PARTNERSHIP
FOR A
HEALTHIER
NASSAU



Nassau County Community Health Improvement Plan (CHIP) 2019-2021

Presented by Partnership for a Healthier Nassau January 30, 2019

Agenda

- 1. CHIP Overview
- Guest Speaker, State Attorney Melissa Nelson
- 3. CHIP Accomplishments
- 4. CHIP 2019-2021 details
- 5. Future plans

PARTNERSHIP FOR A HEALTHIER NASSAU

Vision: To have healthy communities in Nassau County that support optimal health and quality of life through collaboration, strong leadership, policy and environmental change, and resident empowerment.







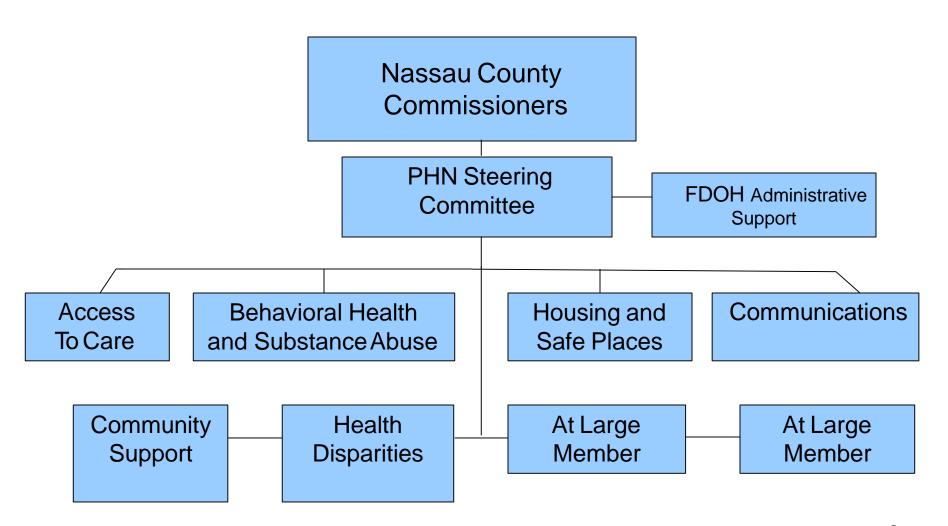
PARTNERSHIP FOR A HEALTHIER NASSAU (PHN)

- PHN Steering Committee facilitates CHIP
 - 3 Year Action Plan for Improved Health
 - Began in 2010, assessments 2011, finished product commenced July 2012.
 - CHIP 2012-2015
 - CHIP 2016-2018
 - CHIP 2019-2021
- Meet quarterly, monitor CHIP progress and produce community messaging regarding status.

MAPP Process

- MAPP = Mobilizing for Action through
 Planning and Partnerships
- Community driven strategic planning process
- A "tool" used nationally used by health leaders to facilitate prioritization of health concerns and resources

CHIP Structure and Reporting



COMMUNITY HEALTH IMPROVEMENT PLANS

NASSAU COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

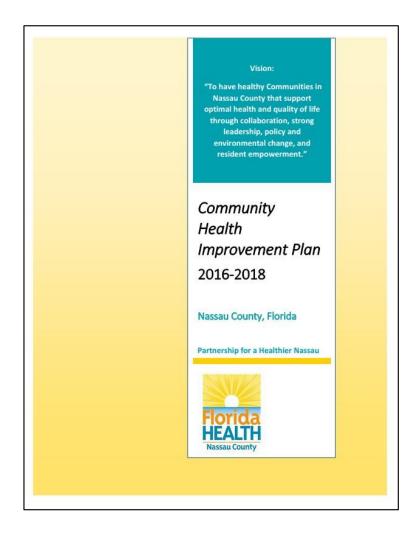
JULY 2012 — DECEMBER 2015

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



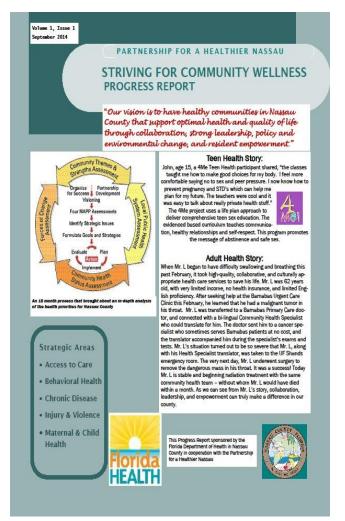






CHIP PROGRESS REPORT

Striving for Community
Wellness Progress
Report



September 30th Planning Meeting



PHN Steering Committee with new Health Issues



PHN Steering Committee

- Kerrie Albert
- Barbara Baptista
- Adrienne Burke
- Karrin Clark
- Mike Hays
- Wanda Lanier

- Renae Lewin
- Eugenia Ngo-Seidel
- Valerie Ray
- Lisa Rozier
- Mary von Mohr *

Local Public Health System

- Mobilize Community Partnerships +
- Evaluate Services
- Linking People to Services +
- Educate and empower for personal health +
- Research/innovations -

Community Themes & Strengths

- Access to Healthcare (hours/cost)
- Lack of Medicaid Providers
- Lack of Specialty Medical Care
- Lack of Substance Abuse Services
- Lack of Mental Health services
- Domestic Violence

CHIP Priorities 2019-2021

Access to Care
Behavioral Health/ Substance Abuse
Community Support
Health Disparities
Housing & Safe Places

Community Health Assessment

- Health disparities (cancer, heart disease, infant mortality)
- Health Professional Shortages
- Chronic Disease
- Increase in Suicide/Baker Acts

Forces of Change

- Rapid Expansion Yulee
- Lack of safe walking paths
- Limited resources for Spanish speaking
- Lack of Affordable Housing
- Increased gun violence

Guest Speaker



State Attorney, Melissa Nelson



2016-2018 Accomplishments

Mental Health First Aid Trainings

Year 2016 - 363 + 179 = 542

Year 2017 – 1018 + 205 = 1,223

Year 2018 - 881 + 225 = 1,106

 Total of 2,871 persons trained by Starting Point Behavioral and NACDAC

2016-2018 Accomplishments



PASSENGERS SERVED

	PARATRANSIT PARATRANSIT				
	TRANSPORTATION DISADVANTAGED	MEDICAID	TOTAL	+ PUBLIC + TRANSIT	= GRAND TOTAL
2013 - 2015	119,887	17,138	137,025	24,276	161,301
2016 - 2018	122,027	1,779	123,806	36,684	160,490
CHANGE	2,140	(15,359)	(13,219)	12,408	(811)
	1.8%	(89.6)%	(9.6)%	51.1%	(0.5)%



Play the Game!

Your health and the health of your community should not depend on a massive amount of luck.

Shifting from Chance to Change....

This chip is your reminder that we count on you to "play" a role on the other CHIP –

Community Health Improvement Plan of Nassau County, FL

Priority #1

ACCESS TO CARE













Access to Care

Goal 1: Patient Barriers to Care

- Transportation Support
- Social Media Use







Access to Care

Goal 2: Western Nassau Health Needs



- Create a West Nassau Health Team
- Policy recommendation: to expand broadband to support telehealth care.

Access to Neighborhoods and Communities Living Conditions Social Relationships Individual Risk Factors Genetic/Constitutional Factors Pathophysiological Pathways Individual/Population Health Environment

Goal 3: High Risk/Marginalized Population Health Needs

- Facilitate Safety Net Provider Coordination

Priority #2

BEHAVIORAL HEALTH& SUBSTANCE ABUSE



Behavioral Health and Substance Abuse

collection

Goal 1: Decrease the incidence of suicides in Nassau County

Collect data:

- Medical examiner data cause of death
- 2. CHARTS injury data
- 3. Baker Act Admissions

Behavioral Health and Substance Abuse

Goal 2: Create a Trauma-Informed Community

Provide education to increase awareness of trauma on child development & health

- 1. Identify who will be trained
- 2. Ensure uniformity
- 3. Training tools
- 4. Identify trainers





STIGMA FREE

There is no health without mental health.

Goal is to have.....

Priority #3

COMMUNITY SUPPORT



Community Support

Goal 1: To decrease social isolation among seniors and increase support to caregivers.

- Promote community connections/social programs for seniors (Yulee/Westside)
- Create social linkage program for teens and seniors
- Recruit champions to be leads for the Nassau Age-Friendly in Public Health Initiative.



Bridging the Years.....Teens and Seniors Mix it Up!

Priority #4

HEALTH DISPARITIES

Health Disparities

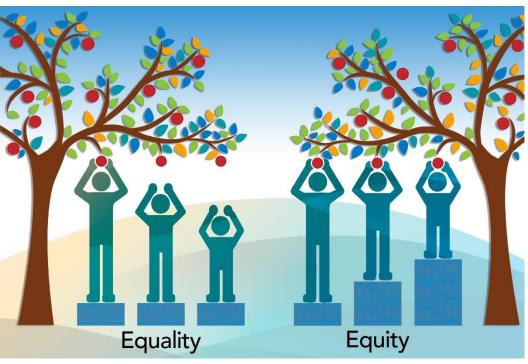
Goal 1: To understand the leading causes of health disparities as it relates to breast cancer, prostrate cancer and colorectal cancer and develop strategies to improve the health status in those areas.

- Educate on preventative health care
- Expand the faith-based health ministry.





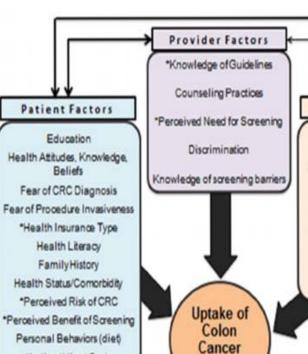




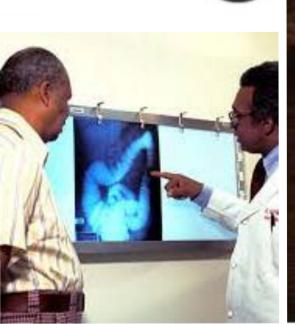




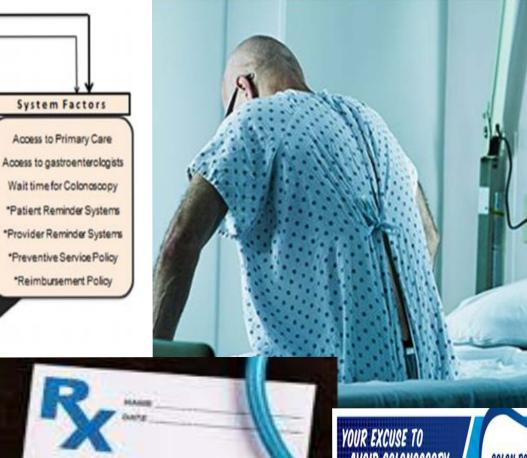
Equality Equity



Screening



*Indirect/direct Costs



SCHEDULE

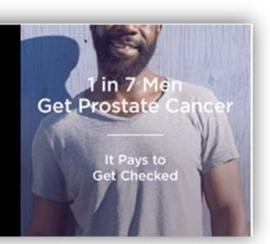
COLONOSCOPY

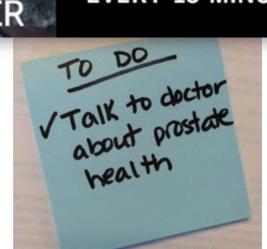
REFILLS





PROSTATE CANCER KILLS A MAN EVERY 18 MINUTES









The federal government estimates that men have about a

one-in-seven

chance of developing

prostate cancer at some point
during their lifetime.

Health Disparities

Goal 2: To reduce the incidence of black preterm birth & low birth weight rates by 5% by December 31, 2021.



- To be accomplished by supporting the Nassau Infant Mortality Taskforce with their Best Babies Zone project.
- Create and implement a marketing plan for Best Babies Zone.

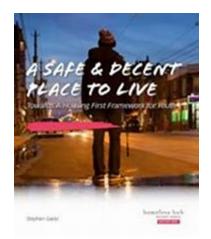
Priority #5

HOUSING AND SAFE PLACES

Housing and Safe Places

Goal 1: Create a Housing Coalition to address housing needs on a spectrum from homelessness to home ownership.

- Expand cold night shelters across the county
- Establish a Family
 Promise program



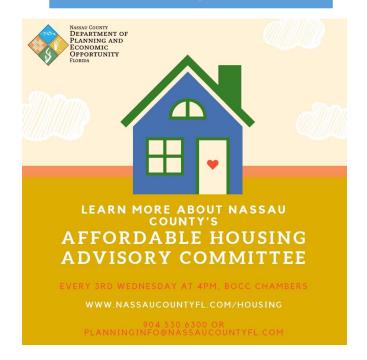


Housing and Safe Places

Goal 1: Create a Housing Coalition to address housing needs on a spectrum from homelessness to home ownership.

- Coordinate with the Nassau County
 Affordable Housing Advisory
 Committee regarding housing policy
 - Use 2018 Housing Affordability Assessment as baseline
 - Ex: accessory dwelling ordinance, impact fee withholding, inclusionary zoning, aging in place

- Diverse Housing Stock
 - Expand multi-family and single-family attached alternatives to single-family detached housing
- Affordable Rental Housing
 - · Preserve + expand supply
 - Focus on 0-50% AMI households
 - Look at naturally occurring + subsidized
- Affordable Homeownership
 - Expand supply of affordable for sale units between \$149-219,000 sales price
 - · Focus on 50-80% AMI households
- Jobs-Housing-Transportation Link
 - Locate affordable housing for low-moderate wage workers on the Island
 - Ensure affordable transportation to the Island



Policy Areas

- Policy change and new ones— laws, ordinances, resolutions, mandates, regulations, or rules that will greatly influence the decisions individuals make about health promotion and health care
- Systems Change made to the rules within an organization and will often focus on changing infrastructure within a school, worksite or health setting
- Environmental Change made to the physical environment to help promote healthy behaviors (e.g., assuring sidewalks are built to link a neighborhood to an area of physical activity and social connections).

Best practices around the nation include

Healthy Lifestyles •

- Tobacco Product use Reduce illness, disability and death related to tobacco product use and secondhand smoke exposure.
- Physical Activity Improve health and the quality of life through daily physical activity.
- Healthy Eating Promote health and reduce overweight and obesity through the availability and consumption of healthy foods.

Access to Health Services

- Plan for and invest in pedestrian and bicycling infrastructure and transit-oriented development.
- Expand Safe Routes to Schools programs (e.g., improved sidewalks, crosswalks and bike areas
- Pursue joint use agreements to share facilities with schools.
- Increase the amount of time students spend in moderate or vigorous-intensity physical activity during PE class and adding 30 minutes of physical activity outside of PE and recess during the elementary school day).
- Increase incentives for business supporting access to healthy and affordable foods in food desert communities.
- Increase organizational and programmatic changes focused on healthy eating.

Policy Changes to Consider to Alleviate Health Inequity

- Promote Access to Care
- Increase community resources to provide support to direct health care systems
- Provide fast-track permitting for grocery stores in underserved areas.
 Identify sites for farmers' markets and community gardens.
- Encourage farmers' markets and other healthy food retailers to accept federal nutrition programs such as WIC and SNAP (food stamps)
- Offer bus service from underserved neighborhoods to healthy food retail stores.
- Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk, by increasing the care capacity
 of safety net providers.
- Streamline implementation of school-based health centers in low-income communities.
- Incentivize implementation of school and childcare center based vaccination programs.
- Provide technical assistance to improve the quality and efficacy of the safety net providers
- Create inter connected systems to exchange clinical, public health and community data, streamline eligibility requirements, and expedite enrollment processes to facilitate access to clinical preventive services.
- Expand the use of community health workers and home visiting programs.
- Health Benefits: Give employees time off to access clinical preventive services.
- Establish patient and clinical reminder systems for preventive services.

FACEBOOK

The latest way to keep up with community health in Nassau County......

The Partnership for a Healthier Nassau (PHN) Facebook page!

Events, news, reports, successes.

Like us on Facebook!

IMPLEMENTING THE PLAN

- Community partners complete strategies.
- Facilitator works with partners to monitor and measure progress (successes and obstacles).



 PHN reports to the Nassau Board of County Commissioners

IMPLEMENTING THE PLAN...

Steering Committee Monitors progress monthly



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Future Plans

- Partnership Steering Committee
 - Meet quarterly to assure progress
 - Produce Mid Cycle Report
 - Communicate progress via email and online

newsletter

Celebrate the Accomplishments Keep the Momentum Going!

- STAY CONNECTED & INVOLVED!
- Join an existing Coalition or Partnership
- Join a new effort to improve community health in Nassau County
- Invite others to come along

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HEALTHIER
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For more information go to:

OUR FACEBOOK PAGE....

Like us and stay informed!





Questions

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