



# Community Health Improvement Plan

2012-2016

Revised: August 2014





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Revised CHIP August 2014 are included in pages 1-16  
Pages 17-19 contain the annual monitoring implementation tool.  
Pages 20 -25 contain the CHIP workplan and monitoring report for selected objectives.  
Page 26 Local news article indicating that the public and community partners were updated on the status of the CHIP objectives.

**People**



**Place**



**Prosperity**



## Introduction

This document, ***Baker County's Community Health Improvement Plan***, is the final in a series of five reports: 1) Community Health Status Profile Report; 2) Community Themes and Strengths Assessment; 3) Community Health Assessment; 4) Comprehensive Strategic Priorities; and 5) Community Health Improvement Plan. This final report was developed as a result of the collaborative efforts by Baker County employees, expert consultants, health care leaders, public health professionals and other vested stakeholders that make up Healthy Baker, the county's formalized leadership council for health improvement. The Community Health Improvement Plan (CHIP) is a countywide plan for public health system partners and stakeholders to use to improve the health of the people in Baker County. It is a direct result of the Community Health Assessment (CHA), which was produced utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) process. This Plan is designed to address weaknesses and build upon strengths identified in the community health assessment and provide a clear course of direction for the future of Baker County's Health.

One of the components of the *2011 Community Health Assessment* was the development of a ***Community Dashboard Scorecard***, which identified strategic objectives and set measurable targets to move Baker County's community health improvement process forward. Both the *Assessment* and *Community Balanced Scorecard* serve as the foundation of this *Community Health Improvement Plan*.

The purpose of this plan is to describe the short, mid, and long-term strategies and activities related to the targets associated with each community health indicator and to establish priorities and objectives over the next four years. Likewise, it is designed to connect strategies identified in the Strategic Plan and to align needs and priorities identified in the other reports. This Community Health Improvement Plan is intended to be used internally to manage our work and resources while presenting strategic health improvement priorities to external customers and stakeholders to help align internal and external assets and strategies.

Whereas, the Strategic Plan focuses on improving the quality of life at the community level with an emphasis on processes, functions, key implications, change agents; key leveraging points, and core strategies. The Community Health Improvement Plan is designed to focus specifically on the health related priorities, goals and objectives. At this time, no policy changes have been identified. However, if changes are needed in the future the Health Department will pursue the necessary channels to make the proper changes. This plan is not intended to serve as a policy or discussion document but as a practical, descriptive document designed to provide managers the flexibility to make decisions about resources and changing priorities. It is designed to allow partners to connect strategies to maximize impact through collaborative efforts. And lastly, it provides staff a quick view of priorities and targeted strategies that will allow opportunities as an organization and an individual to grow and change.

Monitoring of the CHIP will occur on a biannual basis. Progress will be monitored through the development of a CHIP Work Plan and Monitoring Report, which serves as the tool for tracking progress and implementation. This report is in the format of an Excel spreadsheet or table in a Word document. The CHIP Work Plan and Monitoring Report will be shared internally within the health department. The updated CHIP will be shared with the community, as well as with all partners and stakeholders involved, by posting it on the Florida Department of Health in Baker County website. In addition, updates will be shared during regularly scheduled Healthy Baker meetings.

**Table 1: How to Use the Community Health Improvement Plan**

<b>BCHD</b>	<ul style="list-style-type: none"> <li>*Understand priority health issues within the community &amp; use this Plan to guide principles, practices and improve effectiveness and efficiency of services.</li> </ul>
<b>Local Employers</b>	<ul style="list-style-type: none"> <li>*Understand priority health issues within the community &amp; use this Plan and recommended resources to help make your business a healthy place to work.</li> <li>*Educate your team about the link between health and productivity.</li> </ul>
<b>Nonprofit and Faith-based Organizations</b>	<ul style="list-style-type: none"> <li>* Understand priority health issues within the community &amp; talk with members about the importance of overall wellness</li> <li>*Integrate local community health improvement initiatives that support wellness.</li> <li>*Identify opportunities that your organization or individual members may be able to support and encourage participation (i.e. food pantry initiatives, fitness activities, community gardens, connections between in school and out of school activities.</li> </ul>
<b>Schools</b>	<ul style="list-style-type: none"> <li>*Understand priority health issues within the community &amp; use this plan to integrate health topics and health factors (i.e. access to healthy foods, physical activity, risk behaviors, healthcare system use, etc.) into lesson plans across subject areas.</li> <li>*Create a healthier school environment by aligning this Plan with school wellness plans/policies.</li> <li>*Engage the support of teachers, parents and students.</li> </ul>
<b>Health Care Professionals</b>	<ul style="list-style-type: none"> <li>*Understand priority health issues &amp; use this Plan to remove barriers and create solutions for identified health priorities.</li> <li>*Share information from this Plan with your colleagues, staff, and patients.</li> <li>*Offer your time and expertise to local improvement efforts (Healthy Baker, committees, etc.)</li> <li>*Offer your patients relevant, counseling, education, and other preventive services in alignment with identified health needs.</li> </ul>
<b>Government Officials</b>	<ul style="list-style-type: none"> <li>*Understand priority health issues and identify the barriers &amp; mobilize community leaders to take action by investing in programs and policy changes that help members of our community lead healthier lives.</li> </ul>
<b>State and Local Organizations</b>	<ul style="list-style-type: none"> <li>* Understand how Baker County compares with Peer Counties, Regional Peers, Florida and the U.S. population to make improved decisions about policies and programming.</li> </ul>
<b>Funders</b>	<ul style="list-style-type: none"> <li>*Understand issues related to healthy communities and align funding to meet priorities.</li> </ul>
<b>Residents</b>	<ul style="list-style-type: none"> <li>*Understand priority health issues to improve your health and the health of your neighbors, families and friends.</li> <li>*Use information from this Plan to start conversations with leaders about issues important to you and your family.</li> <li>*Volunteer your time/expertise for an event/activity, or donate to support health initiatives.</li> </ul>

**FIGURE 1: PRIORITIES, STRATEGIC PLAN & HEALTH IMPROVEMENT PLAN ALIGNMENT**

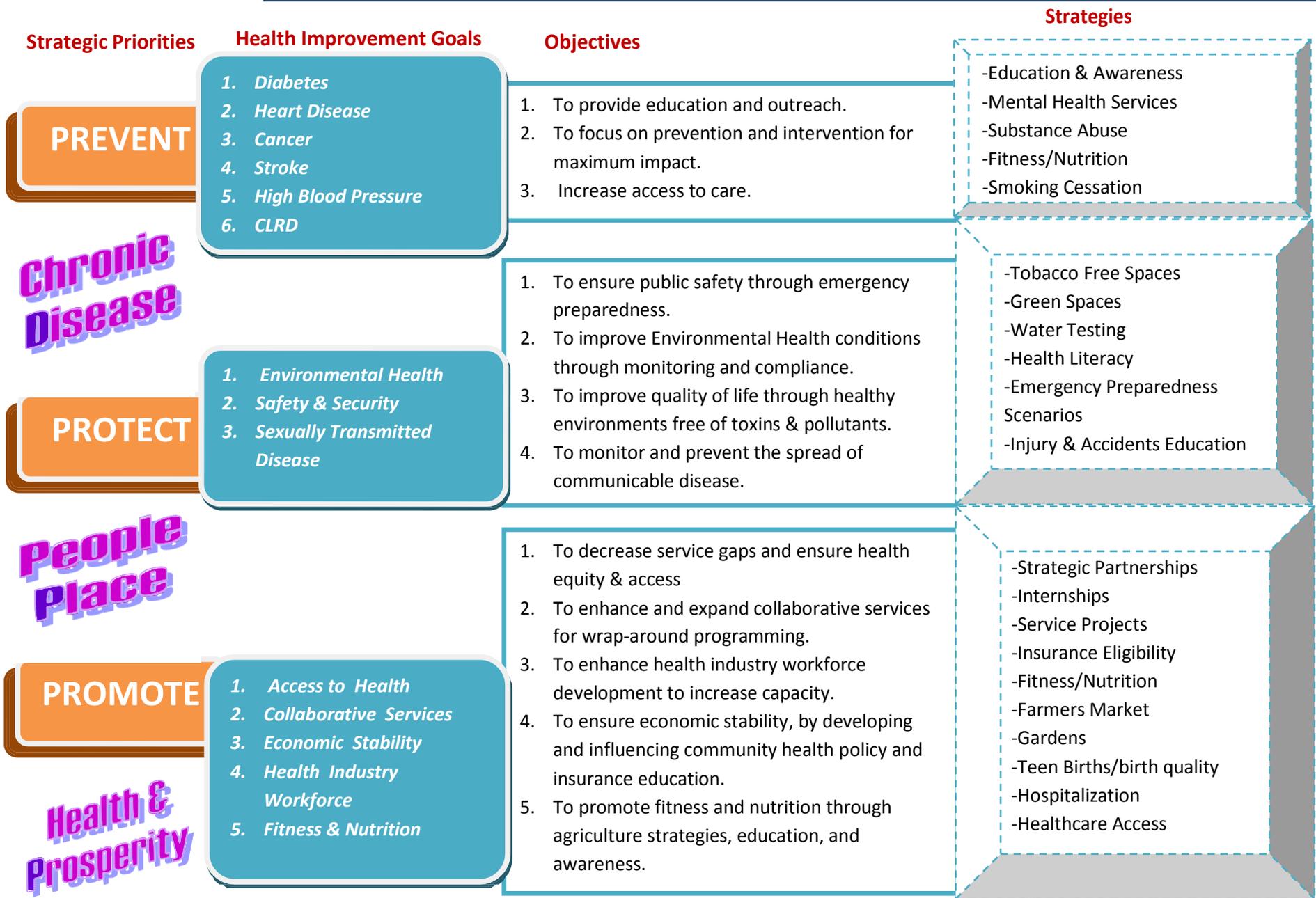


Table 2: Community Health Improvement Plan (CHIP) 2012-2016

<b>GOAL 1: Prevent chronic diseases through prevention and intervention strategies.</b>				
<b>Health Improvement Objective</b>	<b>Strategies &amp; Activities</b>	<b>Timeline</b>	<b>Lead &amp; Resource Needed</b>	<b>Measure</b>
By 2020 decrease the age adjusted death rate-27.4 for <i>diabetes</i> to 19 per 100,000	Education, outreach, community collaborations, awareness	↓2 per year	Baker County Health Department; Health Education	2014-27.4 2016-23.4 2020-15.4
By 2020 increase the % of women 40+ who received a mammogram-47.8% in the past year by 14.2%. <i>Cancer</i>	Education and outreach-awareness, access to primary and specialty care	↑ 2% per year	Baker County Health Department; Health Education	2014-49.74% 2016-51.76% 2020-60.67%
By 2020 decrease the age-adjusted incident rate-90.8 for <i>lung cancer</i> to 64 per 100,000	Education and outreach-awareness, oral exams, smoking	↓ 4 per year	Baker County Health Department; Health Education	2014-82.8 2016-74.8 2020-58.8
By 2020 decrease the age-adjusted death rate-126.8 <sup>1</sup> for coronary <i>heart disease</i> to 100.8 per 100,000.	Education, access to primary and specialty care, awareness	↓4 per year	Baker County Health Department; Health Education	2014-118.8 2016-110.8 2020-94.8
By 2020 decrease the age-adjusted death rate-55.2 <sup>2</sup> for <i>strokes</i> to 33.8 per 100,000.	Education, access to primary and specialty care, awareness	↓3 per year	Baker County Health Department; Health Education	2014-49.2 2016-43.2 2020-31.2
By 2020 decrease the % of adults diagnosed-36.6% <sup>3</sup> with <i>high-blood cholesterol</i> to 13.5%.	Education, access to primary and specialty care, awareness	↓2.89% per year	Baker County Health Department; Health Education	2014-30.82% 2016-25.04% 2020-13.48%
By 2020 decrease the age adjusted death rate-81.5 <sup>4</sup> for <i>CLRD</i> -Chronic Lower Respiratory Diseases- to 35 per 100,000.	Education, access to primary and specialty care, awareness	↓ 6 per year	Baker County Health Department; Health Education	2014-69.50 2016-57.50 2020-33.50

<sup>1</sup> Florida Charts 2011-2013

**GOAL 2: Protect our people and our place.**

<b>Health Improvement Objective</b>	<b>Strategies &amp; Activities</b>	<b>Timeline</b>	<b>Lead &amp; Resources Needed</b>	<b>Measure</b>
Improve <b>environmental health</b> through increased green spaces, improved water quality, access to recreation activities, planning of land use, and increased wildfire awareness.	Community, school, family gardens Outreach, inspections, disaster preparedness, accreditation	Establish benchmark	Scenario plan and funding, volunteers, campaign designs, green space plan Amy - campaign	2014- 2016- 2020-
Decrease <b>sexually transmitted-Chlamydia</b> disease reported-405.6 <sup>5</sup> to 387 per 100,000.	Education, Outreach, Public Relations, safe sex practices, HIV Coalition	↓ 4 per year	Social media campaign designs, volunteers, service learning, access to health care	2014-397.60 2016-389.60 2020-373.60
Improve safety and security of its residents by decreasing <b>unintentional injury age adjusted death rate</b> from 50.4 <sup>6</sup> in 2010 to 36 per 100,000 by 2020	Education, Outreach, Public Relations, car seat safety, teen driver safety	↓ 2 per year	Social media campaign designs, volunteers, service learning	2014-46.40 2016-42.40 2020-34.40

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<sup>4</sup> Florida Charts 2008-2010

<b>GOAL 3: Promote health and prosperity.</b>				
<b>Health Improvement Objective</b>	<b>Strategies &amp; Activities</b>	<b>Timeline</b>	<b>Lead &amp; Resources Needed</b>	<b>Measure</b>
By 2020 Reduce the % of High School youth who use tobacco products from 36.8% to 20.8%.	SWAT, Outspokn, Smoke free zones	↓ 2% per year	Social media campaign designs, volunteers, service learning	2014-32.8% 2016-28.8% 2020-20.8%
By 2020 the # of Medicaid/Medicare will increase by 10% to increase access to health care.	SMA, healthcare reform	Establish benchmark	BCHD-develop collaborative systems, awareness campaign	2014-+3.3% 2016-+3.3% 2020-+3.3%
Decrease births for 15 to 19 year olds from 65.7 in 2010 to 37 per 1,000 by 2020.	Outspokn, teen birth campaigns	↓ 3 per year	Collaboration networks- social service agencies awareness campaign	2014-57.7 2016-49.7 2020-33.7
By 2020 increase the percentage of low income persons with access to dental dental care from 36.2% to 48.2%.	Wrap around system, ministerial alliance, Expand Hrs	↑ 2% per year	BCHD & HB-develop collaborative partners and dental access	2014-39.2% 2016-42.2% 2020-48.2%
Enhance collaborative services to expand capacity. Total partnership agreements	Local and regional studies, disaster preparedness	Establish benchmark	BCHD & HB-develop evaluation components and tracking	2014--+2 2016--+2 2020--+2
Enhance services/capacity through health industry workforce development. Number of Internships Number of Service Projects Number of Bright Futures Volunteer Hours	Employer, community and faith based collaborations	Establish benchmark	BCHD & HB-develop evaluation components and tracking, chamber-workforce development integration, Campaign design & interns	2014- 2016- 2020-
By 2020 reduce the percent of Adult obesity from 36% to 33%.	Education, outreach, awareness and collaborations	↓ 0.5% per year	Collaboration networks, social service agencies and food and nutrition awareness campaigns.	2014 – 36% 2016 – 35% 2020 – 33%
Improved nutrition and physical fitness. Benchmarks 5 school gardens 1 community garden 10 Family gardens	Employer, community and faith based collaborations, farmers market, Obesity prevention	Confirm benchmark	BCHD & HB-develop evaluation components and tracking BCHD develop partners, Campaign design	2014-+3 2016--+3 2020--+3

<sup>7</sup>Florida Charts 2008-2010

Appendix A: Community Dashboard Sample

Health Indicator Dashboard: Baker County Health Department			
Access to Health Services			
Adults with a Usual Source of Health Care	Comparison: FL Counties		
HMO Enrollment	Comparison: FL State Value		
Median Monthly Medicaid Enrollment	Comparison: FL Counties		
Non-Physician Primary Care Provider Rate	Comparison: FL Counties		
Primary Care Provider Rate	Comparison: FL Counties		
Cancer			
Age-Adjusted Death Rate due to Breast Cancer	Comparison: FL Counties		
Age-Adjusted Death Rate due to Cancer	Comparison: FL Counties		
Age-Adjusted Death Rate due to Colorectal Cancer	Comparison: FL Counties		
Age-Adjusted Death Rate due to Lung Cancer	Comparison: FL Counties		
Age-Adjusted Death Rate due to Prostate Cancer	Comparison: FL Counties		
All Cancer Incidence Rate	Comparison: FL Counties		

Breast Cancer Incidence Rate	Comparison: FL Counties	
Colon Cancer Screening	Comparison: FL Counties	
Colorectal Cancer Incidence Rate	Comparison: FL Counties	
Lung and Bronchus Cancer Incidence Rate	Comparison: FL Counties	
Mammogram History	Comparison: FL Counties	
Pap Test History	Comparison: FL Counties	
Prostate Cancer Incidence Rate	Comparison: FL Counties	
Prostate-Specific Antigen (PSA) Test History	Comparison: FL Counties	
County Health Rankings		
Clinical Care Ranking	Comparison: FL Counties	
Health Behaviors Ranking	Comparison: FL Counties	
Morbidity Ranking	Comparison: FL Counties	
Mortality Ranking	Comparison: FL Counties	
Physical Environment Ranking	Comparison: FL Counties	
Social and Economic Factors Ranking	Comparison: FL Counties	

Diabetes			
Adults with Diabetes	Comparison: FL Counties		
Age-Adjusted Death Rate due to Diabetes	Comparison: FL Counties		
Diabetes: Medicare Population	Comparison: FL Counties		
Disabilities			
Adults who Use Special Equipment due to a Health Problem	Comparison: FL State Value		
Adults with Disability	Comparison: FL State Value		
Exercise, Nutrition, & Weight			
Adult Fruit and Vegetable Consumption	Comparison: Prior Value		
Adults who are Obese	Comparison: FL Counties		
Adults who are Overweight or Obese	Comparison: FL Counties		
Teens who are Obese	Comparison: FL Counties		
Teens without Sufficient Physical Activity	Comparison: FL Counties		
Food Safety			
Salmonella Incidence Rate	Comparison: FL Counties		
Heart Disease & Stroke			

Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	Comparison: FL Counties	
Age-Adjusted Death Rate due to Coronary Heart Disease	Comparison: FL Counties	
High Blood Pressure Prevalence	Comparison: FL Counties	
High Cholesterol Prevalence	Comparison: FL Counties	
Immunizations & Infectious Diseases		
Adults 65+ with Influenza Vaccination	Comparison: FL Counties	
Adults 65+ with Pneumonia Vaccination	Comparison: FL Counties	
Age-Adjusted Death Rate due to Influenza and Pneumonia	Comparison: FL Counties	
AIDS Diagnosis Rate	Comparison: FL Counties	
HIV Incidence Rate	Comparison: FL Counties	
Chlamydia Incidence Rate	Comparison: FL Counties	
Gonorrhea Incidence Rate	Comparison: FL Counties	
Kindergartners with Required Immunizations	Comparison: FL Counties	
Syphilis Incidence Rate	Comparison: FL Counties	
Tuberculosis Incidence Rate	Comparison: FL Counties	

Vaccine Preventable Disease Rate for All Ages	Comparison: FL Counties	
<b>Maternal, Fetal &amp; Infant Health</b>		
Babies with Low Birth Weight	Comparison: FL Counties	
Infant Mortality Rate	Comparison: FL Counties	
Infants Born to Mothers >18 Years Old with <12 Years of Education	Comparison: FL Counties	
Live Birth Rate	Comparison: FL State Value	
Mothers who Received Early Prenatal Care	Comparison: FL Counties	
Preterm Births	Comparison: FL Counties	
Repeat Births to Mothers Aged 18-19 Years Old	Comparison: FL Counties	
Sudden Unexpected Infant Death (SUID) Rate	Comparison: FL Counties	
Teen Birth Rate	Comparison: FL Counties	
<b>Mental Health &amp; Mental Disorders</b>		
Age-Adjusted Death Rate due to Suicide	Comparison: FL Counties	
Depression: Medicare Population	Comparison: FL Counties	
<b>Prevention &amp; Safety</b>		

Age-Adjusted Death Rate due to Unintentional Injuries	Comparison: FL Counties	
Respiratory Diseases		
Adults with Current Asthma	Comparison: FL Counties	
Asthma: Medicare Population	Comparison: FL Counties	
COPD: Medicare Population	Comparison: FL Counties	
Teens with Asthma	Comparison: FL Counties	
Substance Abuse		
Adults who Binge Drink	Comparison: FL Counties	
Adults who Smoke	Comparison: FL Counties	
Alcohol-related Motor Vehicle Traffic Crashes	Comparison: FL Counties	
Arrests for Drug Abuse Rate	Comparison: FL Counties	
Driving Under the Influence Arrest Rate	Comparison: FL Counties	
Teens who Binge Drink	Comparison: FL Counties	
Teens who have Used Methamphetamines	Comparison: FL Counties	
Teens who Smoke	Comparison: FL Counties	

Teens who Use Alcohol	Comparison: FL Counties	
Teens who Use Marijuana	Comparison: FL Counties	
Wellness & Lifestyle		
Self-Reported General Health Assessment: Good or Better	Comparison: FL Counties	
Women's Health		
Women of Childbearing Age	Comparison: FL State Value	
Public Safety		
Transportation Safety		
Age-Adjusted Death Rate due to Motor Vehicle Collisions	Comparison: FL Counties	
Bicyclist Death Rate	Comparison: FL Counties	
Motor Vehicle Crashes by Teen Drivers Rate	Comparison: FL Counties	
Pedestrian Death Rate	Comparison: FL Counties	
Social Environment		
Children's Social Environment		
Child Abuse Rates	Comparison: FL Counties	

<http://www.nefloridacounts.org/modules.php?op=modload&name=NS-Indicator&file=index&topic1=County&topic2=Baker&group=>

## Acknowledgments



Healthy People in a Healthy Community  
**Working Toward Wellness**

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904.259.6291 [www.doh.state.fl.us/chdbaker](http://www.doh.state.fl.us/chdbaker)

**The DOH Baker County Health Department is an EEO/AA employer and service provider.**  
 If you need an accommodation in order to participate in our programs, please notify the Baker

 <p><a href="http://www.healthybaker.org">www.healthybaker.org</a></p>	 <p><a href="http://www.ercegi.org">www.ercegi.org</a></p>	 <p><a href="http://www.bakercountyfl.org">www.bakercountyfl.org</a></p>
	 <p><a href="http://www.nefloridacounts.org">www.nefloridacounts.org</a></p>	 <p><a href="http://www.stjohnsriverrhn.org">www.stjohnsriverrhn.org</a></p>

County Health Department in advance. Telephone (904) 259-6291 Fax (904) 259-4761 and [www.doh.state.fl.us/chdbaker](http://www.doh.state.fl.us/chdbaker)

## BAKER STRATEGIC IMPLEMENTATION PLAN PROGRESS REPORT FOR 2014

Agency Strategic Plan Goal	Agency Strategic Plan Strategy No.	Agency Strategic Plan Strategy	Baker County Health Department (BCHD) Community Health Improvement Plan (CHIP) Objective, aligned to State Strategy. Note: all objectives are due December, 2014	Status On schedule At risk Not on Schedule Complete	Progress Comments:
Protect the Population from health threats	1.1.1	Prevent and control infectious disease	1.1 By 2020 decrease the age adjusted death rate-37.7 for diabetes to 19 per 100,000	ON SCHEDULE	2014 Goal has been exceeded. See CHIP work plan.
		Prevent and control infectious disease	1.2 By 2020 increase the % of women 40+ who received a mammogram-47.8% in the past year by 14.2%. Cancer	ON SCHEDULE	2014 Susan Komen Grant – exceeded number of women needing mammogram
		Prevent and control infectious disease	1.3 By 2020 decrease the age-adjusted incident rate-90.8 for lung cancer to 64 per 100,000	ON SCHEDULE	2013/2014 Tobacco cessation has increased by 30%.
		Prevent and control infectious disease	1.4 By 2020 decrease the age-adjusted death rate-126.81 for coronary heart disease to 100.8 per 100,000.	ON SCHEDULE	
		Prevent and control infectious disease	1.5 By 2020 decrease the age-adjusted death rate-55.22 for strokes to 33.8 per 100,000.	ON SCHEDULE	
		Prevent and control infectious disease	1.6 By 2020 decrease the % of adults diagnosed-36.6% with high-blood cholesterol to 13.5%.	ON SCHEDULE	
		Prevent and control infectious disease	1.7 By 2020 decrease the age adjusted death rate-81.54 for CLRD-Chronic Lower Respiratory Diseases.	ON SCHEDULE	
Protect the Population from health threats	1.1.2	Prevent and reduce illness, injury and death related to environmental factors	2.3 Improve safety and security of its residents by decreasing unintentional injury age adjusted death rate from 50.46 in 2010 to 36 per 100,000 by 2020	ON SCHEDULE	Bicycle Safety Helmets and Car Seat Safety Classes.
Protect the Population from health threats	1.1.3	Minimize loss of life, illness, and injury from natural or man-made disasters	2.1 Improve environmental health through increased green spaces, improved water quality, access to recreation activities, planning of land use, and increased wildfire awareness	ON SCHEDULE	New Recreation Park in first stages with County opening. Bike trails, walking trails and other activities planned.

## BAKER STRATEGIC IMPLEMENTATION PLAN PROGRESS REPORT FOR 2014

Agency Strategic Plan Goal	Agency Strategic Plan Strategy No.	Agency Strategic Plan Strategy	Baker County Health Department (BCHD) Community Health Improvement Plan (CHIP) Objective, aligned to State Strategy. Note: all objectives are due December, 2014	Status On schedule At risk Not on Schedule Complete	Progress Comments:
Reduce chronic disease morbidity and mortality	1.2.1	Increase the proportion of adults and children who are at a healthy weight.	2.4 Improved nutrition and physical fitness. Benchmarks-5 school gardens, 1 community garden, and 10 Family gardens	ON SCHEDULE	More than 5 school gardens are currently operating in the Schools. No community garden, but currently have a Farmers Market. Over 10 families participated in the raised garden beds for 2014.
Reduce chronic disease morbidity and mortality	1.2.2	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	3.1 By 2020 Reduce the % of High School youth who use tobacco products from 36.8% to 20.8%.	ON SCHEDULE	
Improve maternal and child health	1.3.1	Meet special health care needs of children.	3.3 Decrease births for 15 to 19 year olds from 65.7 in 2010 to 37 per 1,000 by 2020.	ON SCHEDULE	
Improve maternal and child health	1.3.2	Reduce infant mortality.	3.3 Decrease births for 15 to 19 year olds from 65.7 in 2010 to 37 per 1,000 by 2020.	ON SCHEDULE	
Maximize funding to accomplish the public health mission	2.2.1	Maximize Medicaid and other third party revenue to help county health departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.	3.2 By 2020 the # of Medicaid/Medicare will increase by 10% to increase access to health care.	AT RISK.	Loss of 3 medical providers in 2013 and 2014 will be the loss of Cost Base Reimbursement.
Optimize communications.	2.4.1	Develop, implement and improve internal and external communication strategies and plans.	Connects to Healthy Baker's Strategic Goal to Promote healthy living through increased outreach, education and advocacy.	COMPLETED	Collaboration with Healthy Baker has resulted in a New Website and Social Media

## BAKER STRATEGIC IMPLEMENTATION PLAN PROGRESS REPORT FOR 2014

Agency Strategic Plan Goal	Agency Strategic Plan Strategy No.	Agency Strategic Plan Strategy	Baker County Health Department (BCHD) Community Health Improvement Plan (CHIP) Objective, aligned to State Strategy. Note: all objectives are due December, 2014	Status On schedule At risk Not on Schedule Complete	Progress Comments:
					which they have agreed to promote Health Department activities and Health messages to the public.
Assure access to health care	3.1.1	Increase access to care for underserved populations.	3.4 By 2020 increase the percentage of low income persons with access to dental care from 36.2% to 48.2%.	COMPLETED	Expansion of new dental clinic opened in May of 2012.
Promote an integrated public health system.	3.2.2	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	Aligns to Healthy Baker's Strategic Goal to improve efficiencies through partnerships.	ON SCHEDULE	Representatives from the Health Department actively participate in monthly Healthy Baker meetings.
Promote an integrated public health system.	3.2.3	Support local efforts to revitalize communities.	Aligns to Healthy Baker's Strategic priorities to engage and empower local residents and businesses.	ON SCHEDULE	
Attract, recruit, and retain a competent and credentialed workforce.	4.1.1	Implement a competency-based framework for recruitment and training.	3.6 Enhance services/capacity through health industry workforce development. Establish baselines: Number of Internships Number of Service Projects Number of Bright Futures Volunteer Hours	AT RISK	Loss of two physicians and one ARNP required more than six months of recruitment to hire. 2011 saw the first ever lay-off of over 21 staff members.
Ensure partnerships, systems and processes to support the future workforce.	4.2.1	Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.	3.5 Enhance collaborative services to expand capacity. Total partnership agreements.	ON SCHEDULE	



FDOH Baker County Health Department Community Health Improvement Plan (CHIP) Work plan and Monitoring Report

Priority Area	Goal	Strategies	Activities	Time Frame	Responsible Team Member	Status Ongoing Completed Deleted	Explanation of Status and Summary of Key Activities this Reporting Period
By 2020 decrease the age adjusted death rate 37.7 for <b>diabetes</b> to 19 per 100,000	Increase number of uninsured, low-income, and underserved persons with diabetes receiving health care access and formal diabetes education.	1. Identify individuals with diabetes	1. Provide clinical testing/health screenings at various locations in Baker County. Health screenings may include height and weight, % body fat, blood glucose testing and blood pressure. Target: At least 3 health screenings and/or 100 residents screened annually	Ongoing (100 residents screened by December 31, 2014)	FDOH Baker County Health Department; Health Education	Ongoing	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>Diabetes Self-Management Education (DSME) classes took place in January, May and September 2013 as well as January and May 2014. The next DSME class is scheduled for September 2014. A total of 64 unduplicated clients participated in the classes. Program review indicated that 100% of the participants indicated they were satisfied with the services; 79% of the participants increase their activity levels (goal was 30%); 67% of participants maintained or had improvements in their A1C levels (goal was 20%). 64% of DSME participants attended a minimum of 3 sessions. 60% of the participants stated that they were on Medicaid, Medicare or Uninsured.</li> <li>4 health screenings were conducted between January 1-July 31, 2014.</li> <li>41 A1C tests were completed between January 1-July 31, 2014 for diabetic clients.</li> <li>Project Turning Point has provided diabetic services to 40 uninsured residents between January 1-July 31, 2014.</li> <li>As of July 31, 2014, a total of 29 diabetic testing supplies were provided to low-income diabetic residents.</li> <li>A meeting was held with community partners on March 10, 2014, to provide them with progress in achieving the CHIP goal. A reporter from the Baker County Press was in attendance and relayed the</li> </ul>
		2. Implement diabetes education interventions	2. ADA approved diabetes self-management education classes will be held at a minimum of 3 times a year (1 class consists of 4 sessions). Classes will discuss diabetes overview, acute complications, changing behaviors, medications,	Ongoing: 1 class by January 2014, 1 class by May 2014, 1 class by September 2014 (1 class will consist of 4 two hour sessions).	FDOH Baker County Health Department; Health Education	Ongoing	



FDOH Baker County Health Department Community Health Improvement Plan (CHIP) Work plan and Monitoring Report

			<p>exercise, monitoring blood glucose, and nutrition management. Target: 60 participants annually.</p>				<p>information provided to the public through an article dated March 20, 2014.</p> <ul style="list-style-type: none"> <li>As a result of meetings conducted, the Health Planning Council of Northeast Florida and the FDOH Baker County Health Department are developing a survey to obtain information from diabetic residents regarding resources and/or activities that they feel would be beneficial to assist in their care. Once developed, the survey will be distributed to diabetic residents through local doctor's offices and hospital, DSME classes, health fairs and through the assistance of various community partners.</li> </ul> <p><b>Relevant Health Indicators:</b> According to Florida CHARTS, from 2002-2010 the percentage of the adult population affected by diabetes in Baker County has decreased. As of 2010, Baker County was almost equal to the state data for this health indicator. (No new health indicator data available for this indicator as of August 2014 monitoring report).</p> <ul style="list-style-type: none"> <li>The percentage of adults with diagnosed diabetes in Baker County was 15.4% in 2002, 11.1% in 2007, and 10.5% in 2010.</li> <li>The percentage of adults with diagnosed diabetes in the State of Florida was 8.2% in 2002, 8.7% in 2007, and 10.4% in 2010.</li> </ul> <p>There has been an upward trend in the data regarding the 3 year age adjusted diabetes-related hospitalizations for the County and State, with Baker County's values consistently higher than those of the State. (Data for this health indicator is the most current information as of the August 2014 monitoring report).</p> <ul style="list-style-type: none"> <li>The 3 year Age Adjusted Diabetes related</li> </ul>
	3. Increase access to healthcare needs	3	<p>a) Provide diabetic testing supplies to low-income persons with diabetes (first come, first served uninsured diabetic adults). Target: 50 testing supplies provided annually.</p>	Ongoing (50 testing supplies provided by December 31, 2014)	FDOH Baker County Health Department; Health Education	Ongoing	
			<p>b) Provide A1C testing for diabetics. Target: 60 participants annually</p>	Ongoing (provide 60 A1C tests by December 31, 2014)	FDOH Baker County Health Department; Health Education	Ongoing	
			<p>c) Provide referrals to uninsured patients to Project Turning Point at the FDOH Baker County Health Department. Project Turning Point will annually provide services to</p>	Ongoing (provide services through Project Turning point to 40 patients by December 31, 2014).	FDOH Baker County Health Department	Ongoing	



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			<p>40 uninsured residents who are patients of the FDOH Baker County Health Department. Services provided through Project Turning Point include free health department clinic visits, testing supplies, annual eye exams, and foot exams (as determined needed).</p>				<p>hospitalizations (per 100,000 population) for Baker County was: 3,122.8 for 2007-2009; 3,368.7 for 2009-2011; and 3,398.5 for 2010-2012.</p> <ul style="list-style-type: none"> <li>The 3 year Age Adjusted Diabetes related hospitalizations (per 100,000 population) for the State of Florida was: 2,164.5 for 2007-2009; 2,260.3 for 2009-2011; and 2,291.2 for 2010-2012.</li> </ul> <p>According to Florida CHARTS, the 3 year rolling age adjusted death rate for Baker County (per 100,000 population) in 2011-2013 was 27.4. While this is still higher than the state rate of 19.6, it has improved from the 2010-2012 rates of 30.7 for Baker County.</p> <ul style="list-style-type: none"> <li>The 3 year Age Adjusted Diabetes Death rate (per 100,000 population) for Whites was: 29.3 for 2009-2011; 29.9 for 2010-2012; and 27.1 for 2011-2013.</li> <li>The 3 year Age Adjusted Diabetes Death rate (per 100,000 population) for African Americans was: 39.2 for 2009-2011; 39.5 for 2010-2012; and 17.3 for 2011-2013.</li> </ul> <p>Indicators suggest that that we are currently on schedule for meeting the CHIP's goal and objectives. The completion date is planned for 2020. <b>Status, ongoing.</b></p> <p><u>CHIP Goals:</u>          2014-31.7          2016-25.7          2020-13.7</p>
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FDOH Baker County Health Department Community Health Improvement Plan (CHIP) Work plan and Monitoring Report

Priority Area	Goal	Strategies	Activities	Time Frame	Responsible Team Member	Status Ongoing Completed Deleted	Explanation of Status and Summary of Key Activities this Reporting Period
<b>Cancer:</b> By 2020 increase the % of women 40+ who received a mammogram – 47.8% in the past year by 14.2%.	Increase the availability of breast screening services for women in Baker County who are medically underserved or without the necessary resources to obtain services.	1. Obtain financial support to increase prevention and screening services for breast cancer.	1. Apply for financial support through Susan G. Komen grant (or other appropriate grants) to increase prevention and screening services for breast cancer	Ongoing	FDOH Baker County Health Department; Medical Department; Health Education	Completed (Susan G. Komen grant received. Additional funding will continue to be sought).	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>Financial assistance has been obtained through the Susan G. Komen Foundation to increase prevention and screening services.</li> <li>Financial assistance has allowed for the following services to be provided: 61 mammograms, 27 diagnostic mammograms, 29 ultrasounds, 20 biopsies, and 2 MRI's. One incident of breast cancer was detected as a result of these services.</li> <li>Local newspaper advertisements and education materials have been distributed to increase community awareness of the importance of breast screenings and services available.</li> <li>30 gas cards were obtained of which 8 had been distributed as of July 31, 2014, to clients in need in order to reduce transportation barriers to access to necessary services.</li> <li>A meeting was held with community partners on March 10, 2014, to provide them with progress in achieving the CHIP goal. A reporter from the Baker County Press was in attendance and relayed the information provided to the public through a newspaper article dated March 20, 2014.</li> </ul> <p><b>Relevant Health Indicators:</b> Although the most current data for this health indicator is not available at the time of the August 2014 review, the activities and services provided should support in achieving the CHIP's goal and objectives.</p>
		2. Increase breast screenings services available to women in Baker County who are medically underserved or without the necessary resources to obtain services.	2. a) Provide reduced cost screening services (including clinical breast exams and/or screening mammograms) and diagnosis services (including ultrasound, biopsies or other required diagnosis services) to women	Ongoing: Provide services to 85 patients by December 31, 2014.	FDOH Baker County Health Department; Medical Department	Ongoing	



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			<p>who are medically underserved or without the necessary resources to obtain services. Target: 85 patients annually</p> <p>b) Provide public education through advertisement and educational material dissemination to increase awareness of the importance of breast screenings and services available.</p> <p>c) Provide gas cards to women in need in order to reduce transportation barriers that may inhibit access to necessary breast screening and diagnosis services.</p>	<p>Ongoing (program advertisements made in local newspapers, and educational materials provided during services and at community events).</p> <p>Ongoing (provide 30 gas cards to women in need in order to reduce transportation barriers by December 31, 2014).</p>	<p>FDOH Baker County Health Department; Medical Department; Health Education</p> <p>FDOH Baker County Health Department; Medical Department</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>According to Florida CHARTS BRFSS indicator reports both the County and the State indicated a decrease in the number of women 40 years of age and older who received a mammogram in the past year. (No new health indicator data available for this indicator as of August 2014 monitoring report).</p> <ul style="list-style-type: none"> <li>The percentage of Women 40 years of age and older in Baker County who received a mammogram in the past year was 56.9% in 2002; 55.2% in 2007; and 47.8% in 2010.</li> <li>The percentage of Women 40 years of age and older in the State of Florida who received a mammogram in the past year was 65.3% in 2002; 64.92% in 2007; and 61.9% in 2010.</li> </ul> <p>According to Florida CHARTS BRFSS indicator reports both the County and the State indicated a decrease in the number of women 40 years of age and older who had a clinical breast exam in the past year. (No new health indicator data available for this indicator as of August 2014 monitoring report).</p> <ul style="list-style-type: none"> <li>The percentage of Women 40 years of age and older in Baker County who received a clinical breast exam in the past year was 55.9% in 2007; and 52.6% in 2010.</li> <li>The percentage of Women 40 years of age and older in the State of Florida who received a clinical breast exam in the past year was 66.1% in 2007; and 63.2% in 2010.</li> </ul> <p>There has been an upward trend in County data regarding the 3 year age adjusted Breast Cancer Death Rate and Incident Rate.</p> <ul style="list-style-type: none"> <li>The 3 year Age Adjusted Breast Cancer Incident rates (per 100,000 population) for</li> </ul>
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							<p>Baker County was 96.9 for 2007-2009; 111.2 for 2008-2010; and 111.6 for 2009-2011.</p> <ul style="list-style-type: none"> <li>• The 3 year Age Adjusted Breast Cancer Incident rates (per 100,000 population) for the State of Florida was 113.9 for 2007-2009; 113.9 for 2008-2010; and 113.4 for 2009-2011.</li> <li>• The 3 year Age Adjusted Breast Cancer Incident rates (per 100,000 population) for Baker County was 96.9 for 2007-2009; 111.2 for 2008-2010; and 111.6 for 2009-2011.</li> <li>• The 3 year Age Adjusted Breast Cancer Death rates (per 100,000 population) for Baker County was 10.8 for 2009-2011; 16.0 for 2010-2012; and 24.7 for 2011-2013.</li> <li>• The 3 year Age Adjusted Breast Cancer Death rates (per 100,000 population) for the State of Florida was 20.9 for 2009-2011; 20.8 for 2010-2012; and 20.4 for 2011-2013.</li> </ul> <p>The completion date for this activity is planned for 2020. <b>Status, ongoing.</b></p> <p><u>CHIP Goals:</u>  <i>Increase by 2% per year</i>            2014-49.74%            2016-51.76%            2020-60.67%</p>
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# Seeking grant for fitness trail at Shoals

**JOEL ADDINGTON**  
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County officials are scrambling this month to apply for up to \$200,000 to install a nature trail at Shoals Park north of Glen St. Mary.

The deadline to apply for the grant from the Florida Department of Environmental Protection's Office of Greenways and Trails is March 31.

County environmental health and planning departments are working with a consultant with the Northeast Florida Regional Council to put together the application, said Ed Preston, director of planning and zoning.

The county has been without a grants department since last summer when the county dissolved the one-man department in its effort to slash the county's roughly \$2 million budget deficit.

Nonetheless, at last week's Healthy Baker, Inc. meeting, county environmental health director Terry Graham announced the trail plan to the nonprofit's board members and partners.

Healthy Baker is a coalition of public and private health care providers aimed at improving the health of area residents.

Mr. Graham said the only walking or jogging trail in the county is the half-mile paved path around the City Park off West Boulevard.

By building another, more scenic trail, he said, the county could help reduce the percentage of people here who are obese or overweight, and thereby cut rates of heart disease and other chronic ailments.

The Florida Department of Health (FDOH), which launched its "Healthiest Weight" campaign last year, reports that two-thirds of adults in Baker County are obese or overweight. State-wide the

share is only slightly lower at 62 percent.

Mr. Graham also shared the results of a 2012 study by the Robert Wood Johnson Foundation and Trust for America's Health on the cost of Florida's obesity problem. The study found that if the average body-mass index, or BMI, of the state fell just 5 percent, the state could prevent thousands of cases of type 2 diabetes, coronary heart disease and stroke, hypertension, cancer and arthritis and save more than \$12 billion in the process through 2020.

For a 6-foot tall person weighing 200 pounds, a 5-percent drop in BMI is equal to losing about 10 pounds.

The county's lack of walkable trails is also tracked in state health figures.

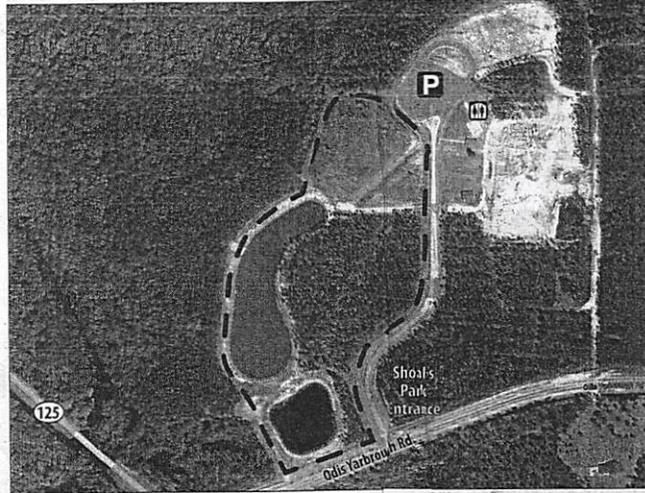
One metric shows the share of the county's population within a half-mile of an off-street trail system at just 1.8 percent, compared to 9.6 percent statewide.

Getting more residents to a healthy weight, Mr. Graham said, will impact on the county's high rate of heart disease, which is 12.5 percent higher than the state rate.

Mr. Graham told the group that the "wilderness trail" at Shoals Park is still in the planning stages and it could be another year or two for the project to be completed, provided the grant funding is approved.

"This is just in the talking stage at this point," he said.

Still, Mr. Graham displayed



The dotted line above marks the path of a proposed nature trail at Shoals Park north of Glen. Also shown are existing restrooms and the parking off Odessa Blvd. Illustration by Jessica Prevatt

a map of the trail's potential alignment. The proposal trail is about three-quarters of a mile and located at the eastern entrance of Shoals Park adjacent to public parking and restrooms.

Mr. Graham said he'd like to see the trail made of pine straw or other natural material, but he wasn't sure if such a surface would comply with the Americans with Disabilities Act (ADA).

The east side of the trail's alignment travels along the edge of two retention ponds while the west side bordered by trees. Mr. Graham said the trees may need to be thinned to increase visibility and security along the trail.

Boosting cell phone reception in the area could also increase safety at the park, a major concern for officials, he said.

**Targeting diabetes, breast cancer**

In other news from the March 10 Healthy Baker meet-

them reported an increase in physical activity and 46 percent either maintained or improved their "A1C" levels, a measure of a patient's average ability to control blood sugar during a two or three month period.

The second goal Ms. Terry addressed was boosting the share of women over 40 who receive mammograms. The percentage is 47.8 percent today and the aim to get it up to 60.6 percent by 2020, or about 2 percent per year.

She said in the last year funding from Susan G. Komen has allowed the health department to provide 60 mammograms, 26 diagnostic mammograms, 29 ultrasounds, two biopsies and two MRIs. She said one of the tests detected breast cancer.

Coming up next month will be the health department's periodic tobacco cessation classes, which include free nicotine gum to help participants wean themselves off cigarettes or chewing tobacco. The six-week program consists of two-hour sessions once weekly.

More information on the program, please call Ms. Terry at (904) 653-5250.

ing, the health department's Kim Terry, health education supervisor, presented a report on two of the department's goals in its Community Health Improvement Plan, or CHIP.

The first goal is to chop the county's death rate for diabetes from 37.7 per 100,000 to 19 per 100,000 by 2020, which is about what the statewide rate is today. That could be achieved if the rate drops 3 percent per year.

To do so, Ms. Terry said, the department intends to continue offering its diabetes management classes and doing health screenings to identify those with diabetes or at-risk of developing the chronic disease.

The next series of classes, which include free blood-sugar testing supplies, will begin in May.

Ms. Terry said last year the program served 50 attendees who met once weekly for four weeks. She said 59 percent of them were insured by Medicaid or Medicare, or were uninsured. She said 65 percent of

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