



SUWANNEE COUNTY

COMMUNITY HEALTH IMPROVEMENT

PLAN 2018-2023



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Suwannee County Community Health Improvement Plan 2018-2023

AT-A-GLANCE: SUWANNEE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES, GOALS AND STRATEGIES

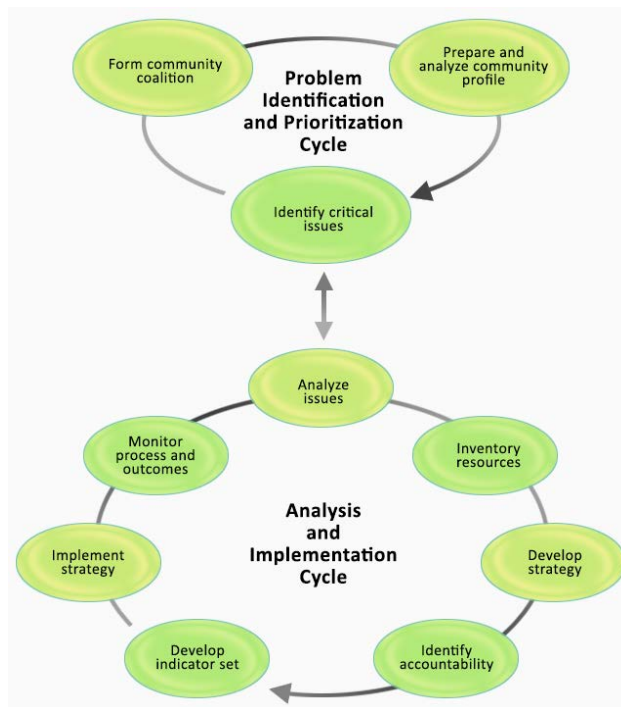
Strategic Priority: Reproductive and Sexual Health
Goal I: Improve the Health of Women and Babies
Strategies: Enhance access to health care services, resources and education
Goal II: Promote Healthy Relationships
Strategies: Provide education, community and teen engagement in change, institute policy change
Strategic Priority: Healthy Behaviors
Goal I: Reduce Substance Use
Strategies: Improve access to services and resources, provide health education, institute policy change for funding to support expanded services, focus efforts on tobacco cessation
Goal II: Prevent Injuries
Strategies: Provide education, support enforcement activities, institute policy change, focus on child passenger safety
Strategic Priority: Chronic Health Conditions
Goal I: Promote Healthy Lifestyles and Life Choices
Strategies: Implement primary prevention approaches to healthy lifestyles including education, access to services and resources, reduce impact of chronic diseases
Strategic Priority: Access to Health Care Services
Goal I: Improve Access to Health Care Services
Strategies: Eliminate barriers to health care services including dental and mental health care, use technology to bring enhanced services to the area, understand healthcare seeking behaviors
Strategic Priority: Community Engagement
Goal I: Mobilize the Community to Address Health Issues
Strategies: Institute policy change, implement community engagement tactics, involve youth in addressing health issues

Overview of Community Health Improvement Planning

COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine’s (IOM) 1997 publication *Improving Health in the Community*, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community’s health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention’s (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997



J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) *Improving Health in the Community*, Washington, DC: National Academy Press. Retrieved: <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

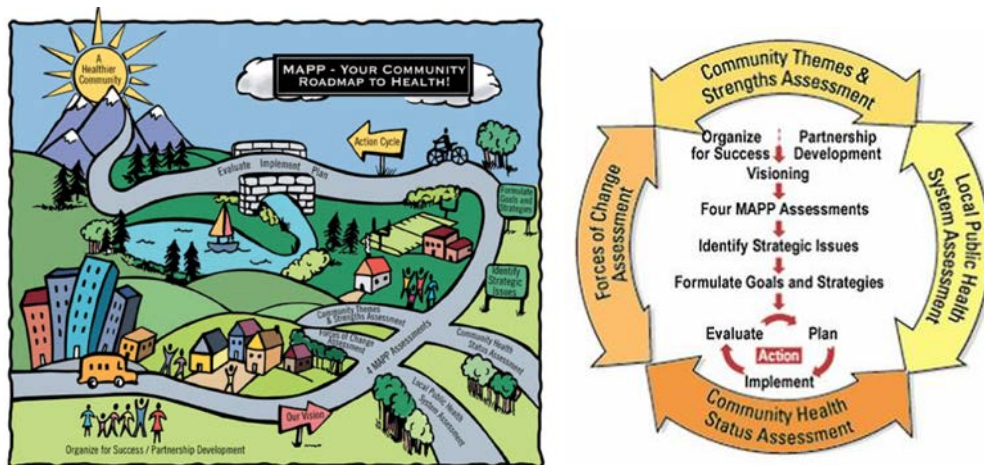
NACCHO and the CDC’s vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment
- Local Public Health System Assessment

The findings from four MAPP assessments inform the detection of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues are documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

FIGURE 2: MOBILIZING FOR PLANNING THROUGH PLANNING AND PARTNERSHIPS (MAPP)



National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved June 21, 2018, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool “to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status.” The community health improvement plan is described as a “long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process.” Further, the

community health improvement process “involves an ongoing collaborative, community-wide effort to identify, analyze and address health problems; assess applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (December 2013). *PHAB Standards and Measures*. Retrieved June 21, 2018, <http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf>

THE ROLE OF SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL DETERMINANTS OF HEALTH (SDOH)



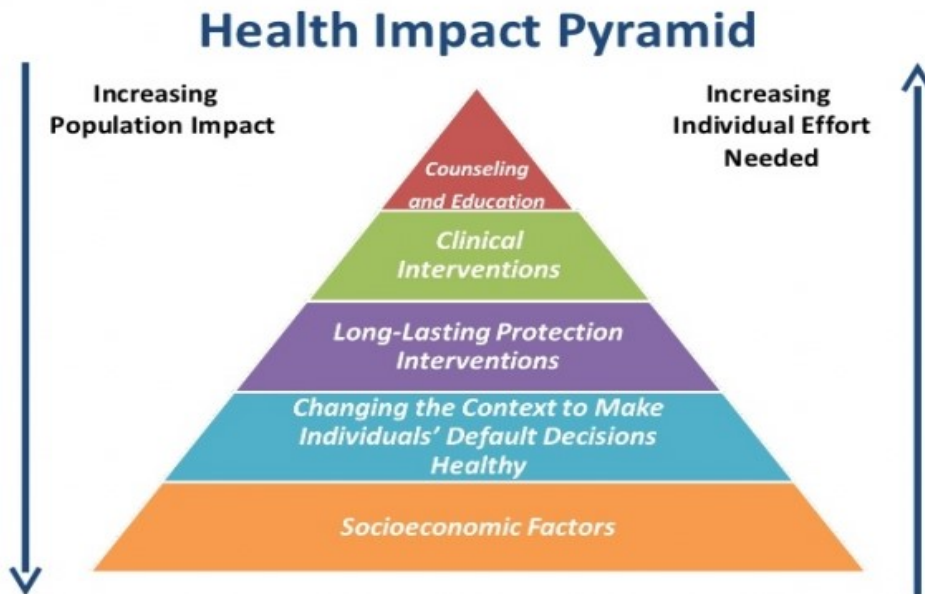
Healthy People 2020: Social Determinants of Health,” Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, accessed June 21, 2018, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social determinants of health (SDOH) include the “conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health,

functioning, and quality of life outcomes and risks”. (About Social Determinants of Health,” World Health Organization, accessed June 21, 2018 http://www.who.int/social_determinants/sdh_definition/en/). The SDOH include factors such as socioeconomic status, education, neighborhood and physical environment, employment and social networks as well as access to health care. Addressing social determinants of health is important for improving health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape individuals’ ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts. Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

The five tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address the SDOH are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 4: HEALTH IMPACT PYRAMID



Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved June 21, 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

Suwannee County Community Health Improvement Plan (CHIP) Process

METHODOLOGY

Development of the Suwannee County CHIP is a continuation of the community health assessment process using the MAPP model. Community health assessment work began in August 2017, wrapped up in January 2018 and soon after launched into the CHIP process, or MAPP phases 4 through 6, i.e., identifying strategic issues, formulating goals and strategies and implementation. Led by the Florida Department of Health in Suwannee County and members of the Suwannee Health Advisory Group (SHAG), the strong commitment to better understand the health status and health needs of the community followed by impactful action and accountability are the hallmarks of the Suwannee CHIP process. Enhancements to the 2018 CHIP include an emphasis on the social determinants of health and health equity with concerted efforts to involve, include and understand diverse perspectives; inclusion of policy and environmental change strategies; and direct involvement of key community partners and citizens in identifying, formulating and implementing solutions. LHIP members are responsible for developing the CHIP, identifying and including community partner agencies and citizens for inclusion in implementation efforts, and assuring accountability to the community for health improvement actions. A list of SHAG members can be found in the Appendix.

To refine and reconfirm the strategic issues and potential strategies that emerged from the community health needs assessment process, at their April 10th meeting the LHIP reviewed the data and key findings from the four MAPP assessments; specifically, these included community health status data, local public health system capacity, community themes and strengths findings from the community survey, and forces of change issues. Please see below for a brief review of these key findings and refer to two companion documents, the Suwannee County Community Health Needs Assessment 2018 and Suwannee County Technical Appendix for extensive data reporting. After the SHAG's review, discussion, and identification of common themes, members participated in a facilitated consensus workshop process to identify the final strategic priorities. Towards developing an implementation-ready CHIP, the SHAG set a timeline of activities including a sequence of online work via surveys and email correspondence, proposed conference calls and in-person meetings.

SHAG members conducted three in-person work sessions (April 10, May 29 and July 12) to formulate a plan to address the five strategic priorities with goals, strategies, objectives and accountability measures. In addition to in-person deliberations and consensus-building, the SHAG members utilized an online survey application to develop goal statements, identify strategies, and construct objectives. The WellFlorida Council provided technical and administrative assistance as well as facilitation for the SHAG work sessions.

At the May 29 and July 12 workshops, SHAG members dissected the proposed goal statements, enhanced and added strategies and refined the objectives collected via the online survey. Discussions were enriched by referring to findings and data in the Community Health Assessment and Technical Appendix documents, supplemental information provided by subject matter experts, and prioritization by consensus. In selecting

the final goals and objectives, SHAG members considered the magnitude of the health problems, the immediacy of the need, impact on vulnerable and priority populations, the potential contribution to elimination of health disparities, and the likelihood that the identified issues could be substantially and positively impacted through collaborative local efforts.

KEY ASSESSMENT FINDINGS

Data and findings from the community health assessment informed the selection of the strategic priorities in this Suwannee CHIP. Through the completion of the four MAPP assessments, multiple data sets from a variety of sources, including both primary and secondary data, generated a wealth of data. These data were reviewed, analyzed and discussed to identify common themes across assessments, persistent health problems, health and quality of life issues that have worsened, and timely opportunities. The key findings that emerged are highlighted below.

SOCIAL DETERMINANTS OF HEALTH

As described above, the SDOH have been shown to have impacts on overall health. In addition, the SDOH can reduce health disparities that are often rooted in social and economic disadvantages. Data show Suwannee County has continuing challenges with the following SDOH-related issues:

- Generational poverty
- Limited employment opportunities
- Lack of affordable housing
- Low health literacy

HEALTH STATUS

Disease and death rates are the most direct measures of health and well-being in a community. In Suwannee County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. While Suwannee County is similar to Florida in many health indicators, some differences exist. In Suwannee County, the leading causes of death rates that are higher than state rates include the first six conditions listed below.

- Heart Disease
- Cancer
- Diabetes
- Unintentional Injuries
- Chronic Lower Respiratory Disease
- Influenza and Pneumonia
- Infant Mortality

HEALTH BEHAVIORS AND CONDITIONS THAT CONTRIBUTE TO POOR HEALTH OUTCOMES

Health behavior data pointed to serious challenges facing Suwannee County residents. The issues listed below require multi-faceted approaches to improve existing health problems with simultaneous primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions that were considered as priority health issues include the following:

- Teen pregnancy
- Mental health problems
- Oral health issues
- Overweight and obesity
- Late entry into prenatal care
- Drug and substance abuse
- Tobacco use
- Poor nutrition and food choices

GEOGRAPHIC, RACIAL AND ETHNIC DISPARITIES

Some disparities were found in the course of Suwannee County's community health assessment process and these preventable differences were given serious consideration and importance in CHIP discussions. Areas of particular concern include:

- Differences in poverty rates for children, adults and between Whites and Blacks by geography
- Differences in mortality rates among Whites, Blacks and Hispanics for Diabetes, higher death rates for Whites for Chronic Lower Respiratory Disease and Suicide.
- Low Birth Weight births among Blacks and lagging first trimester care rates among Blacks and Hispanics
- Incidence rates for four types of Cancer including Prostate, Brain, Esophagus and Ovarian Cancer that are higher among Blacks

HEALTH CARE RESOURCES AND UTILIZATION

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Rural communities like Suwannee County face many barriers in accessing health care services. Utilization and health professional shortage data illuminated the depth of access to care issues in Suwannee County. The major issues fall into the three groups as listed below.

- Inappropriate use of Emergency Departments for routine primary, mental health, and dental care
- Lack of healthcare providers and services, specialty care physicians, and dentists
- Lack of affordable health insurance with sufficient coverage

COMMUNITY INFRASTRUCTURE AND ENVIRONMENT

Threats to the natural environment in Suwannee County emerged as pressing concerns including the degradation of natural resources, encroachment on agricultural land and impacts from natural disasters. Also in the forefront of community concerns are Suwannee County residents' lack of full understanding, sense of urgency, and engagement in addressing local health issues.

- Challenges in mobilizing partners and the community to address health issues
- Elections at state and local levels
- Threats to natural resources, the environment, the rural setting in Suwannee County and agricultural economy
- Need for better community health education and health information dissemination
- After effects from Hurricane Irma

Suwannee County CHIP Goals, Strategies and Objectives

The Suwannee County 2018-2023 CHIP focuses on five strategic priority areas. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring and reporting. Each goal area has its own work plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms (see Appendix for the work plan template; also see the separate companion work plan document that is updated regularly).

Strategic Priority: Reproductive and Sexual Health
Goal I: Improve the Health of Women and Babies
Strategies: Improve access to health care services, resources, education
Objectives: <ul style="list-style-type: none"> • By December 31, 2020 reduce the teen pregnancy rate by 3% • Increase breastfeeding initiation rates from 74% to 77% by December 31, 2019 • By December 31, 2019 increase the percentage of women who receive prenatal care in their first trimester by 5% • By December 31, 2019 increase the percentage of babies receiving immunizations in their first 2 years by 5%. • By January 31, 2019, an informational campaign will be launched to make the community aware of local obstetric and gynecological services available.
Goal II: Promote Healthy Relationships
Strategies: Provide education, engage teens and community in change, institute policy change
Objectives: <ul style="list-style-type: none"> • A task force on reproductive and sexual health education will be formed and hold its first meeting by December 31, 2018 • The task force will recommend adoption of school policy on a comprehensive health education program by December 31, 2019. • By July 31, 2023 comprehensive health education will be implemented in the Suwannee County school system and in community and faith-based schools
Strategic Priority: Healthy Behaviors
Goal I: Reduce Substance Use
Strategies: : Improve access to services and resources, provide health education, institute policy change for funding to support expanded services, focus efforts on tobacco cessation
Objectives: <ul style="list-style-type: none"> • Decrease percentage of adult tobacco users by 3% by December 31, 2021 • Locate one funding source for mental health services in Suwannee County by December 31, 2021 • Increase the availability of trained mental health professionals in Suwannee County schools by December 31, 2020 • Increase the availability of mental health services by December 31, 2019 (baseline from Meridian)

Goal II: Prevent Injuries
Strategies: Provide education, support enforcement activities, institute policy change, focus on child passenger safety
Objectives: <ul style="list-style-type: none"> • Decrease the number accidental injury related deaths by 5% by December 31, 2021. • Reduce drownings by 30% by December 31, 2021 • Increase seat belt usage 25% among all drivers by June 30, 2020
Strategic Priority: Chronic Health Conditions
Goal I: Promote Healthy Lifestyles and Life Choices
Strategies: Implement primary prevention approaches to healthy lifestyles including education and access to services and resources, reduce impact of chronic diseases
Objectives: <ul style="list-style-type: none"> • Decrease adult obesity by 3% by December 31, 2021 • Increase percentage of adults who engage in regular physical activity by 15% by September 30, 2020 • By December 31, 2019 the percentage of diabetics that received self-management education will increase by 2% • Implement healthy hikes program with a minimum of 3 per year by December 31, 2019 • Increase physical activity for children 20% by September 30, 2020 (measurement: number of minutes in physical education class)
Strategic Priority: Access to Health Care Services
Goal I: Improve Access to Health Care Services
Strategies: Eliminate barriers to health care services including dental and mental health care, use technology to bring enhanced services to the area, understand healthcare seeking behaviors
Strategic Priority: Community Engagement
Goal I: Mobilize the Community to Address Health Issues
Strategies: Institute policy change, employ community engagement tactics, involve youth in addressing health issues
Objectives: <ul style="list-style-type: none"> • Increase the number of resource providers/vendors at each health-related community events by 10% each consecutive year beginning in June 30, 2019 • Identify grant or other funding sources to link Live Oak trails with Branford trails to form an extensive scenic route for bicyclers by December 31, 2022. • By June 30, 2019, increase the number of Suwannee Health Advisory Group (SHAG) members by 4 • Increase community participation by both adults and youth in community health-related events by 30% percent by December 31, 2022 (baseline to be established in 2019) • Develop, coordinate, and host 1 community health summit by December 31, 2019

Suwannee County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies and objectives in the Suwannee CHIP align with several state and national initiatives. These include the Florida Department of Health’s State Health Improvement Plan for 2017-2021, Healthy People 2020, the U.S. Department of Health and Human Services (HHS) Surgeon General’s Office National Prevention Strategy 2017, and HHS Office of Minority Health National Stakeholder Strategy for Achieving Health Equity. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Suwannee County residents.

<p style="text-align: center;">Suwannee County CHIP Objectives</p>	<ul style="list-style-type: none"> • HP 2020 = Healthy People 2020 (bold = exact match of objectives) • Florida SHIP = Florida State Health Improvement Plan, 2017 – 2021 • NPS = National Prevention Strategy • NSS Health Equity: National Stakeholder Strategy for Achieving Healthy Equity
<p>Strategic Priority: Reproductive and Sexual Health</p>	
<p>By December 31, 2019 an educational and advertising campaign, targeting middle and high school students, featuring radio ads, community bulletin boards, and print ads in local media will be launched to outline key factors in responsible parenting and sexual behaviors</p>	<p>HP 2020: HC/HIT 13, EMC 4, EMC 4.3, ECBP 2, ECBP 3, ECBP 3.3</p> <p>NPS: Reproductive and Sexual Health</p>
<p>By December 31, 2020 reduce the teen pregnancy rate by 3%</p>	<p>HP 2020: FP 8, FP 10, FP 11, ECBP 2.7, HIV 17</p> <p>NPS: Reproductive and Sexual Health</p>
<p>Increase breastfeeding initiation rates from 74% to 77% by December 31, 2019</p>	<p>HP 2020: MICH 21 (21.1-21.5), MICH 23</p>
<p>By December 31, 2019 increase the percentage of women who receive prenatal care in their first trimester by 5%</p>	<p>HP 2020: MICH 10.1, MICH 10, MICH 10.2</p> <p>NPS: Reproductive and Sexual Health</p>
<p>By December 31, 2019 increase the percentage of babies receiving immunizations in their first 2 years by 5%.</p>	<p>HP2020: ID 7 (7.1-7.10), IID 8, IID 9</p> <p>Florida SHIP IM 2.1.1</p>
<p>By January 31, 2019, an informational campaign will be launched to make the community aware of local obstetric and gynecological services available.</p>	<p>HP 2020: FP 12</p> <p>NPS: Reproductive and Sexual Health</p>
<p>A task force on reproductive and sexual health education will be formed and hold its first meeting by December 31, 2018</p>	<p>HP 2020: FP 12</p> <p>NPS: Reproductive and Sexual Health</p>

The task force will recommend adoption of school policy on a comprehensive health education program by December 31, 2019.	
By July 31, 2023 comprehensive health education will implemented in the Suwannee County school system and in community and faith-based schools	HP 2020: EMC 4, ECBP 1, ECBP 2, ECBP 3, ECBP 4, ECBP 5
Strategic Priority: Healthy Behaviors	
Decrease percentage of adult tobacco users by 3% by December 31, 2021	HP 2020: TU 1 (1.1-1.3), TU 2 (2.1-2.4), TU 4, TU 5
Locate one funding source for mental health services in Suwannee County by December 31, 2021	Florida SHIP HE 3.5.1, HE 3.5.2 NPS: Mental and Emotional Well-Being
Increase the availability of trained mental health professionals in Suwannee County schools by December 31, 2020	HP 2020: EMC 4, MHMD 6 Florida SHIP HE 3.5.1, HE 3.5.2 NPS: Mental and Emotional Well-Being
Increase the availability of mental health services by December 31, 2019	HP 2020: MHMD 5, MHMD 9, MHMD 12, ECBP 10.3 Florida SHIP HE 3.5.1, HE 3.5.2 NPS: Mental and Emotional Well-Being
Decrease the number accidental injury related deaths by 5% by December 31, 2021.	HP 2020: IVP 11, IVP 13 Florida SHIP ISV 1.1.1, ISV 1.1.2, ISV 1.2.1, ISV 1.2.2 NPS: Injury and Violence Free Living
Reduce drownings by 30% by December 31, 2021	HP 2020: IVP 25 Florida SHIP ISV 1.4.1, 1.4.2 NPS: Injury and Violence Free Living
Increase seat belt usage 25% among all drivers by June 30, 2020	HP 2020: IVP 15 Florida SHIP ISV 1.1.1, ISV 1.1.2, ISV 1.2.1, ISV 1.2.2 NPS: Injury and Violence Free Living
Strategic Priority: Chronic Health Conditions	
Decrease adult obesity by 3% by December 31, 2021	HP 2020: NWS 9, NWS 8, NWS 11, NWS 11.5, PA 2.2 Florida SHIP HW 1.1.5 NPS: Healthy Eating and Active Living
Increase percentage of adults who engage in regular physical activity by 15% by September 30, 2020	HP 2020: A 2 (2.1-2.4), HP 2020: PA 1, PA 2, PA 2.1, PA 2.2, PA 2.3, PA 2.4, PA 10, PA 15, PA 15.1, NPS: Active Living

By December 31, 2019 the percentage of diabetics that received self-management education will increase by 2%	HP 2020: D 14, D 13, D 5, D 6, D 7, OA 4 Florida SHIP CD1.1.2, CD 1.3.3
Implement healthy hikes program with a minimum of 3 per year by December 31, 2019	HP 2020: PA 12 NPS: Active Living
Increase physical activity for children 20% by September 30, 2020	HP 2020: PA 4, PA 9, PA 10, PA 15 NPS: Active Living
Strategic Priority: Access to Health Care Services	
Increase dental clinic days at DOH to 2 per week by October 31, 2018	HP 2020: OH 3, OH 7, OH 8, OH 10, OH 14, OH 17, AHS 6.1, AHS 6.3
Reduce avoidable ER visits by Suwannee County residents by 2% by December 31, 2020	HP 2020: MPS 5 (5.1-5.4), MPS 5 (5.1-5.4), OA 11
Provide a health literacy program to Suwannee County residents by June 30, 2022	HP 2020: HC/HIT 1
By June 30, 2021 increase the percentage of adults who have seen a primary care provider in the past 12 months by 6%	HP 2020: AHS 3, AHS 5 (5.1-5.4), AHS 6 (6.1-6.4) NSS Health Equity: Goal 3 Health System and Life Experience
Implement adult dental services at the Florida Department of Health Suwannee County by December 31, 2023.	HP 2020: OH 10, OH 14, OH 17 NSS Health Equity: Goal 3 Health System and Life Experience
Strategic Priority: Community Engagement	
Increase the number of resource providers/vendors at each health-related community events by 10% each consecutive year beginning in June 30, 2019	
Identify grant or other funding sources to link Live Oak trails with Branford trails to form an extensive scenic route for bicyclers by December 31, 2022.	
By June 30, 2019, increase the number of Suwannee Health Advisory Group (SHAG) members by 4	
Increase community participation by both adults and youth in community health-related events by 30% percent by December 31, 2022 (baseline to be established in 2019)	HP 2020: ECBP 10, OA 6 Florida SHIP, Goal HE 2 NSS Health Equity: Goal 1
Develop, coordinate, and host 1 community health summit by December 31, 2019	Florida SHIP, Goal HE 2 NSS Health Equity: Goal 1

Appendix

This Appendix includes the following sections:

- Suwannee Health Advisory Group (SHAG) Members
- Suwannee County CHIP Implementation Work Plan template

STEERING COMMITTEE MEMBERS

- Career Source North Florida - Anthony Jennings
- Cheek & Scott Drugs - Jeff Scott, Jay Harrison
- Christ Central Ministry - Wayne Godsmark
- City of Live Oak – Mayor Sonny Nobles
- Community Member – Maureen Menosky
- Daniels Funeral Home - Jordan Daniels
- Elder Options – Lauren Dean
- First Federal Bank of Florida - Heather Thompson, Stephanie McLendon
- Florida Department of Children and Families - Cheryl Twombly, Cindy Bishop, John Wisker
- Florida Department of Corrections - Julie Eveslage, Kelly Stephenson
- Love, Inc. – Lisa Kriehn
- Lutheran Services of Florida Health Systems - Lesley Hersey
- Melody Church - Heidi Hofer
- Meridian Behavioral Health Care - Karyn Elliott, Natasha Fredericks Klein, Pamela Hester, Sharon Simons
- Palms Medical Group - Anita Riels
- Pregnancy Care Center - Vickie Hicks
- Shands Live Oak - Denise Martin, Donna Ragan, Janis Watson
- Shands Medical Group – Amber Ingram, ARNP
- St. Lukes Episcopal Church - Father George Hinchliffe
- Suwannee Chamber - Jimmy Norris
- Suwannee Coalition - Carla Blalock
- Suwannee County Administration – Randy Harris, Mandy McDonald
- Suwannee County Board of County Commission - Clyde Fleming, Don Hale, Ricky Gamble, Ronald Richardson
- Suwannee County Extension Office - Katherine Allen, Bonnie Box
- Suwannee County Fire Rescue - James Sommers, Nathan Griffis
- Suwannee County Parks and Recreation Department - Greg Scott
- Suwannee County Schools - Joyce Warren, Juanita Torres, Michele Howard, Ted Roush
- Suwannee County Youth Advocacy – Mary Taylor, Steven Schneitman

- Suwannee River Economic Council - Frances Terry, Matt Pearson
- Suwannee River Regional Library - Betty Lawrence, Marlene Mitchell
- Suwannee Valley Electric Cooperative - Mike McWaters, De Smith
- Suwannee Valley Transit Authority – Larry Sessions, Teresa Fortner
- Town of Branford - Ken Saunders
- UF IFAS - Mike Swain
- United Way - Nancy Roberts
- Vivid Visions - Kathy White


SUWANNEE COUNTY CHIP IMPLEMENTATION WORK PLAN TEMPLATE

CHIP Workplan

Strategic Issue Area: _____

Goal: _____ Objective: _____

Why this is important to our community:

OBJECTIVE	BASELINE	CURRENT DATA	PERFORMANCE MEASURE	LEAD
			Source:	
STRATEGY	ACTIVITY	TARGET DATE	STATUS	NOTES:
				<ul style="list-style-type: none"> Explanation of where we are at and what is currently being worked on.

*Status indicators are as followed:

-  Little to no movement
-  Some progress
-  Reached or surpassed