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
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.

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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, BSN, 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](http://www.floridacharts.com).
- County Health Rankings, 2010, [http://m.countyhealthrankings.org/florida/Suwannee](http://m.countyhealthrankings.org/florida/Suwannee).
- Local Public Health System Performance Assessment – Report of Results, National Public Health Performance Standards Program.
- Florida Department of State, Division of Elections, [http://enight.dos.state.fl.us/](http://enight.dos.state.fl.us/).
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**

<table>
<thead>
<tr>
<th>OBJECTIVE 1.1.1</th>
<th>BASELINE</th>
<th>OUTCOME INDICATORS</th>
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<tbody>
<tr>
<td>By July 1, 2016 increase the percentage of adults who report moderate to vigorous physical activity at least three times per week to 61%</td>
<td>2007 Behavior Risk Factor Surveillance Survey (BRFSS)</td>
<td>Percentage of adults engaging in moderate and vigorous physical activity; Percentage of adults with no leisure time physical activity Source: BRFSS</td>
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<tr>
<th>STRATEGY</th>
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<th>PERFORMANCE MEASURE</th>
<th>TARGET DATE</th>
<th>LEAD AGENCY</th>
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| 1.1.1A   | Increase the number of physical activity options available to residents | • 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 | • Conduct annual community challenge  
• Number of agencies participating  
• Number of participants  
• Conduct quarterly physical activities  
• Number of participants | July 2014 | Lead: School Wellness Program  
Partners: Chamber; Business Owners; County Parks and Recreation; Shands; FLDOHSC; Churches; Advent Christian Village; Local Gyms |
| 1.1.1B   | Increase awareness of activities and programs that are currently available in the county | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | • Form partnership  
• Develop ground rules for partnership  
• Identify and develop best mechanisms for reaching target populations | August 2013 | Lead: FLDOHSC  
Partners: CHIP Partners |
STRATEGIC ISSUE 1: Health Status
GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

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<th>OBJECTIVE 1.1.2</th>
<th>BASELINE</th>
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<tr>
<td>By July 1, 2016 Increase the number of adults who consume at least 5 servings of fruits and vegetables daily to 32%</td>
<td>2007 BRFFS 29.5%</td>
<td>Percentage of adults consuming at least 5 fruits and vegetables daily Source: BRFSS</td>
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<tr>
<th>STRATEGY</th>
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| 1.1.2A | Increase community awareness of availability of fresh fruits and vegetables | • Integrate with awareness activities in 1.1.1B  
• Public awareness campaign  
• Healthy eating campaign | 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 | • Give special recognition to restaurants that offer healthier menu items | May 2014 | Lead: Chamber  
Partners: Restaurant Assoc; Media; Consumers; Dieticians; County, City and School Wellness |
| 1.1.2C | Increase awareness of healthy recipes | • Establish cooking classes available to all residents, which promote healthy nutritional alternatives to traditional "southern" recipes  
• Hold a community cook-off with healthy recipes | 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 | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county  
• Form partnership  
• Develop ground rules for partnership  
• Identify and develop best mechanisms for reaching target populations | August 2013 | Lead: FLDOHSC  
Partners: CHIP Partners |
### STRATEGIC ISSUE 1: Health Status

**GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality**

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<tr>
<td>By July 1, 2016 Reduce number of adults currently smoking cigarettes to 27%</td>
<td>2010 BRFSS 28.5%</td>
<td>Percentage of adults currently smoking</td>
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<th>STRATEGY</th>
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<th>TARGET DATE</th>
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| 1.1.3A Promote Florida Smoking Quitline | • Link on websites (School, Chamber, Library, Health-care providers, etc.) | • 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 | • Refer patients to SRAHEC cessation classes  
• Link on websites | • 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 | • Educate worksites  
• Prepare policy templates & distribute  
• Assist worksites with sign development  
• Refer employees to hotline, SRAHEC | • 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 | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | • Form partnership  
• Develop ground rules for partnership  
• Identify and develop best mechanisms for reaching target populations | August 2013 | **Lead:** FLDOHSC  
**Partners:** CHIP Partners |
### STRATEGIC ISSUE 1: Health Status

#### GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

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<th>OBJECTIVE 1.1.4</th>
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<tr>
<td>By July 1, 2016 Reduce number of youth ages 11-17 using tobacco to 25%</td>
<td>2010 Youth Risk Behavior Survey (YRBS) 25.9%</td>
<td>Percentage of middle and high school students currently using tobacco products Source: YRBS</td>
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<tr>
<td>1.1.4A Decrease tobacco industry influences on youth</td>
<td>• Promote local policy restricting candy flavored products&lt;br&gt;• Network with local store owners to voluntarily remove candy flavored products</td>
<td>• Number of stores that voluntarily remove candy flavored products</td>
<td>July 2015</td>
<td><strong>Lead:</strong> Tobacco Free Suwannee&lt;br&gt;<strong>Partners:</strong> SWAT; Schools; Local Governments; Local Businesses; Churches</td>
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<tr>
<td>1.1.4B Promote School System tobacco prevention efforts</td>
<td>• Select new SWAT members annually&lt;br&gt;• Continue SWAT education activities</td>
<td>• Viable SWAT program&lt;br&gt;• Number of SWAT educational activities, events, etc.</td>
<td>Ongoing</td>
<td><strong>Lead:</strong> Tobacco Free Suwannee&lt;br&gt;<strong>Partners:</strong> Students Schools Local Businesses</td>
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<td>1.1.4C Increase awareness of activities and programs that are currently available in the county</td>
<td>• Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county</td>
<td>• Form partnership&lt;br&gt;• Develop ground rules for partnership&lt;br&gt;• Identify and develop best mechanisms for reaching target populations</td>
<td>August 2013</td>
<td><strong>Lead:</strong> Tobacco Free Suwannee&lt;br&gt;<strong>Partners:</strong> CHIP Partners</td>
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## STRATEGIC ISSUE 1: Health Status

### GOAL 1.1 Decrease Chronic Disease Morbidity and Mortality

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<th>OBJECTIVE 1.1.5</th>
<th>BASELINE</th>
<th>OUTCOME INDICATORS</th>
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<tbody>
<tr>
<td>By July 1, 2016 increase the number of women &gt; 40 who have received a mammogram to 50%</td>
<td>2010 BRFSS 49%</td>
<td>Percentage of women over 40 who have received a mammogram in the past year Also look at late-stage diagnosis Source: BRFSS</td>
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<th>TARGET DATE</th>
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<tr>
<td>1.1.5A Promote National Breast Cancer Awareness Month</td>
<td>• Community-wide activity to promote breast cancer awareness and breast health • Number of activities conducted • Number of participating agencies</td>
<td>October 2013</td>
<td>Lead: Shands Partners: FLDOHSC; Partners for Life; American Cancer Society; School Health Nurses</td>
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<tr>
<td>1.1.5B Classes on Breast Cancer and Screening Guidelines</td>
<td>• Conduct a school-based education class • Conduct a community-based education class or forum • Number of classes held and number of attendees • Number of classes held and numbers of attendees</td>
<td>School: June 2015 Community: June 2014</td>
<td>Lead: Shands Partners: FLDOHSC; Partners for Life; American Cancer Society; School Health Nurses; Parents; Students</td>
<td></td>
</tr>
<tr>
<td>1.1.5C Increase awareness of activities and programs that are currently available in the county</td>
<td>• Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations</td>
<td>August 2013</td>
<td>Lead: FLDOHSC Partners: CHIP Partners</td>
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## Strategic Issue 1: Health Status

### Goal 1.1 Decrease Chronic Disease Morbidity and Mortality

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<tr>
<th>Objective 1.1.6</th>
<th>Baseline</th>
<th>Outcome Indicators</th>
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<tr>
<td>By July 1, 2016 increase the percentage of adults with diabetes who have received diabetes self-management education to 50%</td>
<td>2010 BRFSS 47.4%</td>
<td>Percentage of adults diagnosed with diabetes who have ever had self-management education Source: BRFSS</td>
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<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Performance Measure</th>
<th>Target Date</th>
<th>Lead Agency</th>
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<tbody>
<tr>
<td>1.1.6A Implement free diabetes self-management education (DSME) for underserved populations</td>
<td>• Explore funding sources  • Obtain commitment from agency to teach courses  • Offer class series</td>
<td>• Number of Participants  • Course series completed by 75% of attendees</td>
<td>December 2014</td>
<td>Lead: IFAS Extension  Partners: St. Luke’s; SCSB; Physicians; Shands Live Oak</td>
</tr>
<tr>
<td>1.1.6B Implement National Diabetes Prevention Education</td>
<td>• Secure funding  • Locate training agency &amp; obtain commitment to teach program  • Offer class series</td>
<td>• Number of participants  • Course series completed by 75% of attendees</td>
<td>December 2014</td>
<td>Lead: IFAS Extension  Partners: St. Luke’s; SCSB; Physicians; Shands Live Oak</td>
</tr>
<tr>
<td>1.1.6C Increase participation in courses through marketing/ads</td>
<td>• Determine marketing venues  • Prepare news releases, flyers, PSA’s, etc.  • Maintain roster of attendees, call &amp; send reminders to encourage completion</td>
<td>• Number of persons mailed materials; Radio &amp; 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)</td>
<td>December 2014</td>
<td>Lead: IFAS Extension  Partners: St. Luke’s; SCSB; Shands Live Oak</td>
</tr>
<tr>
<td>1.1.6D Increase awareness of activities and programs that are currently available in the county</td>
<td>• Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county</td>
<td>• Form partnership  • Develop ground rules for partnership  • Identify and develop best mechanisms for reaching target populations</td>
<td>August 2013</td>
<td>Lead: FLDOHSC  Partners: CHIP Partners</td>
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# 2013 Suwannee County CHIP Strategic Action Plan

## Strategic Issue 1: Health Status

### Goal 1.2 Improve Maternal and Child Health

<table>
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<tr>
<th>Objective 1.2.1</th>
<th>Baseline</th>
<th>Outcome Indicators</th>
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<tbody>
<tr>
<td>By July 1, 2016 decrease 10-14 year old birth rate to zero</td>
<td>2009-2011 3-year average rate 0.5</td>
<td>Birth rate (per 1,000 live births) of teens 10-14 years of age. Source: County Health Profile Report</td>
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<tr>
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<th>Performance Measure</th>
<th>Target Date</th>
<th>Lead Agency</th>
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| 1.2.1A   | Educate teens regarding consequences of teen pregnancy | • 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. | August 2014 | Lead: FLDOHSC; SCSB  
Partners: Healthy Start; Public Schools; Private Schools; Youth Pastors; Police Athletic League; Department of Juvenile Justice; Students |
| 1.2.1B   | Increase awareness of activities and programs that are currently available in the county | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | August 2013 | Lead: FLDOHSC  
Partners: CHIP Partners |
### Strategic Issue 1: Health Status

**Goal 1.2 Improve Maternal and Child Health**

<table>
<thead>
<tr>
<th>Objective 1.2.2</th>
<th>Baseline</th>
<th>Outcome Indicators</th>
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<tr>
<td><strong>By July 1, 2016 decrease 15-17 year old birth rate to 24 (~18 births)</strong></td>
<td>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)</td>
<td>Birth rate (per 1,000 females 15-17) of teens 15-17 years of age Source: County Health Profile Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Activity</th>
<th>Performance Measure</th>
<th>Target Date</th>
<th>Lead Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2.2A Establish teen mentoring program</td>
<td>• Have trained young parents &lt; 25 teach short &quot;home economics&quot; 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</td>
<td>• Number of mentors recruited • Number of persons mentored • Teen pregnancy rates for persons participating in program</td>
<td>June 2016</td>
<td>Lead: SCSB; Faith-based Organizations Partners: Parents; Students; Healthy Start; Public Schools; Private Schools</td>
</tr>
<tr>
<td>1.2.2B Educate teens regarding consequences of teen pregnancy</td>
<td>• TOP curriculum • School Nurses provide prevention education and referrals to CHD • Inter-conceptual counseling • Institute teen follow-up program post pregnancy</td>
<td>• 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</td>
<td>June 2016</td>
<td>Lead: FLDOHSC Partners: SCSB; Suwannee County FLDOHSC; Parents; Students; Healthy Start; Public Schools; Private Schools</td>
</tr>
<tr>
<td>1.2.2C Increase awareness of activities and programs that are currently available in the county</td>
<td>• Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county</td>
<td>• Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations</td>
<td>August 2013</td>
<td>Lead: FLDOHSC Partners: CHIP Partners</td>
</tr>
</tbody>
</table>
### STRATEGIC ISSUE 2: Health Care Access

**GOAL 2.1 Increase Health Care Provider Availability**

<table>
<thead>
<tr>
<th>OBJECTIVE 2.1.1</th>
<th>BASELINE</th>
<th>OUTCOME INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>By July 1, 2016 increase number of family and specialty doctors by at least two</td>
<td><strong>2011 Rate</strong> 32.1 (14 physicians) per 100,000 population</td>
<td>Number of licensed family physicians Number of specialists Source: Florida CHARTS-Health Resource Availability</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTIVITY</th>
<th>PERFORMANCE MEASURE</th>
<th>TARGET DATE</th>
<th>LEAD AGENCY</th>
</tr>
</thead>
</table>
| 2.1.1 A  
Increase number of primary care providers through multiple avenues | • 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 | • 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 | • Identify and highlight the benefits of living in Suwannee County  
• Offer loan repayment, (e.g. through rural health care programs | • 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 | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county  
• 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**

<table>
<thead>
<tr>
<th>OBJECTIVE 2.2.1</th>
<th>BASELINE</th>
<th>OUTCOME INDICATORS</th>
</tr>
</thead>
</table>
| 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 |

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTIVITY</th>
<th>PERFORMANCE MEASURE</th>
<th>TARGET DATE</th>
<th>LEAD AGENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.2.1A</td>
<td>Develop referral network and marketing plan</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
- Use church bulletin  
- Develop campaigns to target specific groups  
- Use social media  
- Come up with catch phrases/slogans/marking language  
- Invite health care providers to write articles for newspaper (electronic media, blogs, etc)  
- 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 |  
Lead:  
DCF  
Partners:  
Shands Live Oak;  
Health Care Workforce Network;  
Providers;  
Business Community;  
Media;  
School, County and City Wellness Committees |
| 2.2.1B  | Produce and distribute comprehensive list of health care services |  
- Research health care providers in Suwannee County  
- Create provider/service directory of services; Include Spanish version  
- Decide on distribution outlets (print, website, fliers) & distribute  
- Completed guide or web tool  
- Number of persons exposed to resource  
- Number of persons who utilize guide regularly | June 2014 |  
Lead:  
Shands Live Oak  
Partners:  
Health Care Workforce Network;  
Providers;  
Business Community;  
Media;  
School, County and City Wellness Committees |
| 2.2.1C  | Increase awareness of activities and programs that are currently available in the county |  
- Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county  
- Form partnership  
- Develop ground rules for partnership  
- Identify and develop best mechanisms for reaching target populations | August 2013 |  
Lead:  
FLDOHSC  
Partners:  
CHIP Partners |
### STRATEGIC ISSUE 2: Health Care Access

**GOAL 2.3 Improve Health Care Access for Underserved Populations**

#### OBJECTIVE 2.3.1

By July 1, 2016, decrease percentage of persons reporting either transportation or language as barriers to health care access.

<table>
<thead>
<tr>
<th>BASELINE</th>
<th>OUTCOME INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No baseline data</td>
<td>Percentage of residents reporting fewer transportation and language barrier issues</td>
</tr>
<tr>
<td>Source: Pre and Post Surveys</td>
<td></td>
</tr>
</tbody>
</table>

#### STRATEGY ACTIVITY PERFORMANCE

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>ACTIVITY</th>
<th>PERFORMANCE MEASURE</th>
<th>TARGET DATE</th>
<th>LEAD AGENCY</th>
</tr>
</thead>
</table>
| 2.3.1A  | Increase medical transportation options for underserved populations | • Study best-practices for volunteer transportation programs (like cancer patient transport)  
• Explore using faith-based buses and vans at churches  
• Implement program | 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 | • 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 | 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 | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | Form partnership  
• Develop ground rules for partnership  
• Identify and develop best mechanisms for reaching target populations | August 2013 | Lead: FLD&HSC  
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**

<table>
<thead>
<tr>
<th>BASELINE</th>
<th>OUTCOME INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loosely organized CHIP structure</td>
<td>Established partnership structure</td>
</tr>
<tr>
<td>Meeting attendance, minutes, participant directory</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.1.1</th>
<th>STRATEGY</th>
<th>ACTIVITY</th>
<th>PERFORMANCE MEASURE</th>
<th>TARGET DATE</th>
<th>LEAD AGENCY</th>
</tr>
</thead>
</table>
| 3.1.1A Develop new health care (network, charter, agreement, etc) to sustain CHIP | 3.1.1A | • Recruit membership  
• Prepare and distribute membership list  
• Prepare charter  
• Elect officers  
• Set meeting dates | • 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 | 3.1.1B | • 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 | • 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 | **Lead:** FLDOHSC  
**Participants:** CHIP Partners |
| 3.1.1C Increase awareness of activities and programs that are currently available in county | 3.1.1C | • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | • 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 Alignment

<table>
<thead>
<tr>
<th>Objective</th>
<th>HP2020</th>
<th>FSHIP</th>
<th>NPS</th>
</tr>
</thead>
</table>
| **Strategic Issue 1: Health Status**  
**Goal 1.1 Decrease Chronic Disease Morbidity and Mortality**  
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 the 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 the 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  
Priority: Reproductive and Sexual Health, Pg. 44 |
| 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  
Priority: Reproductive and Sexual Health, Pg. 44 |

## Strategic Issue 1: Health Status  
**Goal 1.2 Improve Maternal and Child Health**  
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 |

## Strategic Issue 2: Health Care Access  
**Goal 2.1 Increase Health Care Provider Availability**
### 2013 SUWANNEE COUNTY CHIP ALIGNMENT

<table>
<thead>
<tr>
<th>Objective</th>
<th>HP2020</th>
<th>FSHIP</th>
<th>NPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 2.1.1 By July 1, 2016 increase number of family and specialty doctors by at least two</td>
<td>Topic Area: Access to Health Services Objective(s): AHS-4 (Developmental) Sub-objective(s): AHS-4.1</td>
<td>Strategic Issue Area: Access to Care Goal AC2, Pg. 23; AC4, Pg. 25</td>
<td>Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Elimination of Health Disparities, Pg. 25</td>
</tr>
</tbody>
</table>

**STRATEGIC ISSUE 2: Health Care Access**  
**GOAL 2.2 Increase Awareness of Available Health Care Options**

| 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 |

**STRATEGIC ISSUE 2: Health Care Access**  
**GOAL 2.3 Improve Health Care Access for Underserved Populations**

| 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 |

**STRATEGIC ISSUE 3: Public Health Care System**  
**GOAL 3.1 Establish Community Health Improvement Partnership**

| 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

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
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:

Send  Clear Form

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

The 2011 Community Health Improvement Team was tasked with developing a community health improvement plan that could be used to guide decision making in our community. At the initial visioning workshop, the team determined the following issues should be prioritized:

- Encouraging residents to pursue healthy behaviors
- Involving residents in their health decisions
- Improving collaboration among local public health organizations
- Improving access to health care

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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 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Phone No.</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amber Ingram</td>
<td>Horizon Pediatrics</td>
<td>(386) 362-5437</td>
<td><a href="mailto:ingramamber@yahoo.com">ingramamber@yahoo.com</a></td>
</tr>
<tr>
<td>Amy Ellison</td>
<td>North Florida Comm. College</td>
<td>(850) 973-1671</td>
<td><a href="mailto:EllisonA@nfcc.edu">EllisonA@nfcc.edu</a></td>
</tr>
<tr>
<td>Barry Baker</td>
<td>Suwannee Clerk of Court</td>
<td>(386) 362-0516</td>
<td><a href="mailto:BarryB@suwclerk.org">BarryB@suwclerk.org</a></td>
</tr>
<tr>
<td>Bonnie Box</td>
<td>UF-IFAS Extension Service</td>
<td>(386) 362-2771</td>
<td><a href="mailto:bbox@ufl.edu">bbox@ufl.edu</a></td>
</tr>
<tr>
<td>Carla Blalock</td>
<td>Suwannee Coalition</td>
<td>(386) 362-2272</td>
<td><a href="mailto:Suwanneecoalition@mac.com">Suwanneecoalition@mac.com</a></td>
</tr>
<tr>
<td>Cathy Rogers</td>
<td>UF-IFAS Extension Service</td>
<td>(386) 362-2771</td>
<td><a href="mailto:cjruggers@ufl.edu">cjruggers@ufl.edu</a></td>
</tr>
<tr>
<td>Christina Ash</td>
<td>Dept. of Juvenile Justice</td>
<td>(386) 758-1448</td>
<td><a href="mailto:Christina.ash@djj.state.fl.us">Christina.ash@djj.state.fl.us</a></td>
</tr>
<tr>
<td>Cindy Morgan</td>
<td>FL DOH Suwannee/Lafayette</td>
<td>(386) 362-2708</td>
<td><a href="mailto:Cindy_morgan@doh.state.fl.us">Cindy_morgan@doh.state.fl.us</a></td>
</tr>
<tr>
<td>Dana Leggett</td>
<td>North Florida Comm. College</td>
<td>(850) 973-1658</td>
<td><a href="mailto:leggettfd@nfcc.edu">leggettfd@nfcc.edu</a></td>
</tr>
<tr>
<td>Dana Taylor</td>
<td>Sellers, Taylor &amp; Morrison</td>
<td>(386) 208-1080</td>
<td><a href="mailto:Dana.Taylor@suwanneelawyers.com">Dana.Taylor@suwanneelawyers.com</a></td>
</tr>
<tr>
<td>Frances Terry</td>
<td>Suwannee River Economic Council</td>
<td>(386) 362-4115</td>
<td><a href="mailto:francesterry@suwanneeec.net">francesterry@suwanneeec.net</a></td>
</tr>
<tr>
<td>Garth Nobles</td>
<td>City of Live Oak Mayor</td>
<td>(386) 362-2276</td>
<td><a href="mailto:GNobles@cityofliveoak.org">GNobles@cityofliveoak.org</a></td>
</tr>
<tr>
<td>Greg Scott</td>
<td>Suwannee Parks &amp; Recreation</td>
<td>(386) 362-3004</td>
<td><a href="mailto:wgscott@windstream.net">wgscott@windstream.net</a></td>
</tr>
<tr>
<td>Howell Batts</td>
<td>FL DOH Leon County</td>
<td>(850) 606-8168</td>
<td><a href="mailto:Howell_batts@doh.state.fl.us">Howell_batts@doh.state.fl.us</a></td>
</tr>
<tr>
<td>James Kent</td>
<td>St. Luke’s Episcopal Church</td>
<td>(386) 362-1837</td>
<td><a href="mailto:Jym-jackie@msn.com">Jym-jackie@msn.com</a></td>
</tr>
<tr>
<td>Janet Romero</td>
<td>Dept. of Children &amp; Families</td>
<td>(352) 955-1932</td>
<td><a href="mailto:Janet_romero@dcf.state.fl.us">Janet_romero@dcf.state.fl.us</a></td>
</tr>
<tr>
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