



Community Health Improvement Plan

Dixie County

September 2012



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Overview

Community health needs assessment (CHNA) and community health improvement planning (CHIP) activities for Dixie County in 2012 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 Dixie County Health Department (DCHD) 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, while 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, the Dixie County Community Health Needs Assessment did not include a FCA.

Collectively, the results of the three MAPP assessments conducted for Dixie County 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. This document provides a brief summary of key findings in each of the three key MAPP assessment areas (CHSA, LPHSA, and CTSA) and presents the Dixie County Community Health Improvement Plan.

Key Community Health Needs Assessment Issues

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

Community Health Status Assessment

Key insights of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Dixie County both on an individual and county-wide basis.
- Dixie County continues to exceed the state death rates for most of the ten leading causes of death in Florida with the overall death rate in Dixie County being nearly 33% higher than the state.
- While there are disparities in death rates among white and black residents in Dixie County, black residents of Dixie County fare better than their counterparts at the state level for overall mortality.
- Dixie County is slightly worse than the state for many of the leading birth indicators.
- Overall, poor health behaviors are on the rise in Dixie County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Dixie County's rate of avoidable hospitalizations is nearly 50% higher than the state rate.
- The most recent estimates for the uninsured put the uninsured rate of Dixie County non-elderly residents between 18-21% though most of the best estimates are available for the period immediately prior to the precipitous economic downturn.
- Dixie County is near the bottom 10% of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Dixie County are substantially lower than state and national averages.

Local Public Health System Assessment

The LPHSA asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose And Investigate Health Problems and Health Hazards
3. Inform, Educate, and Empower People about Health Issues
4. **Mobilize Community Partnerships to Identify and Solve Health Problems**
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. **Enforce Laws and Regulations that Protect Health and Ensure Safety**
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessed scores of how Dixie County stacks up in each of the 10 Essential Public Health Services, these scores indicate that there may be opportunities in Dixie County to better mobilize community partnerships to identify and solve health problems and to enforce laws and regulations that protect health and ensure safety. These were the areas where Dixie County scored lowest, based on self-assessment.

Based on the self-assessment of the cross-sectional group representing the local public health system partners, two of the ten Essential Services scored very low, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 4 and 6. The low scores for EPHS 4 and 6 may indicate that there are opportunities in Dixie County in the following areas:

- better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- enforce laws and regulations that protect health and ensure safety (EPHS 6).

Community Themes and Strengths Assessment

Based on perceptions shared during Community Themes and Strengths Assessment (CTSA) focus groups, participants highlighted the following areas of concern:

- Economic barriers
 - Lack of jobs
 - Lack of health insurance
- Service needs and barriers
 - Public transportation
 - Mental health and dental services
 - After-hours care
- Potential resources available
 - School system
 - Health Department
 - Faith-based services

Forces of Change Assessment

Forces of change discussions were held after the original community health assessment process in conjunction with ongoing community health improvement activities. Key themes in the forces of change discussion included:

- Economic barriers
 - Lack of jobs
 - Lack of health insurance
- Service needs and barriers
 - Public transportation
 - Dental services
 - After-hours care
- Potential resources available
 - School system
 - Health Department
 - Faith-based services

Dixie County CHIP Methodology

To conclude the MAPP community health needs assessment, the Core Community Support Team, a group representative of the local public health system partners, was re-convened and to identify some potential next steps for Dixie County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Potential next steps identified included:

- Conduct the fourth and final of the four core MAPP assessments (the Forces of Change Assessment).
- Formation of a key group of community leaders to address and advise the community on local public health system improvement activities.
- Utilize results of four MAPP assessments to drive a process of developing community-identified strategic priorities with goal statements and strategies.
- Utilize results of the four MAPP assessments to create a community health improvement plan (CHIP).
- Utilize results of the four MAPP assessments to create a local public health system improvement plan.

In order to create the Dixie County Community Health Improvement Plan, a Dixie County CHIP Work Group was formed from among key members of the of the original needs assessment team and from a representative group of the local public health system.

Members of the Dixie County CHIP Work Group met in-person for two workshops (July 31 and September 25, 2012) to take the input of the MAPP needs assessment and identify the priority issues and formulate a response to those issues which ultimately became the CHIP. During the workshop process, in addition to in-person deliberations and consensus-building, the CHIP Work Group utilized SurveyMonkey and other internet-based activities to help foster the plan. WellFlorida Council, the statutorily designated (F.S. 408.033) local health council that serves Dixie County, provided technical and administrative assistance as well as facilitation for the Work Group workshops.

During the July 31 workshop, members dissected the key insights of the needs assessment and brainstormed a list of key community health issues. Between the first and the second workshops, members participated in online priority ranking exercises utilizing SurveyMonkey in order to prioritize the list of issues based on their magnitude of importance in Dixie County and the likelihood that these issues could be substantially positively impacted through local efforts. Members of the CHIP Work Group reviewed priority rankings and finalized a ranked list of all key issues in an online forum. The Work Group then followed a similar brainstorming procedure to create a list of strategies for each of the key priority issues. To conclude the online issue and strategy prioritization, the Work Group employed a SurveyMonkey process similar to the issue prioritization survey in order to prioritize the key strategies for each key issue.

The final in-person workshop was held on September 25, 2012. During this meeting, Work Group members finalized the priority strategies for each priority issue and also identified goals and objectives for each of the major issue areas and strategies. WellFlorida Council then consolidated all of the information generated during the in-person workshops and during online sessions to create the draft

CHIP report. Members reviewed draft materials and then approved the CHIP goals, strategies and objectives and this final draft report via email.

Dixie County CHIP (Goals, Strategies and Objectives)

A key component of Dixie County's CHIP is an overarching strategy to conduct a community workshop sometime after the November 2012 general elections to present the results of the needs assessment and the CHIP to the key leaders and decision makers in Dixie County including representatives of:

- Dixie County Board of County Commissioners;
- City Commissions;
- County and City Managers;
- Clerks of County and Cities;
- Dixie County Sheriff's Department;
- City Police Departments;
- Emergency Medical Services;
- Dixie County Health Department;
- Family Medical, Inc;
- Dixie County School Board and Public Schools;
- Ministerial Association and Churches;
- Physicians and Dentists;
- Mental Health Providers;
- Social Services Providers;
- Department of Children and Families;
- Department of Corrections;
- Dixie County Jail; and
- Leading Community Businesses

The Dixie County Work Group hopes for either the identification of groups to address specific components of the CHIP or the formation an ongoing key group of community leaders to address and advise the community on local public health issues, lead community projects to address health issues, and to shepherd ongoing needs assessment and community health improvement activities. As such, the following Dixie County CHIP is presented below as goals, strategies and objectives, and the Dixie County CHIP Work Group hopes and recommends that a group or groups committing to the vision in the CHIP will specify detailed action plans that include key activities, lead roles, community resources, targeted dates for key activities and evaluation measures. The Work Group noted that the consensus building that will ensue around the community workshop and the development of the detailed action plans may foster the growth and the development of ongoing community health improvement planning efforts.

GOAL 1 Reduce drug (especially meth) and alcohol abuse and their harmful societal effects in Dixie County.

Strategy 1.1 Develop park and community spaces watch programs, patterned after neighborhood watch programs and utilizing existing resources such as the county's Citizens on Patrol Program, to discourage illicit drug activity in these community spaces.

Objective 1.1.1: Implement the park and community spaces watch program by April 2013.

Strategy 1.2 Investigate the feasibility of anti-drug mentor programs for youth using:

- National models such as Big Brothers/Big Sisters;
- Peer mentors/students in existing school-based programs such as SWAT; and
- Existing faith-based initiatives that can be tailored to anti-drug messaging.

Objective 1.2.1: Implement a pilot anti-drug mentoring program for school-aged youth by September 2013.

Strategy 1.3 Enhance the efforts of the Reality Tour Program, which confronts children and parents in realistic ways as to the dangers of drug use in hopes that these realistic messages will foster positive anti-drug behaviors.

Objective 1.3.1: Implement the Reality Tour Program (in as many school-based settings as possible) as a formal community education program for school-aged youth by December 2013.

GOAL 2 Enhance the resources in Dixie County for drug abuse and mental health counseling.

Strategy 2.1 Pursue a federal Department of Health and Human Services Health Resources Services Administration Rural Health Network Planning Grant, potentially in partnership with Gilchrist County, to plan for a system of substance abuse and mental health services for uninsured and indigent clients.

Objective 2.1.1: By October 2013, apply for the Department of Health and Human Services Health Resources and Services Administration Rural Health Network Development Grant.

Strategy 2.2 Encourage the local federally qualified health center to pursue a capacity expansion grant to implement expanded mental health and substance abuse services in Dixie County.

Objective 2.2.1: Work with the local federally qualified health center to apply for capacity expansion grant by December 2013 (or to grant period closest to this target date).

Strategy 2.3 Work with the University of Florida Department of Psychiatry to re-introduce the free-of-charge Psychologist Services Program that was previously provided to Dixie County for 15 years (ending in September 2012).

Objective 2.3.1: By June 2013, investigate the feasibility of a community partnership (including the possibility of partners in Gilchrist County) to help the University of Florida defray some of the costs of this free (to clients) program to encourage the University of Florida to relocate the program back in the community.

GOAL 3 Increase physical activity and health education opportunities for youth.

Strategy 3.1 Conduct health education training and classes as part of school and community-based mentoring programs.

Objective 3.1.1: Incorporate health education and physical activity components to complement mentor programs originally developed to foster anti-drug behavior by December 2013.

Objective 3.1.2: By September 2013, partner with schools to create a positive role model program that includes physical activity and sports participation.

Objective 3.1.3: By September 2013, investigate potential for community promotion of computer games and educational modules that kids enjoy that champion good life decisions and provide health education in all phases of life.

Dixie County Community Health Improvement Plan: Next Steps

As stated in Robert Wood Johnson's 2010 portfolio about vulnerable populations *A New Way to Talk about the Social Determinants of Health*:

"...No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government and civic and religious institutions."

In this respect, Dixie County and the health challenges its citizens face are no different. Members of the CHIP Work Group realize that the first step is to formulate promote this CHIP through a community workshop that will lead efforts to implement and grow this plan with the hopes of:

- Creating a healthier community and better quality of life;
- Increasing the visibility of public health and an understanding of what truly is the "local public health system;"
- Anticipating and managing change;
- Creating a stronger local public health infrastructure; and
- Engaging the community and creating community ownership for community health issues.

Thus, the "first" of the next steps that will be critical to implementation of the overall Dixie County CHIP and resultant action steps, subsequent MAPP assessments and ongoing community health improvement planning will be the presentation of the Dixie County community health needs assessment and CHIP to key community leaders and decision makers. Key constituencies that worked on the MAPP assessments and the CHIP will now focus on putting together the framework for the workshop that will hopefully lead to the implementation of the CHIP, monitoring of CHIP performance and ongoing community health needs assessment and community health improvement planning activities.

2013 Dixie County Community Health Improvement Planning Update

Update Overview

The focus of the 2013 update of the Dixie County Community Health Improvement Plan was to bring the plan into alignment with Public Health Accreditation Board standards for community health improvement planning. As such, the update includes the following components:

- An update to the goals, strategies and objectives to make them more consistent with the SMART format; that is the goals and strategies are tied to objectives that are Specific, Measurable, Achievable, Realistic and Time-sensitive.
- Identification for each strategy of potential key leads and partners for implementation.
- Potential performance indicators (or interim measures of success).

- Alignment of goals and objectives of local plan with state and national priorities.
- Potential policy implications or policy actions that may need to be taken for implementation.

The sections that follow detail each of these components.

Updated Goals, Strategies and Objectives

Table 1 represents the updates to the goals, objectives and strategies from the 2012 CHIP process as well as the addition of performance measures and potential key leads and partners. Three additional CHIP meetings were held to update the 2012 CHIP to make it more in alignment with the Public Health Accreditation Board standards. Two meetings were held with the internal Dixie County staff team dedicated to CHIP activities and one meeting was held with the community-based CHIP Work Group. It is hoped that from this volunteer CHIP Work Group an ongoing implementation coalition will develop and that this coalition will be the coordinating body for ongoing CHIP and CHA activities in Dixie County.

Table 1. Dixie County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 1 - Reduce drug and alcohol abuse and their harmful societal effects in Dixie County.	<u>Objective 1.1</u> By December 31, 2015, reduce the percentage of adults who engage in heavy or binge drinking to 12.0% (Baseline: 13.5%, 2010 BRFSS). <u>Objective 1.2</u> By December 31, 2015, reduce the percentage of middle and high school students who report using alcohol in the past 30 days to 21.0% (Baseline: 23.3%, 2012 Florida Youth Substance Abuse Survey). <u>Objective 1.3</u> By December 31, 2016, reduce the risk factor prevalence rate for early initiation of drug use to 41% for middle school students and 36% for high school students (Baseline: 43% middle school, 38% high school, 2012 Florida Youth Substance Abuse Survey).	<u>Strategy 1.A</u> Develop park and community spaces watch programs, patterned after neighborhood watch programs and utilizing existing resources such as the county's Citizens on Patrol Program, to discourage illicit drug activity in these community spaces.	<ul style="list-style-type: none"> • Implement the park and community spaces watch program by December 31, 2014. • Identify community actions that already exist and publicize the resources (Dixie Anti-Drug Coalition is beginning this) • Work cooperatively with the newly formed Dixie County Anti-Drug Coalition. • Create a hotline for citizens aware of drug abuse activity where they could anonymously report concerns. • Publicize community mental health resources. 	<ul style="list-style-type: none"> • Dixie County Anti-Drug Coalition • Faith-Based organizations • School District • Sheriff's Office • Meridian BHC • County Health Department • Other law enforcement and court system • Dixie County Parks and Recreation • Dixie BOCC
		<u>Strategy 1.B</u> Investigate the feasibility of anti-drug mentor programs for youth using: <ul style="list-style-type: none"> • National models such as Big Brothers/Big Sisters; • Peer mentors/students in existing school-based programs such as SWAT; and • Existing faith-based initiatives that can be tailored to anti-drug messaging. 	<ul style="list-style-type: none"> • Implement a pilot anti-drug mentoring program for school-aged youth by WHEN. • Seek grant funding to help train peer mentors as well as offer substance abuse counseling. • Request the return of University of Florida psychology counselor 	<ul style="list-style-type: none"> • Dixie County Sheriff's Office • DARE Program • School System • Law Enforcement • Parents • Faith-Based organizations • Juvenile Justice • Dixie BOCC • University of Florida

Table 1. Dixie County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
			<ul style="list-style-type: none"> to Dixie CHD. Seek input from surrounding areas that have Big Brother/Big Sister Programs to learn how to initiate such programs. Encourage participation from local SWAT club to establish peer counselors. Organize a meeting with all of our area Ministers of Youth for their input in ways to tailor this anti-drug message to youth. 	<ul style="list-style-type: none"> Dixie County Anti-Drug Coalition Area Big Brother/Big Sister organizations Meridian BHC
		<u>Strategy 1.C</u> Enhance the efforts of the Reality Tour Program, which confronts children and parents in realistic ways as to the dangers of drug use in hopes that these realistic messages will foster positive anti-drug behaviors.	<ul style="list-style-type: none"> Implement the Reality Tour Program (in as many school-based settings as possible) as a formal community education program for school-aged youth by May 31, 2014. Identify as many school-based settings as possible as a formal community education program for school-aged youth. Train as many counselors as possible for Reality Tours. Implement education program to educate on the effects of drug and substance abuse on family function and development. Conduct pre- and post-tests of parents and children who participate in the program. 	<ul style="list-style-type: none"> School District Individual Schools Parents Students Dixie County Anti-Drug Coalition Law enforcement Faith-based organizations Tour volunteers

Table 1. Dixie County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 2 - Enhance the resources in Dixie County for drug abuse and mental health counseling.	<u>Objective 2.1</u> By December 31, 2015, reduce the percentage of adults who indicated they had poor mental health for 14 or more of the past 30 days to 20.0% (Baseline: 21.5%, 2010 BRFSS). <u>Objective 2.2</u> By December 31, 2015, increase the percentage of adults who indicated that they always or usually receive the social and emotional support they need to 75.0% (Baseline: 72.2%, 2010 BRFSS). <u>Objective 2.3</u> By December 31, 2015, reduce the average number of unhealthy mental days within the past 30 days reported by adults to 5.6 (Baseline: 6.6 days, 2010 BRFSS).	<u>Strategy 2.A</u> Pursue a federal Department of Health and Human Services Health Resources Services Administration Rural Health Network Planning Grant, potentially in partnership with Gilchrist County, to plan for a system of substance abuse and mental health services for uninsured and indigent clients.	<ul style="list-style-type: none"> By July 30, 2014, apply for the Department of Health and Human Services Health Resources and Services Administration Rural Health Network Development Grant. Gather all relevant data to determine most pressing needs. Develop intervention or services model that the grant will fund. Successfully recruit all necessary partners in Dixie and potentially Gilchrist Counties. Develop volunteer grantwriting team and allocate work activities accordingly. 	<ul style="list-style-type: none"> Department of Health and Human Services Health Resources and Services Administration Dixie CHD Meridian BHC University of Florida Dixie County Anti-Drug Coalition Local law enforcement School system County government Gilchrist County partners Volunteer grant writer(s)
		<u>Strategy 2.B</u> Encourage the local federally qualified health center to pursue a capacity expansion grant to implement expanded mental health and substance abuse services in Dixie County.	<ul style="list-style-type: none"> By July 31, 2014 (or the grant period that coincides most closely with this date) work with the local federally qualified health center to apply for capacity expansion grant. Gather all relevant data to determine most pressing needs. Develop intervention or services model that the grant will fund. Successfully recruit all necessary partners in Dixie and Gilchrist Counties. Develop volunteer grantwriting team and allocate work activities accordingly. 	<ul style="list-style-type: none"> Department of Health and Human Services Health Resources and Services Administration FQHC Partner(s) Dixie County CHD Meridian BHC Dixie County Ant-Drug Coalition Law enforcement Judicial system County government Grantwriting team comprised of key partners
		<u>Strategy 2.C</u> Work with the University of Florida Department of Psychiatry to re-introduce the free-of-charge	<ul style="list-style-type: none"> By July 1, 2014, investigate the feasibility of a community 	<ul style="list-style-type: none"> University of Florida Dixie County Health

Table 1. Dixie County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
		Psychologist Services Program that was previously provided to Dixie County for 15 years (ending in September 2012).	<ul style="list-style-type: none"> partnership (including the possibility of partners in Gilchrist County) to help the University of Florida defray some of the costs of this free (to clients) program to encourage the University of Florida to relocate the program back in the community. Develop concept to pitch to University of Florida. Meet with key University of Florida contacts. Secure new commitments. Determine parameters of commitments. Re-launch services. 	<ul style="list-style-type: none"> Department Local government Sheriff's office United Christian Services Faith-based organizations Florida State University psychology program
GOAL 3 - Increase physical activity and health education opportunities for youth.	<p><u>Objective 3.1</u> By December 31, 2015, the percentage of Dixie County high school students whose BMI classify them as overweight or obese will be below the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 25.1%, 2011 Florida YRBS).</p> <p><u>Objective 3.2</u> By December 31, 2015, the percentage of Dixie County high school students who report physically active for 60 or more minutes on 5 of the past 7 days will be above the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 43.6%, 2011 Florida YRBS).</p> <p><u>Objective 3.3</u> By December 31, 2015, the percentage of Dixie County high school students who report eating fruits and</p>	<u>Strategy 3.A</u> Conduct health education training and classes as part of school and community-based mentoring programs.	<ul style="list-style-type: none"> By December 31, 2014, incorporate health education and physical activity components to complement mentor programs originally developed to foster anti-drug behavior. By August 31, 2014, partner with schools to create a positive role model program that includes physical activity and sports participation. By August 31, 2014, investigate potential for community promotion of computer games and educational modules that kids enjoy that champion good life decisions and provide health education in all phases of life. 	<ul style="list-style-type: none"> School system Students Youth leagues Faith-based organizations 4-H Club IFAS Extension Office Local government Parents Volunteer mentors Local businesses

Table 1. Dixie County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	vegetables on 5 or more of the past 7 days will be above the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 22.6%, 2011 Florida YRBS).			

Alignment with State and National Priorities

The 2013 Dixie County Community Health Improvement Plan Update has been reviewed for alignment with the following state and national guidelines:

- Florida State Health Improvement Plan 2012-2015 (April 2012) from the Florida Department of Health
- Healthy People 2020 from the United States Department of Health and Human Services
- National Prevention Strategy – America’s Plan for Better Health and Wellness (June 2011) from the National Prevention Council

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment. Table 2 summarizes where the 2013 Dixie County CHIP Update objectives align with the various state and national standards.

Table 2. Dixie County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
<i>GOAL 1 - Reduce drug and alcohol abuse and their harmful societal effects in Dixie County.</i>			
<u>Objective 1.1</u> By December 31, 2015, reduce the percentage of adults who engage in heavy or binge drinking to 12.0% (Baseline: 13.5%, 2010 BRFSS).	Topic Area: Substance Abuse Objective(s): SA-9; SA-10; SA-14; SA-15; SA-16	Strategic Issue Area: Access to Care Goal AC3; Strategies AC3.1 and AC3.2: Pg. 24	Strategic Direction(s): Preventing Drug and Alcohol Abuse, Pg. 31
<u>Objective 1.2</u> By December 31, 2015, reduce the percentage of middle and high school students who report using	Topic Area: Substance Abuse Objective(s): SA-1; SA-2; SA-3; SA-4	Strategic Issue Area: Access to Care Goal AC3; Strategies AC3.1 and AC3.2: Pg. 24	Strategic Direction(s): Preventing Drug and Alcohol Abuse, Pg. 31

Table 2. Dixie County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
alcohol in the past 30 days to 21.0% (Baseline: 23.3%, 2012 Florida Youth Substance Abuse Survey).			
<u>Objective 1.3</u> By December 31, 2016, reduce the risk factor prevalence rate for early initiation of drug use to 41% for middle school students and 36% for high school students (Baseline: 43% middle school, 38% high school, 2012 Florida Youth Substance Abuse Survey).	Topic Area: Substance Abuse Objective(s): SA-1; SA-2; SA-3; SA-4	Strategic Issue Area: Access to Care Goal AC3; Strategies AC3.1 and AC3.2: Pg. 24	Strategic Direction(s): Preventing Drug and Alcohol Abuse, Pg. 31
<i>GOAL 2 - Enhance the resources in Dixie County for drug abuse and mental health counseling.</i>			
<u>Objective 2.1</u> By December 31, 2015, reduce the percentage of adults who indicated they had poor mental health for 14 or more of the past 30 days to 20.0% (Baseline: 21.5%, 2010 BRFSS).	Topic Area: Mental Health and Mental Disorders Objective(s): MHMD-4; MHMD-9	Strategic Issue Area: Access to Care Goal AC3; Strategies AC3.1 and AC3.2: Pg. 24	Strategic Direction(s): Mental and Emotional Well Being, Pg. 48
<u>Objective 2.2</u> By December 31, 2015, increase the percentage of adults who indicated that they always or usually receive the social and emotional support they need to 75.0% (Baseline: 72.2%, 2010 BRFSS).	Topic Area: Mental Health and Mental Disorders Objective(s): MHMD-5; MHMD-9; MHMD-10; MHMD-11; MDHD-12	Strategic Issue Area: Access to Care Goal AC3; Strategies AC3.1 and AC3.2: Pg. 24	Strategic Direction(s): Mental and Emotional Well Being, Pg. 48
<u>Objective 2.3</u> By December 31, 2015, reduce the average number of unhealthy mental days within the past 30 days reported by adults to 5.6 (Baseline: 6.6 days, 2010 BRFSS).	Topic Area: Mental Health and Mental Disorders Objective(s): MHMD-5; MHMD-9; MHMD-10; MHMD-11; MDHD-12	Strategic Issue Area: Access to Care Goal AC3; Strategies AC3.1 and AC3.2: Pg. 24	Strategic Direction(s): Mental and Emotional Well Being, Pg. 48

Table 2. Dixie County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
<i>GOAL 3 - Increase physical activity and health education opportunities for youth.</i>			
<u>Objective 3.1</u> By December 31, 2015, the percentage of Dixie County high school students whose BMI classify them as overweight or obese will be below the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 25.1%, 2011 Florida YRBS).	Topic Area: Nutrition and Weight Status Objective(s): NWS-5; NWS-8; NWS-9; NWS-11 Sub-objective(s): NWS-11.5	Strategic Issue Area: Chronic Disease Prevention Goal CD1, Pg. 14	Priorities: Healthy Eating, Pg. 34; Active Living, Pg. 38
<u>Objective 3.2</u> By December 31, 2015, the percentage of Dixie County high school students who report physically active for 60 or more minutes on 5 of the past 7 days will be above the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 43.6%, 2011 Florida YRBS).	Topic Area: Physical Activity Objectives: PA-1; PA-2; Nutrition and Weight Status Objective(s): NWS-5; NWS-8; NWS-9; NWS-11 Sub-objective(s): NWS-11.5	Strategic Issue Area: Chronic Disease Prevention Goal CD1, Pg. 14	Priorities: Healthy Eating, Pg. 34; Active Living, Pg. 38
<u>Objective 3.3</u> By December 31, 2015, the percentage of Dixie County high school students who report eating fruits and vegetables on 5 or more of the past 7 days will be above the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 22.6%, 2011 Florida YRBS).	Topic Area: Nutrition and Weight Status Objective(s): NWS-5; NWS-8; NWS-9; NWS-11 Sub-objective(s): NWS-11.5	Strategic Issue Area: Chronic Disease Prevention Goal CD1, Pg. 14	Priorities: Healthy Eating, Pg. 34; Active Living, Pg. 38

Potential Policy Implications

Community health improvement activities and initiatives require both a mix of policy and non-policy changes to accomplish objectives. The Public Health Accreditation Board standards encourage communities to closely review their CHIP objectives and to determine possible policy changes that may need to be made in order to facilitate reaching the desired measurable objective. Table 3 catalogs for each objective in the 2013 Dixie County Community Health Improvement Plan Update the policy changes that may be required or should be considered in order achieve the objective.

Table 3. Potential policy changes required to achieve objectives of Dixie County CHIP.

Objective	Potential Policy Changes
<i>GOAL 1 - Reduce drug and alcohol abuse and their harmful societal effects in Dixie County.</i>	
<u>Objective 1.1</u> By December 31, 2015, reduce the percentage of adults who engage in heavy or binge drinking to 12.0% (Baseline: 13.5%, 2010 BRFSS).	<ul style="list-style-type: none"> • Potential policy changes at national level and state level regarding drinking age. • Increased enforcement of existing sales of alcohol to minors laws. • National, state and local laws and ordinances on marketing that targets youth.
<u>Objective 1.2</u> By December 31, 2015, reduce the percentage of middle and high school students who report using alcohol in the past 30 days to 21.0% (Baseline: 23.3%, 2012 Florida Youth Substance Abuse Survey).	<ul style="list-style-type: none"> • Potential policy changes at national level and state level regarding drinking age. • Increased enforcement of existing sales of alcohol to minors laws. • National, state and local laws and ordinances on marketing that targets youth. • Policies to encourage testing in school settings.
<u>Objective 1.3</u> By December 31, 2016, reduce the risk factor prevalence rate for early initiation of drug use to 41% for middle school students and 36% for high school students (Baseline: 43% middle school, 38% high school, 2012 Florida Youth Substance Abuse Survey).	<ul style="list-style-type: none"> • Potential policy changes at national level and state level regarding drinking age. • Increased enforcement of existing sales of alcohol to minors laws. • National, state and local laws and ordinances on marketing that targets youth. • Policies to encourage testing in school settings.
<i>GOAL 2 - Enhance the resources in Dixie County for drug abuse and mental health counseling.</i>	
<u>Objective 2.1</u> By December 31, 2015, reduce the percentage of	<ul style="list-style-type: none"> • Increased enforcement of existing national and state mental health (insurance) parity laws. • Policies to increase access to mental health services to the underserved.

Table 3. Potential policy changes required to achieve objectives of Dixie County CHIP.

Objective	Potential Policy Changes
adults who indicated they had poor mental health for 14 or more of the past 30 days to 20.0% (Baseline: 21.5%, 2010 BRFSS).	<ul style="list-style-type: none"> • Policies to encourage the development of “mental health first aid” courses in community settings. • Policy changes regarding county support of community safety-net mental health providers.
<u>Objective 2.2</u> By December 31, 2015, increase the percentage of adults who indicated that they always or usually receive the social and emotional support they need to 75.0% (Baseline: 72.2%, 2010 BRFSS).	<ul style="list-style-type: none"> • Increased enforcement of existing national and state mental health (insurance) parity laws. • Policies to increase access to mental health services to the underserved. • Policies to encourage the development of “mental health first aid” courses in community settings. • Policy changes regarding county support of community safety-net mental health providers.
<u>Objective 2.3</u> By December 31, 2015, reduce the average number of unhealthy mental days within the past 30 days reported by adults to 5.6 (Baseline: 6.6 days, 2010 BRFSS).	<ul style="list-style-type: none"> • Increased enforcement of existing national and state mental health (insurance) parity laws. • Policies to increase access to mental health services to the underserved. • Policies to encourage the development of “mental health first aid” courses in community settings. • Policy changes regarding county support of community safety-net mental health providers.
<i>GOAL 3 - Increase physical activity and health education opportunities for youth.</i>	
<u>Objective 3.1</u> By December 31, 2015, the percentage of Dixie County high school students whose BMI classify them as overweight or obese will be below the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 25.1%, 2011 Florida YRBS).	<ul style="list-style-type: none"> • Funding policies to have someone in the school system to be able to take BMI measurements. • School policies regarding parent consent may need to be addressed. • Policies may be needed to seek BMI calculation requirements at entrance of school year like required immunizations. • Encourage local businesses that contribute to obesity and overweight to change practices. • Local government policies may need to be enacted to encourage the above.
<u>Objective 3.2</u> By December 31, 2015, the percentage of Dixie County high school students who report physically active for 60 or more minutes on 5 of the past 7 days will be above	<ul style="list-style-type: none"> • State government and local school system guidelines on school time allocated for physical education and wellness education may need to be addressed. • Encourage local businesses that contribute to obesity and overweight to change practices. • Local government policies may need to be enacted to encourage the above. • Encourage local businesses that contribute to more physical activity. • Local government policies may need to be enacted to encourage the above. • Health insurance policies may need to change their policies to incentivize

Table 3. Potential policy changes required to achieve objectives of Dixie County CHIP.

Objective	Potential Policy Changes
the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 43.6%, 2011 Florida YRBS).	physical fitness
<u>Objective 3.3</u> By December 31, 2015, the percentage of Dixie County high school students who report eating fruits and vegetables on 5 or more of the past 7 days will be above the Florida percentage (Baseline: must obtain for Dixie County but state baseline is 22.6%, 2011 Florida YRBS).	<ul style="list-style-type: none"> • Encourage local businesses that contribute to better eating habits. • Local government policies may need to be enacted to encourage the above. • Health insurance policies may need to change their policies to incentivize healthy eating. • National, state and local nutritional guidelines and policies for school meals many need to be changed. • Encourage local businesses that contribute to better eating habits. • Local government policies may need to be enacted to encourage the above. • Health insurance policies may need to change their policies to incentivize healthy eating.