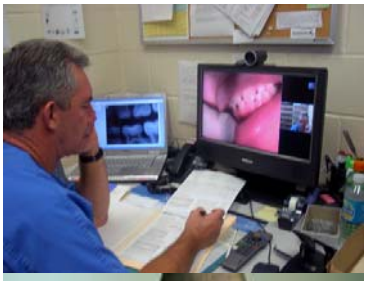
NASSAU COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

JULY 2012 — DECEMBER 2015



A countywide plan for community health system partners and resource providers to improve the health and wellbeing of its residents

Prepared by: Partnership for a Healthier Nassau

NASSAU COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

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FLORIDA DEPARTMENT OF HEALTH

EXECUTIVE SUMMARY

The Partnership for a Healthier Nassau presents the 2012 Community Health Improvement Plan (CHIP). The plan is a collaborative effort involving private, public, and community resource entities. The "Core Team" support came from residents, health care professionals, government, faith-based organizations, and community resource providers.

This report contains goals and actions to make Nassau County a healthy people living in a healthy environment. Nassau County used guidelines from MAPP (Mobilizing for Action through Planning and Partnerships), a process that spanned an eighteen month period in which group meetings, subcommittee meetings, focus groups, workgroups, and facilitative resources were utilized.

HOW WAS THE NASSAU COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN DEVELOPED?

The Nassau County Health Department in January, 2011 called a planning team together from various public health providers and formed a Core Team. The Core Team spearheaded a countywide meeting in April, 2011 attended by up to forty persons from various civic organizations, government organizations, religious institutions, and private providers. The MAPP process was explained and their participation was enlisted. Those gathered at the April meeting produced ideas that were later formulated into a vision of what a healthy community would be. The Core Team developed these ideas into the following vision:

"***Our vision is to have healthy communities in Nassau County that support optimal health and quality of life through collaboration, strong leadership, policy and environmental change, and resident empowerment."***

The Core Team chose the following Values to guide the planning and implementation.

- ***Commitment****- We are committed to fulfilling our shared vision.*
- ***Collaboration****- We are dedicated to partnerships and collaborative efforts that are inclusive and holistic in their approach to addressing community health concerns.*
- ***Stewardship-*** *We are committed to the responsible management of time and resources.*
- ***Accessibility****- We believe equal access to quality community resources is important for overall health and wellness.*
- ***Respect****- We believe that all individuals should be treated with courtesy and respect.*
- ***Diversity****- We value diversity within our communities.*
- ***Education****- We believe in the value of community health and wellness education.*
- ***Safety****- We value safe, clean communities.*
- ***Accountability-*** *We value accountability of both individuals and communities in taking ownership for a healthier Nassau County.*

The attendees at this meeting completed a profile, which included their preference for serving on one of the four assessment subcommittees, and also signed an agreement, concreting the Partnership for a Healthier Nassau to continue working through the MAPP process.

Commitment and Visioning— April 2011

Four Assessments— May - December 2011

Identify Strategic Issues— January 2012

Formulate Goals and Strategies— March 2012

Action Cycle (1-3 Projects) — July 2012

The Planning Process: Figure 1

<u>Mobilizing for Action through Planning and Partnership (MAPP)</u>

The Community Health Improvement Plan was developed following the guidelines of the MAPP framework. Guidelines were developed by the National Association of County and City Health Officials (NACCHO). The MAPP process is a community-driven strategic planning process aimed at improving community health. The process includes several instruments to gauge community health; the beliefs of community members, the framework currently in use, and outside forces that influence decision making efforts of the community.

Subject matter experts were chosen by the Core Team after reviewing the profiles and asked to serve on one of the four subcommittees to conduct the community wide assessments. (See appendix A-D) After completion of the four MAPP assessments in September, 2011, the Core Team once again began to meet to review the assessments. In December, 2011 the findings of the assessments were accepted and would be presented again for the larger Partnership for a Healthier Nassau's meeting held to prioritize the strategic issues.

Priorities were chosen at the January 26, 2012 meeting conducted by Christine Abarca. Partnership for a Healthier Nassau members at this meeting were invited to attend a training session presented February 8, 2012 by the Nassau Alcohol and Crime Drug Abatement (NACDAC) leaders. At this meeting, participants were surveyed to form workgroups charged with preparing goals, strategies, and action steps to implement a Community Health Improvement Plan. The competed Action Plan was reviewed at the larger Partnership for a Healthier Nassau meeting held June 26, 2012 amidst a stormy environment created by Tropical Storm "Debby".

FOUR ASSESSMENTS

The four assessments were completed in September, 2011 and published at the Northeast Florida Health Planning Council website, nefloridacounts.org

<u>COMMUNITY HEALTH STATUS ASSESSMENT</u>

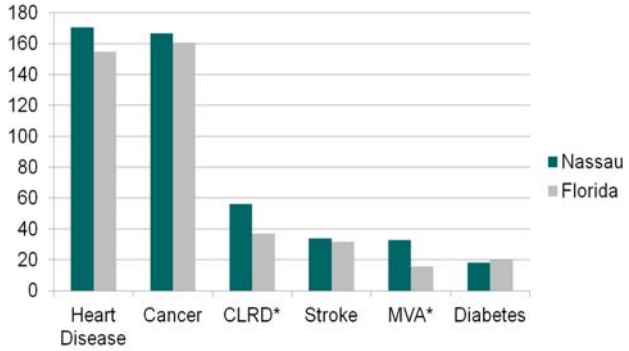
The ***Community Health Assessment*** provides a visual presentation of Nassau County demographics and health profile. The assessment looks at indicators gathered by the *NE Florida Health Planning Council* and can be found at the nefloridacounts.org website. Census data from the recent 2010 census was obtained for demographics. The subcommittee which prepared the report consisted of persons from behavioral

health, NE Florida Health Planning Council, Nassau Alcohol Crime and Drug Abatement Coalition, and the Nassau County Health Department.

Highlights and key findings of the report indicate that the five major causes of death in Nassau County are heart disease, cancer, Chronic Lower Respiratory Disease (*CLRD), stroke, and vehicle accidents (*MVA).

CHA: Figure 2

Nassau County & State of Florida
Five Major Causes of Death: Figure 2
(per 100,000 population)



Other important causes of premature death include motor vehicle accidents and CLRD. Pneumonia and influenza death rates are some of the highest in the state and suicide death rates are also high.

Demographics show the over 50 population makes up 49.3% of the total population and 22% are less than 18. This indicator places almost 75% in a vulnerable range for health issues. Low birth weight, preterm birth, and infant mortality rates are high and still on the rise.

The Community Health Assessment also revealed that arrest rates for various classes of violent crimes and drug abuse are high compared to other Florida counties. Lastly, access to health care is an issue with health insurance coverage for residents being lower than average for adults and children. Hilliard-Callahan is a federally-designated "Health Professional Shortage Area."

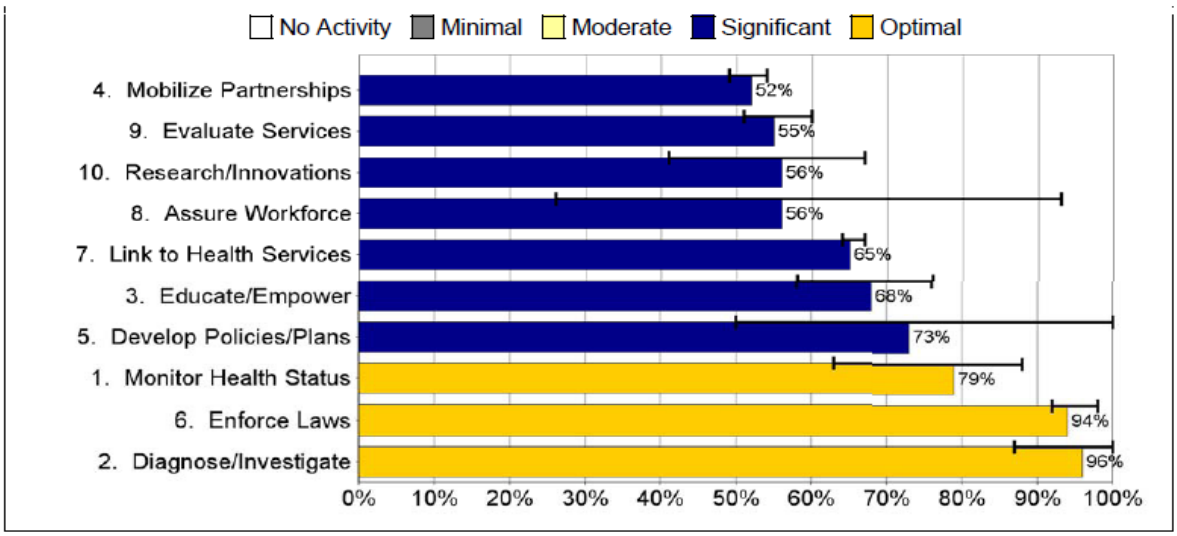
LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

The ***Local Public Health System Assessment*** focused on all of the organizations and entities that contribute to the public's health. The Local Public Health System Assessment answers the questions, "What are the components, activities, competencies and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

In preparing the Local Public Health System Assessment the Nassau County Health Department spearheaded several meetings to cover the ten essential public health services utilizing the National Public Health Performance Standards Program Instrument. Meetings were scheduled and persons were identified and invited to meetings where they were deemed to have direct knowledge and participating roles in the performance of the essential public health service. Audience response technology was utilized to gather information and reach consensus. The results were entered into a CDC data base for analysis.

The following bar graph **(Figure 3)** shows the highest and lowest achievement per essential public health service. Overall the multi-agency local public health system in Nassau County met the standards at a significant or optimal level.

Figure 3: Rank ordered performance scores for each Essential Service, by level of activity



The four lowest ranked services included mobilizing partnerships, evaluating services, research, and assuring competent workforce. All four present opportunities for improvement.

COMMUNITY THEMES AND STRENGTHS ASSESSMENT

The ***Community Themes and Strengths* Assessment** provides a deep understanding of the issues residents feel are important by answering the questions, "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

This assessment was done utilizing surveys and focus groups to engage the residents of the county. Focus groups targeted underserved populations including racial and ethnic minorities, men and rural groups. Partnership for a Healthier Nassau supporters participated in gathering survey data with paper surveys. An online survey was also made available and access information was printed in the local newspapers. Large group gatherings such as health fairs and school events were also used by partners to obtain surveys. A total of 795 surveys were obtained. The data was entered into a web based survey tool and then charted for review by the Core Team members.

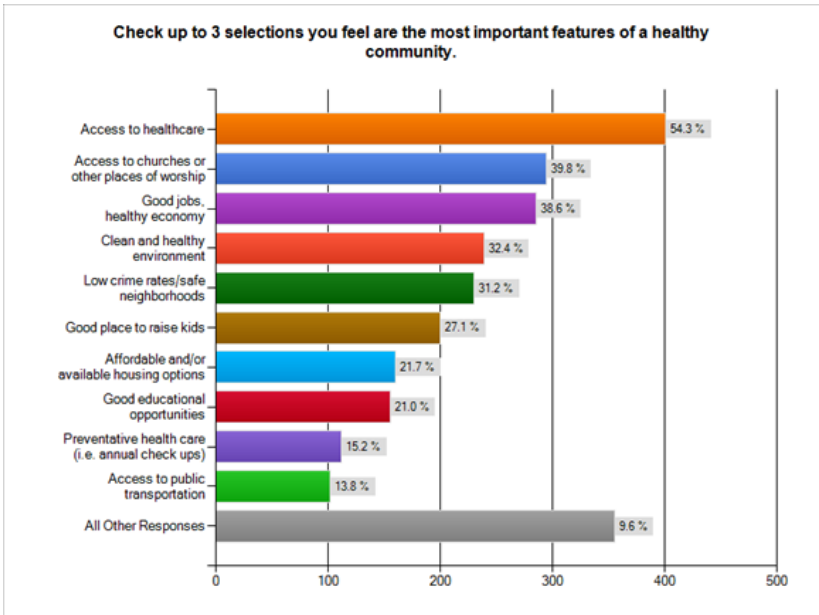


Figure 4

The predominant health concerns of the citizens were substance abuse, health care access, especially a lack in dental and vision care. Citizens were also concerned with ethnic disparities, shortage of providers in some areas, and transportation from rural areas. Community strengths included good schools, a sense that the community was a safe place to live and good quality health care services.

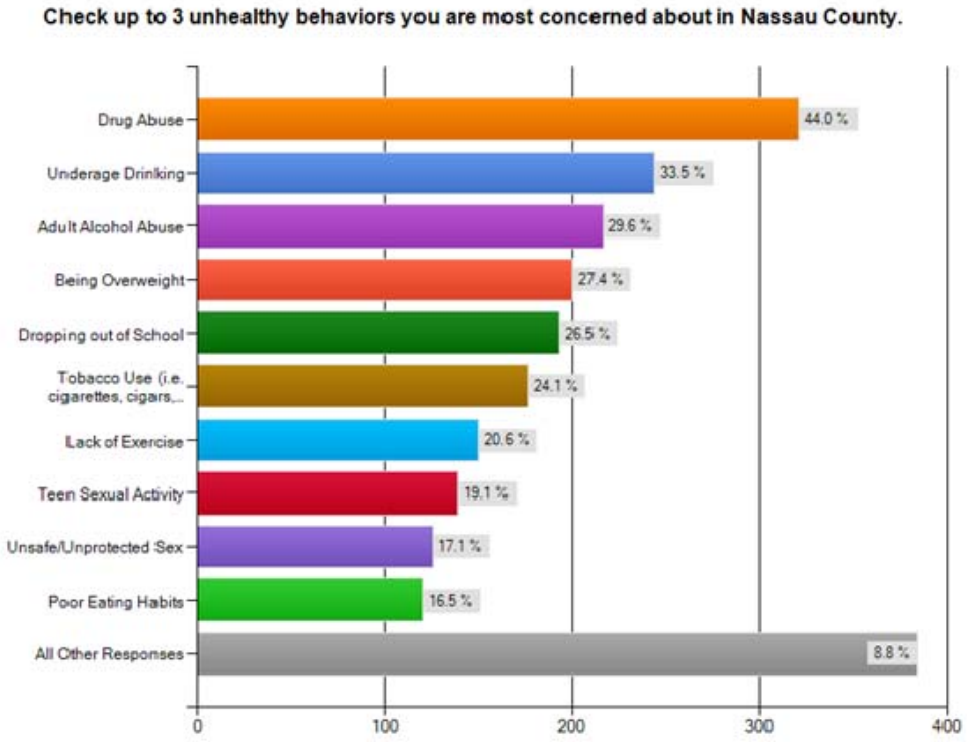


Figure 5

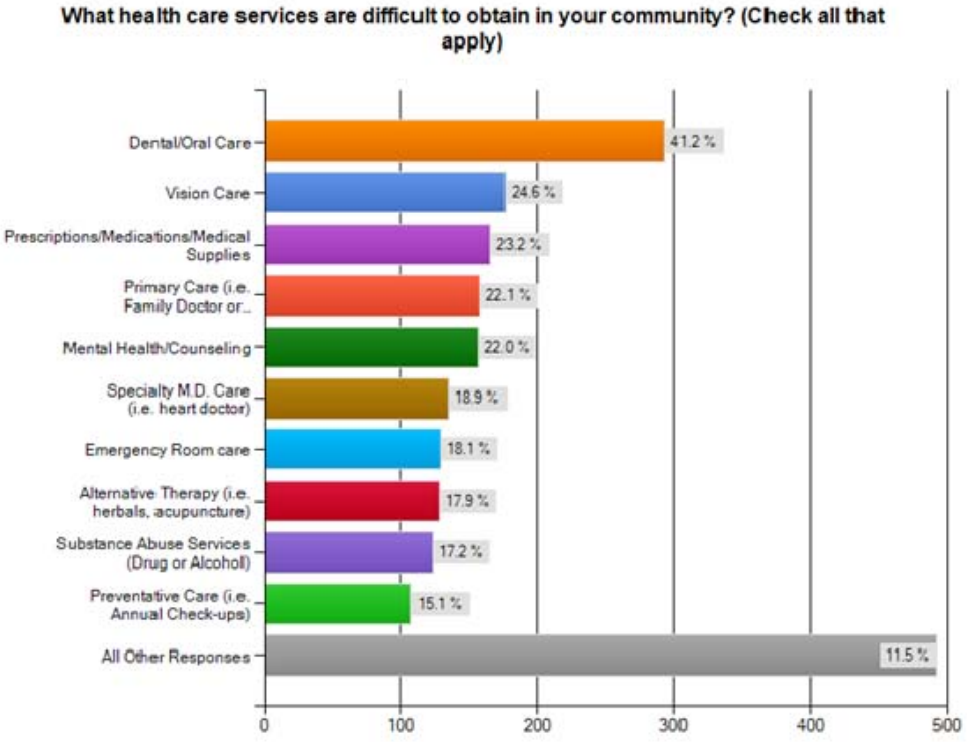


Figure 6

FORCES OF CHANGE ASSESSMENT

This assessment was facilitated by the Health Planning Council of Northeast Florida. A meeting was held August 25, 2011 at the Yulee Full Service School. The full report can be located at the Health Planning Council of Northeast Florida web page, nefloridacounts.org, click Nassau County, click Initiative Center-Partnership for a Healthier Nassau. The top five forces of change were determined to be Economic Downturn, Funding Cuts Education, Funding Cuts Services, Federal Health Law, and Changing Demographics. It is noted there was much concern about the unknown impact of the new Federal Health Care legislation and proposed cuts in Medicare and Medicaid.

COMMUNITY HEALTH IMPROVEMENT PLAN

The Partnership for a Healthier Nassau met January 26, 2012 to review the findings of the four assessments. Christine Abarca from the Office of Health Statistics and Assessment led the attendees in a review of the Strategic areas identified by the Partnership's Core Team from their October, 2011 through December 2011 review of assessments. From the review of these strategic issues five major strategic priorities were identified. Those issues are: Access to Care, Behavioral Health, Chronic Disease, Injury Prevention, and Maternal and Infant Health. Workgroups were formed to review the data and determine goals, objectives and action steps that would be implemented to improve the health status of Nassau County citizens.

The workgroups used logic models to determine their desired outcomes and then worked over a three month period on consensus to develop goals where objectives could be met through the support of the public health providers and resources within the community.

Access to Care

Access to Care workgroup members were from Barnabas organization, Samaritan Clinic, Interfaith Health Ministry, private medical service providers, St. Vincent Mobile Health provider, and local faith-based minority population representatives. This group conducted an environmental scan and brainstormed specific strategies. Once strategies were proposed, individual members took the responsibility of working with other partners to draft goals, objectives and action steps. The group then evaluated and prioritized the strategies which resulted in four major goals related to access for care.

Behavioral Health

Behavioral Health workgroup brought in persons from private mental health providers, Nassau County School System, Baptist Medical Center Nassau, local community coalitions for the prevention of crime as it relates to alcohol and drug use, and health department social service staff. The Behavioral Health workgroup looked at the data collected through the MAPP process, specifically the Community Themes and Strengths and the Community Health Status Assessments. The group consulted experts in the field related to drug trends and mental health and worked to identify gaps in the community in order to prioritize the suggested strategies. Through the process of evaluating current strategies and capacity, they identified goals and achievable objectives for 2013-2015.

Chronic Disease

The Chronic Disease workgroup consisted of persons from the Core Team for the Partnership for a Healthier Nassau, Baptist Medical Center Nassau, YMCA Director and ACHIEVE member, the Nassau County Health Improvement Coalition, Tobacco-Free Partnership Nassau, and the University of Florida Extension Service. By comparing the statistics from the Community Health Assessment and those gathered through the Northeast Florida Health Planning Council dashboard 2020 Progress Tracker, as well as county health profile statistics provided by State of Florida chronic disease profile from CHARTS,

the workgroup identified early in the work process the need for prevention efforts and self-directed health management of persons affected by chronic disease. The workgroup then utilized a strategy development matrix to evaluate goals. Going forward in implementing an action plan, group consensus was to work within all the resources that were currently available and establish a signature event yearly that would draw the public's attention to healthy behaviors and make them aware of the resources at hand.

Injury Prevention

The Injury Prevention workgroup consisted of persons from the Fernandina Beach Police Department, Nassau County Schools, community lay professional, Fernandina Beach City Planning office and Nassau County Health Department. This workgroup reviewed data compiled from the MAPP assessment areas, specifically addressing the findings of the Community Health Assessment. This team completed a detailed review of additional data from Florida Department of Law Enforcement data (2011) and decided to address three major goals over the next three years. These issues include reducing motor vehicle accidents and deaths, reducing domestic violence and reducing the rate of child abuse. After reviewing current county capacity and including the feedback from vested community partners, a strategic action plan was created which includes measureable goals and objectives.

Maternal & Infant Health

The Maternal and Infant Health workgroup was comprised of persons from the Northeast Florida Healthy Start Coalition, Women, Infants and Children (WIC) program, Nassau County School System, local faith-based organization, community professionals and advocates. This workgroup gathered data on current trends, identified gaps in services, and looked at services which were available. They chose specific goals from the Northeast Florida Teen Pregnancy Task Force action plan and made the goals county specific. The goals also include infant mortality.

A snapshot of the Community Health Improvement Plan can be seen in **Appendix G**. The complete action plan follows.

COMMUNITY HEALTH IMPROVEMENT PLAN

ACCESS TO CARE

Goal 1: Increase access to medical home for uninsured in Nassau County.

Objective: By December 2015, increase percent of adults with a usual source of care (non-Emergency Department) from 85% to 90%.

Strategy 1 – Develop a Federally Qualified Health Clinic in Nassau County (FQHC)

1.1 Complete the FQHC Planning Grant HRSA application by September 2012
1.2 Implement if awarded
1.3 Reapply as needed – Application cycles 2013-2015
1.4 Continue community and safety net stakeholder engagement to address access issue.

Coordinating Partners–Community Health Development Coalition Steering Committee, Barnabas Center, Sutton Place, Baptist Medical Center Nassau, Northeast Florida Health Planning Council, Nassau County Health Department
Local Resource: Community Health Coalition Advisory Committee

Goal 2: Reduce cultural barriers to care for racial/ethnic/limited English proficiency minorities in Nassau County.

Objective: By December 2015, in partnership with representative groups and leaders, develop two new culturally appropriate health services and education (e.g. community health workers) programs to address identified disparities.

Strategy 2 – Develop Culturally Appropriate Health Initiatives in Nassau County

2.1 Identify minority community leaders who can serve as ambassadors to their community, process to begin July, 2012 through July, 2013.
2.2 Conduct focus groups and surveys in chosen communities to assess perceptions of barriers to care process to begin July, 2012 through July, 2013.
2.3 Develop initiatives process to begin July, 2013 through July, 2015.
2.4 Obtain funding and resources as needed process to begin July, 2013 through July, 2015.
2.5 Evaluate outcomes (Health Disparities Dashboard on nefloridacounts.org)

Coordinating Partners-Nassau County Health Department, Samaritan Clinic Medical Director
Local Resources: Promise Land Faith organization, CREED, NEF AHEC

Goal 3: Reduce transportation barriers.

Objective: By December 2015, develop new transportation initiatives to support access to health services including partnership with faith-based organizations.

Strategy 3 – Develop volunteer health transportation initiative/faith-based Partnership in Nassau County

3.1 Identify key advocates begin July 1, 2012.
3.2 Individual champions to conduct engagement with churches to pilot initiatives (grass roots model) and evaluate progress January, 2013.
3.3 Look for models that address legal issues and logistics.
3.4 Evaluate and collect best practice models. Build connections, trust and effective relationships.

3.5 Identify coordinator or "net weaver" to link interested groups with model practices and resources.
3.6 Evaluate impact

Coordinating Partner–Volunteer Transportation Coordinator
Local Resources: Ministerial Alliances, Interfaith Health Ministry

Goal 4: Communication strategy to link health resources, improve health literacy and influence health beliefs.

Objective: By December 2015, develop and implement new communication initiative to facilitate optimal access to health through maintaining health resource information and promoting health literacy.

Strategy 4 - Develop multi-prong communication strategy

4.1 Conduct needs assessment to identify sources of health information used by population segments to begin July, 2012 run through March, 2013.
4.2 Create written communications strategy with specific tools (print, web based resource guides, calendars, text reminders) begin April, 2013 through June, 2013.
4.3 Coordinate local information with national health observances begin January, 2013.
4.4 Assess local CLAS (culturally & linguistically appropriate services) standard needs and resources and align with Goal 2 action steps begin survey of providers July, 2013.
4.5 Identify sustainable funding to support actions to begin July, 2013.
4.6 Evaluate impact (surveys) begin July, 2014.

Coordinating Partners-Nassau County Health Department, Nassau County Health Improvement Coalition (NCHIC)
Local Resources: Local media, local PR groups, BMCN, UF IFAS, local coalitions, social service partners, volunteer and community based organizations (AHA, ACS, ALA)

BEHAVIORAL HEALTH

Goal 1: Increase awareness of availability of mental health care services in Nassau County by December 31, 2015.

Objective: By December 2015, show a 15% increase in the number of citizens who are receiving services for mental health care.

Strategy 1 - Develop a measurable reporting system to be used by Emergency Department physicians/nurses, crisis stabilization units, and mental health care providers

1.1 Identify a "group" who will take the lead in developing a tracking mechanism for residents with mental health concerns begin July, 2012 through August, 2012.
1.2 Establish baseline data for number of citizens currently receiving services in Nassau County begin July, 2012 through June, 2013.

Strategy -1.2 Develop referral source lists for all residents in county for availability of services (to include types of care, payment, etc.)

1.2.1 Educate community members about availability, treatability, and affordability of mental health care begin January, 2013 to become ongoing.
1.2.2 Disseminate referral source list throughout county begin January, 2013 to become ongoing.

Coordinating Partner-Sutton Place
Local Resources: Mental health care providers, local primary care providers, churches/interfaith organizations, Barnabas Clinic, Nassau County Health Department

Goal 2: Decrease the suicides in Nassau County by December 31, 2015.

Objective: By December 2015, show a 25% decrease in the number of reported suicides among youth in Nassau County.

Strategy - 2.1 Increase systems of care for identified "at risk" students

2.1.1 Collect resource assessment to establish what is already available in community begin July, 2012 through August, 2012.

2.1.2 Identify evidenced based training and programs begin July, 2012 through June, 2013.

2.1.3 Find funding sources for support begin July, 2012 through June, 2013.

2.1.4 Work with community sectors (schools) to develop and implement training for staff members to identify "at risk" persons begin July, 2013 through June, 2015.

2.1.5 Collaborate to create peer-to-peer counseling or other support groups for those in need begin July, 2013 through December, 2015.

Strategy - 2.2 Increase community awareness of programs and services for prevention

2.2.1 Identify media outlets begin July, 2013 through December, 2015.

2.2.2 Develop community strategies for finding funds or match in-kind support begin July, 2013 through December, 2015.

2.2.3 Utilize local media for information dissemination begin July, 2013 through December, 2015.

Coordinating Partners–Baptist Medical Center Nassau, Law Enforcement
Local Resources: Evaluator/Data collection specialist, local faith based organizations

Goal 3: Monitor and reduce Rx drug related incidence as reported through crime statistics and Emergency Department visits.

Objective: By December 2015, reduce by 10% the number of reported crime and ER visits related to prescription drugs (controlled substances) for unintentional overdoses in Nassau County.

Strategy - 3.1 Educate all county physicians and related healthcare providers on responsible Rx distribution and the PDMP

3.1.1 Contact Florida Medical Society or other entities to establish trainings and related venues and costs begin July, 2012 through January, 2013.

Strategy - 3.2 Create system for monitoring Rx drug related consequences.

3.2.1 Identify systems for data collection related to Rx drugs begin July, 2012 through July, 2013.

Strategy - 3.3 Increase Prescription Drug Take Back Initiative

3.3.1 Increase public knowledge of current practices and programs designed for safe Rx disposal.

3.3.2 Increase number of drop off sites and/or drug take-back events.

3.3.3 Continue to support information dissemination on safe disposal and harmful affects of abuse.

Coordinating Partners –Baptist Medical Center Nassau, Pharmacies, primary care providers, NACDAC
Local Resources: Sutton Place Mental Health Care Provider, Barnabas Clinic, local Psychologists, Churches/interfaith networks, local media, law enforcement, home health care facilities

CHRONIC DISEASE

Goal 1: Improve the health of people with chronic disease and reduce the prevalence of risk factors associated with chronic disease.

Objective: By December 2015, show a reduction from 2010 county rates towards Healthy People 2020 goals; prevalence for high blood pressure from 35.2% to 26.9%, cholesterol from 38.4% to 13.5% and reduction in adults who report tobacco use from 19.3% to 12%.

Strategy - 1 Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors

1.1 Promote physical activity countywide.

-increase number of walkers by forming new walking groups and collaborate with current walking groups begin July, 2012 through October, 2012

-county-wide event kick-off begin development September, 2012 through November, 2012

-make available to walking groups "Walk with Ease" and/or similar walking tool kits for newly formed groups begin October, 2012 through ongoing.

1.2 By December, 2013 implement at least one countywide activity that promotes walking as a healthy behavior with signature event begin development July, 2012, hold event October, 2013 ongoing through December 31, 2015.

Coordinating Partner: Nassau County Health Improvement Coalition
Local Resources: Baptist Medical Center Nassau, YMCA, Faith based organizations, Weight Watchers

Strategy - 2 Promote existing cessation, policy, and education efforts on tobacco use in adults and youth

2.1 Continue adult cessation services July, 2012 through December, 2015.

2.2 Continue SWAT outreach for youth begin July, 2012 through December, 2015.

Resource Partner/s: Tobacco Free Partnership Nassau, Wellness Coalition
Local Resources: Baptist Medical Center Nassau, YMCA, Faith based organizations, NE Florida Health Planning Council, Wellness Coalition

Strategy - 3 Promote chronic disease self management education

3.1 Increase public awareness of vaccination benefits and resources begin September, 2012 through December 31, 2015.

3.2 Increase public awareness of available disease self management resources December, 2013 utilizing signature walking event begin October, 2013 through December 31, 2015.

Coordinating Partners: Nassau County Health Department, Nassau County Health Improvement Coalition, Wellness Council, Baptist Medical Center Nassau
Local Resources: Corporate wellness programs, private providers, faith-based organizations, stores, pharmacies, grocery chains.

INJURY AND VIOLENCE

Goal 1: Reduce motor vehicle accidents and death for persons living in Nassau County.

Objective: By December 2015, reduce the rate of motor vehicle deaths due to vehicle collisions from the rate of 18.9 to 15.9.

Strategy - 1 Increase awareness of distracted driving consequences to residents of Nassau County

1.1.1 Complete time study to assess for number of drivers using a cell phone while driving across the county to begin July, 2012 through December, 2012.

1.1.2 Implement the NHTSA Distracted Driving program in Nassau schools to begin October 2012 through December, 2015.

1.1.3 Promote the NHTSA Distracted Driving program message to persons in the community through media, businesses, and faith based organizations to begin January, 2013 through December, 2015.

Strategy - 2 Increase awareness of driving while under the influence of alcohol/drugs to young adults

1.2.1 Gather county information annually on number of DUIs (track data for minors separately) to begin October, 2012 through December, 2015.

1.2.2 Assess current community messaging effort to begin January, 2013 through December, 2015.

1.2.3 Develop messaging plan to begin April, 2013 through December, 2015.

1.2.4 Promote messaging across county to begin July, 2013 through December, 2015.

Coordinating Partners: Nassau County School Board School Resource Officers, NACDAC
Local resources: Media, PR groups, BMCN, UF IFAS, local coalitions, social service partners, volunteer and community-based organizations, faith-based organizations, driver education programs.

Goal 2: Reduce rate of domestic violence in Nassau County.

Objective: By December 2015, reduce the incidence rate of domestic violence offenses by 25%, from 487 (2011) to an incidence rate of 365 year.

Strategy - 2.1 Increase awareness of the problem and available resources to assist

2.1.1 Obtain data from Micah's Place and FDLE on frequency/occurrence begin July, 2012.
2.1.2 Promote Domestic Violence Awareness Month annually (month of October) begin October, 2012 through December, 2015.
2.1.3 Educate students and community on dating violence begin October, 2013 through December, 2015.
2.1.4 Increase and strengthen partnerships within the community February, 2013 through December, 2015.
2.1.5 Promote domestic violence prevention and intervention trainings, the 211 number and the Community Resource Guide to assist persons and businesses across the county to best serve affected victims. Target at risk populations begin January, 2013 through December, 2015.
2.1.6 Promote utilization of mental health and faith based support services begin April, 2013 through December, 2015.

Coordinating Partners: Micah's Place Nassau County, Domestic Violence Taskforce, Community Action Team
Local resources: Baptist Medical Center Nassau, UF IFAS, local coalitions, social service partners, Nassau County School Board, Volunteer and Community-Based Organizations, faith-based organizations, local media, local PR groups

Goal 3: Reduce rate of child abuse in Nassau County.

Objective: By December 2015, reduce the incidence of child abuse from a rate of 14.6 (2010) to a rate of 12.3 (2015).

Strategy - 3.1 Promote awareness of Child Abuse in Nassau County.

3.1.1 Gather and publicize current child abuse rates begin September, 2012.
3.1.2 Quarterly articles released via media on methods to prevent child abuse and promote successful, safe parenting begin October, 2012.
3.1.3 Distribute educational information through community partners begin January, 2013.
3.1.4 Promote Child Abuse Prevention month annually (each April) – pinwheel campaign begin March, 2013 through December, 2015.

Community Partners: Family Support Services and Micah's Place
Local resources: Media, PR groups, BMCN, NCHD, UF IFAS, coalitions, social service partners, volunteer and community based organizations, faith based organizations.

MATERNAL CHILD HEALTH

Goal 1: Reduce infant mortality in Nassau County.

Objective: By December 2015, decrease infant mortality from 7.6 deaths/1000 live births to Healthy People 2020 goal of 6.0 deaths/1000 live births.

Strategy - 1.1 Establish a Nassau County Infant Mortality Task Force to review each infant death to find trends and county specific concerns

1.1.1 Invite community members to join task force begin July, 2012.
1.1.2 Meet quarterly to review infant deaths to begin July, 2012 through December, 2015.
1.1.3 Annually make recommendations to community partners begin October, 2013 through October, 2015.

Coordinating Partner: Nassau County Health Department
Local resources: NEFL FIMR, NEFL Healthy Start Coalition, Local pediatricians, OB/GYN, Baptist Medical Center Nassau

Strategy - 1.2 Promote awareness of infant mortality in Nassau County

1.2.1 Gather and publicize current infant mortality rates quarterly with relevant topical information begin July, 2012 through December, 2015.
1.2.2 Develop community presentations regarding topical information begin July, 2012 through December, 2015.
1.2.3 Distribute educational information through community partners begin July, 2012 through July, 2015.
1.2.4 Provide/host SIDS alliance training in Nassau County to begin October, 2013.

Coordinating Partner: Nassau County Infant Mortality Task Force
Local resources: Media, daycares, gym daycares, church nurseries, consignment shops/thrift stores, safe kids coalition, community organizations and businesses, NE Florida Counts

Strategy - 1.3 Target specific outreach to high risk populations for infant mortality (e.g., African American, Hispanic, and low SES)

1.3.1 Publicize *Pack and Play* program to begin July, 2012 through December, 2013.
MC1.3.2 Develop relationships with at risk communities begin July, 2012 through December, 2015.
MC1.3.3 Participate in MLK parade begin December, 2012 and continue yearly.

Coordinating Partner/s: Healthy Start, Nassau County Infant Mortality Task Force
Local resources: Hispanic grocer, churches, CREED

Goal 2: Increase awareness of teen pregnancy in Nassau County.

Objective: By December 2015, community partners will be utilizing resource library to continue awareness of teen pregnancy issues in Nassau County.

Strategy - 2.1 Increase awareness of teen pregnancy in Nassau County

2.1.1 Public awareness campaign with possible movie theatre ads, billboards, or posters in bathrooms begin July, 2012 through June, 2013.
2.1.2 Newspaper articles regarding teen pregnancy and protective factors featured at least annually begin September, 2012 through December, 2015.
2.1.3 Continue focus groups and surveys in chosen communities to assess for trends and issues begin July, 2012 through June, 2013.
2.1.4 Develop or provide community presentations to address issues found from focus groups. One example, a panel discussion with teen parents to begin January, 2013 through June, 2015.

Strategy - 2.2 Establish a resource library for the community, parents, and teenagers

2.2.1 Create a Teen Parent brochure explaining services after enrolled in the program begin July, 2012 through August, 2012.
2.2.2 Obtain and make available resource materials such as Our Whole Lives – sex education curriculum, DVD's and books available for community partners to use begin July, 2012 through January, 2013.

2.2.3 Create a resource directory of local services available to teens and their families begin July, 2012 through December, 2015.

Coordinating Partner/s: Healthy Start Teen Parent Program, Nassau County Teen Pregnancy Task Force.
Local Resources: Nassau County School Board/Teen Parent Program, 4 Me curriculum, NEFL Healthy Start Coalition, NEFL Healthy Start Teen Pregnancy

Goal 3: Decrease teen births in Nassau County.

Objective: By December 2015, decrease the percent of births to mothers ages 15-19 from 12.6 to 9 bringing the number closer to the State rate (calculated as #births to 15-19 year olds/number of total births).

Strategy - 3.1 Increase the access and use of family planning services to teenagers

3.1.1 Call teenagers who missed family planning appointments at the Health Department. Collect data of rescheduled and kept appointments to evaluate effectiveness begin July, 2012.

3.1.2 Educate and encourage providers to make clinics more teen friendly begin July, 2013.

Coordinating Partner/s: Nassau County Health Department, Nassau County Teen Pregnancy Task Force.
Local Resources: Family Practice and GYN doctors.

APPENDICES

APPENDIX A COMMUNITY HEALTH ASSESSMENT

APPENDIX B LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

APPENDIX C COMMUNITY THEMES AND STRENGTHS ASSESSMENT

APPENDIX D FORCES OF CHANGE ASSESSMENT

APPENDIX E NASSAU COUNTY HEALTH PRIORITIES

APPENDIX F IMPLEMENTATION STRATEGY

APPENDIX G COMMUNITY HEALTH IMPROVEMENT PLAN SUMMARY

APPENDIX H PARTNERSHIP FOR A HEALTHIER NASSAU PARTICIPANTS AND SUPPORTERS LIST

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

PROCESS SUMMARY

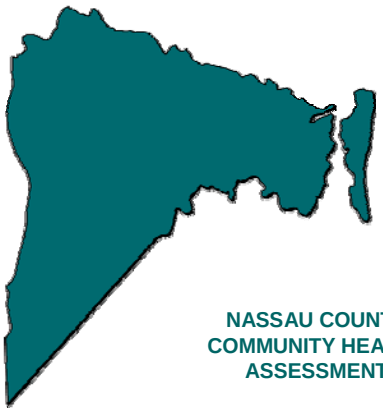
The Partnership for a Healthier Nassau subcommittee began by determining the sources of health data that would be reviewed and then the best format in which to present the information. As a group they began by looking at the dashboard function of the Northeast Florida Health Council website (www.nefloridacounts.org), the Nassau Alcohol Crime and Drug Abatement Coalition (NACDAC) report (2010 County Snapshot), the Nassau County Health Department, 2010 Health Needs Assessment and State of Florida CHARTS.

The subcommittee looked at major health problems and high risk behaviors. The committee also noted areas of improving health trends related to Nassau County statistics and at 2010 census data for available demographics.

The findings were compiled into a slide presentation format with embedded links to the data source, then reviewed by the Partnership core team, and the completed presentation was posted on the website nefloridacounts.org-initiative center for Nassau County-Partnership for a Healthier Nassau. These findings are being presented here in a reformatted version without the source links for your review.

DEMOGRAPHICS

The 2010 census information is updated to reflect 2011 estimates of changes in population. Nassau County's population is 88% White, 8% African American, and around 4% other or multiple races. The slides represent demographic information about Nassau County. Of note, the county is less diverse than other counties in Florida but is similar in age distribution. It does have a large retirement population in its coastal location of Fernandina Beach. It also serves as an overflow community for persons working in Duval County and SE Georgia. There has been a growth in the Hispanic Sector that is not always attributable to reported data. The majority of this new Hispanic community also resides in the coastal location of Fernandina Beach. The per capita income is higher than the state average but is skewed by a wealthy retirement population residing in the coastal area. The five geographic population centers are listed; it is important to note that the Fernandina 32034 zip code extends off Amelia Island and includes unincorporated areas outside the city of Fernandina Beach.



NASSAU COUNTY
COMMUNITY HEALTH
ASSESSMENT

Race and Ethnicity

Race	Counts (Percent of Total)
White	**64,847** (88.14%)
Black/African-American	**6,020** (8.18%)
American Indian/Alaska Native	**313** (0.43%)
Asian	**721** (0.98%)
Native Hawaiian/Pacific Islander	**23** (0.03%)
Some Other Race	**441** (0.60%)
2+ Races	**1,204** (1.64%)
Ethnicity	
Hispanic/Latino	**2,291** (3.11%)
Not Hispanic/Latino	**71,278** (96.89%)

- Nassau County's population is 88% White, 8% Black, and around 2% other or multiple races.

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

2011 Population	**73,569**
2011 Households	**28,735**
2011 Housing Units	**34,460**
2011 Families	**21,625**
Percent Pop Growth 2000 to 2011	**27.58%**
Percent Household Growth 2000 to 2011	**30.73%**
Percent Housing Unit Growth 2000 to 2011	**32.96%**
Percent Family Growth 2000 to 2011	**30.81%**
2011 Per Capita Income	**$28,004**

Population Counts & Growth

Summary:

- The estimated 2011 population is over 73,000.
- This represents a 28% increase from 2000.
- Families and housing units have grown at similar rates.

Population by Zip Code

Fernandina	**33,002**	**Yulee**	**16,820**
Callahan	**13,483**	**Hilliard**	**8,651**
Bryceville	**3,325**		

Source: www.zipcodes.com

ABOUT THE DATA

The data is compiled from a variety of sources:

- Vital Records (birth and death certificates)
- Public Health surveillance & Law Enforcement records
- Surveys
  - U.S. Census
  - Behavioral Risk Surveillance System (BRFSS)
    - ✓ County-level data should be interpreted with caution due to small sample size.

Death rates are all "Age-Adjusted".

- Accounts for variations in age of population among counties and the State of Florida overall
- Enables "apples to apples" comparison

PRELIMINARY FINDINGS

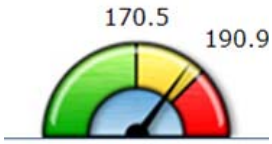
- Cancer, heart disease, and CLRD are top causes of death and at higher rates than Florida overall
- Motor vehicle accidents and CLRD are the top causes of premature death
- Pneumonia and influenza death rates are some of the highest in the state
- Suicide death rates are very high
- Low birth weight, preterm birth, and infant mortality rates are high and still on the rise
- Arrest rates for various classes of violent crimes and drug abuse are high compared to other Florida counties
- Health insurance coverage is lower than average for adults and children
- Hilliard-Callahan is a federally-designated "health professional shortage area"

TIPS FOR READING SLIDES

- Peer county comparisons: Counties are in northeast Florida region, similar population size and demographics, counties are: Baker, Clay, and Flagler
- Disparity by race/ethnicity: Comparison among different racial groups and/or Hispanic ethnicity provides a closer look at subpopulations to identify needs, data not available for some indicator comparisons where numbers are small.

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Tips for Reading Data Slides



Red > 190.9
Green <= 170.5
In-between = Yellow

- **Green = Good**
  1%-50% or Top 50%
  (Quartiles #1 and #2)
- **Yellow = Caution**
  50%-75%
  (Quartile #3)
- **Red = Alarm**
  75%-100% or Bottom 25%
  (Quartile #4)

PARTNERSHIP FOR A HEALTHIER NASSAU

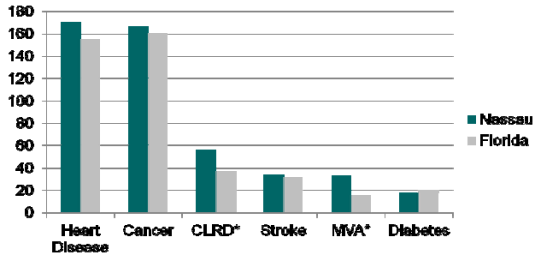
Nassau County
Community Health Status Assessment

A Summary of Key Findings

August 2011

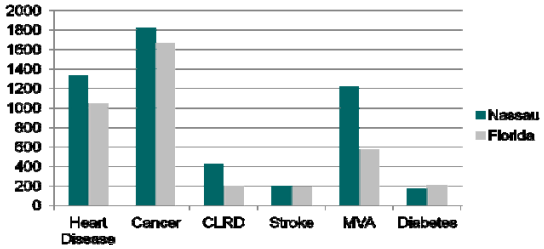
MAJOR CAUSES OF DEATH

Major Causes of Death
Age-Adjusted Death Rates 2007-2009



* CLRD: Chronic Lower Respiratory Disease * MVA: Motor Vehicle Accidents

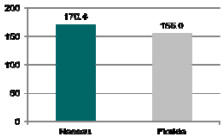
Years of Potential Life Lost
(YPLL*)



* YPLL (Years of Potential Life Lost) is a proxy measure for the loss of productivity in a community as a result of premature death.

Heart Disease Death Rates

Indicator



Data Point:
170.4 deaths/100,000

Measurement Period:
2007-2009

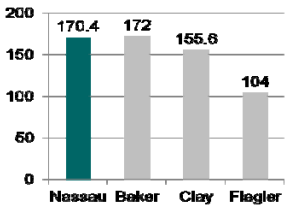
Findings

Comparison:
Compared to the state of Florida overall, Nassau's death rate is higher.

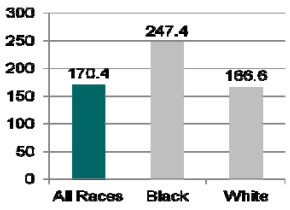
Trend:
Staying the same

Heart Disease Death Rates

Peer County Comparison



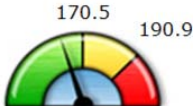
Disparity by Race



APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Cancer Death Rates

Dashboard



Data Point:
166.8 deaths/100,000

Measurement Period:
2007-2009

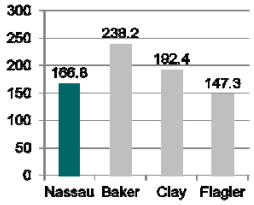
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

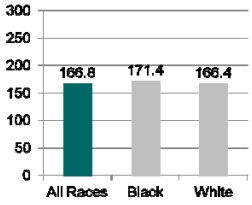
Trend:
Going down

Cancer Death Rates

Peer County Comparison



Disparity by Race



Lung Cancer Death Rates

Dashboard

Data Point:
51.1 deaths/100,000

Measurement Period:
2007-2009

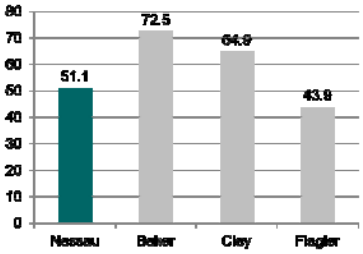
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Going down

Lung Cancer Death Rates

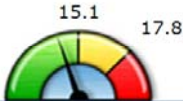
Peer County Comparison



Disparity by race data is not available due to small numbers.

Colorectal Cancer Death Rates

Dashboard



Data Point:
13.7 deaths/100,000

Measurement Period:
2007-2009

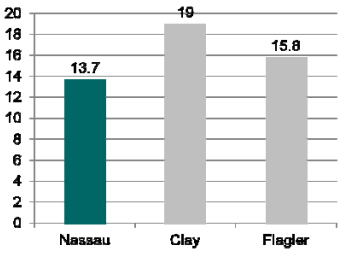
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Going down

Colorectal Cancer Death Rates

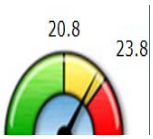
Peer County Comparison



Disparity by race data is not available due to small numbers.

Breast Cancer Death Rates

Dashboard



Data Point:
23.8 deaths/100,000 females

Measurement Period:
2007-2009

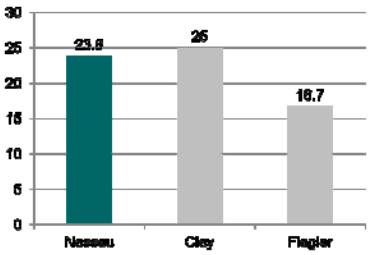
Findings

Comparison:
Compared to other Florida counties, Nassau ranks very close to the bottom 25%.

Trend:
Going up

Breast Cancer Death Rates

Peer County Comparison

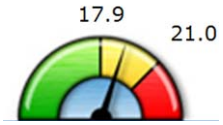


Disparity by race data is not available due to small numbers.

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Prostate Cancer Death Rates

Dashboard



Data Point:
18.4 deaths/100,000 males

Measurement Period:
2007-2009

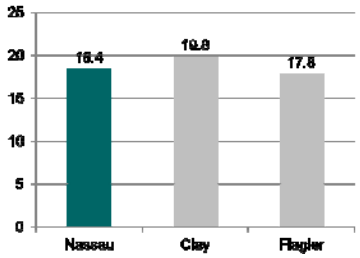
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Going down

Prostate Cancer Death Rates

Peer County Comparison



Disparity by race data is not available due to small numbers.

Chronic Lower Respiratory Disease Death Rates

Indicator

Data Point:
56.1 deaths/100,000

Measurement Period:
2007-2009

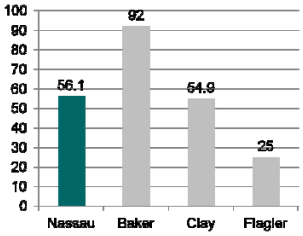
Findings

Comparison:
Compared to the state of Florida overall, Nassau's death rate is higher.

Trend:
Staying the same

Chronic Lower Respiratory Disease Death Rates

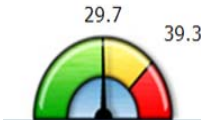
Peer County Comparison



Disparity by race data is not available due to small numbers.

Stroke Death Rates

Dashboard



Data Point:
29.7 deaths/100,000

Measurement Period:
2009

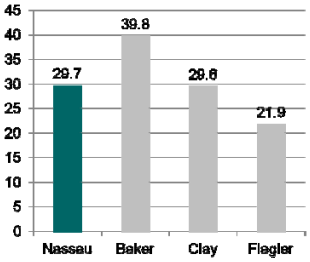
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the middle.

Trend:
Going down

Stroke Death Rates

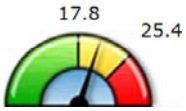
Peer County Comparison



Disparity by race data is not available due to small numbers.

Unintentional Injury Death Rates: Motor Vehicle Crashes

Dashboard



Data Point:
21.9 deaths/100,000

Measurement Period:
2009

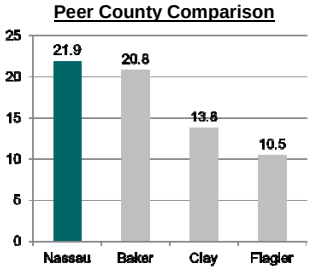
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Going down

Unintentional Injury Death Rates: Motor Vehicle Crashes

Peer County Comparison



Disparity by race data is not available due to small numbers.

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Diabetes Death Rates

Dashboard

Data Point:
17.3 deaths/100,000

Measurement Period:
2009

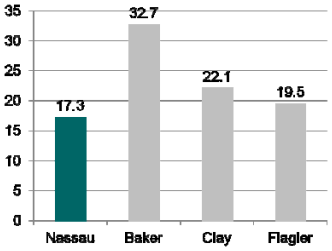
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Going down

Diabetes Death Rates

Peer County Comparison



Disparity by race data is not available due to small numbers.

COMMUNICABLE DISEASE

Pneumonia & Influenza Death Rate

Dashboard

Data Point:
23.2 deaths/100,000

Measurement Period:
2009

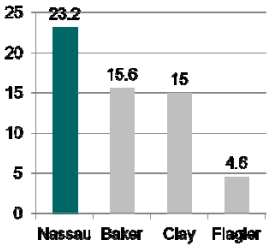
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 25%.

Trend:
Going up

Pneumonia & Influenza Death Rate

Peer County Comparison



Disparity by Race

Disparity by race data is not available due to small numbers.

Immunizations
(Pneumonia Vaccination Rates 65+)

Dashboard

Data Point:
70.8 percent

Measurement Period:
2010 BRFSS

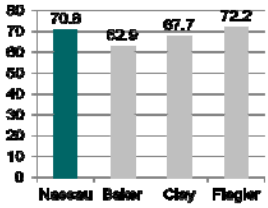
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Going down

Immunizations
(Pneumonia Vaccination Rates 65+)

Peer County Comparison



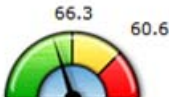
Disparity by Race

Disparity by race data is not available due to small numbers.

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Immunizations
(Influenza Vaccination Rates 65+)

Dashboard



Data Point:
66.8 percent

Measurement Period:
2010 BRFSS

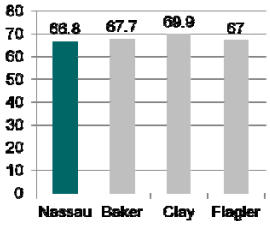
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Going down

Immunizations
(Influenza Vaccination Rates 65+)

Peer County Comparison

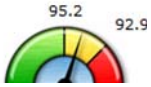


Disparity by Race

Disparity by race data is not available due to small numbers.

Immunizations
(Kindergartners with Required Immunizations)

Dashboard



Data Point:
94.0 percent
Measurement Period:
2010

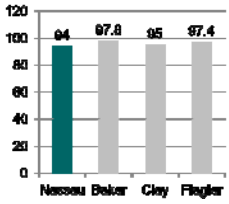
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Going up

Immunizations
(Kindergartners with Required Immunizations)

Peer County Comparison



Disparity by Race

Disparity by race data is not available due to small numbers.

AIDS Incidence Rate

Dashboard

Data Point:
9.6 cases/100,000

Measurement Period:
2010

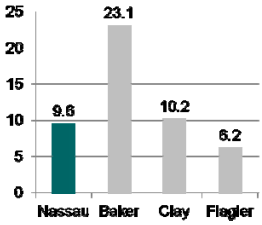
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Going up

AIDS Incidence Rate

Peer County Comparison

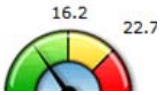


Disparity by Race

Disparity by race data is not available due to small numbers.

HIV Incidence Rate

Dashboard



Data Point:
11.4 cases/100,000 population
Measurement Period:
2008-2010

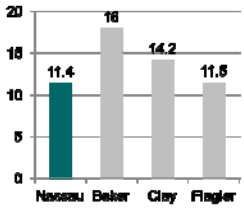
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Going down

HIV Incidence Rate

Peer County Comparison

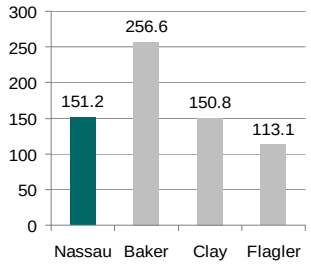


Disparity by Race

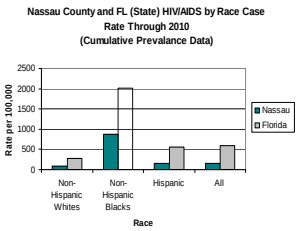
Disparity by race data is not available due to small numbers.

People Living with HIV/AIDS

Peer County Comparison



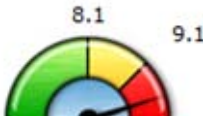
Disparity by Race



MATERNAL & CHILD HEALTH

Babies with Low Birth Weight

Dashboard



Data Point:
9.6 percent

Measurement Period:
2009

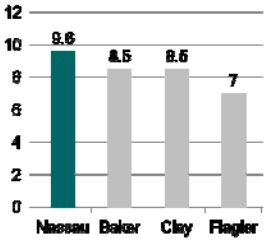
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 25%.

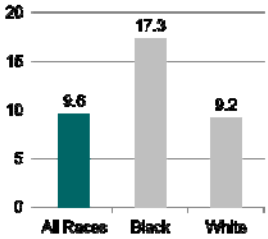
Trend:
Going up

Babies with Low Birth Weight

Peer County Comparison



Disparity by Race



Infant Mortality Rate

Dashboard

Data Point:
7.1 deaths/1,000 live births

Measurement Period:
2007-2009

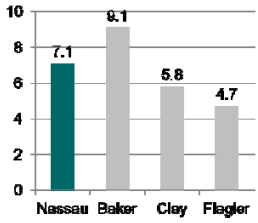
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Going up

Infant Mortality Rate

Peer County Comparison



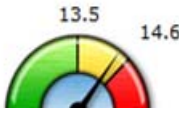
Disparity by Race

Disparity by race data is not available due to small numbers.

APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Preterm Births

Dashboard



Data Point:
14.5 percent

Measurement Period:
2009

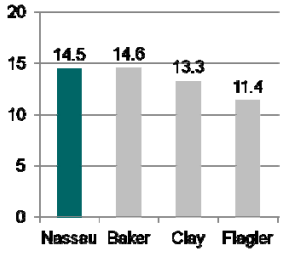
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

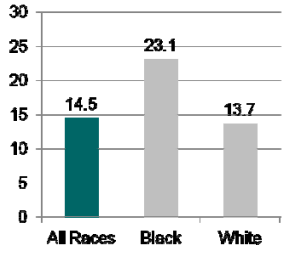
Trend:
Going up

Preterm Births

Peer County Comparison

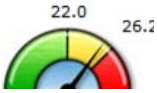


Disparity by Race



Repeat Births to Mothers Aged 18-19 Years Old

Dashboard



Data Point:
25 percent

Measurement Period:
2009

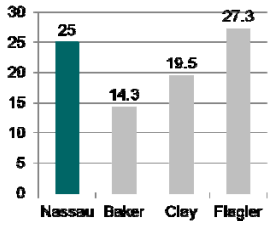
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Going up

Repeat Births to Mothers Aged 18-19 Years Old

Peer County Comparison



Disparity by Race

Disparity by race data is not available due to small numbers.

INJURY AND VIOLENCE

Violent Crime Rate

Dashboard

Data Point:
568.96 crimes/100,000 population

Measurement Period:
2009

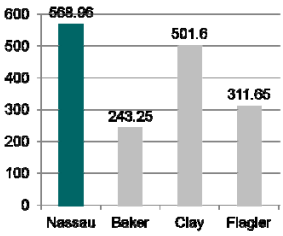
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the .

Trend:
Going down

Violent Crime Rate

Peer County Comparison



APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Arrests for Aggravated Assaults Rate

Dashboard

Data Point:
483.55 arrests/100,000

Measurement Period:
2009

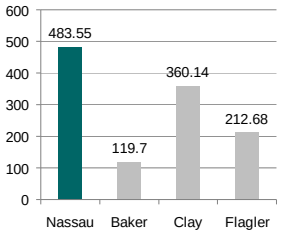
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 25%.

Trend:
Going down

Arrests for Aggravated Assaults Rate

Peer County Comparison



Domestic Violence Offense Rate

Dashboard

Data Point:
609.0 offenses/100,000 population

Measurement Period:
2009

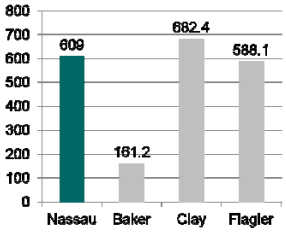
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the 50-75%.

Trend:
Going up

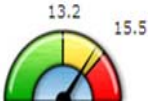
Domestic Violence Offense Rate

Peer County Comparison



Child Abuse Rate

Dashboard



Data Point:
15.1 cases/1,000 children

Measurement Period:
2008

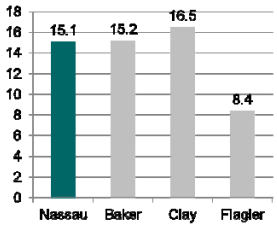
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the 50-75%.

Trend:
Going up

Child Abuse Rate

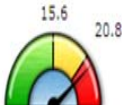
Peer County Comparison



SOCIAL AND BEHAVIORAL HEALTH

Suicide Death Rates

Dashboard



Data Point:
21.6 deaths/100,000 population
Measurement Period:
2009

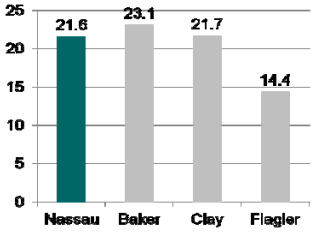
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 25% .

Trend:
Going down

Suicide Death Rate

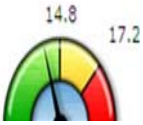
Peer County Comparison



Disparity by race data is not available due to small numbers.

Adults Who Binge Drink

Dashboard



Data Point:
14.6%
Measurement Period:
2010

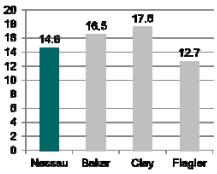
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50% .

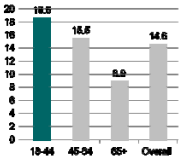
Trend:
Staying the same

Adults Who Binge Drink

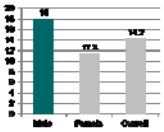
Peer County Comparison



Age Comparison



By Gender Comparison



Adults Who Smoke

Dashboard

Data Point:
19.3%
Measurement Period:
2010

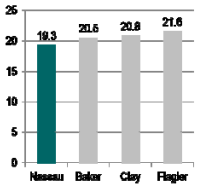
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 25% .

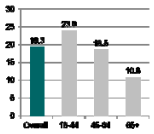
Trend:
Staying the same

Adults Who Smoke

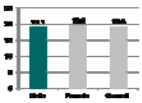
Peer County Comparison



Age Comparison



By Gender Comparison



APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Arrests for Drug Abuse Rate

Dashboard

Data Point:
701.22 arrests/100,000 population
Measurement Period:
2009

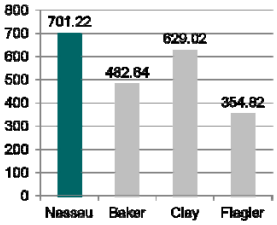
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the 50-75%.

Trend:
Going down

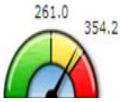
Arrests for Drug Abuse Rate

Peer County Comparison



Driving Under the Influence Arrest Rate

Dashboard



Data Point:
345.79 arrests/100,000 population
Measurement Period:
2009

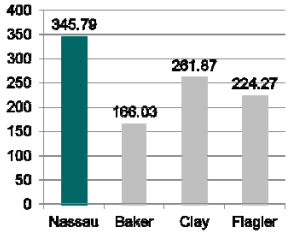
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the 50-75%.

Trend:
Going down

Driving Under the Influence Arrest Rate

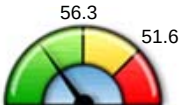
Peer County Comparison



HEALTH BEHAVIORS

Pap Test History

Dashboard



Data Point:
59.3% of adult females

Measurement Period:
2010 BRFSS

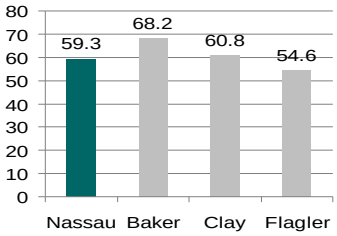
Findings

Comparison:
Compared to other Florida counties, Nassau ranks in the top 50%.

Trend:
Stayed the same

Pap Test History

Peer County Comparison



APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Mammogram Screenings

Dashboard

Data Point:
Value 63.6% of Females surveyed over 40

Measurement Period:
2010 BRFSS

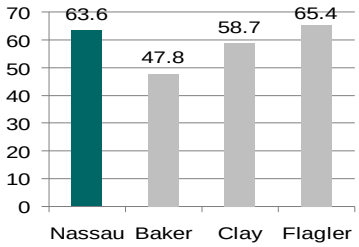
Findings

Comparison:
Compared to other Florida counties, Nassau ranks above the average of 61.9%.

Trend:
=Number is reduced from 2007.

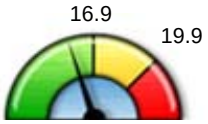
Mammogram Screenings

Peer County Comparison



TEENS WHO SMOKE

Dashboard



Data Point:
15.4% Surveyed last 30 days

Measurement Period:
2010 FYTS

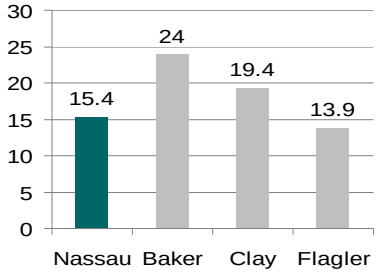
Findings

Comparison:
Compared to the Healthy People 2020 Target of 16%.

Trend:
Movement down from 2008.

Teens who Smoke

Peer County Comparison

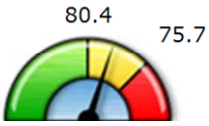


ACCESS TO HEALTH CARE RESOURCES

Health Insurance Coverage

Adults Ages 18-64

Dashboard



Data Point:
80.2 percent

Measurement Period:
2010

Findings

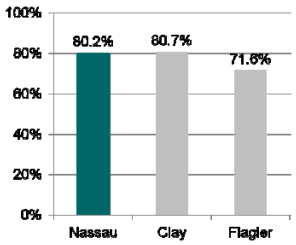
Comparison:
Compared to other Florida counties, Nassau ranks in the bottom 50%.

Trend:
Stayed the same

Health Insurance Coverage

Adults Ages 18-64

Peer County Comparison

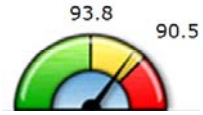


APPENDIX A-COMMUNITY HEALTH ASSESSMENT

Health Insurance Coverage

Children Under Age 18

Dashboard



Data Point:
90.6 percent

Measurement Period:
2010

Findings

Comparison:

Compared to other Florida counties, Nassau ranks in the bottom 50%.

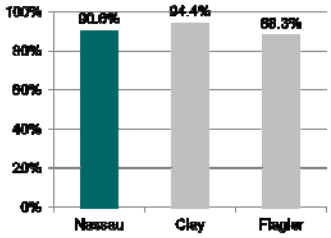
Trend:

Stayed the same

Health Insurance Coverage

Children Under Age 18

Peer County Comparison



Health Professional Shortages

Callahan-Hilliard

SOURCE: US Department of Health & Human Services, Health Resources and Services Administration.

http://hpsafind.hrsa.gov/HPSASearch.aspx

Local Public Health System Performance Assessment

Report of Results

Nassau County Health Department

9/13/2011

Local Public Health System Performance Assessment - Report of Results
Nassau County Health Department
9/13/2011

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II. How well did the system perform on specific Model Standards?
III. Overall, how well is the system achieving optimal activity levels?

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What are potential areas for attention, based on the priority ratings and performance scores?

D. Optional Agency Contribution Results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Appendix

Resources for Next Steps

Local Public Health System Performance Assessment - Report of Results
Nassau County Health Department
9/13/2011

The National Public Health Performance Standards Program

Local Public Health System Performance Assessment
Report of Results

A. The NPHPSP Report of Results

I. INTRODUCTION

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer questions such as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Public Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help to identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPSP is a collaborative effort of seven national partners:

- Centers for Disease Control and Prevention, Office of Chief of Public Health Practice (CDC/OCPHP)
- American Public Health Association (APHA)
- Association of State and Territorial Health Officials (ASTHO)
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health (NALBOH)
- National Network of Public Health Institutes (NNPHI)
- Public Health Foundation (PHF)

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

This report provides a summary of results from the NPHPSP Local Public Health System Assessment (OMB Control number 0920-0555, expiration date: August 31, 2013). The report, including the charts, graphs, and scores, are intended to help sites gain a good understanding of their performance and move on to the next step in strengthening their public system.

II. ABOUT THE REPORT

Calculating the scores

The NPHPSP assessment instruments are constructed using the Essential Public Health Services (EPHS) as a framework. Within the Local Instrument, each EPHS includes between 2-4 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Each site's responses to these questions should indicate how well the model standard - which portrays the highest level of performance or "gold standard" - is being met.

Sites responded to assessment questions using the following response options below. These same categories are used in this report to characterize levels of activity for Essential Services and model standards.

NO ACTIVITY	0% or absolutely no activity.
MINIMAL ACTIVITY	Greater than zero, but no more than 25% of the activity described within the question is met.
MODERATE ACTIVITY	Greater than 25%, but no more than 50% of the activity described within the question is met.
SIGNIFICANT ACTIVITY	Greater than 50%, but no more than 75% of the activity described within the question is met.
OPTIMAL ACTIVITY	Greater than 75% of the activity described within the question is met.

Using the responses to all of the assessment questions, a scoring process generates scores for each first-tier or "stem" question, model standard, Essential Service, and one overall score. The scoring methodology is available from CDC or can be accessed on-line at http://www.cdc.gov/nphpsp/conducting.html.

Understanding data limitations

Respondents to the self-assessment should understand what the performance scores represent and potential data limitations. All performance scores are a composite; stem question scores represent a composite of the stem question and subquestion responses; model standard scores are a composite of the question scores within that area, and so on. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which can be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes can differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Because of the limitations noted, the results and recommendations associated with these reported data should be used for quality improvement purposes. More specifically, results should be utilized for guiding an overall public health infrastructure and performance improvement process for the public health system. These data represent the collective performance of all organizational participants in the assessment of the local public health system. The data and results should not be interpreted to reflect the capacity or performance of any single agency or organization.

Presentation of results

The NPHPSP has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. Results are presented in a Microsoft Word document, which allows users to easily copy and paste or edit the report for their own customized purposes. Original responses to all questions are also available.

For ease of use, many figures in tables use short titles to refer to Essential Services, model standards, and questions. If in doubt of the meaning, please refer to the full text in the assessment instruments.

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving the model standard. Sites that submit responses for these questionnaires will see the results included as an additional component of their reports. Recipients of the priority results section may find that the scatter plot figures include data points that overlap. This is unavoidable when presenting results that represent similar data; in these cases, sites may find that

the table listing of results will more clearly show the results found in each quadrant.

III. TIPS FOR INTERPRETING AND USING NPHPSP ASSESSMENT RESULTS

The use of these results by respondents to strengthen the public health system is the most important part of the performance improvement process that the NPHPSP is intended to promote. Report data may be used to identify strengths and weaknesses within the local public health system and pinpoint areas of performance that need improvement. The NPHPSP User Guide describes steps for using these results to develop and implement public health system performance improvement plans. Implementation of these plans is critical to achieving a higher performing public health system. Suggested steps in developing such improvement plans are:

1. Organize Participation for Performance Improvement
2. Prioritize Areas for Action
3. Explore "Root Causes" of Performance Problems
4. Develop and Implement Improvement Plans
5. Regularly Monitor and Report Progress

Refer to the User Guide section, "After We Complete the Assessment, What Next?" for details on the above steps.

Assessment results represent the collective performance of all entities in the local public health system and not any one organization. Therefore, system partners should be involved in the discussion of results and improvement strategies to assure that this information is appropriately used. The assessment results can drive improvement planning within each organization as well as system-wide. In addition, coordinated use of the Local Instrument with the Governance Instrument or state-wide use of the Local Instrument can lead to more successful and comprehensive improvement plans to address more systemic statewide issues.

Although respondents will ultimately want to review these results with stakeholders in the context of their overall performance improvement process, they may initially find it helpful to review the results either individually or in a small group. The following tips may be helpful when initially reviewing the results, or preparing to present the results to performance improvement stakeholders.

Examine performance scores

First, sites should take a look at the overall or composite performance scores for Essential Services and model standards. These scores are presented visually in order by Essential Service (Figure 1) and in ascending order (Figure 2). Additionally, Figure 3 uses color designations to indicate performance level categories. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses.

Review the range of scores within each Essential Service and model standard

The Essential Service score is an average of the model standard scores within that service, and, in turn, the model standard scores represent the average of stem question scores for that standard. If there is great range or difference in scores, focusing attention on the model standard(s) or questions with the lower scores will help to identify where performance inconsistency or weakness may be. Some figures, such as the bar charts in Figure 4, provide "range bars" which indicate the variation in scores. Looking for long range bars will help to easily identify these opportunities.

Also, refer back to the original question responses to determine where weaknesses or inconsistencies in performance may be occurring. By examining the assessment questions, including the subquestions and discussion toolbox items, participants will be reminded of particular areas of concern that may most need attention.

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Consider the context

The NPHPSP User Guide and other technical assistance resources strongly encourage responding jurisdictions to gather and record qualitative input from participants throughout the assessment process. Such information can include insights that shaped group responses, gaps that were uncovered, solutions to identified problems, and impressions or early ideas for improving system performance. This information should have emerged from the general discussion of the model standards and assessment questions, as well as the responses to discussion toolbox topics.

The results viewed in this report should be considered within the context of this qualitative information, as well as with other information. The assessment report, by itself, is not intended to be the sole "roadmap" to answer the question of what a local public health system's performance improvement priorities should be. The original purpose of the assessment, current issues being addressed by the community, and the needs and interests for all stakeholders should be considered.

Some sites have used a process such as Mobilizing for Action through Planning and Partnerships (MAPP) to address their NPHPSP data within the context of other community issues. In the MAPP process, local users consider the NPHPSP results in addition to three other assessments - community health status, community themes and strengths, and forces of change - before determining strategic issues, setting priorities, and developing action plans. See "Resources for Next Steps" for more about MAPP.

Use the optional priority rating and agency contribution questionnaire results

Sites may choose to complete two optional questionnaires - one which asks about priority of each model standard and the second which assesses the local health department's contribution to achieving of the model standard. The supplemental priority questionnaire, which asks about the priority of each model standard to the public health system, should guide sites in considering their performance scores in relationship to their own system's priorities. The use of this questionnaire can guide sites in targeting their limited attention and resources to areas of high priority but low performance. This information should serve to catalyze or strengthen the performance improvement activities resulting from the assessment process.

The second questionnaire, which asks about the contribution of the public health agency to each model standard, can assist sites in considering the role of the agency in performance improvement efforts. Sites that use this component will see a list of questions to consider regarding the agency role and as it relates to the results for each model standard. These results may assist the local health department in its own strategic planning and quality improvement activities.

IV. FINAL REMARKS

The challenge of preventing illness and improving health is ongoing and complex. The ability to meet this challenge rests on the capacity and performance of public health systems. Through well equipped, high-performing public health systems, this challenge can be addressed. Public health performance standards are intended to guide the development of stronger public health systems capable of improving the health of populations. The development of high-performing public health systems will increase the likelihood that all citizens have access to a defined optimal level of public health services. Through periodic assessment guided by model performance standards, public health leaders can improve collaboration and integration among the many components of a public health system, and more effectively and efficiently use resources while improving health intervention services.

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B. Performance Assessment Instrument Results

I. How well did the system perform the ten Essential Public Health Services (EPHS)?

Table 1: Summary of performance scores by Essential Public Health Service (EPHS)

EPHS		Score
1	Monitor Health Status To Identify Community Health Problems	79
2	Diagnose And Investigate Health Problems and Health Hazards	96
3	Inform, Educate, And Empower People about Health Issues	68
4	Mobilize Community Partnerships to Identify and Solve Health Problems	52
5	Develop Policies and Plans that Support Individual and Community Health Efforts	73
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	94
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	65
8	Assure a Competent Public and Personal Health Care Workforce	56
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	55
10	Research for New Insights and Innovative Solutions to Health Problems	56
Overall Performance Score		69

Figure 1: Summary of EPHS performance scores and overall score (with range)

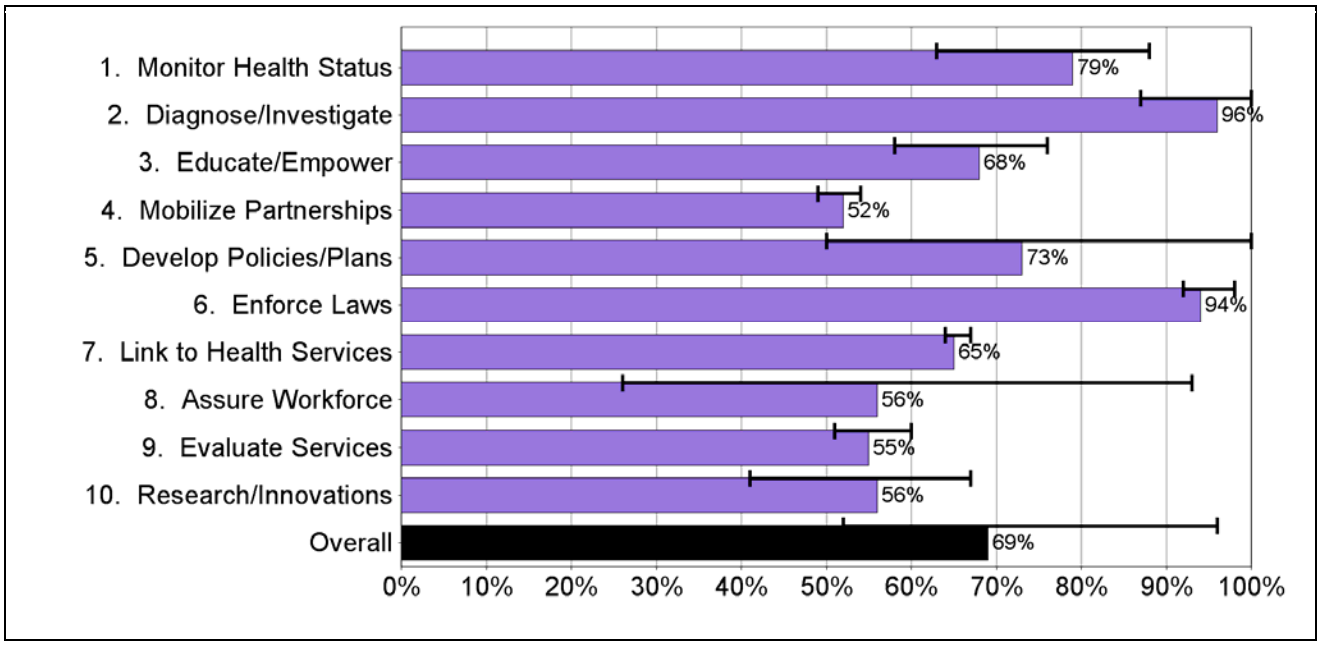

Table 1 (above) provides a quick overview of the system's performance in each of the 10 Essential Public Health Services (EPHS). Each EPHS score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 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).

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Figure 1 (above) displays performance scores for each Essential Service along with an overall score that indicates the average performance level across all 10 Essential Services. The range bars show the minimum and maximum values of responses within the Essential Service and an overall score. Areas of wide range may warrant a closer look in **Figure 4** or the raw data.

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Figure 2: Rank ordered performance scores for each Essential Service

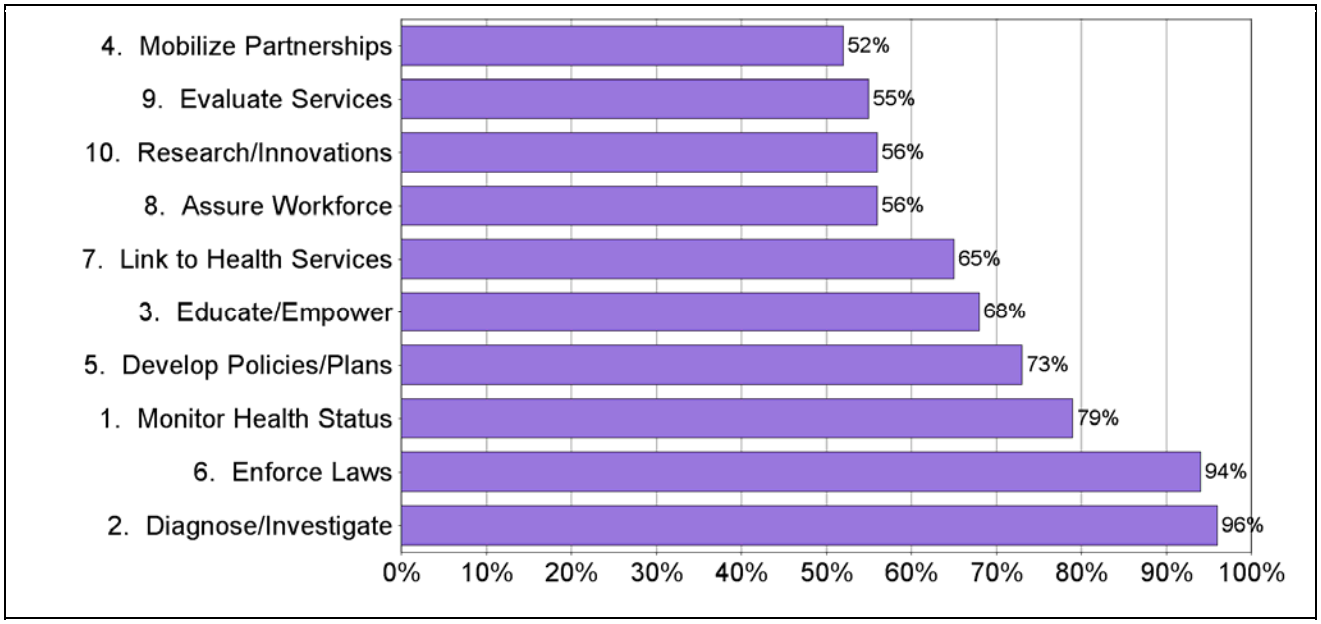

Figure 3: Rank ordered performance scores for each Essential Service, by level of activity

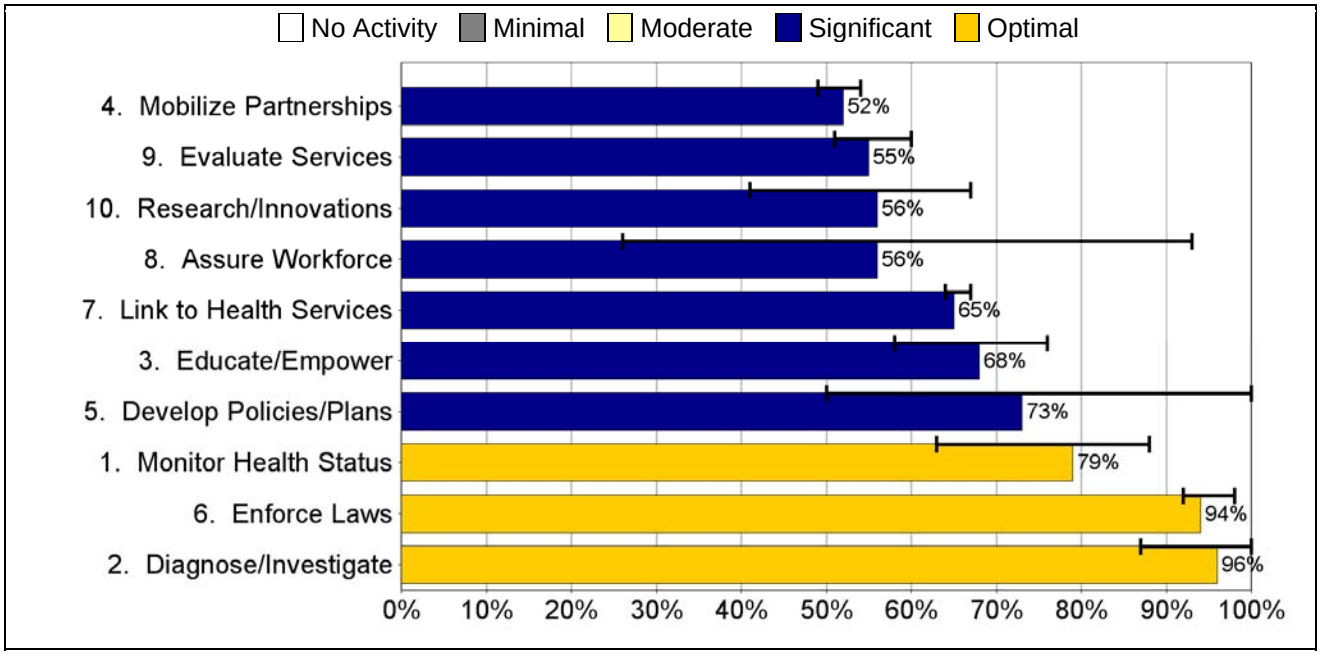

Figure 2 (above) displays each composite score from low to high, allowing easy identification of service domains where performance is relatively strong or weak.

Figure 3 (above) provides a composite picture of the previous two graphs. The range lines show the range of responses within an Essential Service. The color coded bars make it easier to identify which of the Essential Services fall in the five categories of performance activity.

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Figure 4 (next page) shows scores for each model standard. Sites can use these graphs to pinpoint specific activities within the Essential Service that may need a closer look. Note these scores also have range bars, showing sub-areas that comprise the model standard.

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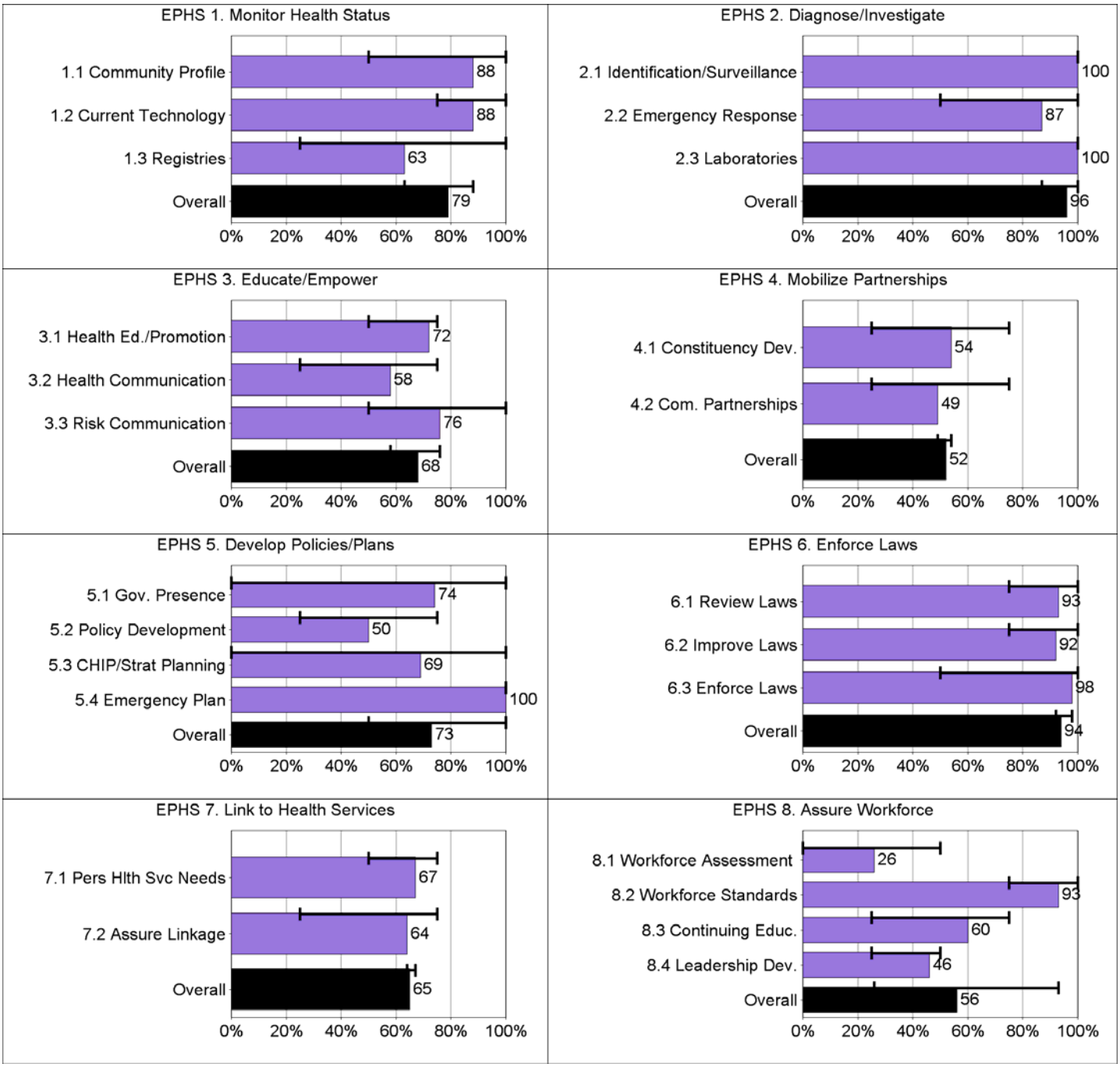
II. How well did the system perform on specific model standards?

Figure 4: Performance scores for each model standard, by Essential Service



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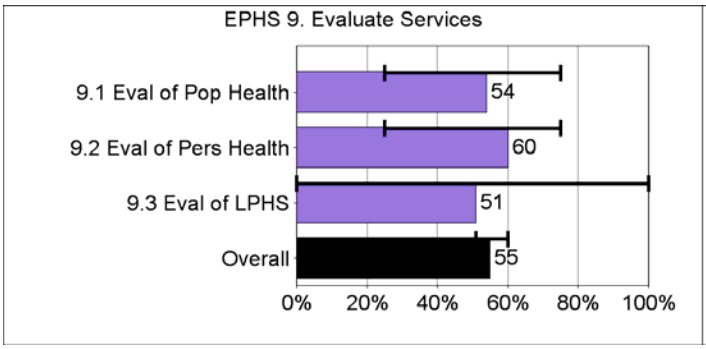

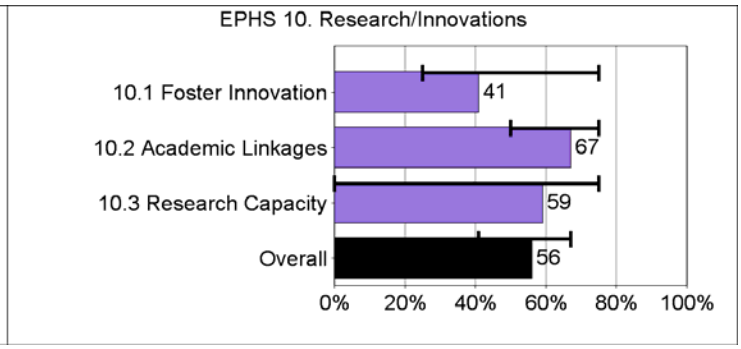

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Table 2: Summary of performance scores by Essential Public Health Service (EPHS) and model standard

Essential Public Health Service	Score
EPHS 1. Monitor Health Status To Identify Community Health Problems	79
1.1 Population-Based Community Health Profile (CHP)	88
1.1.1 Community health assessment	100
1.1.2 Community health profile (CHP)	92
1.1.3 Community-wide use of community health assessment or CHP data	71
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	88
1.2.1 State-of-the-art technology to support health profile databases	100
1.2.2 Access to geocoded health data	88
1.2.3 Use of computer-generated graphics	75
1.3 Maintenance of Population Health Registries	63
1.3.1 Maintenance of and/or contribution to population health registries	100
1.3.2 Use of information from population health registries	25
EPHS 2. Diagnose And Investigate Health Problems and Health Hazards	96
2.1 Identification and Surveillance of Health Threats	100
2.1.1 Surveillance system(s) to monitor health problems and identify health threats	100
2.1.2 Submission of reportable disease information in a timely manner	100
2.1.3 Resources to support surveillance and investigation activities	100
2.2 Investigation and Response to Public Health Threats and Emergencies	87
2.2.1 Written protocols for case finding, contact tracing, source identification, and containment	77
2.2.2 Current epidemiological case investigation protocols	98
2.2.3 Designated Emergency Response Coordinator	100
2.2.4 Rapid response of personnel in emergency / disasters	84
2.2.5 Evaluation of public health emergency response	75
2.3 Laboratory Support for Investigation of Health Threats	100
2.3.1 Ready access to laboratories for routine diagnostic and surveillance needs	100
2.3.2 Ready access to laboratories for public health threats, hazards, and emergencies	100
2.3.3 Licenses and/or credentialed laboratories	100
2.3.4 Maintenance of guidelines or protocols for handling laboratory samples	100
EPHS 3. Inform, Educate, And Empower People about Health Issues	68
3.1 Health Education and Promotion	72
3.1.1 Provision of community health information	75
3.1.2 Health education and/or health promotion campaigns	71
3.1.3 Collaboration on health communication plans	69
3.2 Health Communication	58
3.2.1 Development of health communication plans	48
3.2.2 Relationships with media	50
3.2.3 Designation of public information officers	75
3.3 Risk Communication	76
3.3.1 Emergency communications plan(s)	78
3.3.2 Resources for rapid communications response	94

3.3.3 Crisis and emergency communications training	75
3.3.4 Policies and procedures for public information officer response	56

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Essential Public Health Service	Score
EPHS 4. Mobilize Community Partnerships to Identify and Solve Health Problems	52
4.1 Constituency Development	54
4.1.1 Identification of key constituents or stakeholders	53
4.1.2 Participation of constituents in improving community health	75
4.1.3 Directory of organizations that comprise the LPHS	38
4.1.4 Communications strategies to build awareness of public health	50
4.2 Community Partnerships	49
4.2.1 Partnerships for public health improvement activities	71
4.2.2 Community health improvement committee	53
4.2.3 Review of community partnerships and strategic alliances	25
EPHS 5. Develop Policies and Plans that Support Individual and Community Health Efforts	73
5.1 Government Presence at the Local Level	74
5.1.1 Governmental local public health presence	96
5.1.2 Resources for the local health department	78
5.1.3 Local board of health or other governing entity (not scored)	0
5.1.4 LHD work with the state public health agency and other state partners	50
5.2 Public Health Policy Development	50
5.2.1 Contribution to development of public health policies	75
5.2.2 Alert policymakers/public of public health impacts from policies	50
5.2.3 Review of public health policies	25
5.3 Community Health Improvement Process	69
5.3.1 Community health improvement process	81
5.3.2 Strategies to address community health objectives	50
5.3.3 Local health department (LHD) strategic planning process	75
5.4 Plan for Public Health Emergencies	100
5.4.1 Community task force or coalition for emergency preparedness and response plans	100
5.4.2 All-hazards emergency preparedness and response plan	100
5.4.3 Review and revision of the all-hazards plan	100
EPHS 6. Enforce Laws and Regulations that Protect Health and Ensure Safety	94
6.1 Review and Evaluate Laws, Regulations, and Ordinances	93
6.1.1 Identification of public health issues to be addressed through laws, regulations, and ordinances	75
6.1.2 Knowledge of laws, regulations, and ordinances	100
6.1.3 Review of laws, regulations, and ordinances	97
6.1.4 Access to legal counsel	100
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	92
6.2.1 Identification of public health issues not addressed through existing laws	75
6.2.2 Development or modification of laws for public health issues	100
6.2.3 Technical assistance for drafting proposed legislation, regulations, or ordinances	100
6.3 Enforce Laws, Regulations and Ordinances	98
6.3.1 Authority to enforce laws, regulation, ordinances	100
6.3.2 Public health emergency powers	100
6.3.3 Enforcement in accordance with applicable laws, regulations, and ordinances	92
6.3.4 Provision of information about compliance	100

6.3.5 Assessment of compliance	96

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Essential Public Health Service	Score
EPHS 7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	65
7.1 Identification of Populations with Barriers to Personal Health Services	67
7.1.1 Identification of populations who experience barriers to care	75
7.1.2 Identification of personal health service needs of populations	75
7.1.3 Assessment of personal health services available to populations who experience barriers to care	50
7.2 Assuring the Linkage of People to Personal Health Services	64
7.2.1 Link populations to needed personal health services	75
7.2.2 Assistance to vulnerable populations in accessing needed health services	54
7.2.3 Initiatives for enrolling eligible individuals in public benefit programs	75
7.2.4 Coordination of personal health and social services	50
EPHS 8. Assure a Competent Public and Personal Health Care Workforce	56
8.1 Workforce Assessment Planning, and Development	26
8.1.1 Assessment of the LPHS workforce	25
8.1.2 Identification of shortfalls and/or gaps within the LPHS workforce	29
8.1.3 Dissemination of results of the workforce assessment / gap analysis	25
8.2 Public Health Workforce Standards	93
8.2.1 Awareness of guidelines and/or licensure/certification requirements	88
8.2.2 Written job standards and/or position descriptions	100
8.2.3 Annual performance evaluations	75
8.2.4 LHD written job standards and/or position descriptions	100
8.2.5 LHD performance evaluations	100
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	60
8.3.1 Identification of education and training needs for workforce development	70
8.3.2 Opportunities for developing core public health competencies	46
8.3.3 Educational and training incentives	75
8.3.4 Interaction between personnel from LPHS and academic organizations	50
8.4 Public Health Leadership Development	46
8.4.1 Development of leadership skills	47
8.4.2 Collaborative leadership	50
8.4.3 Leadership opportunities for individuals and/or organizations	50
8.4.4 Recruitment and retention of new and diverse leaders	38

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Essential Public Health Service	Score
EPHS 9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	55
9.1 Evaluation of Population-based Health Services	54
9.1.1 Evaluation of population-based health services	50
9.1.2 Assessment of community satisfaction with population-based health services	41
9.1.3 Identification of gaps in the provision of population-based health services	75
9.1.4 Use of population-based health services evaluation	50
9.2 Evaluation of Personal Health Care Services	60
9.2.1.In Personal health services evaluation	67
9.2.2 Evaluation of personal health services against established standards	75
9.2.3 Assessment of client satisfaction with personal health services	63
9.2.4 Information technology to assure quality of personal health services	44
9.2.5 Use of personal health services evaluation	50
9.3 Evaluation of the Local Public Health System	51
9.3.1 Identification of community organizations or entities that contribute to the EPHS	75
9.3.2 Periodic evaluation of LPHS	83
9.3.3 Evaluation of partnership within the LPHS	8
9.3.4 Use of LPHS evaluation to guide community health improvements	38
EPHS 10. Research for New Insights and Innovative Solutions to Health Problems	56
10.1 Fostering Innovation	41
10.1.1 Encouragement of new solutions to health problems	38
10.1.2 Proposal of public health issues for inclusion in research agenda	25
10.1.3 Identification and monitoring of best practices	75
10.1.4 Encouragement of community participation in research	25
10.2 Linkage with Institutions of Higher Learning and/or Research	67
10.2.1 Relationships with institutions of higher learning and/or research organizations	75
10.2.2 Partnerships to conduct research	75
10.2.3 Collaboration between the academic and practice communities	50
10.3 Capacity to Initiate or Participate in Research	59
10.3.1 Access to researchers	75
10.3.2 Access to resources to facilitate research	75
10.3.3 Dissemination of research findings	50
10.3.4 Evaluation of research activities	38

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III. Overall, how well is the system achieving optimal activity levels?

Figure 5: Percentage of Essential Services scored in each level of activity

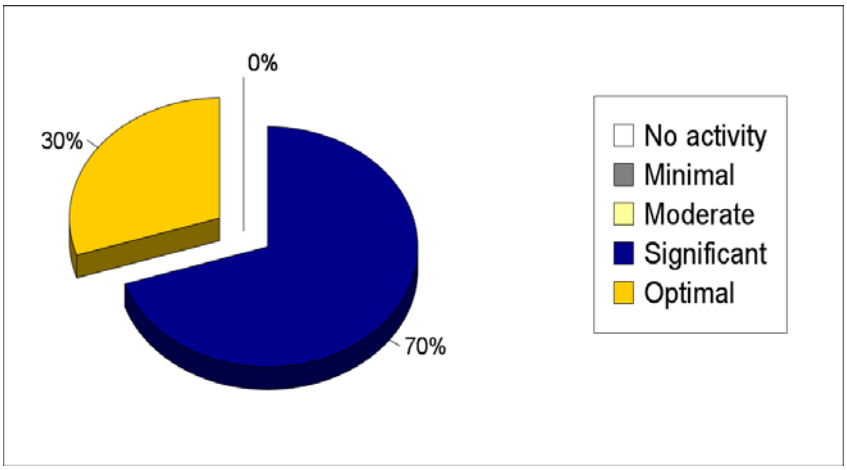

Figure 5 displays the percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides the site with a high level snapshot of the information found in **Figure 3**.

Figure 6: Percentage of model standards scored in each level of activity

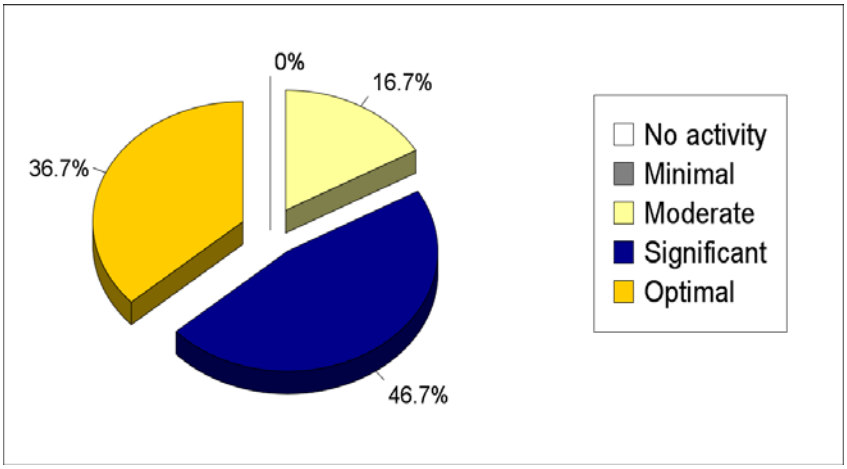

Figure 6 displays the percentage of the system's model standard scores that fall within the five activity categories.

Figure 7: Percentage of all questions scored in each level of activity

Figure 7 displays the percentage of all scored questions that fall within the five activity categories. This breakdown provides a closer snapshot of the system's performance, showing variation that may be masked by the scores in **Figures 5** and **6**.

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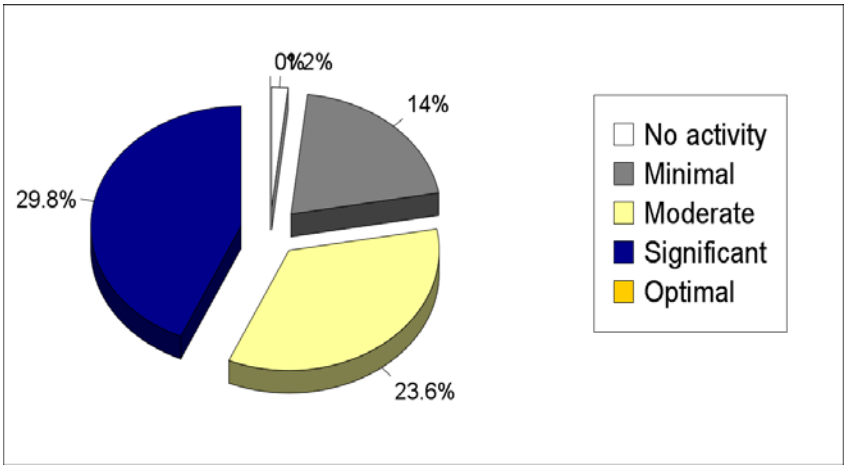

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C. Optional Priority Rating Results

What are potential areas for attention, based on the priority ratings and performance scores?

Tables 3 and **4** show priority ratings (as rated by participants on a 1-10 scale, with 10 being the highest) and performance scores for Essential Services and model standards, arranged under the four quadrants in **Figures 8** and **9**, which follow the tables. The four quadrants, which are based on how the performance of each Essential Service and/or model standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for performance improvement.

Table 3: Essential Service by priority rating and performance score, with areas for attention

Essential Service	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
3. Inform, Educate, And Empower People about Health Issues	8	68 (Significant)
4. Mobilize Community Partnerships to Identify and Solve Health Problems	7	52 (Significant)
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	8	65 (Significant)
8. Assure a Competent Public and Personal Health Care Workforce	7	56 (Significant)
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	7	55 (Significant)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1. Monitor Health Status To Identify Community Health Problems	7	79 (Optimal)
2. Diagnose And Investigate Health Problems and Health Hazards	9	96 (Optimal)
5. Develop Policies and Plans that Support Individual and Community Health Efforts	7	73 (Significant)
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	7	94 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
10. Research for New Insights and Innovative Solutions to Health Problems	4	56 (Significant)

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Table 4: Model standards by priority and performance score, with areas for attention

Model Standard	Priority Rating	Performance Score (level of activity)
Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.		
1.3 Maintenance of Population Health Registries	7	63 (Significant)
3.2 Health Communication	8	58 (Significant)
4.2 Community Partnerships	8	49 (Moderate)
7.1 Identification of Populations with Barriers to Personal Health Services	8	67 (Significant)
7.2 Assuring the Linkage of People to Personal Health Services	8	64 (Significant)
8.1 Workforce Assessment Planning, and Development	7	26 (Moderate)
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	7	60 (Significant)
8.4 Public Health Leadership Development	7	46 (Moderate)
9.1 Evaluation of Population-based Health Services	7	54 (Significant)
9.2 Evaluation of Personal Health Care Services	7	60 (Significant)
9.3 Evaluation of the Local Public Health System	7	51 (Significant)
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.		
1.1 Population-Based Community Health Profile (CHP)	7	88 (Optimal)
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	7	88 (Optimal)
2.1 Identification and Surveillance of Health Threats	9	100 (Optimal)
2.2 Investigation and Response to Public Health Threats and Emergencies	9	87 (Optimal)
2.3 Laboratory Support for Investigation of Health Threats	9	100 (Optimal)
3.1 Health Education and Promotion	8	72 (Significant)
3.3 Risk Communication	9	76 (Optimal)
5.4 Plan for Public Health Emergencies	9	100 (Optimal)
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	7	92 (Optimal)
6.3 Enforce Laws, Regulations and Ordinances	8	98 (Optimal)
8.2 Public Health Workforce Standards	7	93 (Optimal)
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.		
5.1 Government Presence at the Local Level	6	74 (Significant)
6.1 Review and Evaluate Laws, Regulations, and Ordinances	6	93 (Optimal)
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.		
4.1 Constituency Development	6	54 (Significant)
5.2 Public Health Policy Development	6	50 (Significant)
5.3 Community Health Improvement Process	6	69 (Significant)
10.1 Fostering Innovation	5	41 (Moderate)

10.2 Linkage with Institutions of Higher Learning and/or Research	5	67 (Significant)
10.3 Capacity to Initiate or Participate in Research	3	59 (Significant)

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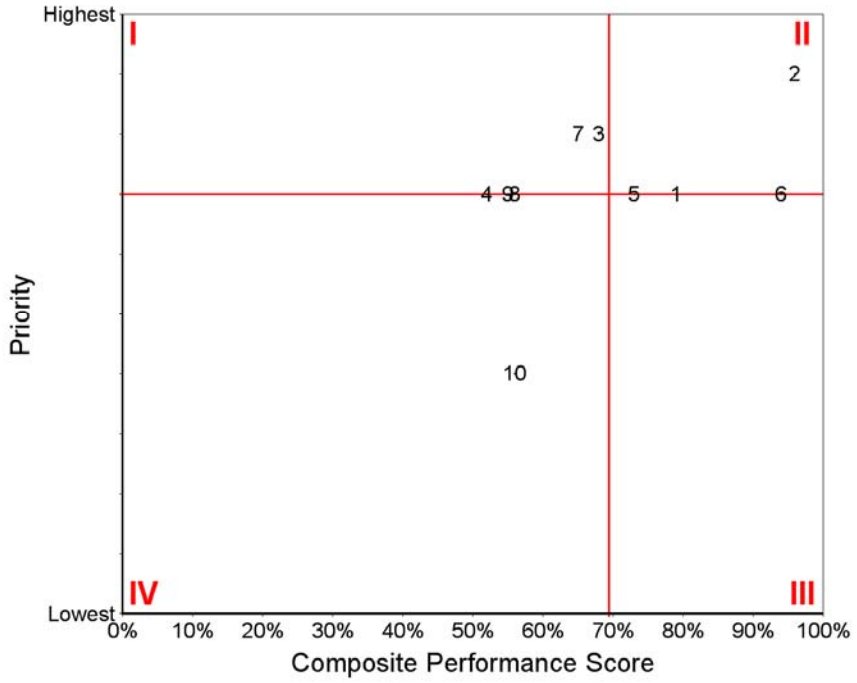
Figures 8 and **9** (below) display Essential Services and model standards data within the following four categories using adjusted priority rating data:

Quadrant I (High Priority/Low Performance) - These important activities may need increased attention.
Quadrant II (High Priority/High Performance) - These activities are being done well, and it is important to maintain efforts.
Quadrant III (Low Priority/High Performance) - These activities are being done well, but the system can shift or reduce some resources or attention to focus on higher priority activities.
Quadrant IV (Low Priority/Low Performance) - These activities could be improved, but are of low priority. They may need little or no attention at this time.

The priority data are calculated based on the percentage standard deviation from the mean. Performance scores above the median value are displayed in the "high" performance quadrants. All other levels are displayed in the "low" performance quadrants. Essential Service data are calculated as a mean of model standard ratings within each Essential Service. In cases where performance scores and priority ratings are identical or very close, the numbers in these figures may overlap. To distinguish any overlapping numbers, please refer to the raw data or Table 4.

Figure 8: Scatter plot of Essential Service scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

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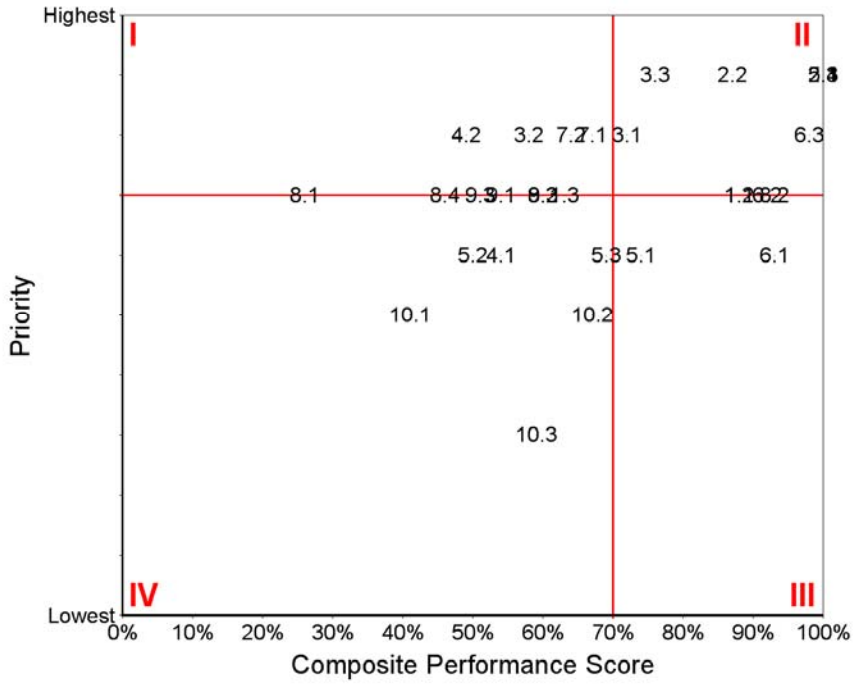
Figure 9: Scatter plot of model standards scores and priority ratings



I (High Priority/Low Performance) - may need increased attention.

II (High Priority/High Performance) - important to maintain efforts.

III (Low Priority/High Performance) - potential areas to reduce efforts.

IV (Low Priority/Low Performance) - may need little or no attention.

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D. Optional agency contribution results

How much does the Local Health Department contribute to the system's performance, as perceived by assessment participants?

Tables 5 and **6** (below) display Essential Services and model standards arranged by Local Health Department (LHD) contribution (Highest to Lowest) and performance score. Sites may want to consider the questions listed before these tables to further examine the relationship between the system and Department in achieving Essential Services and model standards. Questions to consider are suggested based on the four categories or "quadrants" displayed in **Figures 10** and **11**.

Quadrant		Questions to Consider
I.	**Low Performance/High Department Contribution**	• Is the Department's level of effort truly high, or do they just do more than anyone else? • Is the Department effective at what it does, and does it focus on the right things? • Is the level of Department effort sufficient for the jurisdiction's needs? • Should partners be doing more, or doing different things? • What else within or outside of the Department might be causing low performance?
II.	**High Performance/High Department Contribution**	• What does the Department do that may contribute to high performance in this area? Could any of these strategies be applied to other areas? • Is the high Department contribution appropriate, or is the Department taking on what should be partner responsibilities? • Could the Department do less and maintain satisfactory performance?
III.	**High Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? What do they do that may contribute to high performance? Could any of these strategies be applied to other areas? • Does the low Department contribution seem right for this area, or are partners picking up slack for Department responsibilities? • Does the Department provide needed support for partner efforts? • Could the key partners do less and maintain satisfactory performance?
IV.	**Low Performance/Low Department Contribution**	• Who are the key partners that contribute to this area? Are their contributions truly high, or do they just do more than the Department? • Is the total level of effort sufficient for the jurisdiction's needs? • Are partners effective at what they do, and do they focus on the right things? • Does the low Department contribution seem right for this area, or is it likely to be contributing to low performance? • Does the Department provide needed support for partner efforts? • What else might be causing low performance?

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Table 5: Essential Service by perceived LHD contribution and score

Essential Service	LHD Contribution	Performance Score	Consider Questions for:
1. Monitor Health Status To Identify Community Health Problems	33%	Optimal (79)	Quadrant III
2. Diagnose And Investigate Health Problems and Health Hazards	58%	Optimal (96)	Quadrant II
3. Inform, Educate, And Empower People about Health Issues	42%	Significant (68)	Quadrant I
4. Mobilize Community Partnerships to Identify and Solve Health Problems	50%	Significant (52)	Quadrant I
5. Develop Policies and Plans that Support Individual and Community Health Efforts	75%	Significant (73)	Quadrant II
6. Enforce Laws and Regulations that Protect Health and Ensure Safety	42%	Optimal (94)	Quadrant II
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	50%	Significant (65)	Quadrant I
8. Assure a Competent Public and Personal Health Care Workforce	38%	Significant (56)	Quadrant IV
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	42%	Significant (55)	Quadrant I
10. Research for New Insights and Innovative Solutions to Health Problems	50%	Significant (56)	Quadrant I

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Table 6: Model standards by perceived LHD contribution and score

Model Standard	LHD Contribution	Performance Score	Consider Questions for:
1.1 Population-Based Community Health Profile (CHP)	50%	Optimal (88)	Quadrant II
1.2 Access to and Utilization of Current Technology to Manage, Display, Analyze and Communicate Population Health Data	25%	Optimal (88)	Quadrant III
1.3 Maintenance of Population Health Registries	25%	Significant (63)	Quadrant IV
2.1 Identification and Surveillance of Health Threats	75%	Optimal (100)	Quadrant II
2.2 Investigation and Response to Public Health Threats and Emergencies	75%	Optimal (87)	Quadrant II
2.3 Laboratory Support for Investigation of Health Threats	25%	Optimal (100)	Quadrant III
3.1 Health Education and Promotion	25%	Significant (72)	Quadrant III
3.2 Health Communication	25%	Significant (58)	Quadrant IV
3.3 Risk Communication	75%	Optimal (76)	Quadrant II
4.1 Constituency Development	50%	Significant (54)	Quadrant I
4.2 Community Partnerships	50%	Moderate (49)	Quadrant I
5.1 Government Presence at the Local Level	100%	Significant (74)	Quadrant II
5.2 Public Health Policy Development	25%	Significant (50)	Quadrant IV
5.3 Community Health Improvement Process	75%	Significant (69)	Quadrant I
5.4 Plan for Public Health Emergencies	100%	Optimal (100)	Quadrant II
6.1 Review and Evaluate Laws, Regulations, and Ordinances	25%	Optimal (93)	Quadrant III
6.2 Involvement in the Improvement of Laws, Regulations, and Ordinances	25%	Optimal (92)	Quadrant III
6.3 Enforce Laws, Regulations and Ordinances	75%	Optimal (98)	Quadrant II
7.1 Identification of Populations with Barriers to Personal Health Services	50%	Significant (67)	Quadrant I
7.2 Assuring the Linkage of People to Personal Health Services	50%	Significant (64)	Quadrant I
8.1 Workforce Assessment Planning, and Development	25%	Moderate (26)	Quadrant IV
8.2 Public Health Workforce Standards	50%	Optimal (93)	Quadrant II
8.3 Life-Long Learning Through Continuing Education, Training, and Mentoring	25%	Significant (60)	Quadrant IV
8.4 Public Health Leadership Development	50%	Moderate (46)	Quadrant I
9.1 Evaluation of Population-based Health Services	25%	Significant (54)	Quadrant IV
9.2 Evaluation of Personal Health Care Services	25%	Significant (60)	Quadrant IV
9.3 Evaluation of the Local Public Health System	75%	Significant (51)	Quadrant I
10.1 Fostering Innovation	50%	Moderate (41)	Quadrant I
10.2 Linkage with Institutions of Higher Learning and/or Research	50%	Significant (67)	Quadrant I
10.3 Capacity to Initiate or Participate in Research	50%	Significant (59)	Quadrant I

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Figure 10: Scatter plot of Essential Service scores and LHD contribution scores

Essential Service data are calculated as a mean of model standard ratings within each Essential Service.

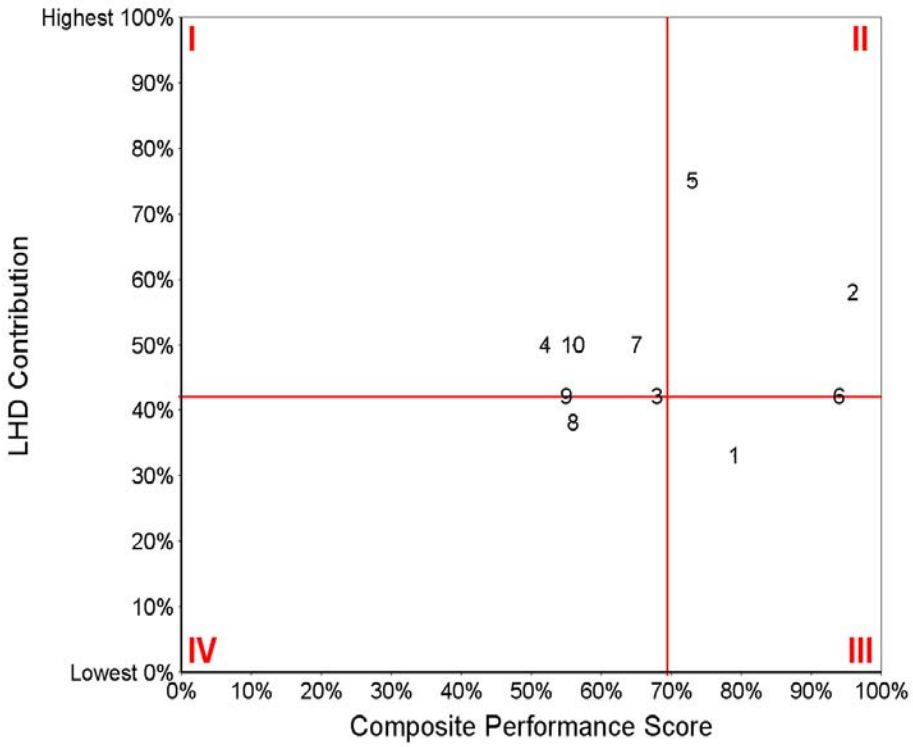

Figure 11: Scatter plot of model standard scores and LHD contribution scores

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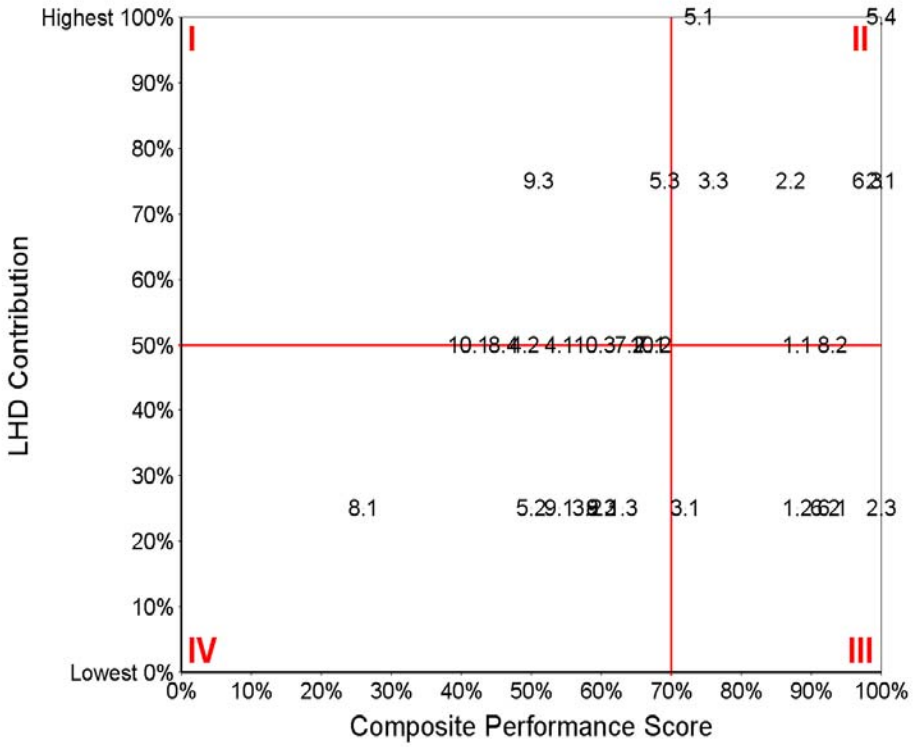


APPENDIX: RESOURCES FOR NEXT STEPS

The NPHPSP offers a variety of information, technical assistance, and training resources to assist in quality improvement activities. Descriptions of these resources are provided below. Other resources and websites that may be of particular interest to NPHPSP users are also noted below.

- **Technical Assistance and Consultation -** NPHPSP partners are available for phone and email consultation to state and localities as they plan for and conduct NPHPSP assessment and performance improvement activities. Contact 1-800-747-7649 or phpsp@cdc.gov.

- **NPHPSP User Guide -** The NPHPSP User Guide section, "After We Complete the Assessment, What Next?" describes five essential steps in a performance improvement process following the use of the NPHPSP assessment instruments. The NPHPSP User Guide may be found on the NPHPSP website (http://www.cdc.gov/NPHPSP/PDF/UserGuide.pdf).

- **NPHPSP Online Tool Kit -** Additional resources that may be found on, or are linked to, the NPHPSP website (http://www.cdc.gov/NPHPSP/generalResources.html) under the "Post Assessment/ Performance Improvement" link include sample performance improvement plans, quality improvement and priority-setting tools, and other technical assistance documents and links.

- **NPHPSP Online Resource Center -** Designed specifically for NPHPSP users, the Public Health Foundation's online resource center (www.phf.org/nphpsp) for public health systems performance improvement allows users to search for State, Local, and Governance resources by model standards, essential public health service, and keyword.;

- **NPHPSP Monthly User Calls -** These calls feature speakers and dialogue on topic of interest to users. They also provide an opportunity for people from around the country to learn from each other about various approaches to the NPHPSP assessment and performance improvement process. Calls occur on the third Tuesday of each month, 2:00 - 3:00 ET. Contact phpsp@cdc.gov to be added to the email notification list for the call.

- **Annual Training Workshop -** Individuals responsible for coordinating performance assessment and improvement activities may attend an annual two-day workshop held in the spring of each year. Visit the NPHPSP website (http://www.cdc.gov/nphpsp/annualTrainingWorkshop.html) for more information.

- **Public Health Improvement Resource Center at the Public Health Foundation -** This website (www.phf.org/improvement) provides resources and tools for evaluating and building the capacity of public health systems. More than 100 accessible resources organized here support the initiation and continuation of quality improvement efforts. These resources promote performance management and quality improvement, community health information and data systems, accreditation preparation, and workforce development.

- **Mobilizing for Action through Planning and Partnerships (MAPP) -** MAPP has proven to be a particularly helpful tool for sites engaged in community-based health improvement planning. Systems that have just completed the NPHPSP may consider using the MAPP process as a way to launch their performance improvement efforts. Go to www.naccho.org/topics/infrastructure/MAPP to link directly to the MAPP website.

Community Themes and Strengths Summary Report

Introduction:

The Partnership for a Healthier Nassau subcommittee was formed from the participants in the Visioning session for the MAPP process held April 14, 2011. At that meeting participants were asked to complete a profile indicating where they would like to serve. The profiles were reviewed and the persons contacted. The subcommittee consisted of representatives from the NCHD, Sutton Place (behavioral health provider), Family Support Services, the North Florida Community Action Agency a provider for family needs support, and The Journey Church, a faith based organization with numerous outreach programs for the community. This subcommittee had its first meeting July 8, 2011 at Journey Church.

Methods:

The committee determined at that meeting to conduct paper surveys as well as establishing an online survey of the same to poll the Nassau County community on *How Healthy is Nassau County*. Newspaper articles were published providing information about how to locate the survey on line or obtain paper surveys. Links to the on-line survey were also placed on agency websites and the Northeast Florida Counts Community Dashboard. The committee also determined to hold focus groups for residents of Nassau County using Focus Group Consultants to conduct additional surveys in specific populations: African American, Hispanic, male, and rural Nassau County, as well as, enlisting persons to participate in small focus group meetings from these populations. Outside facilitators were used to conduct the focus groups. Each focus group had recorders and observers present. The groups consisted of 6-8 persons from the target populations. They met for 1-1 ½ hours and discussed nine question with a tenth question asked if time allowed. Facilitators prepared reports from each group accompanied by meeting sign in sheets, evaluations, and notes for retention purposes. These reports and survey information will be reviewed by the MAPP committee along with the other assessments that have been conducted within the MAPP process to identify a strategic focus for the community.

Nassau Demographic:

The total population of Nassau County from the Federal 2010 census is 73,314. The adult population for persons 18 and older is 56,818 (77.5%). The ethnic breakout of the community is a population of 87.9% non-Hispanic, 6.4% African American, 3.2% Hispanic, .9% Asian, 1.6% two or more races. 11.5% of the population is below poverty level and the current unemployment rate is 6.6% in July, 2011.

Nassau County is bounded by the Atlantic Ocean on the East, the State of Georgia to its North, Baker and Clay Counties to its West and Duval County to its South. All areas of Nassau County have seen growth since the last census. However, with the economic downturn, that growth has slowed. A large portion of the population resides east of the I-95 corridor in a mix of suburban and historic coastal communities. West of the I-95 corridor is established timberland, small farms, and designated State forest lands. Some subdivision development has been done within the Callahan area on the west as a result of Duval County migration and West of I-95 near the corridor. Major areas of development within the last ten years have been in the Yulee area and development efforts continue in this area. The largest area of population remains within the Fernandina Beach-Amelia Island area.

Summary from Focus Group Questions:

All four focus groups considered their community a safe place to live. Within the minority communities, the Hispanic population felt the least safe and had the least involvement in community life. They cited the English language as their primary barrier. Affordability of recreational activities was cited by both minority groups.

Employment opportunity within the county is considered a problem in that most jobs are lower income and do not support a family. All groups believed that more affordable housing is needed for the elderly and lower income residents. Residents with the best employment opportunities commute to Duval County or other locations for better employment. Those commuting felt the trade off of safety and quality of life merited the commute. In the area of education, all felt that the schools were good. The Hispanic community would like to have English language instruction and the African American community would like to see a trade school in the area. Transportation access is still a problem although it has improved with the Council on Aging van service into Duval County. The Hispanic community was not aware of this service until this meeting. Transportation was also felt to be an issue for the African American community.

The Hispanic community cited access to Health Care the most difficult to obtain and Westside residents cited the need to go to larger metro areas due to insurance providers and the lack of doctors and services. Affordability of health care was an issue for the minority populations and those without insurance. It was cited that some doctors do work with self-pay patients but advocacy from others is often what connects the patient with the doctor. Hispanics cited that they were asked, “How will you pay?” and thought they were mistreated. Hispanics recognize that their language barrier is what makes this effort more difficult for them. They have difficulty completing Medicaid applications and other forms written in English. Online applications are difficult for them.

All groups cited a need for health care services that were affordable and accessible and where no one is turned away because they do not have insurance. The Samaritan Clinic which is available in Fernandina Beach has limited hours of access. Some groups also cited the need for in-county specialty medical services in Nassau County and residential alcohol and drug rehabilitation, to include a residential center. Within the groups where question ten was asked, groups were not certain as to the services provided by the Nassau County Health Department.

Conclusion:

The Survey Results and Focus Group Reports will be reviewed in October by the Subcommittee for inclusion with the other MAPP Assessments. The four MAPP assessments will be reviewed by other partners for a strategic focus for the Partnership for a Healthier Nassau.

Community Themes and Strengths – Issues, Perceptions, Assets
Survey and Focus Group Subcommittee Review

Issues
Affordable and accessible health care
Culturally competent workforce
Drug and Alcohol abuse and treatment

Perceptions
Strengths:
- Good Schools
- Safety
- Quality of Health Services

Weakness:
- Transportation
- Economic Opportunity
- Educational Opportunity-trade schools
- Cultural Competency – care and services
- Affordable Social Services-Elder care, daycare, afterschool opportunity
- Medical shortages-insurance, number of physicians

Assets
Local Hospital
Confidence in Health Care received

Opportunities:
- Create strategies to improve health through partnerships with faith based organizations (e.g. Interfaith Health Ministry)
- Work with stakeholders and elected officials (e.g. Vision into Action)
- Create opportunities for citizens that reduce risk factors that lead to health crises: obesity, lack of proper nutrition, exercise, drug and alcohol abuse

Community Themes and Strengths Survey Summary Report

The Partnership for a Healthier Nassau subcommittee prepared a survey to be circulated to the citizens of Nassau County. A total of 744 responses were received. The survey was placed on-line and the public was notified through a newspaper article opening the survey to all interested citizens. The online survey was completed by 150 respondents. Paper surveys were the balance of the responses. These surveys were distributed through the Library system, Nassau County Health Department Clinic sites, Healthy Start workers, Barnabas Center locations, Family Support Services, Nassau-NE Florida Community Action Agency, Sutton Place, and the LaVictoria grocery. Efforts were made through these agencies to include input from minority representation and lower income persons in Nassau County.

The paper surveys were reviewed for completeness and location. Only Nassau locations were tabulated for the paper surveys. There were however, four online surveys in the mix which denoted a Duval county location. These are not considered to be significant to the overall findings.

A summary of the demographics of respondents is as follows:

- 379 from Fernandina area, 124 from Yulee, 109 from Callahan, 84 from Hilliard and 12 from Bryceville, 36 did not identify location
- 75.3% of respondents were female
- 75.8% were Caucasian, 17.6% were Black/AA, 4.8% Hispanic, 1.8% other race
- 33.4% employed, 28.1% unemployed, 12.5% employed part-time, 12.7% homemakers
- 33.7% listed their income below $10,000, 42.1% listed below $50,000
- 50.5% had high school or GED education
- Majority of respondents were age 40-54, next 26-39

The respondents indicated the following for questions specific to Nassau County:

- Quality of service they received was good
- Top three features of a healthy community included: access to health care, churches or other places of worship, jobs and a healthy economy
- Top three health problems: addiction to drugs and alcohol, cancer, diabetes
- Top three unhealthy behaviors listed: drug abuse, underage drinking, adult alcohol abuse

In responding to questions more specific to their needs the following was indicated:

- 62.8% could not pay for doctor or hospital visits
- 34.7% had no insurance, 31.8% covered by employment
- 47.2% use their own doctors while 28.5% use the hospital emergency room
- 76.1% have prescriptions filled at drug stores, supermarkets, mail order
- 41.2% stated dental and oral care was the most difficult service to obtain

When reviewing the responses offered for “other” on the survey the following items appeared in a majority of responses:

- Herbal remedies used in place of prescription drugs
- Remarks concerning access and affordability

PARTNERSHIP FOR A HEALTHIER NASSAU

HOW HEALTHY IS NASSAU COUNTY?

The Nassau County *Partnership for a Healthier Nassau* committee needs your help to better understand the health of our community. Please fill out this survey to give us your opinions about health services and the quality of life in Nassau County. The survey results will go into a Health Needs Assessment, which will be made available to the public later this year.

1. **How do you rate your overall health? (Check one selection)**
   □ Excellent □ Good □ Fair □ Poor □ Don't Know

2. **Check up to 3 selections you feel are the most important features of a healthy community.**

   □ Access to churches or other places of worship
   □ Access to healthcare
   □ Access to parks and recreation
   □ Access to public transportation
   □ Affordable and/or available housing options
   □ Access to social services
   □ Clean and healthy environment
   □ Absence of discrimination
   □ Good place to raise kids
   □ Good jobs, healthy economy
   □ Good educational opportunities
   □ Low crime rates/safe neighborhoods
   □ Preventative health care (i.e. annual check ups)
   □ Affordable child care
   □ Good place to grow old
   □ Other_____

3. **Check up to 3 health problems that you feel are the most important in Nassau County.**

   □ Asthma
   □ Respiratory/Lung Diseases (i.e. COPD, Emphysema)
   □ Cancer
   □ Contagious Diseases (.i.e. Flu, Pneumonia, TB, Etc.)
   □ Diabetes
   □ Heart Disease and Stroke
   □ Adult Obesity
   □ Childhood Obesity
   □ High Blood Pressure
   □ Motor Vehicle Accident Injuries (Driver or Pedestrian)
   □ Addiction (Drugs or Alcohol)
   □ Mental Health Problems
   □ Child Abuse/Neglect
   □ Teen Pregnancy
   □ HIV-AIDS/Sexually Transmitted Diseases
   □ Dental Problems
   □ End of Life Care (i.e. Nursing Homes, Hospice)
   □ Environmental (i.e. wells/drinking water/septic)
   □ Other _____

4. **Check up to 3 unhealthy behaviors you are most concerned about in Nassau County.**

   □ Adult Alcohol Abuse
   □ Underage Drinking
   □ Being Overweight
   □ Dropping out of School
   □ Drug Abuse
   □ Poor Eating Habits _____
   □ Lack of Exercise
   □ Not getting "Shots" to prevent disease
   □ Not using Birth Control
   □ Discrimination
   □ Rape/Sexual Assault
   □ Teen Sexual Activity
   □ Tobacco Use (i.e. cigarettes, cigars, chewing tobacco)
   □ Unlicensed Driving
   □ Impaired Driving
   □ Unsafe/Unprotected Sex
   □ Other:

5. **What health care services are difficult to obtain in your community? (Check all that apply)**

   □ Alternative Therapy (i.e. herbals, acupuncture)
   □ Dental/Oral Care
   □ Prescriptions/Medications/Medical Supplies
   □ Preventative Care (i.e. Annual Check-ups)

□ Emergency Room care
□ Primary Care (i.e. Family Doctor or Walk-In Clinic)
□ Family Planning/Birth Control
□ Specialty M.D. Care (i.e. heart doctor)
□ Inpatient Hospital
□ Substance Abuse Services (Drug or Alcohol)
□ Lab Work
□ Vision Care
□ Mental Health/Counseling
□ X-Rays/Mammograms
□ Physical Therapy/Rehabilitative Therapy
□ Other: _____
□ None

PLEASE TURN OVER

6. How do you rate the quality of health services in Nassau County?

□ Excellent □ Good □ Fair □ Poor □ Don't Know

If you answered poor or fair, what do you think could be done to improve the quality of health services in Nassau County?

_____

_____

7. What do you feel are barriers for you in getting health care? (Check <u>all</u> that apply)

□ Lack of Transportation
□ Have no regular source of health care
□ Can't pay for Doctor/Hospital visits
□ Lack of evening and weekend services
□ Can't find Providers that accept my Insurance
□ Long waits for appointments
□ Don't know what types of services are available
□ Other:

_____

8. When you need to use prescription medications for an illness, do you: (Check <u>all</u> that apply)

□ Have your prescription filled at Drug Store/Supermarket/Mail Order
□ Go without Medicine
□ Buy Over-the-Counter medicine instead
□ Use Family or Friend's Medication
□ Use leftover Medication prescribed for a different illness instead
□ Use Herbal Remedies
□ Get medication from sources outside the Country
□ Go to Hospital Emergency Room
□Other_____

9. How is your health care covered? (Check all that apply)

□ Health Insurance offered by your job or family member's job
□ Medicare
□ Health Insurance that you pay for on your own
□ Medicaid
□ I don't have Health Insurance
□ The local Health Department
□

Other_____

10. Where would you go if you or your children/dependents were sick or needed a Medical Professional's advice about your or their health? (Check <u>one</u> selection)

□ Hospital Emergency Room in Nassau County
□ Hospital Primary Care
□ Hospital Emergency Room outside of County
□ Your/Their Doctor's Office
□ No where – I don't have a place to go when I'm sick
□ The local Health Department
□

Other_____

11. Name of City/Town where you live:_____Zip Code: _____

12. Age: □ Under 18 □ 18 – 25 □ 26 – 39 □ 40 – 54 □ 55 – 64 □ 65 -74 □ 75 +

13. Gender: □ Female □ Male

14. Race/Ethnicity: ***Which group do you most identify with?*** **(Check one selection)**

□ Black/African American □ Hispanic □ Native American
□ White/Caucasian □ Asian/Pacific □ Other – (Please describe):
_____

15. Education: ***Please check the highest level completed:*** **(Check one selection)**

□ Elementary/Middle School □ Technical/Community College □ Graduate/Advanced Degree
□ High School Diploma or GED □ 4 year College/Bachelor's Degree

16. Employment Status: (Check one selection)

□ Employed Full-Time □ Employed Part-Time □ Unemployed □ Self-Employed
□ Retired □ Homemaker □ Student □ Other: _____

17. Household Income: (Check one selection)

□ Less than $10,000 □ $20,000 - $29,999 □ $50,000 - $74,999 □ $100,000 or more
□ $10,000 - $19,999 □ $30,000 - $49,999 □ $75,000 - $99,999

THANK YOU FOR COMPLETING THIS SURVEY! YOUR RESPONSE WILL HELP MAKE NASSAU COUNTY A BETTER PLACE TO LIVE.

PARTNERSHIP FOR A HEALTHIER NASSAU

¿Cómo Está el Estado de Salud en Nassau County?

La comité *Partnership for a Healthier Nassau* del condado de Nassau necesita su ayuda para entender mejor el estado de la salud de nuestra comunidad. Favor de completar este cuestionario para darnos sus opiniones acerca de servicios de salud y la calidad de vida en el condado de Nassau. Los resultados de la encuesta nos ayudará a determinar las Necesidades de Salud, y estos resultados serán disponibles al publico mas tarde en el año.

1. **¿Cómo clasificaría su propia salud personal? (Marque una selección)**
   □ excelente □ bueno □ regular □ mal □ no se

2. **Marque <u>hasta 3</u> factores que <u>usted</u> piensa son los más importantes para una comunidad sana.**

□ Acceso a iglesias / otros lugares espirituales
□ Acceso a cuidados médicos (ej: médico familiar)
□ Acceso a parques y lugares de recreación
□ Acceso al transporte público
□ Costo de vivienda accesible
□ Acceso a servicios sociales
□ Ambiente limpio y saludable
□ Comunidad sin discriminación
□ Buen lugar para criar a niños
□ Buenos trabajos y economía sana
□ Buenas escuelas / educación
□ Baja tasa de crimen / vecindarios seguros
□ Medicina preventiva (ej: chequeo de salud anual)
□ Cuidado de niños a precios asequibles
□ Buen lugar para envejecer
□ Otro_____

3. **Marque <u>hasta 3</u> problemas de salud que <u>usted</u> piensa son los más importantes en el condado de Nassau.**

□ Asma
□ Respiratorio / enfermedades de los pulmones
□ Cáncer
□ Enfermedades infecciosas (ej: Gripe, Neumonía, etc)
□ Diabetes
□ Enfermedad Cardíaca / infarto
□ Obesidad del adulto
□ Obesidad infantil
□ Alta presión arterial
□ Adicciones (drogas / alcohol)
□ Problemas de salud mental
□ Abuso infantil / negligencia
□ Embarazo en adolescentes
□ HIV / SIDA / Enfermedades de transmisión (STDs)
□ Problemas dentales
□ Cuidado al final de la vida (ej. Hospicio, Hogar de) ancianos)
□ Medio Ambiente (ej. posos/agua potable/sépticos)
□ Lesiones por accidentes de tránsito (conductor o peatones)
□ Otro_____

4. **Marque <u>hasta 3</u> problemas que más <u>le preocupa</u> en el condado de Nassau.**

□ Abuso del alcohol
□ Alcohol y menores
□ Sobrepeso
□ Abandono de la escuela
□ Abuso de drogas
□Hábitos de mal alimentación
□ Falta de ejercicio
□ No vacunarse para prevenir enfermedades
□ Falta de control natal
□ Discriminación
□ Violación / asalto sexual
□ Actividad sexual en adolescentes
□ Consumo de tabaco (ej. fumar)
□ Conducir sin licencia
□ Conducir bajo la influencia
□ Sexo sin protección
□ Otro: _____

5. **¿Cuáles servicios de salud son difíciles de obtener en su comunidad? (Marque todos los que apliquen)**

□ Terapia Alternativa (ej. hierbas, acupuntura)
□ Dental/Cuidados Orales
□ Cuidado urgente
Clínica)
□ Planear Familia/Control Natal
□ Hospital de ingreso
□ Laboratorios
□ Salud Mental/Consejería
□ Fisioterapia/Terapia de Recuperación
□ Recetas/Medicamentos/Suministros médicos
□ Medicina preventiva (ej: chequeo de salud anual)
□ Cuidados Primarios (ej. Médico Familiar o
□ Cuidado de especialista (ej. Médico del corazón)
□ Servicios para el abuso (Drogas o Alcohol)
□ Cuidados dela Visión
□ Rayos X/Mamografías
□ Otro: _____
□ Ninguno

Ir a la página 2

6. ¿Cómo clasificaría la calidad de servicios de salud en el condado de Nassau?

□ excelente □ bueno □ regular □ mal □ no se

Si contesto regular o mal, qué piensa que se puede hacer para mejorar la calidad de servicios en el condado de Nassau?

_____
_____

7. ¿Cuáles son las barreras que afectan el estado de su salud? (Marque todos los que apliquen)

□ Falta de transportación
salud
□ No puedo pagar por visitas médicas/hospitales
semana
□ No encuentro doctores que aceptan mi seguro
□ No se que tipo de servicios hay disponibles
□ No tengo a donde ir para cuidados de
□ Falta de servicios en la tarde/fin de
□ Tengo que esperar mucho para una cita
□ Otro:
_____

8. ¿Cuándo necesita medicinas recetadas para una enfermedad, que hace? (Marque todos los que apliquen)

□ Lleno la receta en una Farmacia/Supermercado/por correo
□ Compro medicina que se vende sin receta
familia/amigo(a)
□ Uso medicina que me sobro de otra enfermedad
caseros/hierbas
□ Obtengo medicinas de fuentes fuera del condado
emergencia
Otro_____
□ No tomo medicina
□ Uso medicina de mi
□ Uso remedios
□ Voy al hospital o sala de
□

9. ¿Cómo está cubierto su salud médico? (Marque todos los que apliquen)

□ Seguro de salud ofrecido por su trabajo o el trabajo de alguien en su familia
□ Seguro de salud que paga por su cuenta
□ No tengo seguro de salud
salud local
□ Medicare
□ Medicaid
□ Departamento de
□ Otro_____

10. ¿A donde va si usted o sus hijos/dependientes están enfermos o necesitan la consejería de un Profesional Médico acerca de su salud? (marque uno)

□ La sala de emergencia del condado de Nassau
□ La sala de emergencia fuera del condado de Nassau
□ No tengo a donde ir cuando estoy enfermo
□ Hospitales de atención primaria
□ Su médico
□ Departamento de salud local
□

Otro_____

11. Nombre de ciudad/pueblo donde vive: _____ Código postal:_____

12. Edad: □ Under 18 □ 18 – 25 □ 26 – 39 □ 40 – 54 □ 55 – 64 □ 65 -74 □ 75 +

13. Sexo: □ Femenino □ Masculino

14. Grupo étnico con el que más se identifica: (marque uno)
□ Africano Americano / Negro
□ Hispano / Latino
□ Americano Nativo
□ Blanco / Caucásico
□ Asiático / Isleño Pacifico
□ Otros – (describir): _____

15. Educación: Comprobar nivel más alto completado*: (marque uno)*
□ Menos de Secundaria
□ Técnico/Universidad de la comunidad
□ Título de posgrado o avanzado
□ Graduado de Secundaria o GED
□ Universidad de 4 años/Graduado con Bachillerato

16. Situación laboral: (marque uno)
□ Empleado a tiempo completo
□ Empleado a tiempo parcial
□ desempleado
□ trabajador por cuenta propia
□ Jubilado
□ ama de casa
□ estudiante
□ otro: _____

17. Ingreso del hogar: (marque <u>uno</u>)
□ Menos de $10,000 al año
□ $10,000 - $19,999
□ $20,000 - $29,999
□ $30,000 - $49,999
□ $50,000 - $74,999
□ $75,000 - $99,999
□ Más de $100,000

Página 2

Forces of Change Assessment

2011

Prepared for:

PARTNERSHIP FOR A HEALTHIER NASSAU

Forces of Change Assessment

Purpose

The Forces of Change Assessment (FOCA) is one of the four assessment methodologies utilized in the Mobilizing for Action through Planning and Partnerships (MAPP) model. This assessment adds to the overall understanding of the factors that affect the overall health of the community and the local public health system. All four assessments are designed to provide valuable insights to potential gaps in the current health systems that lead to a strategic direction to address important community health concerns. FOCA is intended to gather information and feedback from community members on the trends, events and factors that are or will be influencing the health and quality of life of the community, and the work of the local public health system. The result is a comprehensive, but focused, list that identifies key forces and describes their impacts.

FOCA concentrates on three types of FORCES which are broad inclusive categories that include trends, events, and factors. The two primary questions that are answered during this assessment are:

1. **What is occurring or might occur that affects the health of our community or the local public health system?**
2. **What specific threats or opportunities are generated by these occurrences?**

Methodology

During August and September 2011, members of the Partnership for a Healthier Nassau MAPP Committee conducted FOCA by completing the following steps:

STEPS OF THE ASSESSMENT	DATE COMPLETED
1. Establish small Sub-committee (to facilitate brainstorming session).	Established at 04/14/11 MAPP Kick-Off meeting.
2. Convene FOCA workshop to brainstorm comprehensive list of Forces of Change. a. Identify potential Threats and Opportunities for each force of change.	Committee and additional community representatives met on 08/25/11 to brainstorm Forces of Change list. Threats and Opportunities were identified at 08/25/11 brainstorming meeting.
3. Summarize and rank list of issues. a. Identify overarching themes and reduce list of issues.	Email sent on 08/26/11 to FOCA attendees and MAPP committee members asking to rank top three issues. Email sent on 09/13/11 to MAPP Committee members and FOCA workshop attendees asking them to complete an on-line survey comprised of 10 issues and to rank the top five.
4. Consolidate results into final report.	Survey results are analyzed on 09/21/11 and final five are determined.

APPENDIX D – FORCES OF CHANGE ASSESSMENT

The Forces of Change Sub-Committee members considered and discussed the following forces through a facilitated brainstorming session:

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

For the purpose of this assessment, forces were divided into the following categories:

- **Community** forces such as coordination/collaboration and mobilization.
- **Economic** forces such as income levels/changes, employment status, industry/trade and funding levels.
- **Educational** forces occurring within public schools, colleges/universities and adult/continuing education.
- **Environmental** forces such as development/land use, walkability, sources of healthy food, transportation and disaster planning.
- **Ethical/Legal** forces such as end of life issues.
- **Government/Political** forces such as policy/legislation, budgeting and advocacy.
- **Science/Technology** forces such as healthcare advances, information technology and communications.
- **Social** forces such as population demographics, knowledge/beliefs, attitudes/behaviors, cultural norms and crime/violence.

Members of the committee were encouraged to explore and consider the local, national, state and county forces/issues within each category. The list of forces generated during the FOCA workshop were compiled and organized into a matrix, which was distributed via email to the MAPP Committee members to review and gain consensus on the top five forces.

Multiple methods were employed during the ranking process. Initially, the MAPP Committee members were asked to review the matrix and rank the top three. Due to the small response rate another method was utilized. The matrix was reevaluated and overarching themes were identified. Ultimately, 10 forces were identified and an on-line survey was developed that asked members to rank the top five. This yielded a higher response rate and five forces of change were identified. (Of note, the second and fourth ranked forces of change were determined by factoring the number of times each was ranked by the respondent and how they were ranked. For example, despite more respondents ranking "limited transportation" as the second most important force, "cuts in educational funding" was ranked more often and received the second highest score as the second most important force). The top five are as follows:

APPENDIX D – FORCES OF CHANGE ASSESSMENT

1. ***Depressed economy/economic issues***
2. ***Cuts in educational funding***
3. ***Funding cuts to services***
4. ***Federal Health Care Law of 2010***
5. ***Changing demographics (age, ethnicity, transient)***

Each force was evaluated, and for each, associated opportunities and threats to the public health system or community were identified as summarized in Table 1, below. This information will play an important role in the fourth phase of MAPP in which the strategic issues are determined and eventually factored into the final action plan.

TABLE 1
TOP FIVE FORCES OF CHANGE

FORCES	THREATS	OPPORTUNITIES
Depressed economy/economic issues	Access issues	Being more efficient
	Decreased access to medications	More partnerships and collaboration
	Increased social issues	Causes people to reevaluate lifestyle
	Delayed care	May take more preventive measures themselves
	Increase in crime	Promote community
Cuts in educational funding	Economy is dependent on quality/relevance of education	Provide greater resources outside of school
	Limited future/possibilities leads to destructive choices	Look for innovative ways to provide health care to children
	Increase in obesity, etc. (due to no P.E.)	Improve health education for children
Funding cuts to services	Decreased access and jobs	Stronger partnerships
	Negative health impacts	Decrease duplication of services
	Less local control specialized services	More efficiencies
Federal Health Care Law of 2010	Risking safety system	Improved health care
	Reimbursement rates – potential economic burden/decrease in providers	Increased voter turnout (more participatory gov't)
	Election cycle	Public is more empowered and aware of issues and become more engaged
	Decreased sustainability of Best Practices	
	Level of uncertainty & panic	

APPENDIX D – FORCES OF CHANGE ASSESSMENT

TABLE 1 TOP FIVE FORCES OF CHANGE		
FORCES	**THREATS**	**OPPORTUNITIES**
	waiting it out	
Changing demographics	Threat to employment for the younger generation	Jobs in elder care
More diverse population		Improve methods of services in home health care
Increasing aged/elderly population		Innovative services
		Planning communities that consider aging population
		Assist elderly to navigate health care system

All issues discussed during the workshop are included in Appendix A for reference.

Appendix A:
Forces listed by Type and Category

FORCES OF CHANGE			
	TRENDS	**FACTORS**	**EVENTS**
Community		- Geographic spread of county (east vs. west county, lack of specialty medical services in Nassau and especially west side, Nassau county has higher than average deaths due to heart attacks) - Limited English proficiency - Increased number of foreign language speaking residents (Spanish)	- Increased dental access on Westside - New shuttle bus service (limited public transportation)
Economic	- Shrinking of middleclass (economic inequities in health care and overall health status). Take-home pay decreasing, benefit costs increasing (inflation!). Loss of housing. Declining property tax revenue - More children home-schooled. Less access to services. - School nurses being used for primary care by our children - Increased number of persons dependent on food banks, food assistance - Decreased funding, services, and resources - Preferences for tax reductions and fewer social programs - Increased health care costs	- Depressed economy/economic issues (waiting list for prescription drugs, funding cuts, higher deductible, increased unemployment, business health is more important than individual health, competition between health care providers, cuts in services, change in employment opportunities)	- Funding cuts to services - More money available to Nassau County when Port bonds paid off (6 years or so)
Educational	- Education gaps - Lack of education funding	- Cuts in educational funding (lack of P.E., arts, music in schools; cuts in school nurse funding; cuts in school-based health services such as, oral health; employee wellness, dropout rates; adult education center especially health occupational training is needed, VPK)	
Environmental	- More fast food available. More processed food with increased sugar. - Community gardens, local	- Limited transportation options among residents - Proximity to naval base possible bioterrorism/chemical terrorism	- Natural disasters, i.e., wildfires, hurricanes, tropical storms

APPENDIX D - FORCES OF CHANGE ASSESSMENT

FORCES OF CHANGE			
	TRENDS	**FACTORS**	**EVENTS**
	food, urban farming - Trend in residency – moving from Fernandina Beach to West - Climate Change (sea level rise, stronger hurricanes) and energy issues (less fossil fuels, cost goes up, energy alternatives)	- Access to healthy food – locations, costs	
Ethical/Legal		- Lack of planning for end-of-life issues - Tort Reform - Reliance on "market forces" vs. human need as Ethical Model of Care	- Expansion of dental hygiene (scope of practice for increasing services to underserved) - Fernandina Beach changed bars and tavern serving hours to be open Sunday mornings
Government/ Political	- Limited improvement on health disparities - Shortage of healthcare professionals - Medicare changes for Seniors - Possible dissolution of Social Security	- Political issues (dominant political party/anti-gov't sentiment, "small gov't" emphasis is FL legislature, avoiding "nanny" state – public vs. private responsibility)	- Federal Health Care Law of 2010 (State of FL filed in court to prevent federal efforts to require medical insurance.) - Medicaid Reform (privatization) - Nassau County manager recommended the BOCC consider declining a $2M federal grant to build a 6 mile off-road trail for walking, running and bicycling - Budget cuts to state, federal, and local gov't
Science/ Technology	- Increasing use of Electronic Health Records and Health exchanges - Social media and electronic communication offer new opportunities to educate - Most office and electronics work and entertainment leading to less exercise	- High-tech specialized medical innovation and emphasis on health information technology and information exchange (web-based health information sources and communication, emphasis on evidence-based vs. traditional or popular policy and practice, lack of access to technology)	- New Shands hospital in North Jacksonville may impact local providers
Social	- Changing demographics (age, ethnicity, transient) - More diverse population - Increasing aged/elderly population - Increasing percentage of under-vaccinated children. Increase in religious exemptions	- Family dysfunction (Local culture considers normal – high alcohol use; high drug use; overweight; DUI's and traffic deaths; increased availability of alcohol and drugs) - Homelessness – stigma - Subcultures – culturally appropriate care	

APPENDIX D - FORCES OF CHANGE ASSESSMENT

FORCES OF CHANGE			
	TRENDS	**FACTORS**	**EVENTS**
	- Increasing number of teen pregnancies - Increased use of alcohol and drugs among students - Higher rates of HIV/STIs		
Other		- Focus on treating disease and not prevention - Lack of local (Nassau specific) broadcast media provider	

APPENDIX D - FORCES OF CHANGE ASSESSMENT

APPENDIX B:

Forces Listed with Associated Threats and Opportunities

FORCES	THREATS	OPPORTUNITIES
EVENTS		
Increased dental access on Westside		Increased access to care
		Better health outcomes
New shuttle bus service		Better access to services
Funding cuts to services	Decreased access and jobs	Stronger partnerships
	Negative health impacts	Decrease duplication of services
	Less local control specialized services	More efficiencies
More money available to Nassau County when Port bonds paid off (6 years or so)	Funds may be allocated in questionable ways	Funds may be allocated to worthwhile services
Natural disasters	Infrastructure damage	Preparedness education
	Economic impact (decrease jobs and tax revenue)	Post-disaster redevelopment
	Loss/scarcity of services	Forced communication and partnerships
	Increase morbidity/mortality	Federal stimulus
	Mental issues	
	Decrease population	
Expansion of dental hygiene scope of practice (Increase services to underserved)	Decreased business for private dentists	Greater access to care for underserved
	Decrease in quality of care	More opportunities for dental hygienists
		Decrease in healthcare costs
Fernandina Beach changed bar and tavern hours to be open on Sunday mornings	Alcohol-related motor vehicle crashes	Increase revenue for bars - increase tax revenue
	Increase EMT/police calls and underage exposure	
Federal Health Care Law of 2010	Risking safety system	Improved health care
	Reimbursement rates – potential economic burden and decrease in providers	Increased voter turnout (more participatory gov't)
	Election cycle	Public is more empowered and aware of issues and become more engaged
	Decreased sustainability of Best Practices	
	Level of uncertainty & panic waiting it out	
New Shands hospital in North Jacksonville (may impact local providers)	Increased competition and 911 abuse	Create competition
	Decreased services	

FORCES	THREATS	OPPORTUNITIES
TRENDS		

APPENDIX D - FORCES OF CHANGE ASSESSMENT

Climate change and energy issues	Water source	Planning and placement services
	Infrastructure on island	More growth/expansion to west side
	Threat of rising water	Alternative energy sources and jobs in this sector
	Uncertainty of situation and hard to plan for	
	Loss of history and the island/community	
Limited improvement on health disparities	Foster less trust in system and people access the system late	
	Worse health outcomes	
	Economic problems	
	Spreading of illness because people go to work sick	
Shortage of healthcare professionals	Not enough service providers for aging population	Look at different and innovative ways to provide health care
		Increase medical education
Changing demographics	Threat to employment for the younger generation	Jobs in elder care
More diverse population		Improve methods of services in home health care
Increasing aged/elderly population		Innovative services
		Planning communities that consider aging population
		Assist elderly to navigate health care system
FACTORS		
Geographic spread of county	Decreased resources	Fostering Westside self-resiliency
	Worse health outcomes	Can learn from west side's example
Limited English proficiency	Not being able to serve them in best manner	Create a more diverse workforce
Increased number of foreign language speaking residents (Spanish)	Worse health outcome for those individuals	
Limited transportation options among residents	Decreased access to services	Increase bike lanes/active living
	Promoting obesity	Look at transportation network and modify
	Decrease in health outcomes	
FORCES	**THREATS**	**OPPORTUNITIES**
FACTORS –continued		
Cuts in educational funding	Economy is dependent on quality/relevance of education	Provide greater resources outside of school
	Limited future/possibilities leads to destructive choices	Look for innovative ways to provide health care to children
	Increase in obesity, etc. (due to no P.E.)	Improve health education for children

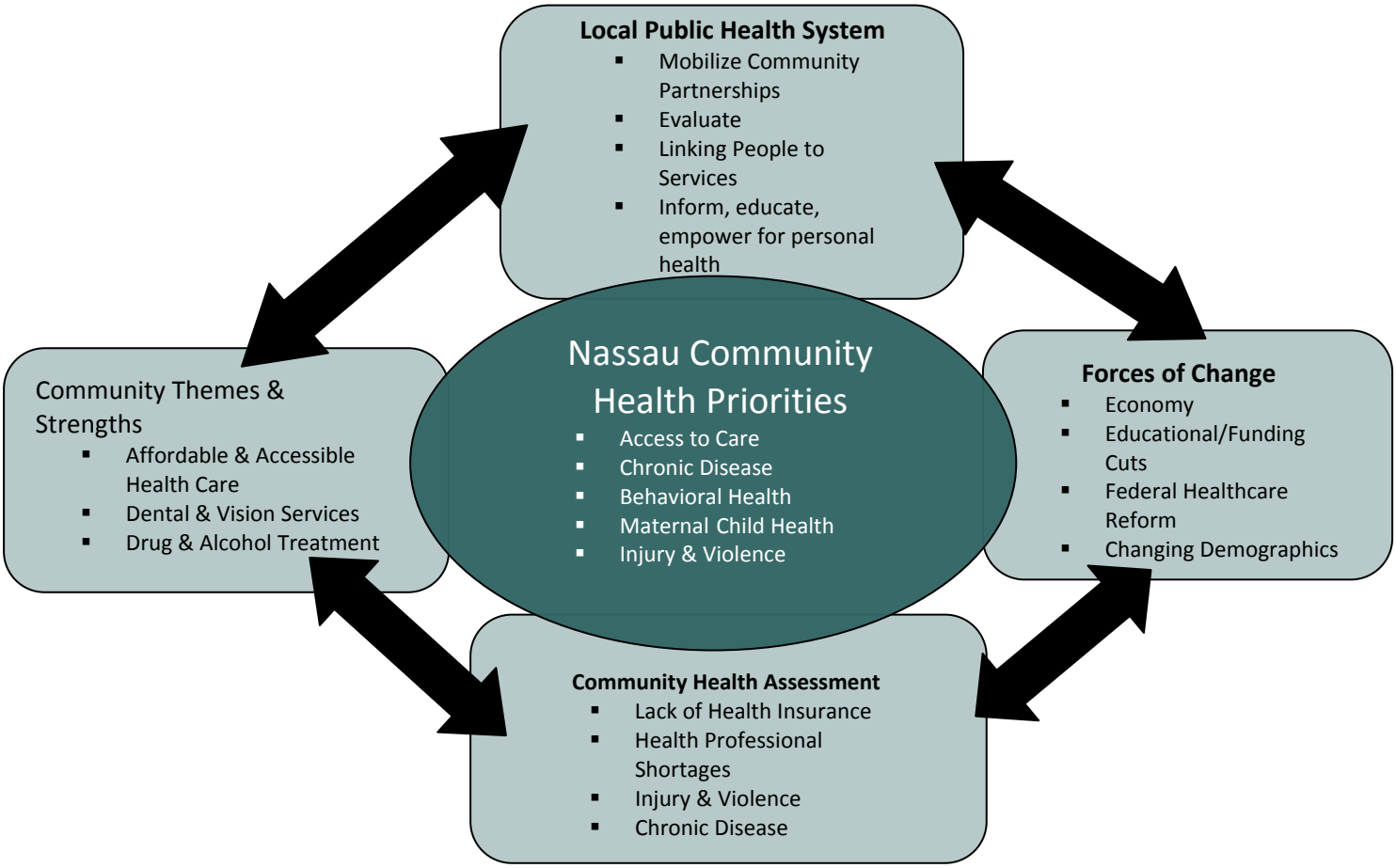
APPENDIX D - FORCES OF CHANGE ASSESSMENT

Depressed economy/economic issues	Access issues	Being more efficient
	Decreased access to medications	More partnerships and collaboration
	Increased social issues	Causes people to reevaluate lifestyle
	Delayed care	May take more preventive measures themselves
	Increase in crime	Promote community
Proximity to naval base possible bioterrorism/ chemical terrorism	Mass destruction	Bring in money for planning events (i.e., All Hazards Preparedness)
	Toxic and health effects	Have well-trained people able to handle such events
Access to healthy food – locations, costs	Unhealthy food choices leads to obesity, diabetes, etc.	Increase farmer's markets and community gardens
		How we plan our communities
		Economic model for food markets
		Provide healthier food in schools and educate students on how to prepare and cook food
Lack of planning for end-of-life issues	Destabilizing impact on families	Increased education among aging population
	Burden on caregivers	More jobs for home health care professionals
	Increased health care costs	More opportunities for independent living facilities
		Economic opportunities to support aging population
Tort Reform	No reform may lead to increased medical costs/ defensive medicine	If tort reform, increase in specialty care
Political issues	Decrease in ability to make changes	Better cooperation with non-traditional partners
FORCES	**THREATS**	**OPPORTUNITIES**
FACTORS –continued		
Reliance on "market forces" vs. human need as Ethical Model of Care	Costs of implementation	Can increase preventive services
	Economic losses to private health corporations	
High-tech specialized medical innovation and emphasis on health IT and info exchange	Privacy issues	Better health outcomes
	Cost of implementation	Decreased costs and duplication of services
	May be limited to some populations	Increased communication between physicians
	Technology (MRI's, etc.) leads to increased costs	Easier access to population data (from PH perspective)
	Self-diagnosis on internet	

APPENDIX D - FORCES OF CHANGE ASSESSMENT

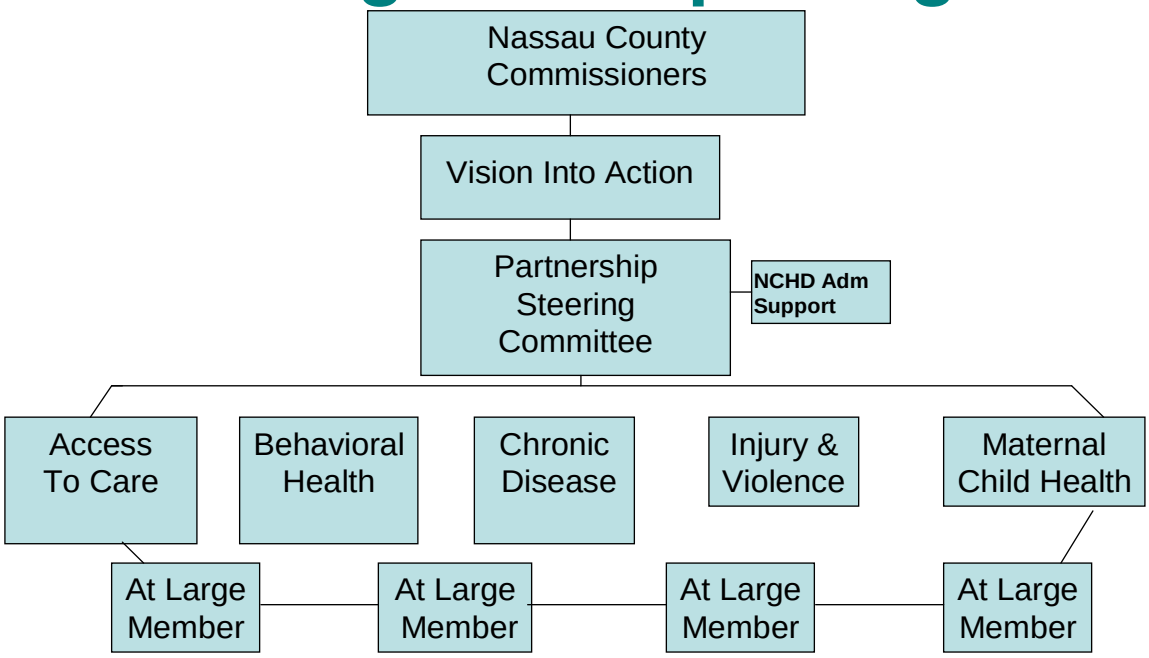
Family dysfunction	Increase in mental health, substance abuse and overall wellness issues	Can use data from studies that show increase in this for grant money
	Decreased access to services for children	Increase education for families
	Increased needs for Social Services	
Homelessness Stigma Subcultures	Infection control issues	Potential to increase social services to this population
	Poor health	Affordable housing
	Academic challenges	
	Increased risk for delinquency, victimization, etc.	
	Perceived impact on tourism, housing, etc.	
Focus on treating disease and not prevention		
Lack of local (Nassau specific) broadcast media provider		

APPENDIX E-HEALTH PRIORITIES



January 26, 2012

Progress Reporting



As we move forward, we need to consider the following:

"A Vision that is not implemented is only a Dream" – anonymous preacher

We will need to carry the **momentum forward** to see the impact of the Community Health Improvement Plan.

- Five Committee Representatives
  Current work chair or lead organization
- Four at large members
- First 6 months: any person that served on an assessment, work group, or core team from Partnership for Healthier Nassau can be nominated for at-large member
- Current core team will select above

6/26/2012

APPENDIX G

Nassau County Health Improvement Plan (CHIP 2012-2015)

The results of the four MAPP assessments were reviewed by partners on January 26, 2012 and five health priorities were identified. The Nassau County Community Health Action Plan was developed to address the concerns covered by these health priorities and approved on June 26, 2012.

Strategic Issue: Access to Care

Goal 1: Increase access to a medical home for uninsured adults in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 increase the percent of adults with a usual source of care (non-ED) from 85% to 90% (Primary focus=Medical Home for uninsured + Oral & Behavioral Health).	Develop Federally Qualified Health Clinic in Nassau County	Community Health Center Steering Committee

Goal 2: Reduce cultural barriers to care for racial/ethnic/limited English proficiency minorities in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 in partnership with representative groups & leaders, develop at least 2 new culturally appropriate health services and education (e.g. community health workers) programs to address identified disparities.	Develop Culturally Appropriate Health Initiatives in Nassau County.	Nassau County Health Department Samaritan Clinic Medical Director

Goal 3: Reduce transportation barriers.

Objective	Strategy	Lead Partners
By December 2015 develop new transportation initiatives to support access to health services including partnership with faith based organizations.	Develop Volunteer Health Transportation Initiative Faith-Based Partnership in Nassau County	Volunteer Transportation Champion

Goal 4: Communication strategy to link health resources, improve health literacy & influence health beliefs.

Objective	Strategy	Lead Partners
By December 2015 develop and implement new communication initiatives to facilitate optimal access to health through maintaining health resource information and promoting health literacy.	Develop multi-prong communication strategy.	Nassau County Health Department Nassau County Health Improvement Coalition

Strategic Issue: Behavioral Health

Goal 1: Increase awareness of availability of mental health care services in Nassau County by December 31, 2015.

Objective	Strategy	Lead Partners
By December 2015 show a 15% increase in the number of citizens who are receiving services for mental health care.	Develop a measurable reporting system to be used by ED physicians/nurses, crisis stabilization units, and mental health care providers. Develop referral source lists for all residents in county for availability of services (to include types of care, payment, etc.)	Sutton Place Baptist Medical Center Nassau Nassau County Health Improvement Coalition Service Providers Local Businesses

Goal 2: Decrease the suicides in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 show 25% decrease in the number of reported suicides among youth in Nassau County.	Increase systems of care for identified "at risk" students Increase community awareness of programs and services for prevention	Sutton Place Baptist Medical Center Nassau Nassau Alcohol Crime Drug Abatement Coalition City/County Government School Board/Churches/Businesses/Media

Goal 3: Monitor and reduce Rx drug related incidence as reported through crime statistics and ED visits.

Objective	Strategy	Lead Partners
By December 2015 reduce by 10% the number of reported crime and ED visits related to Rx drugs (controlled substances) unintentional overdoses in Nassau County.	Educate all county physicians and related healthcare providers on responsible Rx distribution and the Prescription Drug Monitoring Program Create system for monitoring Rx drug related consequences Increase Prescription Drug Take Back initiatives	Baptist Medical Center Nassau Local Law Enforcement Pharmacies Primary Care providers Nassau Alcohol Crime Drug Abatement Coalition

APPENDIX G

Strategic Issue: Chronic Disease

Goal 1: Improve the health of people with chronic disease and reduce the prevalence of risk factors associated with chronic disease.

Objective	Strategy	Lead Partners
By December 2015 a Reduction from 2010 county rates to 2020 Healthy People goal rates for high blood pressure from 35.2% to 26.9%, cholesterol from 38.4% to 13.5%.	Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors	Nassau County Health Improvement Coalitions
Reduce adults who report tobacco use from 19.3% to 12%.	Promote existing Cessation policy, and education efforts on the use of tobacco in adults and youth	Tobacco Free Partnership
	Promote chronic disease self management education	Nassau County Health Improvement Coalition

Goal 2: Create policy changes which affect environment.

Objective	Strategy	Lead Partners
By December 2015 increase by 5% availability of employee wellness programs that address nutrition, weight management, and smoking cessation for employers with 50 or more employees.	Assess current employers for worksite wellness programs Promote worksite wellness programs which are evidence based	Action Communities Health Innovation & Environmental Change (ACHIEVE)) Wellness Coalition Baptist Medical Center Nassau

Strategic Issue: Injury & Violence

Goal 1: Reduce motor vehicle accidents and death for persons living in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 reduce the rate of motor vehicle deaths due to vehicle collisions from the rate of 18.9 to 15.9.	Increase awareness of Distracted Driving consequences to residents in Nassau County Increase awareness of driving while under the influence of alcohol/drugs to young adults	Nassau County School Board School Resource Officers Nassau Alcohol Crime Drug Abatement Coalition

Goal 2: Reduce rate of domestic violence in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 reduce the incidence rate of domestic violence offenses by 25% 487(2011) to 365(2015).	Increase awareness of the problem and available resources	Micah's Place Nassau County Domestic Violence Task Force Community Action Team

Goal 3: Reduce rate of child abuse in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 reduce the incidence of child abuse from a rate of 14.6 (2010) to 12.3 (2015).	Promote prevention of child abuse in Nassau County	Family Support Services Micah's Place/Faith-Based Organizations

Strategic Issue: Maternal Child Health

Goal 1: Reduce infant mortality in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 decrease infant mortality from 7.6 deaths/1000 live births to healthy people 2020 goal of 6 deaths/1000.	Establish a Nassau County Infant Mortality Task Force to review each infant death to find trends and county specific concerns Promote awareness of Infant Mortality in Nassau County Target specific outreach to high-risk populations for infant mortality	Nassau County Health Department Nassau County Infant Mortality Task Force Health Start

Goal 2: Increase awareness of teen pregnancy in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 community partners will be utilizing resource library to continue awareness of Teen Pregnancy issues in Nassau County.	Increase awareness of Teen Pregnancy in Nassau County Establish a resource library for the community, parents, and teenagers	Nassau County Teen Pregnancy Task Force HS/Teen Pregnancy Task Force

Goal 3: Decrease teen births in Nassau County.

Objective	Strategy	Lead Partners
By December 2015 decrease the % of births to mothers ages 15-19 from 12.6 to 9 (# births age/# total births) .	Increase access to use of family planning services to teenagers	Nassau County Health Department Nassau County Teen Pregnancy Task Force

APPENDIX H
PARTNERSHIP FOR A HEALTHIER NASSAU – PARTICIPANTS IN MAPP PROCESS

MAPP Process Facilitator	Karen Elliott, MPH, CHES, NCHD – DCHD, 2011
MAPP Process Facilitator	Eugenia Ngo-Seidel, MD – Director NCHD 2011-2012
MAPP Process Facilitator	Linda M Jones, NCHD Prevention Services, NCHD 2011-2012

MAPP Core Team

Kerrie Albert, MS, CPP NACDAC
Becky DeBerry, Minister, Journey Church
Debbie Dunman, RN Baptist Medical Center-Nassau
Valerie Feinberg, AICP, Health Planning Council NEFL
Virginia Holland, MPH, Health Planning Council NEFL
Meg McAlpine, University of Florida Extension Service
Eugenia Ngo-Seidel, MD, MPH Director NCHD
Mary von Mohr, MSW Prevention Services NCHD
Judith Ward, RN, Nassau County Citizen Advocate
Katrina Robinson-Wheeler, MA, CAP, RMHCI, Sutton Place

MAPP Assessment Subcommittee Members/Participants

Community Health Assessment	Kerrie Albert, Virginia Holland, Eugenia Ngo-Seidel
LPHS	Karen Elliott facilitator
Community Themes & Strengths	Becky DeBerry, Kara Williams, Eugenia Ngo-Seidel, Mary von Mohr, Marionette Mack, Linda Jones, Katrina Robinson-Wheeler
Forces of Change	Meg McAlpine, Judith Ward facilitators

MAPP Workgroup Members

Access to Care	Wanda Lanier, Chair Workgroup, Barnabas Tom Washburn, Co-Chair, Samaritan Clinic Pat Scattalon, Amelia Urgent Care Judy Ward, Nassau Citizen Advocate Stella Mouzon, St Vincents Mobile Health Carlos & Zayda Serrano, Promiseland Church M. Manteiga-Giral, NCHD Eugenia Ngo-Seidel, NCHD Sherry Linback, RN NCHD
Behavioral Health	Kerrie Albert, Chair Workgroup, NACDAC Sheryl Gerhardt, Baptist Medical Center Nassau Andreu Powell, Nassau County School System Loreli Rogers, Healthy Start Katrina Robinson-Wheeler, Co-chair, Sutton Place
Chronic Disease	Marion Mann, CNS, Chair Workgroup, Baptist Medical Center Nassau, Tim DeVise, Co-chair Workgroup, ACHIEVE-YMCA Elizabeth Broussard, Critical Care Nurse BMC Nassau Greg Budney, Epidemiology Research Associate Jennifer Emmons, Tobacco Cessation Specialist NCHD Susan Jones-Feeney, Tobacco Free Partnership Nassau Ashley Krajewski, Nassau County Health Improvement Coalition Linda Jones, Prevention & Intervention Services, NCHD
Injury & Violence	Mary von Mohr, NCHD, Chair Captain Mark Foxworth, Fernandina Beach Police Department Adrienne Burke, City of Fernandina Beach Judy Ward, RN Nassau County Resident Latisha Hill, State Attorney's Office, Co-chair Kim Clemmons, Nassau County School Board

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Maternal Child Health

Becky DeBerry, Chair Workgroup, Journey Church
Loreli Rogers, Vice-Chair, Healthy Start NCHD
Andreu Powell, Nassau County School Board
Sherry Linback, RN NCHD
Kathy Carter
Heather Huffman, WIC
Kim Thomas, Healthy Start
Erin Petrie
Andra Opalinski

Partnership for a Healthier Nassau - CHIP Contributors

Attended Visioning Session April 11, 2011

Jim Mayo-Baptist Medical Center
Marion Mann-Baptist Medical Center
Toula Wooton-Community Hospice
Ann McGrath- North Florida OB GYN
Wendy Edwards-Amelia Urgent Care
Timothy Wombles-Life Care Center Hilliard
Mary Buffkin-Life Care Center Hilliard
Gail Cook-Family Support Services
Andreau Powell-Nassau County School District
Thomas Washburn, MD-Barnabas Samaritan Clinic
Kenneth Willette-Council on Aging
Joe Simon-Amelia Island Association
Helen Ridley-Elder Source
Jennett Wilson-Baker, CREED
Lisa Mohn-NE FL Community Action Agency
Marionette Mack-NE FL Community Action Agency
Mary Ann Blackall-Barnabas Program Manger
Kara Williams-Family Support Services
Jennifer Stallings-YMCA
Timothy DeVise-YMCA Florida's First Coast
Karina Grego-McCarther YMCA-Wellness
Laureen Pagel-Sutton Place
Denise Marzullo-Mental Health America NE
LaVerne Floyd-Mitchell-A Woman of Power
Mary Ann Marshall-Rep Adkins Office
Ted Shelby-County Manager
Adrienne Dessy-Community Development Department
Danny L Wright-NC Risk Management
Sam Young-NC Fire and Rescue
Joe Crozier-North FL AHEC

Attended Local Health System Meetings

July 1:ES 2, 3.3 5.4
Patricia Frank – Florida Dept of Health (FDOH)
Ellen Miller – NCHD Preparedness
Sandra Courson – FDOH
Chuck Krug – FDOH
Ronee Malama - Recorder
Ronnie Nessler-NCHD Environmental
Wade Sparkman-NCHD Environmental
Karen Elliott-Facilitator NCHD
Mary von Mohr-NCHD Prevention Services
Nancy Freeman-NCHD, Preparedness
Linda Jones- NCHD Staff -Recorder
Debbie Dunman – Baptist Medical Center Nassau
Tim Wombles – Life Care Center of Hilliard
Linda Twiggs – Interfaith Health Ministry

July 28: ES 4 & 7
Eugenia Ngo-Seidel - NCHD
Karen Elliott- Facilitator NCHD
Loreli Rogers-Healthy Start Program
Toula Wooton – Community Hospice
Lisa Mohn, NE Fla Community Action (NFCAA)
Marionette Mack – NFCAA
Phil Scanlan – AI Association
Don Hughes – FSCJ
Andreu Powell – Nassau County School District
Wanda Lanier – Barnabas
Jennett Baker – CREED
Dr. Tom Washburn – Samaritan Clinic
Virginia Holland – NE Florida Planning Council
Walter Fufidio – Nassau County Planning
Jim Chamberlain- CW Vision
Jim Mayo-Baptist Medical Center
Stephen P Lee – Baptist Medical Center
Debbie Dunman- Baptist Medical Center

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PARTNERSHIP FOR A HEALTHIER NASSAU – PARTICIPANTS IN MAPP PROCESS

August 3: ES1, 3.1,3.2
Eugenia Ngo-Seidel - NCHD
Marionette Mack - NFCAA
Elizabeth Broussard – Baptist Medical Center – Nassau (BMCN)
Kerrie Albert – Nassau Alcohol Crime Drug Abatement Coalition
Dr Tom Washburn – Samaritan Clinic
Mary von Mohr – NCHD Prevention
Adrienne Dessy – City of FB
Jennett Baker – CREED
Linda Jones – NCHD Recorder

August 10: ES 8,9
Pam Kelley – FSS
Elizabeth Broussard – BMCN
Vontrell Randall – Elder Source
Judy Ward – Resident

August 12: ES 6
Malcom Noden – VIA Group
Michelle Haynes – Department of Professional Regulation
Walter Fufidio – Nassau Co. Planning
Jason Higginbotham – FB Fire Rescue
Wade Sparkman – NCHD
Kim Geib – Epidemiology NCHD
Eugenia Ngo-Seidel – NCHD

August 19: ES 5 & 10
Wade Sparkman – NCHD Environmental
Eugenia Ngo-Seidel NCHD
Mike Beard – NCHD, Business Administrator
Sherrie Linback – NCHD, Clinical Nursing Administrator
Mary von Mohr – NCHD ,Prevention Services
Heather Huffman –NCHD, WIC
Linda Jones – NCHD, Recorder Staff
Kathy Adams – NCHD, Vital Statistics
Dr Tom Washburn – Samaritan Clinic
Eugenia Ngo-Seidel – NCHD
Marionette Mack – NFCAA
Mary von Mohr – NCHD Prevention & Intervention

Attended Forces of Change Session August 25, 2011
This session was conducted by staff from the Northeast Florida Health Planning Council. Contact for attendance information.

Attended Strategic Planning Session January 26, 2012

Kerrie Albert- NACDAC
Andreu Powell- Nassau County School Board
Wilma Allen- Baptist Health
Tim DeViese- First Coast Community YMCA
Greg Budney- Epidemiology NCHD
Becky DeBerry -The Journey Church
Catie Bellar- The Journey Church
Karen Elliott-Duval County Epidemiology
Virginia Holland- Health Planning Council of NE Florida
Mary von Mohr- Division of Prevention & Intervention NCHD
Deborah Dunman-Baptist Medical Center Nassau
Sheryl Gerhardt- Baptist Medical Center Nassau
Marion Mann- Baptist Medical Center Nassau
Sharon Austin- UF Extension Service
Meg McAlpine- UF Extension Service
JoAnn Swafford- Representing Mayor of Callahan Shirley Graham
Judith Ward- Community Advocate Private Citizen
Rainy Crawford- Big Brothers Big Sisters Organization
Sherry Linback- NCHD Nursing Supervisor
Ashley Krajewski- Nutrition Consultant NCHD
Latrece Rowell-Community Prevention
Susan Jones-Feeney-Smoke Know More
Jennifer Emmons- Tobacco Specialist NCHD
Linda Powell Health Educator-Tobacco NCHD
Toula Wootan- Community Hospice
Kara Williams- Family Support Services
Kim Clemmons- Nassau County School System
Lauren Pagel- Sutton Place Behavioral Health
Thomas C Washburn-Barnabas Samaritan Clinic
Adrienne Dessey Community Development
Kim Geib Epidemiology NCHD
Donna Van Puymbrouck- Vision Into Action Nassau
Pat Scattolan-Amelia Urgent Care
Jennett Baker-CREED
Mary Ann Blackall-Barnabas Center
Mike McPherson- Private Practice Mental Health
Fino Murrallo- Fire & Rescue
Loreli Rogers- Healthy Start NCHD
Heather Huffman-WIC NCHD
Julie Sams-Court Advocate MICAH's Place
Captain S Mortimer- Nassau County Sheriff's Office
Dr Eugenia Ngo-Seidel -Director NCHD
Linda M Jones-Prevention & Intervention Services, NCHD

APPENDIX H
PARTNERSHIP FOR A HEALTHIER NASSAU – PARTICIPANTS IN MAPP PROCESS

Attended June 26, 2012 Review of Action Plans Meeting

Andreau Powell-Nassau County School District
Kerrie Albert-NACDAC
Lee Kaywork-Family Support Services
Dr. Tom Washburn-Samaritian Clinic
Teri Spicier-Hilliard Life Care Center
Becky DeBerry-Journey Church
Catie Bellar-Journey Church
Philip Leight-Journey Church
Wanda Lanier-Barnabas Center
Erin Petrie-Northeast Florida Healthy Start Coalition
Adrienne Burke-Fernandina Beach City Government
Pat Scattolon-Amelia Urgent Care
Lessie Dinkins-Micah's Place
Maureen Paschke-Community Hospice
Patricia Jo Beaty, RN-
Marion Mann-Baptist Medical Center Nassau
Sharon Austin-University of Florida Extension Service
Jennifer Emmons-Tobacco Specialist NCHD
Susan Jones-Feeney-Tobacco Free Partnership Nassau
Meg McAlpine-University of Florida Extension Service
Kara Williams-Family Support Services
Lisa Mohn-NE Florida Community Action Agency
Donnan VanPuymbrouck-Vision in Action
Loreli Rogers-Healthy Start NCHD
Timothy Wombles-Hilliard Life Care Center
Eugenia Ngo-Seidel, M.D.-Director NCHD
Linda M Jones-Prevention & Intervention NCHD
Mary von Mohr, Prevention & Intervention Services NCHD

Thanks to all of the above for your dedication and contributions to the development of the Nassau County Community Health Improvement Plan!

Public Health
Prevent. Promote. Protect.