

SUWANNEE COUNTY

Community Health Improvement Plan Mid-Cycle Update



Prepared for:
Suwannee Health Advisory Group (SHAG)

Prepared by:
Florida Department of Health in Suwannee County

June 30, 2013

**Mobilizing for Action through
Planning and Partnerships**



A Strategic Approach

2011 Suwannee County Community Health Improvement Plan (CHIP) Mid-Cycle Update Report—June 30, 2013

Produced By: Florida Department of Health in Suwannee County

Authored By: Pamela M. Blackmon, RN, BSN, MPH
2013 Suwannee County CHIP Alignment completed by Jeff Feller, CEO, WellFlorida Council

Acknowledgements: Many community partners devoted their knowledge, time and energy during the Community Health Assessment (CHA) and CHIP process in 2011 and during follow-up meetings in 2013. The 2013 meetings led to the development of a quality community health action plan, included within this report. We believe our community will experience improved health as a result of our continued collaborative efforts. A complete list of community partners can be found in Appendix D.

The 2011 CHA, CHIP and the 2013 Mid-Cycle Update Report are available at the Florida Department of Health in Suwannee County website at <http://www.doh.state.fl.us/chdsuwannee/index.html>.

TABLE OF CONTENTS

Letter to the Community	1
2011 Health Assessment Summary	2
2011 Health Assessment Process	3
Development of Priority Health Issues	3
Resources Used in MAPP Process	4
Policy Changes	5
CHA/CHIP Distribution	5
2013 Suwannee County CHIP Mid-Cycle Update	6
2013 Suwannee County CHIP Strategic Action Plan	7
2013 Suwannee County CHIP Alignment	19
Appendices	
Appendix A – Copy of CHA/CHIP Report/Feedback Web Page	21
Appendix B – Healthy Suwannee Website – Copy of Homepage	23
Appendix C – Suwannee Health Advisory Group (SHAG) Charter	24
Appendix D – SHAG Distribution List	27

HEALTH IMPROVEMENT PARTNERS



LETTER TO THE COMMUNITY

Suwannee County community partners embarked on a collaborative effort to conduct a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in 2011. The community health improvement process is a comprehensive approach to assessing the health of a community and developing and implementing plans for improved health through partner engagement. The health assessment conducted in 2011 by community members and the public health system partners identified four strategic issues in Suwannee County – healthy behaviors; involved citizenry; collaboration; and access to healthcare. A Community Health Improvement Plan was developed in September, 2011 to address the strategic issues identified by the CHA/CHIP team.

Late in 2012, the Executive Leadership Team of the Florida Department of Health in Suwannee County began reviewing the CHIP in preparation for an annual evaluation of the plan's progress. During this time, it was determined that the improvement plan was missing some key components. Specifically, a strategic action plan with measurable goals, objectives, activities, performance measures, and responsible lead agency for addressing the health issues was missing. The Florida Department of Health in Suwannee County contacted the CHIP team to reconvene in order to develop this action plan. Community partners met for several months to re-evaluate and update the strategic issues identified in 2011 and develop an action plan. This mid-cycle report includes the Suwannee County CHIP Strategic Action Plan on pages 7-18, in addition to a more informative description of the process utilized to conduct and distribute the 2011 CHA. This action plan is the culmination of dedicated community servants working to improve our health. The strategic issues, goals, and objectives have been fine-tuned from the 2011 report and now also include specific activities, performance measures, lead agency and target dates which provide benchmarks for annual evaluation.

Additionally, to ensure sustainability of the CHIP efforts, a more formal process was adopted by the CHIP partners, including development of the Suwannee Health Advisory Group (SHAG) Charter and election of officers. This mid-cycle report is presented as evidence of the strong commitment by our community leaders and their organizations to improving the health of Suwannee County. Individuals/organizations interested in joining this collaborative effort are encouraged to contact the Florida Department of Health in Suwannee County to find out how to become involved in improving the health of our community.

Sincerely,

Pamela M. Blackmon, RN, BNS, MPH

Pamela M. Blackmon, RN, BSN, MPH
Health Officer/Administrator
Florida Department of Health in Suwannee County

2011 HEALTH ASSESSMENT SUMMARY

Early in 2011, Pamela Blackmon, Administrator of the Florida Department of Health in Suwannee County, and Mary Taylor, Executive Director of the Suwannee Youth Advocacy Partnership, met to discuss conducting a Community Health Assessment. The Florida Department of Health in Suwannee County and the Suwannee Youth Advocacy Partnership collaborated in an effort to bring local public health system partners together to identify, prioritize, and collectively address the county's most prevalent health concerns.

The Suwannee Youth Advocacy Partnership is a local 501(c)3 organization founded in 2004 with an established network of community members and organizations working together to empower youth, benefiting people of all ages within the community. Existing members of the Suwannee Youth Advocacy Partnership, as well as new partners identified by the Florida Department of Health in Suwannee County were invited to join the health improvement initiative. Letters, phone calls and personal visits were made to more than 30 key healthcare and community stakeholders to request their participation in this assessment process. Collectively, 30 community leaders participated in the development of this assessment by attending at least one meeting and more than 115 residents contributed by expressing their perceptions of health and health care priorities through the Community Themes and Strengths Assessment (CTSA) survey. The results of the CTSA survey can be viewed on pages 74-77 of the 2011 CHIP.

A broad spectrum of partners across the local public health system participated in the community health assessment, including local medical and behavioral health providers, academic partners, county and city elected officials, social service agencies, civic organizations, minority and faith-based groups, and other key community stakeholders. Meetings were held on June 23, 2011, July 13, 2011 (all day retreat), August 30, 2011, and September 28, 2011 to complete the MAPP process.

The final Suwannee County Community Health Improvement Plan (CHIP) represents a collective and collaborative effort from a variety of dedicated community stakeholders from across Suwannee County. The findings of this community assessment were presented to the team on September 28, 2011. This assessment, together with the 2013 Suwannee County CHIP Strategic Action Plan serve as a road-map for all participants of the local public health system for planning and evaluating community-wide intervention efforts over the next five years.

2011 HEALTH ASSESSMENT PROCESS

The health improvement team utilized the Mobilizing for Action through Planning and Partnerships (MAPP) assessment model, developed by the National Association of County and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention. MAPP is a community-driven strategic planning process that relies on existing expertise of community representatives to identify strategic issues and develop an action plan to improve community health. The MAPP process is accomplished through community visioning and by evaluating four (4) community assessments – community themes and strengths assessment; forces of change assessment; local public health system assessment; and community health status assessment. The visioning and assessment results can be viewed in the 2011 CHIP, as follows:

Visioning Statement – Page 3 and Visioning notes/participants – Pages 86-89

Community Themes and Strengths Assessment – Pages 74-77

Forces of Change Assessment – Pages 32-34

Local Public Health Systems Assessment – Pages 78-84

Community Health Status Assessment – Pages 36-72

Development of Priority Health Issues:

Community partners were asked to answer three questions during the June 23rd visioning meeting. Although a wide range of responses was received, a list of health issues and themes began to emerge. A list of these issues and themes can be found on pages 86-88 of the 2011 Suwannee County CHIP. The health improvement team reviewed a summary of information collected during the four MAPP assessments, including demographic and socioeconomic characteristics; health resource availability; quality of life issues; behavioral risk factors; and a variety of health indicators including environmental health, communicable disease, social, mental, maternal and child health, mortality and morbidity, and injury indicators. Information from the June 23rd visioning meeting was used to guide participant discussions. The data was reviewed with the group as a whole in order to narrow and prioritize health issues. Themes began to emerge through discussions and a tentative list of four (4) priority health issues was identified, as follows:

- Healthy Behaviors
- Involved Citizenry
- Collaboration
- Access to Healthcare

Team members were then divided into sub-groups to further define the four strategic issues. Each sub-group developed multiple options for specific actions and strategic goals, which were then presented to the entire group. Each participant individually reviewed and ranked the suggested actions and strategic goals within the four areas, and the results of these individual rankings were aggregated and used to narrow down the actions and strategic goals. The entire group then used health data to prioritize and approve the final recommendations. A narrative description of the strategic issues, goals, actions and the data used during this assessment can be found on pages 9 through 29 of the 2011 CHIP.

Resources Used in MAPP Process:

A variety of resources were used during this health assessment, including the following:

- Florida CHARTS, www.floridacharts.com.
- County Health Rankings, 2010, <http://m.countyhealthrankings.org/florida/Suwannee>.
- Local Public Health System Performance Assessment – Report of Results, National Public Health Performance Standards Program.
- 2007 and 2010 BRFSS, http://www.doh.state.fl.us/disease_ctrl/epi/brfss/reports.htm.
- 2010 Florida Youth Substance Abuse Survey, <http://www.dcf.state.fl.us/programs/samh/publications/fysas/>.
- Florida Department of Education. http://doeweb-prd.doe.state.fl.us/eds/nclbspar/year0910/nclb0910.cfm?dist_schl=61_43.
- University of Florida, 2009 data, http://flhousingdata.shimberg.ufl.edu/docs/RMS_Homeless_w_cover_v1.pdf.
- State Health Facts, <http://www.statehealthfacts.org/profileeind.jsp?sub=40%&rqn=11&cat=3>.
- Florida Department of Elder Affairs, http://elderaffairs.state.fl.us/doea/pubs/stats/FINAL_2010/Counties/Suwannee.pdf.
- Florida Department of State, Division of Elections, <http://enight.dos.state.fl.us/>.
- Click It Or Ticket Florida, 2010, http://www.clickitfla.com/facts_and_stats/.
- US Census Bureau, American Fact Finder, 2000 2005-2009, and 2010, <http://factfinder.census.gov/home/saff/main.html?lang=en>.
- Bureau of Labor Statistics, <http://www.bls.gov/data/#unemployment>.
- USDA Economic Research Service, 2000 and 2009, <http://www.ers.usda.gov/data/povertyrates/>.
- US Department of Health and Human Services, CHSI, <http://www.communityhealth.hhs.gov/homepage.aspx?i=1>.

Policy Changes:

Although no specific health issue policy **changes** were identified during development of the 2011 Community Health Assessment and CHIP, promotion of existing policies and development of new policies were identified during the 2013 Mid Cycle Update as follows:

- 1.1.3C – Encourage development of worksite smoke free policies
- 1.1.4A – Promote local restrictions on candy flavored products

Policy changes that emerge in the future will be identified and addressed as needed by the SHAG.

CHA/CHIP Distribution:

The 2011 Suwannee County Community Health Assessment and Community Health Improvement Plan were presented as an integrated report and were distributed to the community at large, as well as community health partners and stakeholders for review and comment. The written report was presented to partners and stakeholders on September, 28, 2012 at a breakfast meeting held at the Dixie Grill Restaurant. In addition, a link to the integrated report was provided on the Florida Department of Health in Suwannee County website. A feedback mechanism was also provided on this website, providing an opportunity for the at large community to provide input on these reports. These reports and feedback link are available at the Florida Department of Health in Suwannee County website at:

<http://www.doh.state.fl.us/chdSuwannee/community.html>, and a copy is provided in Appendix A.

The Youth Advocacy Partnership also created a website for additional distribution of the CHA/CHIP at <http://healthysuwannee.com/>, and a copy of the homepage can be found in Appendix B.

2013 SUWANNEE COUNTY CHIP MID-CYCLE UPDATE

In preparation for the annual review of the Suwannee CHIP, it was noted that the document was missing an action plan, including strategies, goals, actions, target dates, outcomes, baseline data, and identification of responsible parties. More than a year had transpired since the last meeting and it had become evident that a process was needed to ensure sustainability. Partners were contacted, including those who participated in 2011 and new partners identified by various entities and a meeting was called for March 7, 2013. To prepare for the meeting, partners were sent a link to the 2011 CHA/CHIP and a very limited draft Strategic Action Plan. The March 7th meeting was Chaired by Pamela Blackmon, Administrator of the Florida Department of Health in Suwannee County, and facilitated by Jeff Feller, CEO of the WellFlorida Council. A brief review of the 2011 CHA/CHIP efforts was described to participants, as well as an explanation of the missing components.

Additional meetings were held on 3/29/13, 4/25/13 and 6/11/13 to complete the 2013 Suwannee CHIP Strategic Action Plan, which can be found in the next section of this report. In order to provide structure and sustainability of the CHIP efforts, the Suwannee Health Advisory Group (SHAG) Charter was adopted at the April 25th meeting and can be found in Appendix C. SHAG officers were elected at this meeting – Chair, Pamela Blackmon; Vice-Chair, Reverend George Hinchliffe, St. Luke's Episcopal Church Pastor; and Secretary, Wanda Crowe, Nursing Director for the Florida Department of Health in Suwannee County and meetings were scheduled for the second Tuesday of every month. At the June 11th meeting, the SHAG finalized and approved the 2013 Suwannee CHIP Strategic Action Plan.

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

OBJECTIVE 1.1.1	BASELINE		OUTCOME INDICATORS	
By July 1, 2016 increase the percentage of adults who report moderate to vigorous physical activity at least three times per week to 61%	2007 Behavior Risk Factor Surveillance Survey (BRFSS) Moderate activity 35.1% Vigorous activity 24.1%		Percentage of adults engaging in moderate and vigorous physical activity; Percentage of adults with no leisure time physical activity Source: BRFSS	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY
1.1.1A Increase the number of physical activity options available to residents	<ul style="list-style-type: none"> • Hold community-wide challenge, modeled after and/or using programs such as “America on the Move” or “Biggest Loser/Biggest Winner” TV show concept • Offer a community wide physical activity opportunity quarterly, being held at different county locations and open to all county residents 	<ul style="list-style-type: none"> • Conduct annual community challenge • Number of agencies participating • Number of participants • Conduct quarterly physical activities • Number of participants 	July 2014	<p>Lead: School Wellness Program</p> <p>Partners: Chamber; Business Owners; County Parks and Recreation; Shands; FLDOHSC; Churches; Advent Christian Village; Local Gyms</p>
1.1.1B Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	<p>Lead: FLDOHSC</p> <p>Partners: CHIP Partners</p>

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

OBJECTIVE 1.1.2		BASELINE	OUTCOME INDICATORS	
By July 1, 2016 Increase the number of adults who consume at least 5 servings of fruits and vegetables daily to 32%		2007 BRFFS 29.5%	Percentage of adults consuming at least 5 fruits and vegetables daily Source: BRFFS	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY
1.1.2A Increase community awareness of availability of fresh fruits and vegetables	<ul style="list-style-type: none"> Integrate with awareness activities in 1.1.1B Public awareness campaign Healthy eating campaign 	<ul style="list-style-type: none"> Campaigns conducted Number of persons exposed to campaign Surveys of awareness before and after exposure to campaigns 	March 2014	Lead: IFAS Extension Service Partners: Private fruit and veggie sellers; grocery stores; Farm Bureau; Farmer's Market
1.1.2B Encourage local restaurants to provide and highlight healthy menu items	<ul style="list-style-type: none"> Give special recognition to restaurants that offer healthier menu items 	<ul style="list-style-type: none"> Businesses adopting healthier menu items and consumers choosing healthier menu options 	May 2014	Lead: Chamber Partners: Restaurant Assoc; Media; Consumers; Dieticians; County, City and School Wellness
1.1.2C Increase awareness of healthy recipes	<ul style="list-style-type: none"> Establish cooking classes available to all residents, which promote healthy nutritional alternatives to traditional "southern" recipes Hold a community cook-off with healthy recipes 	<ul style="list-style-type: none"> Number of classes held and number of attendees Cook-off held and number of participants 	Cooking classes: April 2014 Cook-off: June 2014	Lead: IFAS Extension Service Partners: Schools; Students; Culinary Arts Program; Churches
1.1.2D Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: FLDOHSC Partners: CHIP Partners

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

OBJECTIVE 1.1.3		BASELINE	OUTCOME INDICATORS		
By July 1, 2016 Reduce number of adults currently smoking cigarettes to 27%		2010 BRFSS 28.5%	Percentage of adults currently smoking Source: BRFSS		
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY	
1.1.3A Promote Florida Smoking Quitline	<ul style="list-style-type: none"> • Link on websites (School, Chamber, Library, Health-care providers, etc.) • PSA's 	<ul style="list-style-type: none"> • Number of websites linked • Number of PSAs created and ran and number of individuals exposed to PSAs 	July 1, 2014	Lead: Tobacco Free Suwannee Partners: SRAHEC; FLDOHSC; Churches; Library; Shands; County, City and School Wellness	
1.1.3B Promote Smoking Cessation Classes	<ul style="list-style-type: none"> • Refer patients to SRAHEC cessation classes • Link on websites 	<ul style="list-style-type: none"> • Number of referrals • Number of persons attending classes • Number of persons successfully completing classes 	July 1, 2014	Lead: Tobacco Free Suwannee Partners: SRAHEC; FLDOHSC; Churches; Library; Shands; County, City and School Wellness	
1.1.3C Encourage development of worksite smoke free policies	<ul style="list-style-type: none"> • Educate worksites • Prepare policy templates & distribute • Assist worksites with sign development • Refer employees to hotline, SRAHEC 	<ul style="list-style-type: none"> • Number of site presentations • Number of policies developed • Number of policies implemented • Employees referred 	July 1, 2014	Lead: Tobacco Free Suwannee Partners: SRAHEC; FLDOHSC; County, City and School Wellness; Businesses; Chamber	
1.1.3D Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: FLDOHSC Partners: CHIP Partners	

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

OBJECTIVE 1.1.4		BASELINE	OUTCOME INDICATORS		
By July 1, 2016 Reduce number of youth ages 11-17 using tobacco to 25%		2010 Youth Risk Behavior Survey (YRBS) 25.9%	Percentage of middle and high school students currently using tobacco products Source: YRBS		
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY	
1.1.4A Decrease tobacco industry influences on youth	<ul style="list-style-type: none"> • Promote local policy restricting candy flavored products • Network with local store owners to voluntarily remove candy flavored products 	<ul style="list-style-type: none"> • Number of stores that voluntarily remove candy flavored products 	July 2015	Lead: Tobacco Free Suwannee Partners: SWAT; Schools; Local Governments; Local Businesses; Churches	
1.1.4B Promote School System tobacco prevention efforts	<ul style="list-style-type: none"> • Select new SWAT members annually • Continue SWAT education activities 	<ul style="list-style-type: none"> • Viable SWAT program • Number of SWAT educational activities, events, etc. 	Ongoing	Lead: Tobacco Free Suwannee Partners: Students Schools Local Businesses	
1.1.4C Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: Tobacco Free Suwannee Partners: CHIP Partners	

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

OBJECTIVE 1.1.5		BASELINE		OUTCOME INDICATORS	
By July 1, 2016 increase the number of women > 40 who have received a mammogram to 50%		2010 BRFSS 49%		Percentage of women over 40 who have received a mammogram in the past year Also look at late-stage diagnosis Source: BRFSS	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY	
1.1.5A Promote National Breast Cancer Awareness Month	<ul style="list-style-type: none"> Community-wide activity to promote breast cancer awareness and breast health 	<ul style="list-style-type: none"> Number of activities conducted Number of participating agencies 	October 2013	Lead: Shands Partners: FLDOHSC; Partners for Life; American Cancer Society; School Health Nurses	
1.1.5B Classes on Breast Cancer and Screening Guidelines	<ul style="list-style-type: none"> Conduct a school-based education class Conduct a community-based education class or forum 	<ul style="list-style-type: none"> Number of classes held and number of attendees Number of classes held and numbers of attendees 	School: June 2015 Community: June 2014	Lead: Shands Partners: FLDOHSC; Partners for Life; American Cancer Society; School Health Nurses; Parents; Students	
1.1.5C Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: FLDOHSC Partners: CHIP Partners	

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

OBJECTIVE 1.1.6		BASELINE	OUTCOME INDICATORS		
By July 1, 2016 increase the percentage of adults with diabetes who have received diabetes self-management education to 50%		2010 BRFSS 47.4%	Percentage of adults diagnosed with diabetes who have ever had self-management education Source: BRFSS		
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY	
1.1.6A Implement free diabetes self-management education (DSME) for underserved populations	<ul style="list-style-type: none"> Explore funding sources Obtain commitment from agency to teach courses Offer class series 	<ul style="list-style-type: none"> Number of Participants Course series completed by 75% of attendees 	December 2014	<p>Lead: IFAS Extension</p> <p>Partners: St. Luke's; SCSB; Physicians; Shands Live Oak</p>	
1.1.6B Implement National Diabetes Prevention Education	<ul style="list-style-type: none"> Secure funding Locate training agency & obtain commitment to teach program Offer class series 	<ul style="list-style-type: none"> Number of participants Course series completed by 75% of attendees 	December 2014	<p>Lead: IFAS Extension</p> <p>Partners: St. Luke's; SCSB; Physicians; Shands Live Oak</p>	
1.1.6C Increase participation in courses through marketing/advertising	<ul style="list-style-type: none"> Determine marketing venues Prepare news releases, flyers, PSA's, etc. Maintain roster of attendees, call & send reminders to encourage completion 	<ul style="list-style-type: none"> Number of persons mailed materials; Radio & Newspaper Ads Number of persons participating in program who indicate participation was in response to marketing Number of meetings with healthcare providers (to Establish as Referral Sources) 	December 2014	<p>Lead: IFAS Extension</p> <p>Partners: St. Luke's; SCSB; Shands Live Oak</p>	
1.1.6D Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations 	August 2013	<p>Lead: FLDOHSC</p> <p>Partners: CHIP Partners</p>	

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.2 Improve Maternal and Child Health

OBJECTIVE 1.2.1	BASELINE	OUTCOME INDICATORS		
By July 1, 2016 decrease 10-14 year old birth rate to zero	2009-2011 3-year average rate 0.5	Birth rate (per 1,000 live births) of teens 10-14 years of age		
Source: County Health Profile Report				
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY
1.2.1A Educate teens regarding consequences of teen pregnancy	<ul style="list-style-type: none"> • Hold an assembly program for individual groups and organizations to educate one another about making healthy choices • Have youth parents conduct programs on what life is like as a parent, incorporating both data and personal examples • TOP curriculum • School Nurses provide prevention education and referrals to CHD • Healthy Choices campaign including sexual health; obesity; nutrition and physical activity through advertisement in school venues such as yearbook, announcements, fliers, etc. 	<ul style="list-style-type: none"> • Number of assembly programs • Number of assembly participants • Number of courses • Number of course participants • Number of TOP classes • Number of TOP participants • Number of education classes taught by school nurses • Number of participants in classes taught by school nurses 	August 2014	<p>Lead: FLDOHSC; SCSB</p> <p>Partners: Healthy Start; Public Schools; Private Schools; Youth Pastors; Police Athletic League; Department of Juvenile Justice; Students</p>
1.2.1B Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	<p>Lead: FLDOHSC</p> <p>Partners: CHIP Partners</p>

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 1: Health Status

GOAL 1.2 Improve Maternal and Child Health

OBJECTIVE 1.2.2	BASELINE		OUTCOME INDICATORS	
By July 1, 2016 decrease 15-17 year old birth rate to 24 (~18 births)	2010-2012 3-year average rate 26.2 (per 1,000 females 15-17) (approx. 20 births per year population - 753 15-17 year old females)		Birth rate (per 1,000 females 15-17) of teens 15-17 years of age Source: County Health Profile Report	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY
1.2.2A Establish teen mentoring program	<ul style="list-style-type: none"> • Have trained young parents < 25 teach short "home economics" and pregnancy courses with real-world examples and data • Initiate mentor program between responsible adults and 15-17 year olds who are particularly at risk for teenage pregnancy • Identify other successful programs and modify accordingly 	<ul style="list-style-type: none"> • Number of mentors recruited • Number of persons mentored • Teen pregnancy rates for persons participating in program 	June 2016	<p>Lead: SCSB; Faith-based Organizations</p> <p>Partners: Parents; Students; Healthy Start; Public Schools; Private Schools</p>
1.2.2B Educate teens regarding consequences of teen pregnancy	<ul style="list-style-type: none"> • TOP curriculum • School Nurses provide prevention education and referrals to CHD • Inter-conceptual counseling • Institute teen follow-up program post pregnancy 	<ul style="list-style-type: none"> • Number of persons completing TOP curriculum • Number of persons receiving inter-conceptual counseling • Rates of participants who received inter-conceptual counseling that had another unplanned pregnancy 	June 2016	<p>Lead: FLDOHSC</p> <p>Partners: SCSB; Suwannee County FLDOHSC; Parents; Students; Healthy Start; Public Schools; Private Schools</p>
1.2.2C Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	<p>Lead: FLDOHSC</p> <p>Partners: CHIP Partners</p>

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 2: Health Care Access

GOAL 2.1 Increase Health Care Provider Availability

OBJECTIVE 2.1.1		BASELINE		OUTCOME INDICATORS	
By July 1, 2016 increase number of family and specialty doctors by at least two		2011 Rate 32.1 (14 physicians) per 100,000 population		Number of licensed family physicians Number of specialists Source: Florida CHARTS-Health Resource Availability	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY	
2.1.1 A Increase number of primary care providers through multiple avenues	<ul style="list-style-type: none"> • Offer economic incentives, such as loan repayment services • Identify a local champion to recruit medical professionals • Conduct head hunting (recruitment) at medical schools • Develop relationships with local medical schools 	<ul style="list-style-type: none"> • Number of new family practice providers • Number of new specialists • Number of new health care services 	July 2016	Lead: Shands Live Oak Partners: FLDOHSC; Chamber	
2.1.1B Recruit and retain competent health care providers	<ul style="list-style-type: none"> • Identify and highlight the benefits of living in Suwannee County • Offer loan repayment, (e.g. through rural health care programs) 	<ul style="list-style-type: none"> • Number of new providers • Number of recipients of loan forgiveness • Number of incentives provided 	July 2016	Lead: Shands Live Oak Partners: FLDOHSC; Chamber	
2.1.1C Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: FLDOHSC Partners: CHIP Partners	

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 2: Health Care Access

GOAL 2.2 Increase Awareness of Available Health Care Options

OBJECTIVE 2.2.1	BASELINE		OUTCOME INDICATORS	
By July 1, 2016 increase percentage of persons reporting improved awareness of available health care options	No baseline data		Percentage of residents reporting increased knowledge of available health care choices Source: Pre and Post Surveys	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY
2.2.1A Develop referral network and marketing plan	<ul style="list-style-type: none"> • Use church bulletin • Develop campaigns to target specific groups • Use social media • Come up with catch phrases/slogans/marketing language • Invite health care providers to write articles for newspaper (electronic media, blogs, etc) 	<ul style="list-style-type: none"> • Number of persons exposed to campaigns • Number of persons in community who know key messages and themes in campaign • Increase in referral activity 	June 2014	<p><u>Lead:</u> DCF</p> <p><u>Partners:</u> Shands Live Oak; Health Care Workforce Network; Providers; Business Community; Media; School, County and City Wellness Committees</p>
2.2.1B Produce and distribute comprehensive list of health care services	<ul style="list-style-type: none"> • Research health care providers in Suwannee County • Create provider/service directory of services; Include Spanish version • Decide on distribution outlets (print, website, fliers) & distribute 	<ul style="list-style-type: none"> • Completed guide or web tool • Number of persons exposed to resource • Number of persons who utilize guide regularly 	June 2014	<p><u>Lead:</u> Shands Live Oak</p> <p><u>Partners:</u> Health Care Workforce Network; Providers; Business Community; Media; School, County and City Wellness Committees</p>
2.2.1C Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	<p><u>Lead:</u> FLDOHSC</p> <p><u>Partners:</u> CHIP Partners</p>

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 2: Health Care Access

GOAL 2.3 Improve Health Care Access for Underserved Populations

OBJECTIVE 2.3.1		BASELINE	OUTCOME INDICATORS		
By July 1, 2016 decrease percentage of persons reporting either transportation or language as barriers to health care access		No baseline data	Percentage of residents reporting fewer transportation and language barrier issues Source: Pre and Post Surveys		
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY	
2.3.1A Increase medical transportation options for underserved populations	<ul style="list-style-type: none"> • Study best-practices for volunteer transportation programs (like cancer patient transport) • Explore using faith-based buses and vans at churches • Implement program 	<ul style="list-style-type: none"> • Increased transportation options for transportation disadvantaged • Decrease in number of underserved who report transportation barriers 	December 2014	Lead: Suwannee Valley Transit Partners: Faith-based organizations; Suwannee Valley Transit; County Government	
2.3.1B Decrease culture and language barriers	<ul style="list-style-type: none"> • Deliver mobile services to where people live and work • Develop list of high-traffic areas, including grocery stores, Pilgrim's Pride, Laundromats, churches, farms, convenience stores, etc. • Host events that target specific non-traditional groups • Disseminate information about health services at high traffic areas utilized by non-traditional groups • Identify and recruit key leaders • Train and educate leaders • Get commitment from leaders • Focus efforts on relevant health care issues • Conduct focus groups to determine what is important to the specific population 	<ul style="list-style-type: none"> • Increase in number of persons exposed to educational and health system information • Number of persons who report utilizing information to engage health system • Decrease in number of persons who experience cultural and language barriers 	December 2014	Lead: St. Luke's Episcopal Church Partners: Faith-based organizations; Key cultural leaders; Cultural and ethnic organizations; Agricultural employers	
2.3.1C Increase awareness of activities and programs that are currently available in the county	<ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: FLDOHSC Partners: CHIP Partners	

2013 SUWANNEE COUNTY CHIP STRATEGIC ACTION PLAN

STRATEGIC ISSUE 3: Public Health Care System

GOAL 3.1 Establish Community Health Improvement Partnership

OBJECTIVE 3.1.1	BASELINE		OUTCOME INDICATORS	
By July 1, 2016 establish and maintain a productive community health partnership to participate in and monitor the health of the community	Loosely organized CHIP structure		Established partnership structure Meeting attendance, minutes, participant directory	
STRATEGY	ACTIVITY	PERFORMANCE MEASURE	TARGET DATE	LEAD AGENCY
3.1.1A Develop new health care (network, charter, agreement, etc) to sustain CHIP	<ul style="list-style-type: none"> Recruit membership Prepare and distribute membership list Prepare charter Elect officers Set meeting dates 	<ul style="list-style-type: none"> DL prepared and distributed Charter adopted by members Officers elected Meetings set 	July 2013	Lead: FLDOHSC Participants: CHIP Partners
3.1.1B Improve community awareness of CHIP efforts	<ul style="list-style-type: none"> Identify community opinion makers/leaders and gain their support Incorporate leadership of diverse groups into local health partnerships Use CHIP to promote health changes and foster community support Present, promote & use CHIP at town meetings, faith-based and school venues & recruit CHIP partners 	<ul style="list-style-type: none"> Create stakeholder list Create/administer survey to obtain community input on CHIP/action plan Number of groups/agencies documents shared with Number of news articles, church bulletins, employee newsletters, health tips, etc. distributed Number of groups/meetings CHIP/action plan presented to 	December 2013 Ongoing	Lead: FLDOHSC Participants: CHIP Partners
3.1.1C Increase awareness of activities and programs that are currently available in county	<ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county 	<ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations 	August 2013	Lead: FLDOHSC Partners: CHIP Part

2013 SUWANNEE COUNTY CHIP ALIGNMENT

Objective	HP2020	FSHIP	NPS
<i>STRATEGIC ISSUE 1: Health Status</i>			
<i>GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality</i>			
Objective 1.1.1 By July 1, 2016 increase the percentage of adults who report moderate to vigorous physical activity at least three times per week to 61%.	Topic Area: Physical Activity Objective(s): PA-2 Sub-objective(s): PA-2.1	Strategic Issue Area: Chronic Disease Prevention Goal CD2, Pg. 15	Priority: Active Living, Pg. 38
Objective 1.1.2 By July 1, 2016 Increase the number of adults who consume at least 5 servings of fruits and vegetables daily to 32%	Topic Area: Nutrition and Weight Status Objective(s): NWS-14, NWS-15 Sub-objective(s): NWS-15.1, NWS 15.2	Strategic Issue Area: Chronic Disease Prevention Goal CD1, Pg. 15	Priority: Healthy Eating, Pg. 34
Objective 1.1.3 By July 1, 2016 Reduce number of adults currently smoking cigarettes to 27%	Topic Area: Tobacco Use Objective(s): TU-1 Sub-objective(s): TU-1.1	Strategic Issue Area: Chronic Disease Prevention Goal CD4, Pg. 17	Priority: Tobacco Free Living, Pg. 28
Objective 1.1.4 By July 1, 2016 Reduce number of youth ages 11-17 using tobacco to 25%	Topic Area: Tobacco Use Objective(s): TU-2 Sub-objective(s): TU-2.1	Strategic Issue Area: Chronic Disease Prevention Goal CD4, Pg. 17	Priority: Tobacco Free Living, Pg. 28
Objective 1.1.5 By July 1, 2016 increase the number of women > 40 who have received a mammogram to 50%	Topic Area: Cancer Objective(s): C-17	Strategic Issue Area: Chronic Disease Prevention Goal CD3, Pg. 16	Strategic Direction: Clinical and Community Preventive Services, Pg. 18
Objective 1.1.6 By July 1, 2016 increase the number of adults with diabetes who have received diabetes self-management education to 50%	Topic Area: Diabetes Objective(s): D-14	Strategic Issue Area: Chronic Disease Prevention Goal CD3, Pg. 16	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22
<i>STRATEGIC ISSUE 1: Health Status</i>			
<i>GOAL 1.2 Improve Maternal and Child Health</i>			
Objective 1.2.1 By July 1, 2016 decrease 10-14 year old birth rate to zero	Topic Area: Family Planning Objective(s): FP-8	Strategic Issue Area: Access to Care Goal AC5, Pg. 26	Priority: Reproductive and Sexual Health, Pg. 44
Objective 1.2.2 By July 1, 2016 decrease 15-17 year old birth rate to	Topic Area: Family Planning Objective(s): FP-8	Strategic Issue Area: Access to Care Goal AC5, Pg. 26	Priority: Reproductive and Sexual Health, Pg. 44
<i>STRATEGIC ISSUE 2: Health Care Access</i>			
<i>GOAL 2.1 Increase Health Care Provider Availability</i>			

2013 SUWANNEE COUNTY CHIP ALIGNMENT

Objective	HP2020	FSHIP	NPS
Objective 2.1.1 By July 1, 2016 increase number of family and specialty doctors by at least two	Topic Area: Access to Health Services Objective(s): AHS-4 (Developmental) Sub-objective(s): AHS-4.1	Strategic Issue Area: Access to Care Goal AC2, Pg. 23; AC4, Pg. 25	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Elimination of Health Disparities, Pg. 25
<i>STRATEGIC ISSUE 2: Health Care Access</i> <i>GOAL 2.2 Increase Awareness of Available Health Care Options</i>			
Objective 2.2.1 By July 1, 2016 increase number of persons reporting improved awareness of available health care options	No direct alignment but related to Topic Area: Educational and Community-Based Programs	Strategic Issue Area: Access to Care Goal AC1, Pg. 23	Strategic Direction: Empowered People, Pg. 22
<i>STRATEGIC ISSUE 2: Health Care Access</i> <i>GOAL 2.3 Improve Health Care Access for Underserved Populations</i>			
Objective 2.3.1 By July 1, 2016 decrease number of persons reporting either transportation or language as barriers to health care access	Topic Area: Access to Health Services Objective(s): AHS-6 Sub-objective(s): AHS-6.1, 6.2, 6.3, 6.4	Strategic Issue Area(s): Community Redevelopment and Partnerships; Access to Care Goals CR1, Pg. 19; CR2, Pg. 20; CR3, Pg. 21; AC7, Pg. 28	Strategic Direction: Elimination of Health Disparities, Pg. 25
<i>STRATEGIC ISSUE 3: Public Health Care System</i> <i>GOAL 3.1 Establish Community Health Improvement Partnership</i>			
Objective 3.1.1 By July 1, 2016 establish and maintain a productive community health partnership to participate in and monitor the health of the community	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

APPENDIX A

Copy of CHA/CHIP Report/Feedback Web Page



[Home](#)

[Contact Us](#)

Community Health Assessments and Improvement Plans

In 2011, the Suwannee County FLDOHSC received grant funds from the Florida Department of Health to work on a community health improvement project. The health department partnered with Mary Taylor and the Youth Advocacy Partnership to complete a community health assessment and improvement plan. This collaborative effort involved representatives from the health professionals, community organizations, businesses, and concerned citizens. A comprehensive, county-wide Community Health Assessment using a nationally recognized approach, called MAPP (Mobilizing for Action through Planning and Partnerships) was completed over a six-month timeframe. The data from the collaborative community effort resulted in the 2011 Community Health Improvement Plan (CHIP). This CHIP serves as a framework for health improvement in Suwannee County and includes strategic health issues and actions and goals to achieve improved health. The Community Health Improvement team welcomes input from our community. Please review the 2011 Community Health Assessment and Community Health Improvement plan at <http://pdf.healthysuwannee.com/> and [provide feedback to the improvement team](#) via this link.



A Community Health Needs Assessment was produced by the WellFlorida Council in 2007 and can be found at this link: <http://wellflorida.org/wp-content/uploads/2012/07/Suwannee-Needs-Assessment.pdf>



This page was last modified on: 05/21/2013 04:36:51

Does our website meet your needs? Please take our [Website Satisfaction Survey](#).

Suwannee County Health Department
915 Nobles Ferry Road, Live Oak, Florida 32060
(386) 362-2708



[provide feedback to the improvement team](#) via this link.

Please note: Under Florida law, e-mail addresses are public records. If you do not want your e-mail address released in response to a public records request, do not send electronic mail to this entity. Instead, contact this office by phone or in writing.

Use this form to email your inquiries and comments.

Please provide us your feedback:

How may we get in touch with you? (This is optional)

Name:

Email:

Phone:

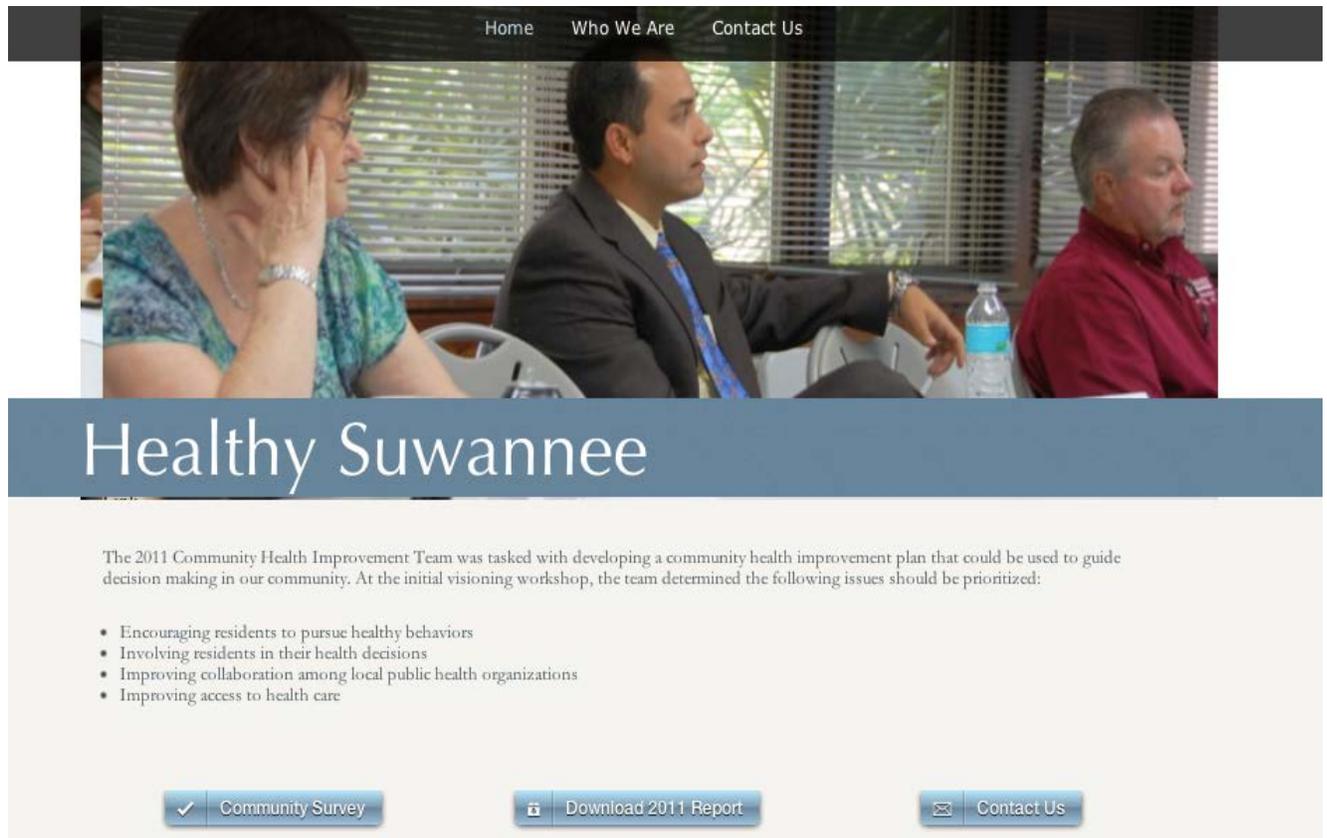
Does our website meet your needs? Please take our [Website Satisfaction Survey](#).

Suwannee County Health Department
915 Nobles Ferry Road, Live Oak, Florida 32060
(386) 362-2708

APPENDIX B

Healthy Suwannee Website – Copy of Homepage

Healthy Suwannee



© 2012 Healthy Suwannee

APPENDIX C

Suwannee Health Advisory Group (SHAG) Charter

Charter Purpose

This Charter is a statement of the scope, objectives and participants of the Suwannee Health Advisory Group (SHAG). It outlines the mission, identifies the stakeholders, and provides a description of the general roles and responsibilities of the SHAG membership.

Mission

The mission of the SHAG is to provide advice, direction and information to improve the health of Suwannee County through the collaboration of health care and community-based partnerships.

Vision

The vision of the SHAG is to promote an engaged, safe and healthy community. This group is an outgrowth of community health partner meetings in 2011 aimed at the development of a sustainable Community Health Improvement Plan (CHIP).

Objectives

The SHAG will leverage opportunities to improve community health by:

- Building and strengthening relationships and partnerships
- Facilitating communication, information and resource sharing
- Optimizing or Prioritizing use of resources and avoiding duplication
- Addressing major health concerns and issues
- Promoting the benefit of healthy lifestyle behaviors
- Serving as advocates for community health education and increased access to health resources
- Advocating residents' concerns regarding health issues
- Monitoring, evaluating and tracking results

Membership

Membership is open to all entities and individuals that agree to work collaboratively toward the mission, vision and objectives of the SHAG. It is the goal of SHAG to include members from civic organizations, area commissions, residents, the local hospital, healthcare providers, community agencies, schools, and faith-based organizations.

The SHAG will become effective upon the adoption of this charter by the current CHIP membership.

Conducting SHAG Business

Votes on Issues: Each general member shall have one (1) vote. Passage of issues voted on by the SHAG requires one vote over fifty percent. No voting by proxy shall be allowed.

Quorum: A quorum for the regular meetings shall be a minimum of four (4) voting members and the Chair or Vice-Chair.

Election of Officers: Members will elect a Chair, Vice-Chair and Secretary to ensure ongoing participation in the SHAG. Officers should be:

- Individuals with decision-making authority
- Able to attend regularly scheduled meetings
- Participate in establishing priorities for the SHAG
- Educate and inform member organizations on SHAG activities
- Support the mission, vision and goals of SHAG

Election of officers shall take place every 12 months, or as necessary to fill a vacancy. The first election of officers shall occur during the meeting at which this charter is adopted. Subsequent elections shall be held in January.

Changes to Charter: Passage of changes to this Charter or any other organizational document requires a Two-Thirds (2/3) vote of members.

Meetings

The SHAG will hold meetings at least quarterly. Special meetings may be convened at the request of the SHAG Chair or Vice-Chair.

Notice for regular quarterly meetings shall be provided to all members at least five (5) working days prior to the meeting. Notice for special meetings shall be provided at least two (2) working days prior to the meeting. Notices shall include the time, place and objective of the meeting.

Meetings of the general membership shall be presided over by the Chair, if present or by the Vice-Chair if the Chair is absent. If both the Chair and the Vice-Chair are not present at the meeting, it shall be presided over by a chairperson delegated by the Chair. If the Chair has not delegated a chairperson, one shall be selected by a majority of members present.

Meeting agendas will be developed and minutes of all meetings shall be prepared and distributed to the membership.

SHAG Leadership Roles

Chair: The Chair shall represent the SHAG and shall work with members to promote collaboration. The Chair will preside at meetings of the general membership.

Vice-Chair: The Vice-Chair shall perform the duties of the Chairperson in their absence. The Vice-Chair shall assume of the position of the Chair at the conclusion of the Chair's term.

Secretary: The Secretary shall monitor attendance at meetings; record minutes of the meetings; and distribute meeting announcements and meeting materials to the general membership of the SHAG.

Other Officers and Committees: Membership of the SHAG may create such other officers and such committees as is deemed necessary to conduct the business of the SHAG.

Additional Provisions

This Charter shall not be interpreted or construed to create a legal relationship, association, joint venture, separate legal entity or partnership among the member bodies, nor to impose any partnership obligation or liability upon any member. Further, no member shall have any authority to act on behalf of or as an agent or representative, or to otherwise bind, any other member body. No member of the SHAG shall be required under this charter to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost or expense caused by or resulting from the activities of any SHAG officer or agent.

Adoption of Charter

This Charter is hereby adopted by the members present at the CHIP meeting on April 25, 2013.

APPENDIX D

SHAG Distribution List

Name	Organization	Phone No.	Email Address
Amber Ingram	Horizon Pediatrics	(386) 362-5437	ingramamber@yahoo.com
Amy Ellison	North Florida Comm. College	(850) 973-1671	EllisonA@nfcc.edu
Barry Baker	Suwannee Clerk of Court	(386) 362-0516	BarryB@suwclerk.org
Bonnie Box	UF-IFAS Extension Service	(386) 362-2771	bbox@ufl.edu
Carla Blalock	Suwannee Coalition	(386) 362-2272	Suwanneecoalition@mac.com
Cathy Rogers	UF-IFAS Extension Service	(386) 362-2771	cjrogers@ufl.edu
Christina Ash	Dept. of Juvenile Justice	(386) 758-1448	Christina.ash@djj.state.fl.us
Cindy Morgan	FI DOH Suwannee/Lafayette	(386) 362-2708	Cindy_morgan@doh.state.fl.us
Dana Leggett	North Florida Comm. College	(850) 973-1658	leggettd@nfcc.edu
Dana Taylor	Sellers, Taylor & Morrison	(386) 208-1080	Dana.Taylor@suwanneelawyers.com
Frances Terry	Suwannee River Economic Council	(386) 362-4115	francesterry@suwanneec.net
Garth Nobles	City of Live Oak Mayor	(386) 362-2276	GNobles@cityofliveoak.org
Greg Scott	Suwannee Parks & Recreation	(386) 362-3004	wgscott@windstream.net
Howell Batts	FL DOH Leon County	(850) 606-8168	Howell_batts@doh.state.fl.us
James Kent	St. Luke's Episcopal Church	(386) 362-1837	Jym-iackie@msn.com
Janet Romero	Dept. of Children & Families	(352) 955-1932	Janet_romero@dcf.state.fl.us
Jay Harrison	Cheek & Scott Drugs	(386) 362-2591	IT@cheekandscott.com
Jeff Scott	Cheek & Scott Drugs	(386) 362-2591	jeff@cheekandscott.com
Jordan Daniels	Daniels Funeral Home	(386) 362-4333	Jordanbdaniels@gmail.com
Juanita Torres	SCSB Migrant Program	(386) 364-2622	itorres@suwannee.k12.fl.us
Kasey Stewart	SBOCC	(386) 364-3450	kaseys@suwcounty.org
Katherine Allen	UF-IFAS Extension Service	(386) 362-2771	nrgkate@ufl.edu
Ken Saunders	Branford Town Council	(386) 935-1146	diakenhome@windstream.net
Marlene Mitchell	Suwannee River Regional Library	(386) 364-3480	mmitchell@neflin.org
Mary Taylor	Youth Advocacy Partnership	(386) 362-2272	youthadvocacy@mac.com
Matt Pearson	Suwannee River Economic Council	(386) 362-4115	mpearson@suwanneec.net
Margaret Wooley	Suwannee County Schools	(386) 362-2636	mwooley@suwannee.k12.fl.us
Maureen Menosky	St. Luke's Episcopal Church	(386) 362-1837	Pete1mo@yahoo.com
Michael Mitchell	FI DOH Suwannee/Lafayette	(386) 362-2708	Michael_Mitchell@doh.state.fl.us
Minh Dang	Shands of Live Oak	(386) 362-0840	minh.dang@hma.com
Morgan Gish	Dept. of Children & Families	(352) 334-0189	morgans_rockey@dcf.state.fl.us
Myriah Brady	Meridian Behavior	(386) 362-4218	Myriah_Brady@mbhci.org
Nancy Dessy	Meridian Behavior	(386) 362-4218	Nancy_dessy@MBHCI.org
Pamela Blackmon	FL DOH Suwannee/Lafayette	(386) 362-2708	Pamela_Blackmon@doh.state.fl.us
Dr. Patrick Woloszyn	FL DOH Suwannee County	(386) 362-2708	Patrick_woloszyn@doh.state.fl.us
Pauline Blalock	Ebenezer AME Church	(386) 362-6383	paulineblalock@yahoo.com
Rev. George Hinchliffe	St. Luke's Episcopal Church	(386) 362-1837	geohinchliffe@gmail.com
Richard Huth	Shands of Live Oak	(386) 362-0840	Richard.Huth@HMA.com
Robert Linnens	FL DOH Suwannee/Lafayette	(386) 362-2708	Robert_Linnens@doh.state.fl.us
Sharon Neelands	Dept. of Juvenile Justice	(386) 758-1448	Sharon.neelands@djj.state.fl.us
Sheryl Rehberg	North Florida WFD Board	(386) 362-7000	rehbergs@nfwdb.org
Steven Schneitman	Youth Advocacy Partnership	(386) 362-2272	youthadvocacy@gmail.com
Wayne Godsmark	Christ Central Ministries	(386) 208-1345	ccmlo@windstream.net
Wanda Crowe	FL DOH Suwannee County	(386) 362-2708	Wanda_crowe@doh.state.fl.us