIBUTE MOST TO A HEALTHY COMMUNITY, GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



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

- Behaviors with the greatest negative impact on overall health:
    1. Drug abuse – 53.2%
    2. Alcohol abuse – 30.3%
    3. Lack of personal responsibility – 29.4%
    4. Tobacco, vaping, chewing tobacco – 19.3%

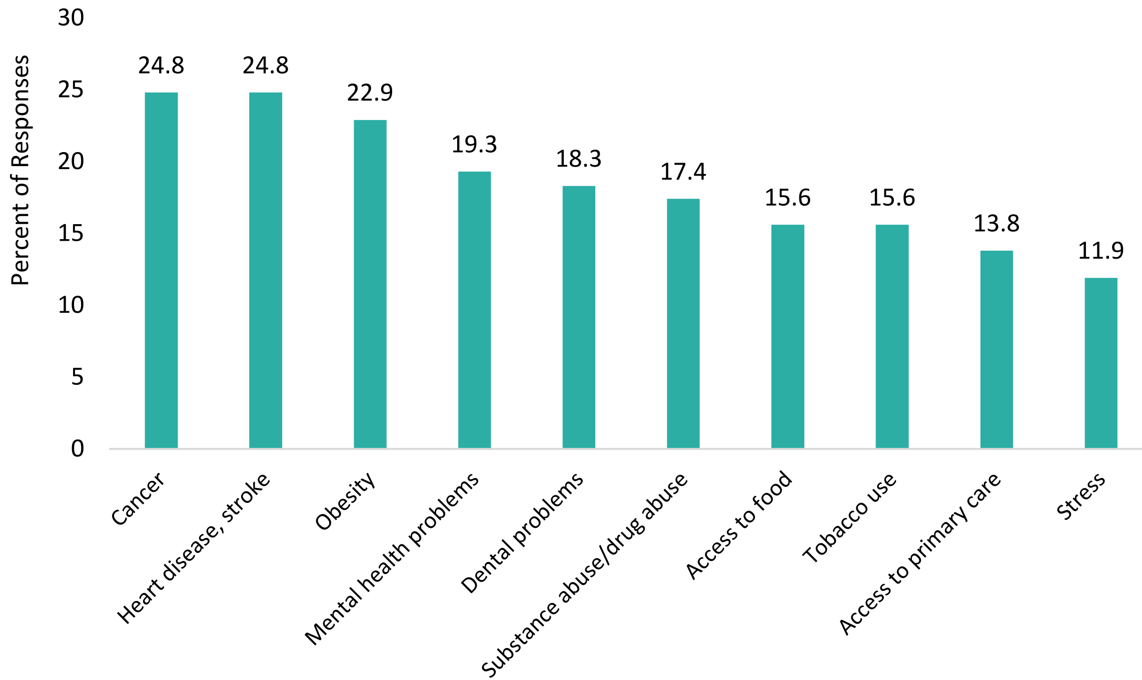
FIGURE 8: TOP 10 BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON HEALTH, GILCHRIST COUNTY, RANKED BY PERCENT OF RESPONSES, 2022



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

- Most important health issues to be addressed in Gilchrist County, ranked by percent of responses:
    1. Cancer and Heart Disease and Stroke- Tied at number 1 spot, 24.8%
    2. Obesity - 22.9%
    3. Mental Health Problems - 19.3%
    4. Dental problems- 18.3%

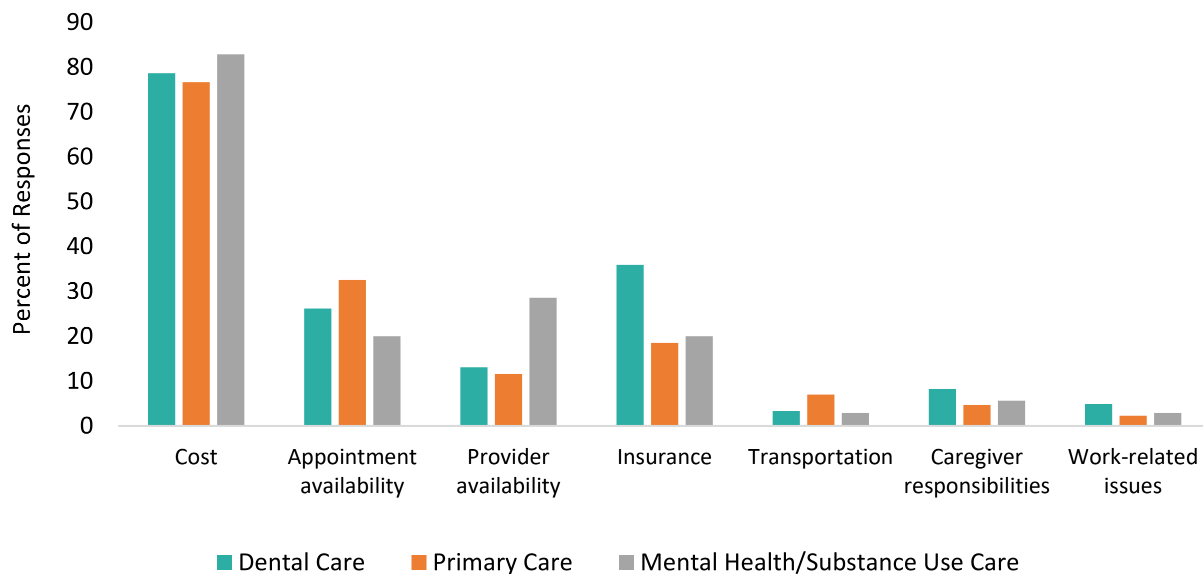
FIGURE 9: TOP 10 RANKED MOST IMPORTANT HEALTH ISSUES TO BE ADDRESSED IN GILCHRIST COUNTY, BY PERCENT OF RESPONSES, 2022



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

- Reasons why individuals did not receive dental, primary, and/or mental care:
    - Dental
        1. Cost (78.7%)
        2. Service not covered by insurance or have no insurance (36.0%)
        3. No appointments available/long wait times (26.2%)
        4. No dentists available (13.1%)
        5. My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself (8.2%)
    - Primary Care
        1. Cost (76.7%)
        2. No appointments available/long wait times (32.6%)
        3. Service not covered by insurance or have no insurance (18.6%)
        4. No primary care providers available (11.6%)
        5. Transportation, couldn't get there (7.0%)
    - Mental Health
        1. Cost (82.9%)
        2. No mental health providers or no substance use therapists or counselors available (28.6%)
        3. No appointments available/long wait times (20.0%)
        4. Service not covered by insurance or have no insurance (20.0%)
        5. My responsibilities as a caregiver for another person (child or adult) kept me from getting the care I needed for myself (5.7%)

FIGURE 10: BARRIERS TO DENTAL, PRIMARY/FAMILY, AND MENTAL HEALTH/SUBSTANCE USE CARE EXPERIENCE BY SURVEY RESPONDENTS, GILCHRIST 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

One of the three MAPP assessments in the needs assessment process is the 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 Gilchrist County Forces of Change Assessment aimed at identifying forces that are or will be influencing the health and quality of life of the community as well as the work of the community to improve health outcomes. These forces included:

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

These forces can be related to social, economic, environmental, technological, or political factors in the region, state, or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

On September 14, 2022, the Gilchrist County Community Health 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 that participants would be familiar with Gilchrist 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. The Forces of Change for Gilchrist County tables on the following pages summarize the forces of change identified for Gilchrist County, as well as possible opportunities and threats associated with these forces that may be considered in any strategic planning process resulting from this MAPP assessment.

Please note: The Forces of Change for Gilchrist 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
    - Increasing Lack of Access to Dental Care.
    - Younger Children in Schools.
    - Increasing Number of Children in Families with Substance Abuse Issues.
    - Population Growth.
  - Social/Economic
    - Increasing Unemployment.
    - Increasing Inability to Use Insurance and Find Providers Who Accept Insurance, Especially for Specialty Care.
- Factors
  - Social/Behavioral
    - Lack of Awareness of Resources.
    - High Needs for Mental Health Services.
  - Social/Economic
    - Large Percentage of ALICE Households.
    - High Childcare Costs.
    - One-Income Families.
    - Transportation Disadvantage Program.
    - Poor Insurance Reimbursement Rates.
- Events
  - Social/Behavioral
    - Changes in Attitude Towards Employment
    - Community Events (To Advertise Resources).
  - Political
    - Advocation of Issues at County Commission Meetings.

MAPP Phase 4: Identifying Strategic Issues

The intersecting themes, recurring issues, and major health needs in Gilchrist 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 Gilchrist 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 – particularly for children and among racial and ethnic groups.
  - Limited employment opportunities.
  - Income disparities by race, gender, and ethnicity.
  - Lower educational attainment compared to Florida as a whole.
  - School drop-out rates are improving.
  - Uninsured population.
  - Rising costs of housing and utility costs.
  - Food insecurity.
  - Violence and unsafe neighborhoods.
  - Concern for a clean natural environment.
- Health Outcomes, Conditions, and Behaviors
  - Rising and persistently high rates of death and prevalence of
    - Cardiovascular Problems (heart disease)
    - Cancer
    - Diabetes
    - Lung ailments (Chronic Lower Respiratory Disease)
    - Alzheimer's Disease
    - Suicide
    - Depression
    - 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.
    - Substance use while driving.
  - 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 physicians, dentists, mental health professionals and facilities.
    - 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 (primary, dental, and mental health care).
        - Low health literacy and challenges navigating the healthcare system.
    - Inequities in healthcare and social service access.

At the November 15, 2022, meeting, Gilchrist 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 Gilchrist County. In addition, the characteristics of strategic issues were reviewed to assure a common understanding of their scope, scale, and purpose.

TABLE 11: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, GILCHRIST COUNTY, 2022

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

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

Strategic Priority Issue Areas Identified

- Access to Healthcare, including:
    - Dental care

- Primary care (including screening and access to lab services)
- Obstetrics, prenatal, and family planning care
- Chronic disease care
- Barriers to care including insurance, transportation, high demand, culture and language, and community awareness.

- Behavioral Health (mental health and substance misuse), including:
  - Substance misuse prevention, including:
    - Tobacco and nicotine delivery systems
    - Alcohol misuse
    - Illegal and prescription drug use and misuse
  - Local policy, ordinance, and enforcement related to substance use.
  - Access to mental healthcare.
  - Barriers to mental and behavioral healthcare, including lack of providers, demand, transportation, lack of internet access for telehealth, and awareness of available services.
- Healthy Lifestyles with emphasis on:
  - Chronic disease prevention, education, and management
  - Primary prevention and promotion of:
    - Screenings
    - Immunizations
    - 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 personal responsibility, concerns related to parenting, availability of services and activities for children, and parental involvement. Concerns were raised about meeting the basic needs of Gilchrist County seniors. 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 identifying behavioral healthcare as a strategy separate from Access to Healthcare such that the emphasis on access to behavioral healthcare services 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 implementing a sustainable, successful health improvement plan emerged because of discussions among community partners. As Gilchrist 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.
- Create opportunities for mobile healthcare services to address transportation barriers.
- 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 Gilchrist CHIPP convened for monthly meetings where partners discussed what the group wanted to achieve moving forward. The Gilchrist 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 Gilchrist 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.

Gilchrist County CHIP (Goals, Strategies and Objectives)

A key component of Gilchrist 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 Gilchrist County including representatives of:

- Gilchrist County Board of County Commissioners
- City Commissions
- County and City Managers
- Clerks of County and Cities
- Gilchrist County Sheriff's Department
- City Police Departments
- UF – IFAS Extension Office
- Emergency Medical Services
- Gilchrist County Health Department
- Palms Medical Group
- Gilchrist County School Board and Public Schools
- Ministerial Association and Churches
- Physicians and Dentists
- Meridian Health Care
- Local Libraries
- Gilchrist County School District
- Tri-County Community Resource Center
- Community Organizations (Chamber, Rotary, etc.)
- Social Services Providers
- Department of Children and Families
- Department of Corrections
- Gilchrist County Jail
- Leading Community Businesses
- Gilchrist Prevention Coalition
- Haven Hospice
- Another Way Inc.
- Quit Doc Foundation
- Hanley Foundation
- American Red Cross
- Florida Legal Services

The following Gilchrist 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.

Goal 1: Increase healthy life expectancy, including the reduction of health disparities, to improve and foster healthy behaviors of all groups.				
Objectives	**Strategy**	**Action Steps/Performance Measures**	**Possible Policy Changes Needed**	**Key Partners and Resources**
1.1 – Through December 31, 2026, increase the percentage of mothers who initiate breastfeeding in Gilchrist County from a rate of 83.0 (2021) to 88.0.	1.1.1 - Provide Certified Lactation Counseling to residents of Gilchrist County.	1. Have an employee of the Gilchrist 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 Gilchrist County.	• None	• **FDOH-Gilchrist-Lead Agency** • Residents of Gilchrist County • Gilchrist County Day Cares • Local Providers • FDOH – Alachua WIC • Tri-County Community Resource Center
	1.1.2 – Continue to support the Breast Pump Lending Program offered by FDOH – Gilchrist County.	1. Coordinate breast pumps lending program with local organizations.	• None	• **FDOH-Gilchrist-Lead Agency** • Residents of Gilchrist County • Gilchrist County Day Cares • Local Providers • FDOH – Alachua WIC • Tri-County Community Resource Center
	1.1.3 – Coordinate with local organizations and offices to help set-up a Breastfeeding friendly environment.	1. Promote program to women who recently gave birth trying to return to work. 2. Partner with local organizations to coordinate a space.	• None	• **FDOH-Gilchrist-Lead Agency** • Gilchrist County Day Cares • Local Providers • FDOH – Alachua WIC • Tri-County Community Resource Center
1.2 – By December 31, 2024, increase the number of safe sleep educational messaging that reaches families from 1650 (2022) to 3000.	1.2.1 – Provide pack and plays to families whose infants need a safe place to sleep.	1. Create partnerships with community partners to utilize Healthy Start, Healthy Families and the Healthy Babies Programs. 2. Increase utilization of families and parents/guardians who sign-up for the Healthy Start and Healthy	• None	• **FDOH-Gilchrist-Lead Agency** • Gilchrist County Day Cares • Local Providers • FDOH – Alachua WIC • Tri-County Community Resource Center

		Families programs.		
	1.2.2 - Research alternative sleep environments for parents and guardians.	1. Converse with the Healthy Start Coalition to see grant information on what allowable safe sleep environments are. 2. Report findings back to the group.	• None	• **FDOH-Gilchrist-Lead Agency**
	1.2.3 - Partner with local organizations to distribute safe sleep information to the community.	1. Participate in outreach events. 2. Partner with local EM and EMS to distribute safe sleep information. 3. Partner with local doctor's offices to distribute to their patients.	• None	• **FDOH-Gilchrist-Lead Agency** • Gilchrist County Day Cares • Local Providers • FDOH – Alachua WIC • Tri-County Community Resource Center
	1.2.4 - Create QR codes with information on safe sleep.	1. Create information that can be accessed with the QR code. 2. Print and laminate the QR code. 3. Distribute the QR Code to local businesses and doctor offices.	• None	• **FDOH-Gilchrist-Lead Agency** • Gilchrist County Day Cares • Local Providers • FDOH – Alachua WIC • Tri-County Community Resource Center
1.3 – By December 31, 2024, increase the outreach and education opportunities throughout Gilchrist County that share accurate, reliable, and cohesive information regarding colorectal cancer screening opportunities from 0 (2023) to 4.	1.3.1 – Partner with Well Florida Council Inc to utilize the inflatable colon procured through their grant.	1. Coordinate with Well Florida on the colon's availability. 2. Utilize the giant inflatable colon as an immersive educational experience.	• None	• **FDOH – Gilchrist – Lead Agency** • Well Florida Council
	1.3.2 – Coordinate and schedule with event spaces to set up the colon.	1. Research perspective events. 2. Partner with local organizations to utilize event space to set up the colon.	• None	• **FDOH – Gilchrist County – Lead Agency** • Well Florida Council • Suwanee River AHEC
	1.3.3 –Discuss the importance of colorectal screenings.	1. Educate community members (target audience aged 40 – 75) on the importance of colorectal cancer screening.	• None	• **FDOH – Gilchrist County – Lead Agency** • Well Florida Council • Suwanee River AHEC

		2. Educate residents younger than 50 with high risk for colorectal cancer to ask their doctors for special instructions on their colorectal cancer screening plan. 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.	1. Distribute importance screening information to the community. 2. Refer those that are uninsured to a health insurance navigator or the Tri-County Resource Center to gain coverage. 3. Refer those uninsured to primary care providers that will utilize the sliding fee scale.	• None	• **FDOH – Gilchrist County – Lead Agency** • Well Florida Council • Suwanee River AHEC

Goal 2: Improve the health care resources in Gilchrist County.				
Objectives	**Strategy**	**Action Steps/Performance Measures**	**Possible Policy Changes Needed**	**Key Partners and Resources**
2.1 – By June 30, 2025, increase the number of Blood Pressure Self-Monitoring classes held in Gilchrist County from 2 (2021-2022) to 5.	2.1.1 – Conduct blood pressure screenings and referrals in the community.	1. Identify community events and screening opportunities. 2. Recruit staff to conduct screenings.	• None	• **FDOH-Gilchrist – Lead Agency** • Local Churches • Local Providers • Tri-County Community Resource Center
	2.1.2 – Partner with local organizations to conduct Blood Pressure Self-Monitoring classes.	1. Identify community-based organizations to conduct classes. 2. Promote and recruit to the classes.	• None	• **FDOH-Gilchrist-Lead Agency** • Local Churches • Local Providers • Tri-County Community Resource Center
2.2 – By May 31, 2025, increase the number of local organizations that participate in Every Kid Health Week from 6 to 8.	2.2.1 – Coordinate with local organizations regarding services they can provide during Every Kid Health Week.	1. Conduct planning meeting with local organizations.	• None	• **FDOH–Gilchrist County – Lead Agency** • Gilchrist County School District • Gilchrist County Schools
	2.2.2 – Meet with school district regarding scheduling a day for the activity.	1. Meet with school officials.	• Class scheduling within the school district.	• Gilchrist County School District • Gilchrist County Schools • FDOH Gilchrist
2.3 – By December 31, 2025, utilize the mobile outreach clinic to increase health care services for underserved geographical areas from 0 (2022) to 5 per county in Dixie, Gilchrist, and Levy.	2.3.1 – Promote the Mobile Outreach Clinic to the community.	1. Create a flyer or brochure about the Mobile Outreach Clinic. 2. Meet with partners to distribute information about what the Mobile Outreach Clinic can offer.	• None	• **FDOH – Gilchrist County- Lead Agency** • Suwannee River AHEC • Local Providers • Gilchrist Prevention Coalition • Tri-County Community Resource Center
	2.3.2 - Identify	1. Research locations.	• None	• **FDOH –**

	areas to take the mobile outreach clinic.	2. Identify a liaison for the specific region. 3. Record findings and report back to the group.		**Gilchrist County- Lead Agency** • Suwannee River AHEC • Local Providers • Gilchrist Prevention Coalition • Tri-County Community Resource Center
	2.3.3 - Schedule locations for the mobile outreach clinic.	1. Coordinate dates and times. 2. Coordinate staffing for internal and external partners. 3. Promote the Mobile Outreach Clinic for the designated date.	• None	• **FDOH – Gilchrist County- Lead Agency** • Suwannee River AHEC • Local Providers • Gilchrist Prevention Coalition • Tri-County Community Resource Center
2.4 – By June 30, 2024, increase the number of workshops throughout Gilchrist County that share information about signing up regarding the Navigator Program opportunities from 0 (2023) to 4.	2.4.1 – Promote the Navigator Program.	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) – Lead Agency** • FDOH - Gilchrist County • Gilchrist County Public Library • Haven Hospice • Tri-County Community Resource Center
	2.4.2 - Identify areas to implement workshops.	1. Research locations. 2. Identify a liaison for the specific region. 3. Record findings and	• None	• **Suwannee River Area Health Education**

		report back to the group.		**Center (SRAHEC) – Lead Agency** • FDOH - Gilchrist County • Gilchrist County Public Library • Haven Hospice • Tri-County Community Resource Center
	2.4.3 - Schedule workshops for the Navigator Program.	1. Coordinate dates and times. 2. Coordinate staffing. 3. Promote the Workshops for the designated dates.	• None	• **Suwannee River Area Health Education Center (SRAHEC) – Lead Agency** • FDOH - Gilchrist County • Gilchrist County Public Library • Haven Hospice • Tri-County Community Resource Center
2.5 – By December 31st, 2025, increase awareness and the ability to recognize the signs of human trafficking (HT) by delivering education to community organizations.	2.5.1: Identify current partners that have and have not received training.	1. Coordinate with Local Human Trafficking Service Provider for current demographics. 2. Identify and develop a list of local partners who have not received training. 3. Identify a list of organizations that can provide HT Trainings.	• None	• **North Central Florida Human Trafficking Task Force– Lead Agency** • Lutheran Services Florida (LSF) Health Systems • FDOH – Gilchrist County • Tri-County Community Resource Center • Gilchrist Prevention Coalition • Meridian Health

				Care • Gilchrist County Sherriff's Department • Law Enforcement from neighboring counties • One More Child
	2.5.2: Provide training opportunities to identified partners who have not received trainings.	1. Coordinate dates, venue, and times. 2. Coordinate with speakers and organizers. 3. Promote the trainings to designated partners.	• None	• **North Central Florida Human Trafficking Task Force– Lead Agency** • Lutheran Services Florida (LSF) Health Systems • FDOH – Gilchrist County • Tri-County Community Resource Center • Gilchrist Prevention Coalition • Meridian Health Care • Gilchrist County Sherriff's Department • Law Enforcement from neighboring counties • One More Child

Goal 3 – Improve community investment within Gilchrist County.				
Objectives	**Strategy**	**Action Steps/Performance Measures**	**Possible Policy Changes Needed**	**Key Partners and Resources**
3.1 – By December 31, 2024, increase the number of active parent classes offered throughout Gilchrist County from 1 (2023) to 3.	3.1.1 – Offer virtual classes to the community.	1. Provide parents with guidance for effective communication. 2. Teach parents how to build courage and problem-solving skills in children. 3. Encourage parental involvement in education.	• None	• **Lead Agency – Hanley Foundation** • DCF • Tri-County Resource Center • Gilchrist Prevention Coalition

Goal 4: Reduce the impact of pediatric and adult mental, emotional, and behavioral health disorders.				
Objectives	**Strategy**	**Action Steps/Performance Measures**	**Possible Policy Changes Needed**	**Key Partners and Resources**
4.1 - By December 31, 2026, reduce the percentage of students who feel sad or hopeless over the last two weeks from 30.5% (2022) to 29.5%.	4.1.1 – Coordinate with Meridian Health Care Group.	1. Coordinate with Meridian Staff to assess availability. 1. Identify 2 facilitators per school to enroll in the Youth Mental Health First Aid.	• None	• **Meridian Health Care** • Levy County School Board • Levy County Schools
	4.1.2 - Schedule Youth Mental Health First Aid classes with the schools.	1. Coordinate dates and times to conduct training classes.	•	• **Meridian Health Care** • Levy County School Board • Levy County Schools
	4.1.3 - Conduct Youth Mental Health First Aid Classes.	1. Choose meeting facility location. 2. Conduct Youth Mental Health First Aid.	• Mental Health Policies	• **Meridian Health Care – Lead Agency** • Levy County School Board • Levy County Schools
4.2 - By December 31, 2026, conduct a Youth Mental Health First Aid and a Mental Health First Aid Training for the Levy County Community	4.2.1 – Coordinate with Meridian Health Care Group.	1. Coordinate with Meridian Staff to assess availability. 3. Identify at least 7 participants to enroll in the Youth Mental Health First Aid.	• None	• **Meridian Health Care – Lead Agency** • Gilchrist Prevention Coalition

from 0 to 2.	4.2.2 - Schedule Youth Mental Health First Aid classes with the community.	2. Coordinate dates and times to conduct training classes.	• None	• **Gilchrist Prevention Coalition – Lead Agency** • Meridian Health Care
	4.2.3 - Conduct Youth Mental Health First Aid and Mental Health First Aid Trainings for the community.	1. Choose meeting facility location. 3. Conduct Youth Mental Health First Aid.	• None	• **Gilchrist Prevention Coalition – Lead Agency** • Meridian Health Care

Goal 5 – Increase education on substance use prevention, treatment, and support resources available to Gilchrist County residents.				
Objectives	**Strategy**	**Action Steps/Performance Measures**	**Possible Policy Changes Needed**	**Key Partners and Resources**
5.1- By December 31, 2026, reduce the percentage of adults who are current smokers from 19.3% (2019) to 18.3%.	5.1.1 – Offer a virtual or in-person group quit sessions.	1. Coordinate with local organizations to host in person group quit sessions. 2. Recruit participants.	• None	• **Suwannee River Area Health Education Center (SRAHEC) – Lead Agency** • Local Providers • FDOH – Gilchrist County
	5.1.2 - Provide continuing education and continuing medical education credits to healthcare professionals.	1. Coordinate with health care professionals. 2. Host in person or via virtually. 3. Conduct trainings to healthcare professional about helping patients quit, motivational interviewing, brief interventions, and referring tobacco users to the Tobacco Free Florida AHEC Program and other Tobacco Free Florida Quit Your Way Services.	• None	• **Suwannee River Area Health Education Center (SRAHEC) – Lead Agency** • Local Providers • FDOH – Gilchrist County
5.2- By June 30, 2024, complete the passage of resolutions by local governmental agencies supporting changes in the Florida Clean Indoor Air Act allowing for local creation of tobacco-free parks and beaches from 0 to 2.	5.2.1 – Present to the Board of County Commissioners data and resources regarding House Bill 105.	1. Partner with community partners to present to the Board of County Commissioners information regarding House Bill 105. 2. Generate talking points. 3. Propose an ordinance to be created for Gilchrist County	• None	• **Quit Doc – Lead Agency** • Gilchrist County Board of County Commissioners
	5.2.2 - Partner with the Board of County Commissioners Attorney to create and write an ordinance.	1. Meet with the Board of County Commissioners. 2. Coordinate with the BOCC Attorney to review the ordinance.	• None	• **Quit Doc – Lead Agency** • Gilchrist County Board of County Commissioners
	5.2.3 - Present the	1. Create a motion to	•	• **Quit Doc – Lead**

	written ordinance to the Board of County Commissioners and advertise it to the community.	advertise the ordinance in the local paper for two weeks prior to the first hearing. 2. Have the motion approved by the necessary officials.		**Agency** • Gilchrist County Board of County Commissioners
	5.2.4 - Prepare community members to speak to the Board of County Commissioners	1. Gather data and information to develop talking points.	•	• **Quit Doc – Lead Agency** • Gilchrist County Board of County Commissioners
	5.2.5 - Create a County Ordinance about Tobacco and Vape Free Parks and Beaches.	1. Write the ordinance. 2. Motion to approve the ordinance. 3. Write into policy.	•	• **Quit Doc – Lead Agency** • Gilchrist County Board of County Commissioners
	5.2.6 - Post signage at parks.	1. Create signage. 2. Post signage at the designated parks.	•	• **Quit Doc – Lead Agency** • Gilchrist County Board of County Commissioners
5.3 - By June 30, 2024, add the adoption of online courses to educate students on tobacco usage through smoking, dipping, and vaping to the original Gilchrist County School District Policy 8.32.	5.3.1 – Partner with the Gilchrist County School District.	1. Meet with the School District's Superintendent. 2. Present the data and information about how important this online course is. 3. Gain permissions to enter the schools within the area to enact this online course.	• Policy 8.32	• **Quit Doc – Lead Agency** • Gilchrist County School District
	5.3.2 – Partner with local schools to implement the new course.	1. Meet with each local school principal to begin implementation of this online course. 2. Have students complete the online courses.	• None	• **Quit Doc – Lead Agency** • Gilchrist County School District • Gilchrist County Schools

Alignment with State and National Priorities and Evidenced-Based Practices

The 2023-2026 Gilchrist County Community Health Improvement Plan has been reviewed for alignment with the following state and national guidelines:

- Florida State Health Improvement Plan 2022-2026 from the Florida Department of Health.
- 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 – Reduce the negative impacts of chronic diseases on Gilchrist County.				
1.1 – Through December 31, 2026, increase the percentage of mothers who initiate breastfeeding in Gilchrist County from a rate of 83.0 (2021) to 88.0.	Topic: Infants Goal: Improve the health and safety of infants. Objectives: MICH-15, MICH 16	Goal MCH 2: Reduce infant morbidity and mortality. Objective MCH 2.5.	Priorities: Healthy Eating Recommendation 5. Support policies and programs that promote breastfeeding. Page 35. Key Indicators: Proportion of infants who are breastfed exclusively through 6 months, page 35.	Breastfeeding: Primary Care Interventions; 2016. The Surgeon General's Call to Action to Support Breastfeeding; 2011.
1.2 – By December 31, 2024, increase the number of safe sleep educational messaging that reaches families from 1650 (2022) to 3000.	Topic: Infants Goal: Improve the health and safety of infants. Objectives: MICH-15, MICH 16	Goal ISV 1: Prevent or reduce childhood injuries. Objective ISV 1.1.	N/A	Safe to Sleep; 2023.
1.3 – By December 31, 2024, increase the outreach and education opportunities throughout Gilchrist County that share accurate, reliable, and cohesive	Topic: Cancer Goal: Reduce new cases of cancer and cancer-related illness, disability, and death. Objectives: C-01, C-06, C-07	Goal CD 1.4: Reduce new cases of cancer and cancer-related illness, disability, and death.	Strategic Directions: Clinical and Community Preventive Services Recommendations: 4. Support implementation of community-based preventive services and	Colorectal Cancer Education, Screening and Prevention Program (CCESP): Empowering Communities for Life; 2018. Colorectal Cancer Screening Intervention

information regarding colorectal cancer screening opportunities from 0 (2023) to 4.		Objective CD 1.4.	enhance linkages with clinical care, page 19. Recommendations 5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk, page 19. Key Indicators: Proportion of adults aged 50 to 75 years who receive colorectal cancer screening based on the most recent guidelines, page 19.	Program (CCSIP), 2020.

Objective	HP 2030	FSHIP	NPS	Evidence-Based Sources:
Goal 2 – Reduce the burden of mental health illnesses on the residents of Gilchrist County.				
2.1 – By June 30, 2025, increase the number of Blood Pressure Self-Monitoring classes held in Gilchrist County from 2 (2021-2022) to 5.	Topic: Heart Disease and Stroke Goal: Improve cardiovascular health and reduce deaths from heart disease and stroke. Objectives: HDS-01, HDS-04	Goal CD 2: Improve cardiovascular health by reducing new cases, disability and death from heart disease, stroke, and other related illnesses. Objective CD 1.4.	Strategic Directions: Clinical and Community Preventive Services. Recommendations 1. Support the National Quality Strategy's focus on improving cardiovascular health, page 19. Key Indicators: Proportion of adults aged 18 years and older with hypertension whose blood pressure is under control, page 19	Heart Disease and Stroke Prevention: Self-Measured Blood Pressure Monitoring Interventions for Improved Blood Pressure Control When Used Alone; 2015. The Surgeon General's Call to Action to Control Hypertension; 2020. Economics of Self-Measured Blood Pressure; 2017. Self-Measured Blood 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. Systematic Review of Self-Measured Blood Pressure; 2022.
2.2 – By May 31, 2025, increase the number of local organizations that participate in Every Kid Health Week from 6 to 8.	Topic: Overweight and Obesity Goal: Reduce overweight and obesity by helping people eat healthy and get physical activity. Objectives: NWS-04 Topic: Physical Activity Goal: Improve health, fitness, and quality of life through regular physical activity. Objectives: PA-06, PA-09	Goal CD 6: Promote the attainment and maintenance of health through nutrition, physical activity, and supportive lifestyle behaviors. Objective CD 6.1.	Strategic Directions: Elimination of Health Disparities. Recommendations: 1 Ensure a strategic focus on communities at greatest risk, page 25. Recommendations: 2 Reduce disparities in access to quality health care, page 25.	Screening for Obesity in Children and Adolescents; 2017. Nutrition education: the way to reduce childhood obesity?, 2013. School Health Guidelines to Promote Healthy Eating and Physical Activity; 2011.
2.3 – By December 31, 2025, utilize the mobile outreach clinic to increase health care services for underserved geographical areas from 0 (2022) to 5 per county in Dixie, Gilchrist, and Levy.	Topic: Family Planning Goal: Improve pregnancy planning and prevent unintended pregnancy. Objectives: FP-01, FP-09 Topic: Cancer Goal: Reduce new cases of cancer and cancer-related illness, disability, and death. Objectives: C-05, C-09 Topic: Oral Conditions Goal: Improve oral health by increasing access to oral health care, including preventive services. Objectives: OH-02, OH-09, OH-10	Goal SEC 2: Improve access to high-quality health care services for all across the lifespan. Objective SEC 2.2.	Priorities: Reproductive and Sexual Health. Recommendations: 1 Increase use of preconception and prenatal care, page 44. Recommendations: 4 Enhance early detection of HIV, viral hepatitis, and other STIs and improve linkage to care, page 45. Key Indicators: Proportion of sexually active persons aged 15 to 44 years who	Family Planning: Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs; 2014. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020. Cervical Cancer Screenings: Prevention Care Management, 2006. Tailored Communication for Cervical Cancer Risk, 2013. Oral Health: Oral Health in Children and Adolescents Aged 5 to 17 Years: Screening and Preventive Interventions,

	Topic: Vaccination Goal: Increase vaccination rates. Objectives: IID-07, IID-08, IID-09, IID-D03		received reproductive health services, page 45. Strategic Directions: Clinical and Community Preventive Services. Recommendations: 4 Support implementation of community-based preventive services and enhance linkages with clinical care, page 19. Recommendations 6: Enhance coordination and integration of clinical, behavioral, and complementary health strategies, page 20.	2023. Pit and fissure sealants versus fluoride varnishes for preventing dental decay in the permanent teeth of children and adolescents, 2020. Interventions with pregnant women, new mothers, and other primary caregivers for preventing early childhood caries, 2019. Vaccinations: Vaccines National Strategic Plan, 2021. Vaccination Programs: Requirements for Child Care, School, and College Attendance, 2016.
2.4 – By June 30, 2024, increase the number of workshops throughout Gilchrist County that share information about signing up regarding the Navigator Program opportunities from 0 (2023) to 4.	Topic: Health Insurance Goal: Increase health insurance coverage. Objectives: AHS-01, AHS-02, AHS-03, AHS-R03	Goal MCH 1: Increase access to quality primary, preventative and sub-specialty care for infants, children, and adolescents.	Strategic Directions: Clinical and Community Preventive Services. Recommendations: 4 Support implementation of community-based preventive services and enhance linkages with clinical care, page 19. Recommendations 6: Enhance	Strategies for expanding health insurance coverage in vulnerable populations, 2014. Covering All Kids: States Setting the Pace, 2008.

			coordination and integration of clinical, behavioral, and complementary health strategies, page 20.	
2.5 - By December 31st, 2025, increase awareness and the ability to recognize the signs of human trafficking (HT) by delivering education to community organizations.	N/A	Goal ISV 3: Prevent or reduce injuries in vulnerable populations. Objective: ISV 3.2	N/A	Evidence-Based Human Trafficking Policy: Opportunities to Invest in Trauma-Informed Strategies, 2019. Evidence-based Care of the Human Trafficking Patient, 2019.

Objective	HP 2030	FSHIP	NPS	Evidenced-Based Sources:
Goal 3 – Improve community investment within Gilchrist County.				
3.1 – By December 31, 2024, increase the number of active parent classes offered throughout Gilchrist County from 1 (2023) to 3.	Topic: Children Goal: Improve the health and well-being of children. Objectives: EMC-01 Topic: Drug Use and Abuse Objectives: SU-04, SU-05	Goal SEC 1: Expand access to high-quality educational opportunities for all across the lifespan.	Priorities: Mental and Emotional Well-being. Recommendations: 1. Promote positive early childhood development, including positive parenting and violence-free homes, page 48. Recommendations: 3 Provide individuals and families with the support necessary to maintain positive mental well-being, page 48.	Tobacco Usage: Preventing Tobacco Use Among Youth and Young Adults, 2012. Substance Use and Misuse: Substance Misuse Prevention for Young Adults, 2019. Substance Use: Family-based Interventions to Prevent Substance Use Among Youth, 2023.

Objective	HP 2030	FSHIP	NPS	Evidenced-Based Sources:
Goal 4: Reduce the impact of pediatric and adult mental, emotional, and behavioral health disorders.				
4.1 - By December 31, 2026, reduce the percentage of students who feel sad or hopeless over the last two weeks from 30.5% (2022) to 29.5%.	Topic: Mental Health and Mental Disorders Goal: Improve mental health. Objectives: MHMD-03, MHMD-04, MHMD-05, MHMD-06, MHMD-07	Goal MW 2: Reduce the impact of pediatric mental, emotional, and behavioral health disorders. Objective MW 2.2.	Priorities: Mental and Emotional Well-being. Recommendations: 2. Facilitate social connectedness and community engagement across the lifespan, page 48. Recommendations: 3. Provide individuals and families with the support necessary	Mental Health and Mental Illness: Mental Health Benefits Legislation, 2012. Depression in Children and Adolescents: Screening, 2016. Anxiety in Children and Adolescents: Screening, 2022. Depression and Suicide Risk in Children and Adolescents: Screening, 2022.

			to maintain positive mental well-being, page 48. Recommendations: 4. Promote early identification of mental health needs and access to quality services, page 49. Key Indicators: Proportion of primary care physician office visits that screen adults and youth for depression, page 49. Key Indicators: Proportion of persons who experience major depressive episode (MDE), page 49.	
4.2 - By December 31, 2026, conduct a Youth Mental Health First Aid and a Mental Health First Aid Training for the Levy County Community from 0 to 2.	Topic: Mental Health and Mental Disorders Goal: Improve mental health. Objectives: MHMD-03, MHMD-04, MHMD-05, MHMD-06, MHMD-07	Goal MW 2: Reduce the impact of pediatric mental, emotional, and behavioral health disorders. Objective MW 2.2.	Priorities: Mental and Emotional Well-being. Recommendations: 2. Facilitate social connectedness and community engagement across the lifespan, page 48. Recommendations: 3. Provide individuals and families with the support necessary to maintain positive mental	Mental Health and Mental Illness: Mental Health Benefits Legislation, 2012. Depression in Children and Adolescents: Screening, 2016. Anxiety in Children and Adolescents: Screening, 2022. Depression and Suicide Risk in Children and Adolescents: Screening, 2022.

			well-being, page 48. Recommendations: 4. Promote early identification of mental health needs and access to quality services, page 49. Key Indicators: Proportion of primary care physician office visits that screen adults and youth for depression, page 49. Key Indicators: Proportion of persons who experience major depressive episode (MDE), page 49.	

Objective	HP 2030	FSHIP	NPS	Evidenced-Based Sources:
Goal 5 – Increase education on substance use prevention, treatment, and support resources available to Gilchrist County residents.				
5.1- By December 31, 2026, reduce the percentage of adults who are current smokers from 19.3% (2019) to 18.3%.	Topic: Tobacco Use Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke. Objectives: TU-01, TU-02, TU-03, TU-13, TU-14	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.2.	Priorities: Tobacco Free Living 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.	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,

			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.	2021. Tobacco Use: Internet-based Cessation Interventions, 2019. Tobacco Use: Quitline Interventions, 2012.
5.2- By June 30, 2024, complete the passage of resolutions by local governmental agencies supporting changes in the Florida Clean Indoor Air Act allowing for local creation of tobacco-free parks and beaches from 0 to 2.	Topic: Health Policy Goal: Use health policy to prevent disease and improve health. Objectives: TU-17	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.1, MW 3.2	Priorities: Tobacco Free Living 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	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.

			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.	
5.3 - By June 30, 2024, add the adoption of online courses to educate students on tobacco usage through smoking, dipping, and vaping to the original Gilchrist County School District Policy 8.32.	Topic: Tobacco Use Goal: Reduce illness, disability, and death related to tobacco use and secondhand smoke. Objectives: TU-04, TU-06, TU-07, TU-08, TU-20	Goal MW 3: Reduce substance use disorders and drug overdose deaths. Objectives: MW 3.1.	Priorities: Tobacco Free Living Recommendations: 1. Support comprehensive tobacco free and other evidence-based tobacco control policies, page 28. Recommendations: 4. Use media to educate and encourage people to live tobacco free, 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.	Tobacco Use: Smoke-Free Policies, 2012. Preventing Tobacco Use Among Youth and Young Adults, 2012.

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