



**MADISON
COUNTY
2014**

2013-2017 Community Health Improvement Plan (CHIP) Update

July 28, 2014

Please note: The 2012 Community Health Assessment and 2013 Community Health Improvement Plan are incorporated by reference. Copies of the full text of these documents may be obtained at:

- Electronic Copies available at www.healthymadison.com
 - Hardcopy available for review at the Madison County Public Library
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Executive Summary/Overview:

The Madison County Community Health Improvement Plan (CHIP) was finalized in June 2013. The CHIP was created using the MAPP process. The final product of this process was the Community Health Assessment in late 2012. With the CHA in hand, several participants in the MAPP process split into work groups to develop goals, strategies, objectives, and initial activities to address the community health priorities. The results of their efforts were added to the CHIP as the initial action plans. The work groups have continued to meet and work on the activities that progress toward meeting the objective(s) for the goals.

Community health assessment (CHA) and community health improvement planning (CHIP) activities for Madison County in 2013-2014 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, in part, by the Florida Department of Health through grant funds to the Madison County Health Department (HCHD) that originated from the U.S. Department of Health and Human Services in its efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

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)



The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public’s health; not just the local health department). The CTSA allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community’s ability to address its most pressing healthcare issues.

Collectively, the results of the four assessments provide input to the community in order to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation and ongoing evaluation to improve community health (Phase 6).

The key findings from each of the four MAPP assessments are used to identify the strategic issues for addressing community health issues. The Community Health Status Profile, Local Public Health System Assessment, Forces of Change, and Community Strengths and Themes all serve to inform Madison County public health partners and residents about the best ways to use existing resources wisely, consider unique local conditions and needs, and form effective partnerships for action. The key issues from each assessment include:

<p style="text-align: center;"><u>Community Health Status Profile</u></p> <ul style="list-style-type: none"> • Access to and coordination of health care services • Limited health care providers • High rate of Medicaid enrollees • Sexually Transmitted Diseases increasing • Chronic diseases and risks increasing • High percentage of population that are overweight, obesity, and have diabetes • High birth rates among teens • High poverty levels • Low County Health Ranking outcomes • High percentage of deaths/injuries from unintentional injuries • High rate of alcohol related motor vehicles crashes and deaths • High tobacco consumption • Limited Dental care/usage 	<p style="text-align: center;"><u>Forces of Change Assessment</u></p> <ul style="list-style-type: none"> • Access to and coordination of health care services • High poverty levels • High unemployment/lack of jobs • Sexually Transmitted Diseases increasing • Chronic diseases and risks increasing • High percentage of population that are overweight, obesity, and have diabetes • High poverty levels • Lack of transportation • Limited health literacy
<p style="text-align: center;"><u>Local Public Health System Assessment</u></p> <ul style="list-style-type: none"> • ES #3: Inform, Educate, And Empower People about Health Issues • ES #4: Mobilize Community Partnerships to Identify and Solve Health Problems • ES # 10: Research for New Insights and Innovative Solutions to Health Problems 	<p style="text-align: center;"><u>Community Themes & Strengths Assessment</u></p> <ul style="list-style-type: none"> • Access to and coordination of health care services • Limited health insurance • High usage of Emergency Room • Limited Dental care/usage • Limited health care awareness • High self-report of chronic illness • Low self-report of personal health

2014 CHIP Update

Overview of Process

The CHIP is a living document and an outgoing process. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.



During the summer of 2014, a review of the progress was conducted to identify successes, challenges/barriers, and recommendations for changes to the CHIP. The Florida Department of Health in Madison took the lead in gathering information to create a draft annual report which was provided to community partners for input. To guide the collection of community partner input, a survey was developed (see **Appendix 1**). Input from the partners was then added to the draft annual report and the final draft was provided to the partners for final review and comment before creating the updated CHIP.

In addition, data sources were identified to assist the workgroups with monitoring progress and determining when the objective was met. The results of this evaluation of progress are included in the annual report with recommendations for changes and are included as **Appendix 2**.

Update Overview

As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

Goals, Strategies, and Objectives – Updated

The table below provides the original CHIP Priority Issues, Goals and Objectives in the first column (shaded gray) and the modified or added CHIP Priority Issues, Goals, Objectives, Monitoring Data Source, and Lead Organization in the second column (shaded green). Additional information is also included regarding addition of activities for the updated objectives.

Table 1

Original CHIP Goals and Objectives	2014 Update to CHIP Goals and Objectives
Priority Issue: Healthy Lifestyle	Priority Issue: Healthy Lifestyles – Sexual Risk Avoidance
Goal: Decrease the rate of Sexually Transmitted Diseases in Madison County	Goal: Decrease the rate of Sexually Transmitted Diseases in Madison County
Objective: Decrease Chlamydia rate in 15-19 year olds from 502.1 to 477 by September 30, 2015	<p>Objective: Decrease Chlamydia incidents in 15-19 year olds from 129 (2009) to a count of 85 by September 30, 2015</p> <p>Monitoring Data Source: CHARTS, Chlamydia Cases, Single Year Counts</p> <p>Lead Organization: Madison County School District and FDOH-Madison County</p>
Priority Issue: Maternal & Child Health	Priority Issue: Maternal & Child Health
Goal: Improve the health of women and children in Madison County	Goal: Improve the health of women and children in Madison County
Objective: Reduce obesity rate by 3% in women of child bearing age (ages 13-44) from 30.7% to 27.7% by September 30, 2016	Combine with Obesity to maximize use of resources and activities
Objective: Increase the number of minority women who initiate breastfeeding from 46.3% (171, Black, 2007-2009 data) to at least 49.3% by September 30, 2016	<p>Objective: Increase the number of women who initiate breastfeeding from ## (count) to ## (count) by September 30, 2016</p> <p>Monitoring Data Source: CHARTS and/or special Vital Statistics Report</p> <p>Lead Organization: WIC Program and FDOH-Madison County</p>

Priority Issue: Obesity	Priority Issue: Obesity – Healthiest Weight
<p>Goal: Decrease the rate of obesity in Madison County</p>	<p>Goal: Decrease the rate of obesity in Madison County</p>
<p>Objective: Increase the percentage of healthy weight adults from 32.3% to 33.3% by August 31, 2015</p>	<p>Objective: Increase the number of adults at a healthy weight from ## to ## by August 31, 2015</p> <p>Objective: Increase the number of adolescents at a healthy weight from ## to ## by August 31, 2015</p> <p>Objective: Increase the number of children at a healthy weight from ## to ## by August 31, 2015</p> <p>Monitoring Data Source: School Health Annual Report on BMI (Health Master system) or Youth Risk Behavior Survey [data available as rate only, but it is not per population (i.e., per 100,000)]</p> <p>Lead Organization: FDOH-Madison and Big Bend Rural Health Network</p> <p>Recommended Activities:</p> <ul style="list-style-type: none"> • Cooking demonstration classes and organized grocery shopping trips to local stores • Nutrition component with exercise classes to address the unique requirements of family members • Include a facilitated program such as “choose to lose” or other weight loss/healthy lifestyle support curriculum
<p>Objective: Decrease percentage of middle school students with a body mass index (BMI) at or above 95% from 15.9% to 14.0% by August 31, 2015</p>	<p>Objective: Decrease percentage of middle school students with a body mass index (BMI) at or above 95% percentile from 15.9% to 14.0% by August 31, 2015</p> <p>Monitoring Data Source: School Health Annual Report on BMI (Health Master system) or Youth Risk Behavior Survey [data available as rate only, but it is not per population (i.e., per 100,000)]</p> <p>Lead Organization: Big Bend Rural Health Network</p>

Alignment with State and National Priorities

The CHIP plan is aligned with the following:

- **Florida Department of Health’s State Health Improvement Plan 2012-2015** Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.
http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf
- **Healthy People 2020**
This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.
<http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>
- **National Prevention and Health Strategies 2011**
Developed by the National Prevention Council at the U.S. Department of Health and Human Services, Office of the Surgeon General, 2011, these strategies aim to guide the nation in the most effective and achievable means for improving health and well-being.
<http://www.surgeongeneral.gov/initiatives/prevention/index.html>

The tables on the following pages identify the linkages between the Madison County CHIP and each of the above referenced plans.

Table 2		Alignment			
Madison County CHIP	Florida State Health Improvement Plan	Healthy People 2020		National Prevention Strategies	
		Health Protection			
<p>Goal: Decrease the rate of Sexually Transmitted Diseases in Madison County.</p> <p>Objective: Decrease Chlamydia rate in 15-19 year olds from 502.1 to 477 by September 30, 2015.</p> <p>Strategy 1: Provide Evidence-Based youth development and life skills program to youth ages 15-19.</p> <p>Strategy 2: Provide evidence-based program for adults to learn how to support children making positive decisions.</p>	Goal HP1	Prevent and control infectious disease.	IID-28	Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.	Promote and disseminate national screening recommendations for HIV and other STIs.
					Support states, tribes, and communities to implement evidence-based sexual health education.
					Promote and disseminate best practices and tools to reduce behavioral risk factors (e.g., sexual violence, alcohol and other drug use) that contribute to high rates of HIV/STIs and teen pregnancy.
					Promote and disseminate national screening recommendations for HIV and other STIs.
			STD-2	(Developmental) Reduce Chlamydia rates among females aged 15 to 44 years.	Promote and disseminate national screening recommendations for HIV and other STIs.

Table 2 Alignment					
Madison County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>Goal: Decrease the rate of obesity in Madison County. Objective 1: Increase the percentage of healthy weight adults from 32.3% to 33.3% by August 31, 2015. Strategy 1: Improve/refurbish existing physical activity/recreational locations. Strategy 2: Promote the use of evidence-based clinical guidelines to assess overweight and obesity. Strategy 3: Establish a community garden in the city of Madison or Greenville.</p>	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	<p>Provide tools, guidance, and best practices to promote positive early childhood and youth development and prevent child abuse.</p> <p>Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.</p> <p>Identify and address barriers to the dissemination and use of reliable health information.</p>

Table 2 Alignment					
Madison County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Chronic Disease Prevention				
<p>Goal: Decrease the rate of obesity in Madison County. Objective 2: Decrease percentage of middle school students with a body mass index (BMI) at or above 95% from 15.9% to 14.0% by August 31, 2015.</p> <p>Strategy 1: Establish participation in physical education a priority for middle school students.</p> <p>Strategy 2: Increase physical activity opportunities for middle school students at Madison Central.</p>	Goal CD1	Increase the percentage of adults and children who are a healthy weight.	Nutrition and Weight Status Goal	Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.	Support research and programs that help people make healthy choices (e.g., understand how choices should be presented).
	Goal CD2	Increase access to resources that promote healthy behaviors.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Provide tools, guidance, and best practices to promote positive early childhood and youth development and prevent child abuse.
					Support coordinated, comprehensive, and multicomponent programs and policies to encourage physical activity and physical education, especially in schools and early learning centers.
					Identify and address barriers to the dissemination and use of reliable health information.

Alignment					
Madison County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community				
<p>Goal: Decrease the rate of obesity in Madison County.</p> <p>Objective 1: Increase the percentage of healthy weight adults from 32.3% to 33.3% by August 31, 2015.</p> <p>Strategy 1: Improve/refurbish existing physical activity/recreational locations.</p> <p>Strategy 2: Promote the use of evidence-based clinical guidelines to assess overweight and obesity.</p> <p>Strategy 3: Establish a community garden in the city of Madison or Greenville.</p>	Goal CR1	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Environmental Health Goal	Promote health for all through a healthy environment.	Support adoption of active living principles in community design, such as mixed land use, compact design, and inclusion of safe and accessible parks and green space.
			Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance	Support and expand cross-sector activities to enhance access to high-quality education, jobs, economic opportunity, and opportunities for healthy living (e.g., access to parks, grocery stores, and safe neighborhoods).
	Goal CR2	Build and revitalize communities so people can live healthy lives.	Social Determinants Goal	Create social and physical environments that promote good health for all.	Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable, and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, and develop green facilities and buildings).

Table 2		Alignment			
Madison County CHIP	Florida State Health Improvement Plan	Healthy People 2020		National Prevention Strategies	
	Community Redevelopment and Partnerships				
<p>Goal: Decrease the rate of obesity in Madison County.</p> <p>Objective 1: Increase the percentage of healthy weight adults from 32.3% to 33.3% by August 31, 2015.</p> <p>Strategy 1: Improve/refurbish existing physical activity/recreational locations.</p> <p>Strategy 2: Promote the use of evidence-based clinical guidelines to assess overweight and obesity.</p> <p>Strategy 3: Establish a community garden in the city of Madison or Greenville.</p>	Goal CR2	Build and revitalize communities so people can live healthy lives.	Social Determinants Goal	Create social and physical environments that promote good health for all.	Enhance capacity of state, tribal, local, and territorial governments to create healthy, livable, and sustainable communities (e.g., increase access to healthy food and opportunities for physical activity, revitalize brownfields, enhance alternative transportation options, and develop green facilities and buildings).

Table 2		Alignment			
Madison County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Community Redevelopment and Partnerships				
<p>Goal: Decrease the rate of Sexually Transmitted Diseases in Madison County.</p> <p>Goal: Decrease the rate of obesity in Madison County.</p> <p>Goal: Improve the health of women and children in Madison County.</p>	Goal CR3	Provide equal access to culturally and linguistically competent care.	Educational and Community-based Programs Goal	Increase the quality, availability, and effectiveness of educational and community-based programs designed to prevent disease and injury, improve health, and enhance quality of life.	Increase availability and use of prevention research to identify effective environmental, policy, and systems that reduce chronic diseases, promote safety, and eliminate health disparities.
					Identify and map high-need areas that experience health disparities and align existing resources to meet these needs.
					Increase dissemination and use of evidence-based health literacy practices and interventions.

Alignment					
Madison County CHIP	Florida State Health Improvement Plan		Healthy People 2020		National Prevention Strategies
	Access to Care		Access to Health Services		
<p>Goal: Improve the health of women and children in Madison County.</p> <p>Objective 1: Reduce obesity rate by 3% in women of child bearing age (ages 13-44) from 30.7% to 27.7% by September 30, 2016. Strategy: Educate women (ages 13-44) about benefits of healthy living while pregnant and past delivery.</p> <p>Objective 2: Increase the number of minority women who initiate breastfeeding from 46.3% to at least 49.3% by September 30, 2016. Strategy: Improve awareness of lactation consultant availability within community.</p>	Goal AC5	Reduce maternal and infant morbidity and mortality.	Maternal, Infant, and Child Health Goal	Improve the health and well-being of women, infants, children, and families.	Support breastfeeding, including implementing the breastfeeding provisions in the Affordable Care Act.
		Research and disseminate ways to effectively prevent premature birth, birth defects, and Sudden Infant Death Syndrome (SIDS).			
		Increase access to comprehensive preconception and prenatal care, especially for low-income and at-risk women.			

Potential Policy Implications

Within the state of Florida, there are numerous policies which can be used to impact health issues within Madison County. The table below and on the following pages summarized those policies most relevant to the issues identified in the Community Health Assessment.

Chronic Disease & Mortality			
Health Risk Factors	Florida Law	Description	Changes
Cancer (e.g., lung, prostate, breast)	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of Cluster/Outbreak	
	FS 385.202	Requires Providers to Report to Florida Cancer Registry	
	FS 385.103	Chronic Disease Community Intervention Programs	
	FS 385.206	Hematology-Oncology Care Center Program	
Heart Disease and Stroke	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FS 385.103	Chronic Disease Community Intervention Program	
Chronic Lower Respiratory Disease (CLRD)	FS 385.103	Chronic Disease Community Intervention Program	
Cerebrovascular Disease	FS 385.103	Chronic Disease Community Intervention Program	
Diabetes	FS 385.203	Diabetes Advisory Council; Creation; Function; Membership	
	FS 385.204	Insulin; Purchase, Distribution; Penalty for Fraudulent Application for and Obtaining of Insulin	
	FS 385.103	Chronic Disease Community	

Chronic Disease & Mortality			
Health Risk Factors	Florida Law	Description	Changes
		Intervention Program	
Unintentional Injuries	FS 385.103	Chronic Disease Community Intervention Program	
	FAC 64B-7.001	Pain Management Clinic Registration Requirements	
	FAC 64K-100 (1,2,3,4, 5, 6, 7)	Establishment of Florida's Prescription Drug Monitoring Program	
	FS Title XXIX, Chapter 397	Substance Abuse Services	
	FS 316.613	Child restraint requirements	
	FS 316.614	Safety belt usage	
	FS 327.35	Boating under the influence; penalties; "designated drivers"	
Overweight and Obesity	FS 385.103	Chronic Disease Community Intervention Program	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
Arboviral Diseases	FS 388	Control of Arthropods in Florida	
Tuberculosis	FS 392	Tuberculosis Control	
Enteric Diseases	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD (e.g., Hepatitis A)	
	FS 381.0072	Food Service Protection	
Influenza and Pneumonia	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
		Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
Vaccine Preventable Disease	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-3.046	Policy on Vaccines provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FS 402.305 and FAC 65C-22.006	Daycare Facility Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.313 and FAC 65C-20.011	Licensed Family Daycare Homes Requirements for Compulsory Immunizations for Admittance and Attendance	
	FS 402.305 and FAC 65C-25.002 and FAC 25.008	Licensed Specialized Childcare Facilities for the Care of Mildly-ill Children Requirements for Compulsory Immunizations for Admittance and Attendance	
Hepatitis	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	

Communicable Diseases			
Health Risk Factors	Florida Law	Description	Changes
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools, including Exemptions	
Sexually Transmitted Infections	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FS Title XXIX, Chapter 384	STIs; Department Requirements	
HIV/AIDS	FS 381.0031(1,2) and FAC 64D-3	Permits FDOH Investigation; Requires Reporting to FDOH by Laboratories & Licensed Providers of newly Diagnosed or Suspected Cases/Cluster/Outbreak	
	FAC 64D-200(2,3,4,6)	Outlines with Respect to HIV the Definitions, Confidentiality, Testing Requirements, and Registration of HIV Testing Programs	
	FS 381.004	HIV Testing	

Maternal & Child Health			
Health Risk Factors	Florida Laws	Description	Changes
Birth Rates	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Low Birth Weight	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Infant Mortality	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric	

Maternal & Child Health			
Health Risk Factors	Florida Laws	Description	Changes
		Cardiac Facilities for the CMS Network on a statewide basis	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
Teen Pregnancy	FAC 64F-23.001	Informed Consent – Abortion	
	FS 63.053 and 63.054	Unmarried Father Registry	
	FS Title XXIX, Chapter 390	Termination of Pregnancies	
	Florida Constitution, Article X, Section 22	Parental Notice of Termination of Minor’s Pregnancy	
	FS Title XXIX, Chapter 384.31	STI: Testing of Pregnant Women; Duty of the Attendant	
Infant and Child Injuries	FS Title XXIX, Chapter 391	Children’s Medical Services	

Health Resource Availability (Access & Resources)			
Health Risk Factors	Florida Laws	Description	Changes
Access to Health Care	FS Title XXX	Social Welfare (Unknown Effect Due To Federal Affordable Care Act Implementation) (E.G., Medicaid, Blind Services, Etc.)	
	FAC 64D-3.046	Policy on Vaccines Provided in Florida CHD; Determines Vaccination Policy for Admission to Florida Public Schools	
	FAC 64C-4.003	CMS Headquarters Approves Pediatric Cardiac Facilities for the CMS Network on a statewide basis	
	FAC 64F-16.006	Sliding Fee Scale	
	FS 296.31	Veterans Nursing Home of Florida Act	

Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
Education (Access & Completion)	FL Constitution, Article X, Section 27	Comprehensive Statewide Tobacco Education and Prevention Program	
	FL Constitution, Article IX, Section 1	Public Schools, Education of All Students	
	FS Title XLVIII	K-20 Education Code (FS 1007 – Access)	
Foster Care	FS Title XXIX, Chapter 402.47	Foster Grandparent and Retired Senior Volunteer Services to High-Risk and Handicapped Children	
	FS Title XXX, Chapter 409	Social and Economic Assistance, Part I)	
Mental Health Treatment	FS Title XXX, Chapter 430	Elderly Affairs, Alzheimer’s Disease Services	
	FS Title XXIX, Chapter 394	Mental Health	
Disability	FS Title XXX, Chapter 410	Aging and Adult Services	
	FS Title XXX, Chapter 430	Elderly Affairs	
	FS Title XXIX, Chapter 393	Developmental Disability	
Crime	FS Title XLVI	Crimes in Florida	
	FAC 64B-7.002	Pain Clinic/Physician Disciplinary Guidelines	
	FAC 64B-3.005	Requires Counterfeit-Proof Prescription Pads or Blanks for Controlled Substance Prescribing	
	FAC 64B-21.504.001	School Psychology Disciplinary Guidelines	
	FS 767.04	Dog owner’s liability for damages to person bitten (e.g., PEP)	
Suicide	FAC 64K-100 (1,2,3,4,5,6,7)	Establishment of Florida’s Prescription Drug Monitoring Program – In Response	

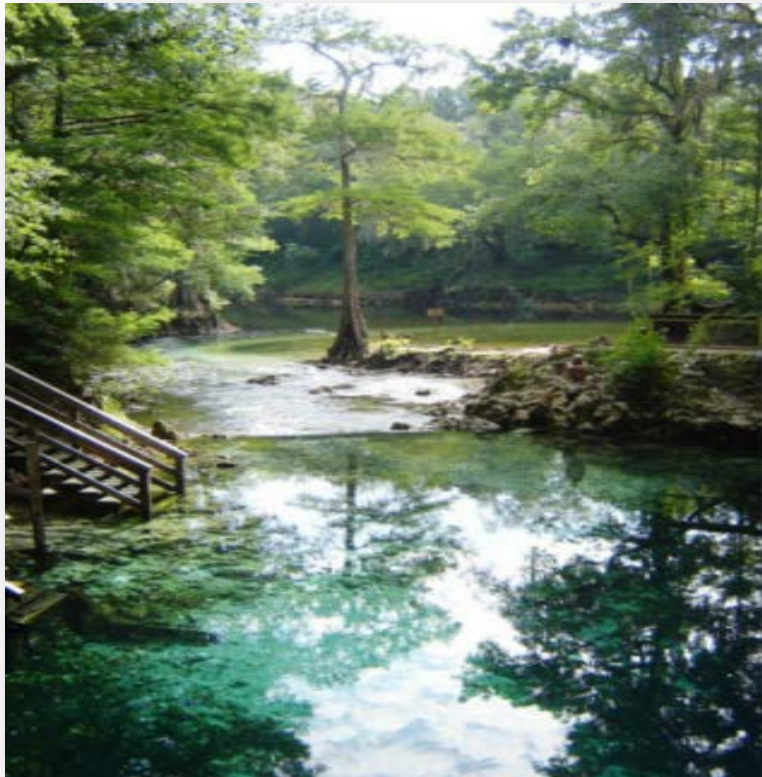
Social & Mental Health			
Health Risk Factors	Florida Laws	Description	Changes
		to Overdose/Suicide Rates	
	FS 406.11	Examinations, Investigations, and Autopsies	
Nutrition and Physical Activity	FS 381.0053	Comprehensive Nutrition Program	
	FS Title XXIX, Chapter 383	Maternal and Infant Health Care	
	FS 1003.455	Physical education; assessment	
Alcohol Use	FS Title XXXIV	Alcoholic Beverages and Tobacco Regulations	
Tobacco Use	FS 386.201 and FAC 64-14	Florida Clean Indoor Act: FDOH shall regulate all facilities that DBPR does not with respect to this Act	
	FL Constitution, Article X, Section 20	Workplaces without Tobacco Smoke	
	FS Title XXXIV, Chapter 569	Tobacco Product Regulation	

Appendix 1

Community Health Improvement Plan Activities Survey

1. Organization: _____
2. County: _____
3. Your Name: _____
4. Reporting Time Period: _____
5. Objective: _____
6. Success (# of classes, # of participants at ea. Class): _____
7. Challenges/Barriers: _____
8. Activities planned for next time: _____

2013-2017 MADISON COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN UPDATE APPENDIX 2



2014

Annual Report of Progress with Recommendations

This report is intended to provide a brief summary to the successes, challenges/barriers, and recommendations for implementation of the 2013 Madison County Community Health Improvement Plan, prepared by the Madison County Health Profile Team facilitated by Quad R (a contractor).

2013-2017 Madison County Community Health Improvement Plan Update

ANNUAL REPORT OF PROGRESS WITH RECOMMENDATIONS

Introduction:

Building a healthier Madison County began as a community-wide initiative with the goal of establishing an ongoing process for identifying and addressing health needs. The intent of this project was to foster successful partnerships within the community in order to improve the health of Madison County residents. The Public Health Accreditation Board defines a Community Health Improvement Plan (CHIP) as “a long-term, systematic effort to address health problems on the basis of the results of assessment activities and the community health improvement process.” A CHIP can be used by health departments, as well as other government, education, or human service agencies, to coordinate efforts and target resources that promote health. The Florida Department of Health in Madison County (FDOH-Madison) contracted with Quad R to assist with the community health assessment process. Quad R facilitated the overall assessment and community engagement processes, and FDOH-Madison provided expertise on local health status data. This combined effort identified three strategic health issues for the community.

A CHIP serves to address health issues, roles, and common goals and objectives throughout the community. The plan can be used to guide action and monitor and measure progress toward achievement of goals and objectives. The plan, along with a Community Health Assessment (CHA), can be utilized as justification for support of certain public health initiatives, as part of funding proposals, and for attracting other resources toward building programs that improve the overall quality of life of the community.

During the development of the Community Health Assessment, ten issues were identified:

- Safe Environment
- Unintentional Injury/Death Prevention
- Access to Resources
- Obesity
- Communicable & Infectious Diseases
- Healthy Behaviors/Screenings
- Preventable & Controllable Diseases
- Cause/Effect of Poverty
- Maternal & Child Health
- Effective Community Education

From the list of ten issues, the Madison County Community Health Task Force (Task Force) identified three key issues

- Healthy Lifestyles,
- Maternal & Child Health, and
- Obesity

The Task Force developed recommendations and action steps. A total of 5 objectives with strategies were identified. The Task Force recommended the Community Health Action Plans be incorporated into the work of the FDOH-Madison, existing community groups, and health care partners.

Over the past twelve months, the FDOH-Madison, community groups and health care partners have been working on the objectives in the CHIP using the strategies identified. As part of the CHIP process, an annual evaluation report is required to document successes, challenges/barriers, recommendations for changes in the goals, objectives or activities, and the creation of an updated version of the CHIP document. In addition, the annual report identifies the lead community group and the data source being used to monitor progress.

Among the changes identified were:

- Renaming of the Healthy Lifestyles to Healthy Lifestyles/Sexual Risk Avoidance (SRA)
- Group agreed that both Maternal & Child health strategies and objectives are up in the air and will require more meetings with the Maternal & Child Health Committee
- Maternal & Child Health Priority Area objective related to minority women initiating breastfeeding be expanded to include all women. There is a need to identify reliable data sources that can be used to monitor progress.
- Obesity Priority Area objectives need to be updated to reflect available data sources (i.e., age groups) and ensure they are SMART (Specific, Measureable, Achievable/Actionable, Reasonable, and Time Bound/Time Limited)

Healthy Lifestyles

A healthy lifestyle can mean something different for each of us, whether it is about being disease-free or being able to play with your child, grandchild, or doing activities with friends and family. But, the one common thread is making the right choices.

With the cost of health care increasing each year, the importance of a healthy lifestyle is even more relevant. There are a lot of obstacles that divert our attention and decision-making away from eating healthy, making health choices, and exercising. Our rural county residents are not immune from these distractions in making health choices and the data shows it.

The number of cases (annual average) from 2010-2012 for Madison County was:

- Chlamydia – 103.3
- Gonorrhea – 33.3
- AIDS – 1
- Tuberculosis - 1

Goal: Decrease the rate of Sexually Transmitted Diseases in Madison County.

Strategy:

- Provide Evidence-Based youth development and life skills program to youth ages 15-19.
- Provide evidence-based program for adults to learn how to support children making positive decisions.

Objective: Decrease Chlamydia rate in 15-19 year olds from 502.1 to 477 by September 30, 2015.

Lead Organization (Organizational Contact): FL DOH Madison County, Craig Wilson

Data Source: Florida Department of Health, Bureau of STD Prevention & Control
Chlamydia Cases, Single Year Rates per 100,000 population

Successes:

- Since 2009, the Chlamydia case count has been declining from 129 to 95 in 2012. In 2013 there were 90 cases.
- The School Board has allowed evidence-based Sexual Risk Avoidance curriculum to be taught to Middle and High School students.

Challenges/Barriers:

- It remains challenging to access all of the students while not interfering with required academic classes.

Recommendations:

- Change the goal and objective to reflect count rather than rate (rate is per 100,000 population).

In a meeting of the Task Force, the following recommendations and changes were made.

- Rename the priority area – Sexual Risk Avoidance (SRA) instead of Healthy Lifestyles
- Agreed that the objective should be written to use counts rather than rates
 - Decrease the number of chlamydia to 85 by September 30, 2015
- Agreed to remove the reference to Making a Difference and use only the term evidence-based to allow for greater flexibility

Maternal & Child Health

In recent years, we have seen advances in medicine and prenatal care, often with great results. Even with the best that medicine has to offer, the best outcomes begin before conception with good nutrition and a healthy lifestyle for both women and men. For women it begins with preconception health and continues with the appropriate prenatal care. The best outcome is a full-term pregnancy without unnecessary interventions, the delivery of a healthy baby, and a healthy postpartum period in a positive environment that supports the physical and emotional needs of the mother, baby, and family. Pregnancy and childbirth have a huge impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income.

With a population in Madison County of just over 19,000, 2007 data showed slightly less than a quarter of the adult population consumed at least 5 servings of fruits and vegetables a day and just 36.1% reported moderate physical activity. However, women receiving early prenatal care was 83.7% compared to the state rate of 79.9%. The early prenatal care is above the Healthy People 2020 Goal of 77.9%.

Goal: Improve the health of women and children in Madison County.

Strategy: Educate women (ages 13-44) about benefits of healthy living while pregnant and past delivery.

Objective: Reduce obesity rate by 3% in women of child bearing age (ages 13-44) from 30.7% to 27.7% by September 30, 2016.

Lead Organization (Organizational Contact):

Data Source: Note: Found no reference to child bearing age in CHA; did find table for adults (male & female) with no indication of age. However, in July of 2011 Madison County conducted the Maternal and Child Health Needs Assessment.

Successes: N/A

Challenges/Barriers:

- Identification of data to monitor progress
- Difficulty in developing activities for such a broad age range

Recommendation:

- Segment women of child bearing age into the reporting age groups (i.e., age 15 -19, 20-54 or >35).
- Consider combining this objective into obesity issue/priority or clarify the objective to better identify a monitoring data source and target audience by age.

In the Task Force meeting, the group made the following recommendations and changes:

- Modify the objective not target only women of childbearing age, but all women in Madison County.
 - Develop an objective to replace "Reduce obesity rate by 3% in women of child bearing age (ages 13-44) from 30.7% to 27.7% by September 30, 2016" to include all women regardless of age.
- Objectives for youth and adults that will be incorporated into the Obesity Priority Area.
- Identify data sources for each of the objectives.

Goal: Improve the health of women and children in Madison County.

Strategy: Improve awareness of lactation consultant availability within community.

Objective: Increase the number of minority women who initiate breastfeeding from 46.3% (171, Black, 2007-2009 data) to at least 49.3% by September 30, 2016.

Lead Organization (Organizational Contact): WIC and FDOH Madison

Data Source: Florida Department of Health, Minority Report, 3-Year Rolling Rate - Note: rate was for black women

Successes:

Challenges/Barriers:

- 2008-2010 was 44.9% (144); 2009-2011 was 44.6% (132); 2010-2012 was 39.9% (111)

Recommendation:

- Revise data to a known data source. WIC staff can pull local reports or special report could be obtained from Vital Statistics (data comes from birth certificate data).
- Modify objective: Increase the number of women who initiate breastfeeding from 46.3% (171, Black, 2007-2009 data) to at least 49.3% by September 30, 2016 to include all women and remove the focus on a specific minority. Data source: Vital Stats

Obesity

The risk for a variety of chronic diseases and health concerns including type 2 Diabetes, heart disease, hypertension, certain cancers, stroke and high cholesterol are increased when residents are overweight or obese.

In 2010, the percentage of adults who are overweight or obese was 67.8% for all races. However, the rate for non-Hispanic Black adults was 80.6%. Further analysis showed that for adults making between \$25,000 and \$49,999, the percent overweight or obese was 82.2%, regardless of race. (Source: 2010 BRFSS Survey, FDOH, Bureau of Epidemiology)

Likewise, Madison County middle school students with a BMI at/or above the 95th percentile was 15.9% in 2012. This was higher than the state percentage of 11.1%. The percentage for high schools students was 13.8% compared to 14.3% for the state. (Source 2012 School-aged Child and Adolescent Profile, CHARTS)

Goal: Decrease the rate of obesity in Madison County.

Strategy:

- Improve/refurbish existing physical activity/recreational locations.
- Promote the use of evidence-based clinical guidelines to assess overweight and obesity.
- Establish a community garden in the city of Madison or Greenville.

Objective: Increase the percentage of healthy weight adults from 32.3% to 33.3% by August 31, 2015.

Lead Organization (Organizational Contact): Big Bend Rural Health Network

Data Source:

- Healthy Weight Profile:
<http://www.floridacharts.com/charts/HealthiestWeightProfile.aspx?county=40&profileyear=2012&tn=31> shows 31.8% "Adult who are at a healthy weight" or "Adults who have a healthy weight (BMI from 18.5 to 24.9), Overall from BRFSS.
- CHA provide prevalence of Overweight and Obesity, County and State, 2010 (page 43)

Successes:

- Nutrition Education Classes offered at Greenville Public Library, Madison Public Library, Greenville Senior Citizens Center and Madison Senior Citizens Center.
- Diabetes Education Classes offered at Florida Department of Health in Madison, Greenville Public Library, Greenville Senior Citizens Center and Madison Senior Citizens Center.

Challenges/Barriers:

- Resources for nutrition demonstrations.

Recommendations:

- Hold cooking demonstration classes and organize grocery shopping trips.

During the meeting of the Task Force, several activities were identified for inclusion in the action plans that may impact the objective.

- Add a nutrition component along with exercise component targeting families that address the unique needs of the various ages in the family and how to reach their individual needs
- Expand efforts to educate families on the benefits of exercise and nutrition to include all ages of family members.
- Update current objective from a 1% change to use counts of adults in Madison County, if data is available.
- Develop specific objectives for each age group (adults, middle school, and high school students to focus on decreasing the obesity rate

Goal: Decrease the rate of obesity in Madison County.

Strategy:

- Establish participation in physical education a priority for middle school students.
- Increase physical activity opportunities for middle school students at Madison Central.

Objective: Decrease percentage of middle school students with a body mass index (BMI) at or above 95th from 15.9% to 14.0% by August 31, 2015.

Lead Organization (Organizational Contact): Big Bend Rural Health Network

Data Source: Note: searched for middle school students in the CHA and found only adult BMI

Successes:

Challenges/Barriers: Incorporating healthy eating and activities into school schedules. Unknown data source.

Recommendations:

- School garden and healthy lunch options (Note: Typically lunches are provided based on the USDA requirements.)
- Support Boys and Girls Club activities. The Healthiest Weight profile has an indicator *Middle and High School Students who are Obese* (2012- 18.7%) that could be used as a data source. There is a School-aged Child and Adolescent Profile (<http://www.floridacharts.com/charts/AdolProfile.aspx?county=40&profileyear=2012&tn=31>) that contains separate data for middle and high school students related to BMI at or above the 95th percentile and sufficient vigorous physical activity. Vigorous activity is defined as - sufficient vigorous physical activity is defined as participating in physical activity that does make you sweat or breathe hard for 20 minutes or more, on three or more of the past 7 days.

NOTE: This data comes from the Youth Risk Behavior Survey (YRBS) and is available every 3 years; however, School Health collects BMI at the beginning and the end of each school year and data may be available locally to monitor between the administrations of the YRBS.

- Committee will review and create new objectives to divide strategies for middle school and high school students.
- Group suggested an activity be added related to facilitation of a program such as “choose to lose” or other weight loss/healthy lifestyle support curriculum

AGENDA

Date: July 28, 2014

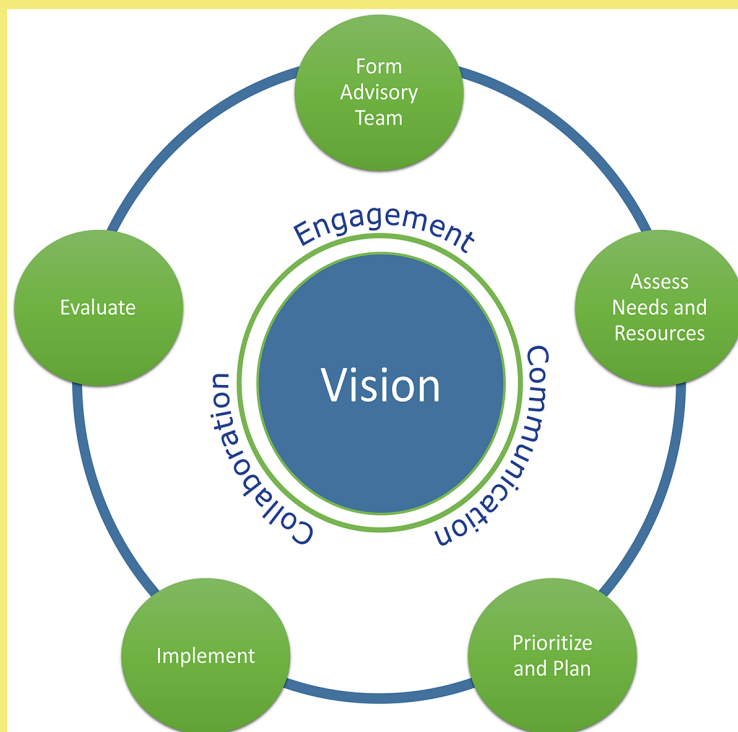
Time: 11:00 A.M. to 2:00 P.M.



COMMUNITY HEALTH IMPROVEMENT PLAN MEETING

Meeting Purpose: To review and evaluate the progress of the Action Plan.

11:00 A.M.— 11:15 A.M.	Welcome and Introductions
11:15 A.M.— 11:30 A.M.	Opening Remarks
11:30 A.M.— 12:00 P.M.	Health Priority—Healthy Lifestyles
12:00 P.M. — 1:00 P.M.	Working Lunch
	Health Priority—Maternal & Child Health
1:00 P.M. — 1:30 P.M.	Health Priority—Obesity
1:30 P.M. — 1:45 P.M.	Closing Remarks
1:45 P.M. — 2:00 P.M.	Meeting Adjourned



Madison County CHIP Notes 7/28/2014

1. "Healthy Lifestyles"

- a) Rename priority area?
 - a. Suggested: Sexual Risk Avoidance (SRA), group agreed
- b) Make objective clearer
 - a. Proposed ideas- decrease cases from x to x by ____ date.
 - b. Group agreed that a reduction to 85 total cases of chlamydia by September 30, 2015 is attainable and realistic.
 - c. Data from STD office will be used to measure successes
- b) Use "evidence-based" curriculum instead of specific name of curriculum to accommodate changes in staff involved/training opportunities etc.
- c) Strategy 2 in Healthy Lifestyles/SRA was discussed with the group agreeing that everything is okay.
- d) Strategy 3- group agreed to keep strategy but will shorten key activity and refine some of the steps

2. Maternal & Child Health Priority Area

- a) Women of childbearing age- obesity reduction
 - a. Group agreed do not want to target just women of childbearing ages/also would want to focus on splitting target ages up into sub groups with individual goals
 - b. Providing education is not enough of a program to have successful outcomes- would need to focus on providing opportunities to help lose weight/adopt healthier lifestyles
 - c. This objective must be tied to data, it is currently unmeasurable
 - d. Rework this in to obesity target area
- b) Minority women initiating breastfeeding
 - a. Group decided to open goal up to all women, not just minorities
 - b. Craig: best data source is WIC
 - c. Work with committee to do an overview of available data, funnel into new strategies and decide how to move forward. Must find data with clear baselines in order to track progress.

Group agreed that both Maternal & Child health strategies and objectives are up in the air and will require more meetings with the Maternal & Child Health Committee

3. Obesity

- a) Current strategy to increase healthy weight adults is not entirely accurate (does not account for underweight adults)

- a. Group agreed to erase objective- 1% reduction is not attainable, will change objective to counts and target a realistic # of adults in Madison county by September 30, 2015.
- b. Group suggested facilitation a program such as “choose to lose” or other weight loss/healthy lifestyle support curriculum
- b) Work to target obesity in middle and high school students
 - a. Proposed: “Decrease rate of obesity in middle and high school students from x% to x% by September 30, 2015.” Committee will review and create new objectives to divide strategies for middle school and high school students.
- a) Group agreed to create a 2nd objective to target families
 - a. Important to approach health, exercise, nutrition etc. at a family level, educate parents, allow children to participate and learn with their parents
 - b. Group suggested with new objective to include a nutrition component and exercise component targeting families but potentially creating different strategies to target adults and children individually.

CHIP Meeting: Madison County, 7/28/2014

Name	Organization	Priority Area Interest	Email
Jaren Pennington	Madison CHD		lynn.pennington@fl.health.gov
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Adrian Kinsey			

CHIP Meeting: Madison County, 7/28/2014

Name	Organization	Priority Area Interest	Email
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