

# LEON COUNTY CHIP

**January 2023 - December 2027**

**PREPARED BY :**  
Community Health Division

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## Introduction

The Florida Department of Health in Leon County (FDOH-Leon) is pleased to present the Community Health Improvement Plan (CHIP). This plan was developed with input from the CHIP Steering Committee (SC), made up of a multidisciplinary and diverse group of community leaders coming together to develop a comprehensive health agenda. Multiple agencies addressed key goals and strategies that are needed to activate change and provide resources in collaboration with FDOH-Leon. The CHIP is a plan that the entire public health system in Leon County will follow to coordinate resources for more efficient directed and unified health improvement efforts. The CHIP is directly linked to the State Health Improvement Plan (SHIP).

The CHIP presents a long-standing, organized effort to address health issues in a community based on results from a community health assessment. The latest plan was instituted in 2023 and proposes priorities for action until 2027. The CHIP is used by governmental, education, and social service agencies and organizations to implement policies and programs that protect and improve health. Health is essential to well-being, which involves full participation in communities and society. Poor health can result in suffering, disability, and loss of life. The economic impacts of health have become increasingly apparent. The health of our nation depends on positive changes to public and private policies that can improve communities. Opportunities and challenges exist for addressing health issues while advancing community engagement in ongoing health improvement planning.

A Community Health Improvement Plan guides policy and program decisions that enhance health and well-being. The plan reflects the understanding that the quality of the communities where we live, work, and play is as important to achieving good health as going to the doctor for a physical, proper nutrition, and adequate physical activity. There are many factors, or determinants, that affect health and have a tremendous influence on health outcomes. This plan is designed to be implemented by community agencies and partners throughout the county. Working together we can reach our vision to be the healthiest state in the nation.

## Methodology

The Department of Health in Leon embarked on a new cycle of community health planning in preparation for its new Community Health Improvement Plan. To develop our plan, the full Mobilizing for Action Through Planning and Partnership (MAPP) process was utilized. This is the second cycle using the MAPP model. MAPP is a community-driven process used for improving community health. Through this process, communities can seek to achieve optimal health by identifying and using their resources wisely. The process consists of four community health assessments: Local Public Health System Assessment (LPHSA), Forces of Change Assessment (FCA), Community Themes and Strengths Assessment (CTSA), and the Community Health Status Assessment (CHA).

The four assessments examine issues such as risk factors for disease, illness, mortality, socioeconomic factors, environmental conditions, inequities in health, and overall quality of life. Using these assessments can help the community identify and prioritize health problems, facilitate planning, and determine actions to address issues identified.

The LPHSA examines how well the 10 Essential Services of Public Health are implemented within the county. The 10 Essential Services of Public Health are explained in detail further in the document. The local public health system was evaluated and ranked by the community based on perceived performance. Universal themes of discussion across all functions and standards that were identified. An optimal level of performance is the level to which all local public health systems should aspire.



The second assessment conducted was the Forces of Change Assessment. The purpose of this assessment was to identify the trends, factors, and events that are likely to influence community health and quality of life, as well as the work of the local public health system in Leon County.

The third assessment conducted was the Community Themes and Strengths Assessment. This assessment specifically targeted the residents of Leon County to gather their impressions and thoughts that can help pinpoint essential issues and highlight possible solutions. More importantly, by involving community residents and genuinely listening to their concerns, every participant feels like an integral part of the process. For this assessment, there was both a survey and focus groups conducted to fully capture the views of the community.

Lastly, the Community Health Status Assessment consists of secondary data collected through the synthesis of existing data from national, state, and local sources which were analyzed to learn about health status, quality of life, and risk factors for poor health outcomes among residents in Leon County.

The four assessments give a complete view of health and quality of life in Leon County and guide the development of the Community Health Improvement Plan. The specific strategic priority areas for the CHIP include chronic disease, maternal-child health, injury, safety and violence, mental well-being and social and economic conditions impacting health. Each of these priority areas will be detailed in the CHIP with supporting goals, strategies and objectives, collaborative agencies, and the identified social determinant of health priority area.

The next upcoming MAPP Cycle will evolve from six phases to three phases. This cycle will build on the MAPP foundation principles especially related to community power and health equity. This process will be using a health equity lens and going beyond the social determinants of health while looking at the root causes and health inequities that exists in our community. The new MAPP revisions will help to maintain the need for data and information from various perspectives including both qualitative and quantitative data. This updated process will also add a greater emphasis on understanding health inequities. The assessment phase will also be more ongoing to ensure a more accurate picture of the community and more timely and responsive action. In the next MAPP process in 2023, this new framework will be implemented.

## Health Improvement Process

In collaboration with Tallahassee Memorial Healthcare (TMH), a community-driven health assessment was completed. The success of the assessment was highly dependent on the involvement of citizens, health and human service agencies, businesses, and community leaders. The steering committee directed the planning and execution of the process and activities. The assessment included primary and secondary data collection, analysis, and prioritization of priority health areas.

Community partner and stakeholder collaborations were essential in distributing and collecting community health surveys and soliciting valuable input through health department groups. The partners and stakeholders consist of health and human service agency leaders, persons with special knowledge of or expertise in public health, local health departments and leaders/representatives of those who are medically underserved, people with chronic diseases, and low-income and minority populations. The steering committee invited partners and stakeholders to attend both the Community Health Partners Meeting in May 2022 and the Prioritization of Needs Meeting.

Compared to the findings of the 2019 assessment, the 2022 assessment shows that there remain vast and distinct disparities for community members based on locality of residence (both county and specific neighborhoods/areas), age and race/ethnicity. Disparities in the social determinants of health – including higher poverty rates, lower academic attainment rates and higher unemployment rates – are more evident in these communities.

Like the 2019 survey, the 2022 data continues to reveal that residents report high rates of missed activities due to poor physical and/or mental health days. Adult obesity rates in all four counties exceed the state average. Fewer than 20% of adults are eating the recommended fruit and vegetable servings per day and well below half of Community Health Survey (CHS) respondents reported meeting minimum physical activity recommendations.

Heart disease is the leading cause of death in Leon County. Half of survey respondents indicated they were not able to access healthcare services when needed and cited cost, wait times, scheduling constraints and lack of convenient appointment times as barriers to care. Reported preventive health screening rates were also notably lower among Black or African American respondents. In women between ages 40 and 75 who had a mammogram in the past one to two years, almost 20% fewer Black or African American respondents reported having the screening compared to White respondents. Colon cancer screening rates showed a similar disparity with a more than 20% gap between screening rates of Black or African American respondents and White respondents. Eighty-three percent of CHS respondents had doctor diagnosed health issues. The five most prevalent health conditions reported were hypertension (35%), obesity or overweight (29%), high cholesterol (28%), mental health problems such as depression and anxiety (26%) and high blood sugar or diabetes (16%).

Partners and stakeholders cited lack of transportation, poverty, high cost of medical services or prescriptions, lack of or insufficient health insurance and limited health literacy as the top five major barriers to the populations they serve. The Community Stakeholder Survey also indicated a significant portion of the populations served experience discrimination, specifically racism, resulting in a negative impact on health outcomes due to denial of services or mismanagement of care.

To prioritize change, partners and stakeholders indicated strategies to address access to care, cost of care, health equity challenges and health education, which aim to reduce barriers to health and close gaps in care in the communities served. By meeting communities and individuals where they are, targeting at-risk communities and providing more cost-effective healthcare, healthcare and health services providers may be able to drive improvements in community health more effectively.

## Partners and Stakeholders

NAME	ORGANIZATION
Monica Smart-Gainous	<i>Boys Town, North Florida</i>
Jasmine Smith	<i>Oakridge Elementary School</i>
Peggy Smith	<i>Ausley McMullen, Tallahassee Florida Law Firm</i>
Stephen Smith	<i>Tallahassee Memorial HealthCare, Food and Nutrition Services</i>
Dina Snider	<i>Children’s Home Society of Florida</i>
Dawn Springs	<i>Tallahassee Memorial HealthCare, Metabolic Health Center</i>
Grant Steans	<i>We Are All We Need</i>
Paige Stewart	<i>Tallahassee Memorial HealthCare, Population Health</i>
Michael Suleski	<i>City of Tallahassee Police</i>
Sandra Suther, PhD	<i>Florida A&amp;M University, College of Pharmacy &amp; Pharmaceutical Sciences, Institute of Public Health</i>
Christal Szorcisk	<i>Capital Area Healthy Start Coalition</i>
Stephanie Tavel	<i>Florida State University</i>
Sarita Taylor	<i>Florida Department of Transportation</i>
Kimball Thomas	<i>City of Tallahassee</i>
Amanda Throndsen	<i>Safe Kids Florida</i>
John Trombetta	<i>The Alzheimer’s Project</i>
Amber Tynan	<i>United Partners for Human Services</i>
Melissa Valido	<i>Florida Teen Safe Driving Coalition + FL SADD</i>
Daniel Van Durme, MD	<i>Florida State University, College of Medicine</i>
Arianna Waddell	<i>Florida Department of Health in Leon County</i>
Kendra Walker	<i>Children’s Home Society</i>
Kevin Warren	<i>The L.I.F.E. Center</i>
Dean Watson, MD	<i>Tallahassee Memorial HealthCare</i>
Terrence Watts	<i>Department of Children and Family</i>
Leann Watts-Williams	<i>City of Tallahassee Neighborhood Affairs Division</i>
Marcus West	<i>Leon County Government</i>
Christine White	<i>Tallahassee Village Square</i>
Brenda Williams	<i>Tallahassee Housing Authority</i>
Sandra Williams, PhD	<i>Q-Q Research Consultants</i>
Allison Wiman	<i>Big Bend Area Health Education Centers</i>
Mary Winn	<i>League of Women Voters of Tallahassee</i>
David Yon	<i>Radey Law</i>

## Through the Years: A Timeline of Progress

- 2016** DOH-Leon initiated a new community health improvement process in 2016. Local not-forprofit hospitals conducted a new CHNA. Local public health system partners joined forces to support the effort and to update the next Leon County CHIP based on the results of this new CHNA. Through this effort, community perspectives were again gathered on the health and well-being of Leon County through 11 key informant interviews, 8 focus groups, and 4 town hall meetings. Results from the CHNA were used to identify the following strategic health priorities for the 2017-2019 CHIP for Leon County, FL: (1) Healthy Families and Healthy Babies, (2) Healthiest Weight, (3) Behavioral Health, and (4) Access to Care.
- 2017** As part of implementation of the 2017-2019 CHIP for Leon County, FL, DOH-Leon hosted a Public Health Conference, Creating a Healthier Jacksonville, during National Public Health Week. Presenters and topics showcased goals and successes of the CHA/CHIP work in action. CHIP partners participated in one of four priority area subcommittees and met monthly to develop and refine action plans and assist with planning the next steps for implementation.
- 2018** As part of the MAPP Framework, CHIP subcommittees adopted a “place-based” approach for the implementation of Leon County’s CHIP using sub-county data (e.g., zip code level, census tract level, sub-geographic areas) to identify priority neighborhoods. During this year, partners agreed to extend the CHIP to a 5-year plan ending in March 2022. In May 2018, over 80 community partners attended the review meeting for the 2018-2022 CHIP for Leon County, FL to share discussion on successes, the barriers and challenges encountered, and planning of next steps. In July 2018, DOH-Leon met with Tallahassee Memorial Hospital to discuss the Leon County CHIP process and the place-based approach used for health improvement efforts.
- 2019** Over 50 community partners attended the review meeting for the 2019 Leon County CHIP to discuss progress and plan next steps. With a place-based approach in mind, consensus and agreement was achieved to tailor community health improvement activities and initiatives to meet the unique needs of Leon County’s southside.
- 2020** Due to the impact of the global COVID-19 pandemic, Leon County CHIP meetings transitioned from in-person meetings to virtual meetings. Updates were provided by lead community organizations followed by a structured networking activity resulting in the beginning of “Next Steps” action planning for the CHIP.
- 2021** The committee met and agreed to extend the CHIP for an additional year due to the increased work and resource allocation associated with the COVID-19 pandemic response.
- 2022** Extensive employee turnover occurred with all partners, especially DOH-Leon.

## Priority Health Needs to be Addressed

The Steering Committee, partners, and stakeholders participated in an interactive exercise to identify the greatest needs in the service area based on the primary and secondary data presented. Over 70 people attended the meeting and participated in the exercise. The top five significant needs that emerged from this meeting include: 1. Access to Health Services, 2. Mental Health, 3. Preventive Health Services, 4. Nutrition, Physical Activity, and Obesity, and 5. Substance Abuse/Use.

The top needs from the prioritization exercise mirrored those identified by community members in the survey. Participants were also asked if they considered maternal, infant and child health services and chronic conditions as needs that should also be addressed and 100% of respondents agreed. After additional review and discussion, the committee recommended the following final priorities:



### Maternal and Child Health

The well-being of women, infants, children, and families determines the health of the next generation. Events over the life course influence maternal and child health risks and outcome.



### Injury, Safety, and Violence

Unintentional injuries such as falls and motor vehicle crashes, and intentional injuries such as gun violence are a major cause of death in Leon County.



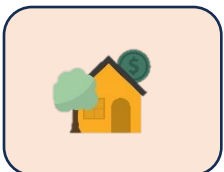
### Mental Well-being and Substance Use

Mental and emotional well-being enables individuals to realize their own abilities, cope with the normal stresses of life, work productively and contribute to his or her community.



### Chronic Conditions

Heart disease, stroke, type 2 diabetes, cancer, and illnesses related to tobacco use are among the most common health problems affecting people of all ages, socioeconomic statuses, and ethnicities.



### Social and Economic Conditions Impacting Health

Social and economic conditions impacting health are the conditions in the environments where people live, work, and play that influence health throughout the lifespan.



## Policy Alignment

There are several policy components, notably the Health in All Policies (HiAP) and Health Equity, which support the objectives outlined in the Leon County health priority areas. The HiAP is an example of a collaborative approach in Leon County to make healthy choices the most easily accessible choices. The HiAP approach prioritizes health considerations in decision-making processes to shape how proposed programs can potentially impact health outcomes for community members. The Health Equity initiative is a policy component that provides the imperative for accomplishing health objectives, as well as reshaping the social and economic barriers contributing to health in Leon County.

The following are examples of policy changes to accomplish the identified health objectives. Leon County's use of the State Housing Initiative Partnership (SHIP) policy section 420.907-9079, Florida Statutes to meet the HOME Program 25% match requirement, which provides down payment and closing cost for the very low-, low- and moderate-income households, homeless, and the special needs population. Changing local property ordinances to encourage affordable housing property in Leon County is another example of policy changes that support this CHIP.

## Plan Alignment

The DOH-Leon staff and committee members reviewed the 2023-2027 Leon County CHIP making sure it is aligned with the following national and state health priorities and plans:

- The 2022-2026 Florida Department of Health State Health Improvement Plan (SHIP)
- The U.S. Department of Health and Human Services Healthy People 2030.
- Leon Florida Healthy Babies (FHB) Action Plan
- 2022-2024 DOH-Leon Strategic Plan

All objectives under a specific goal were reviewed to determine alignment with the respective national and state guidelines. Thus, the SMART objectives align with the current above-stated national and state policies and standards as enumerated in the tables listed below in Appendix A.

## Priority Area Implementation

The collaborative partner, TMH along with committee members from the designated priority areas, developed this Implementation Strategy document and plan based on a full review of the assessment data, significant health needs to be addressed, existing programs and services, and gaps in care/services. The committee attended strategic planning sessions beginning September 2022. The priority area implementation was guided by the committee.

## Priority Area 1: Maternal and Child Health

<b>Goal</b>	<b>1.1</b>	<b>Improve preconception and interconception health</b>
<b>Strategy</b>	<b>1.1.1</b>	Expand the use of Technology-Enabled Collaborative Learning Capacity Building Model
<b>Objective</b>	<b>1.1.1.1</b>	By December 2023, establish and implement a pilot program to improve maternal outcomes, reduce the health professional shortage, and reduce rates of adverse maternal health outcomes.
<b>Strategy</b>	<b>1.1.2</b>	Improve DOH-Leon's client-centered approach for women's health and care
<b>Objective</b>	<b>1.1.1.2</b>	By December 31, 2024, create and implement a comprehensive approach to address current gap in care for newly identified pregnant women.
<b>Strategy</b>	<b>1.1.3</b>	Establish fatherhood support initiatives
<b>Objective</b>	<b>1.1.1.3</b>	By December 31, 2025, implement a fatherhood support program that offers education, training, and support to help men become the responsible engaged, and empowered fathers their children need.

## Priority Area 2: Injury, Safety, and Violence

<b>Goal</b>	<b>2.1</b>	<b>Prevent or reduce injuries in vulnerable populations</b>
<b>Strategy</b>	<b>2.1.1</b>	Address disparities and challenges among men and boys that lead to violence or the criminal justice system
<b>Objective</b>	<b>2.1.1.1</b>	By December 31, 2027, implement a multi-disciplinary plan to reduce homicides and gun violence through prevention strategies.
<b>Goal</b>	<b>2.2</b>	<b>Combat human trafficking within Leon County by building capacity and awareness</b>
<b>Strategy</b>	<b>2.2.1</b>	Implementing training and signage requirements for businesses and organizations
<b>Objective</b>	<b>2.2.1.1</b>	By December 31, 2025, all hotels operating in Leon County will have signage posted regarding human trafficking as required under FL law for "public lodging establishments" and that required staff are compliant with training under this law.

**Priority Area 3: Mental Well-Being & Substance Use**

<b>Goal</b>	<b>3.1</b>	Reduce the impact of mental, emotional, and behavioral health disorders among adults and youth.
<b>Strategy</b>	<b>3.1.1</b>	Establish comprehensive network of mental health providers to address the disparities of access and use of mental health services.
<b>Objective</b>	<b>3.1.1.1</b>	By December 31, 2023, create a workgroup of committed individuals focused on promoting mental health services, activities, and support.
<b>Objective</b>	<b>3.1.1.2</b>	By December 31, 2024, implement a quality improvement project to address the access to care issues identified.
<b>Objective</b>	<b>3.1.1.3</b>	By December 31, 2025, form a sustainable network of mental health provider based on QI project findings that collaborates to address concerns.

**Priority Area 4: Chronic Conditions**

<b>Goal</b>	<b>4.1</b>	<b>Address risk factors that lead to the formation of chronic conditions such as heart disease, diabetes, and cancer.</b>
<b>Strategy</b>	<b>4.1.1</b>	Educate and support elementary school students in increasing water consumption
<b>Objective</b>	<b>4.1.1.1</b>	By December 31, 2027, increase the number of Title 1 elementary schools implementing the Happy Hydrators curriculum to educate students on the appropriate levels of water consumption.
<b>Strategy</b>	<b>4.1.2</b>	Support and program community walking programs
<b>Objective</b>	<b>4.1.1.2</b>	By December 31, 2027, increase the annual participation in community walking programs to maintain health and manage chronic conditions by 15% each year.
<b>Strategy</b>	<b>4.1.3</b>	Educate and support identified communities in increasing fruit and vegetable consumption.
<b>Objective</b>	<b>4.1.1.3</b>	By December 31, 2027, increase access to fruits and vegetable in communities throughout Leon County through farmers markets and farm shares.

## Priority Area 5: Social and Economic Conditions Impacting Health

<b>Goal</b>	<b>5.1</b>	<b>Ensure Leon County residents have safe and sanitary affordable housing</b>
<b>Strategy</b>	<b>5.1.1</b>	Continue to explore policies such as inclusionary housing and mixed housing developments to increase the stock of affordable housing throughout Leon County
<b>Objective</b>	<b>5.1.1.1</b>	By December 31, 2027, Leon County will increase the number of affordable housing units by 40%

### Monitoring

Progress towards meeting the outlined objectives will be monitored through CHIP quarterly reports. Specific activities and actions will be developed by subject matter experts and key partners and tracked. CHIP objectives and respective activities are assigned owners who will report on the progress on a quarterly basis to the Community Health Planner using the CHIP template. In addition, DOH-Leon has developed and implemented a comprehensive performance management system that continuously monitors organizational performance. This system will be used as a data clearing house to store and monitor CHIP objective data. During monthly Performance Management Council (PMC) meetings, business reviews are conducted on community and program metrics at all levels in the organization. CHIP objectives are reviewed for their progress during the monthly PMC meetings. Variance reports are created for underperforming metrics and corrective actions are implemented.

Individuals and organizations are held accountable for implementing activities in the CHIP using the “who”, “what”, and “when” action plan. The “who” component refers to key partners, responsible parties, and the designated individuals or organizations that coordinate group activities and report updates to the database. The “what” refers to the strategic issue area of responsibility. The “when” refers to the target date when updates are required. The committee members meet quarterly to monitor the progress of the CHIP Action Plan. In addition, members are provided with the DOH-Leon CHIP Performance Management system, VMSG. The VMSG allows members to provide updates, and for DOH-Pinellas to hold designated partners accountable for implementing strategies. Additionally, the Performance Management Council (PMC) monthly meetings provide the opportunity to address any wins and opportunities for improvement from a DOH-Leon perspective regarding the CHIP implementation, partners accountability, and the annual update of the CHIP.

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. DOH-Leon and community partners will evaluate progress on an ongoing basis through quarterly CHIP implementation reports and

quarterly discussions. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports by February of each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state, and national levels. By working together, we can have a significant impact on the community's health by improving where we live, work and play. These efforts will allow us to realize the vision of a healthier Leon County.

## Appendix A: Action Plan

<b>Priority Area:</b>	<b>Maternal and Child Health</b>				
<b>Goal 1.1:</b>	Improve preconception and interconception health				
<b>Strategy 1.1.1:</b>	Expand the use of Technology-Enabled Collaborative Learning Capacity Building Model				
<b>Objective 1.1.1.1:</b>	By December 2023, establish and implement a pilot program to improve maternal outcomes, reduce the health professional shortage, and reduce rates of adverse maternal health outcomes.				
<b>Indicators:</b>	Baseline Data (2022): 0	I1: # of stakeholders	I2: # of programs established	I3: N/A	I4: N/A
	Target Data (2027): 1				
<b>Data Sources:</b>	Healthy Start activity report				
<b>Plan Alignment:</b>	2022-2026 FDOH SHIP Leon Florida Healthy Babies (FHB) Work Plan		<b>Policy Component (Y/N):</b> N		
<b>Lead Agency:</b>	Capital Area Healthy Start Coalition				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
MCH1.1: Review funding opportunities to support the initiative		Apply for and receive funding support		12/31/2023	Healthy Start Coalition Neighborhood Medical Center (NMC) Bond Community Health Center (BCHC)

MCH1.2: Convene a group of stakeholders to discuss program implementation in other counties	Consensus to move forward with developing a framework	12/31/2023	Healthy Start Coalition
MCH1.3: Develop a framework for the program in Leon County	Framework developed	12/31/2023	Healthy Start Coalition Neighborhood Medical Center (NMC) Bond Community Health Center (BCHC) DOH-Leon OB/Gyn Practices TMH HCA
MCH1.4: Identify committed program partners to implement the program and take on key roles	Establish an advisory board to monitor implementation of the program	12/31/2023	Healthy Start Coalition Neighborhood Medical Center (NMC) Bond Community Health Center (BCHC) DOH-Leon
MCH1.5: Develop roles and responsibilities for program partners	MOU developed and signed by committed partners for implementation	12/31/2023	Healthy Start Coalition Neighborhood Medical Center (NMC) Bond Community Health Center (BCHC) DOH-Leon OB/Gyn Practices TMH HCA

<b>Priority Area 1:</b>	<b>Maternal and Child Health</b>				
Goal 1.1:	Improve preconception and interconception health				
Strategy 1.1.2:	Improve DOH-Leon's client-centered approach for women's health and care				
Objective 1.2:	By December 31, 2024, create and implement a comprehensive approach to address current gap in care for newly identified pregnant women.				
Indicators:	Baseline Data (2022): 0	I1: # of improvement steps	I2: N/A	I3: N/A	I4: N/A
	Target Data (2027): 1				
Data Sources:	DOH-Leon service template				
Plan Alignment:	2022-2026 FDOH SHIP Leon Florida Healthy Babies (FHB) Work Plan		Policy Component (Y/N): N		
Lead Agency:	Leon County Health Department				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
MCH1.1.2.1: Establish a process within Leon CHD to include initial pregnancy lab testing for women with a positive pregnancy test through our family planning clinic		New process for clients receiving a positive pregnancy test		12/31/2024	DOH Leon clinic staff WIC Healthy Start Coalition
MCH1.1.2.2: Modify current OB/GYN referral process to include the C.O.A.S.T. (Community Outreach and Support Team) pregnancy navigator notification		Updated referral process		12/31/2024	DOH Leon clinic staff Healthy Start Coalition



MCH1.1.2.3: Participate as a C.O.A.S.T. taskforce member to review program progress and discuss barriers/challenges with community partners	Continued participation with the advisory board	12/31/2027	DOH Leon
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<b>Priority Area 2:</b>	<b>Injury, Safety, and Violence</b>				
Goal 2.1:	Prevent or reduce injuries in vulnerable populations				
Strategy 2.1.1:	Address disparities and challenges among men and boys that lead to violence or the criminal justice system				
Objective 2.1.1.1:	By June 30, 2024, implement a multi-disciplinary plan to reduce homicides and gun violence through prevention strategies.				
Indicators:	Baseline Data (2022): 0	I1: a completed plan	I2: N/A	I3: N/A	I4: N/A
	Target Data (2024): 1				
Data Sources:	Implementation Report				
Plan Alignment:	2022-2026 FDOH SHIP Leon County Sheriff's Strategic Plan		Policy Component (Y/N): N		
Lead Agency:	Council on the Status of Men and Boys				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
ISV2.1.1.1: Identify primary intervention strategies focused on deterrence		Complete list of strategies that can be prioritized.		6/30/2024	The CSMB Taskforce
ISV2.1.1.2: Engage with the community to build trust and strong relationships		Community participation in the plan development process		6/30/2024	The CSMB Taskforce

ISV2.1.1.3: Conduct listening sessions with youth to assist in program/intervention design	Completed listening sessions	6/30/2024	The CSMB Taskforce
ISV2.1.1.4: Establish a school linkage process to address social and emotional issues	Process developed	6/30/2024	The CSMB Taskforce
ISV2.1.1.5: Form an advisory board to help monitor progress	Board developed	6/30/2024	The CSMB Taskforce

Priority Area 2:	Injury, Safety, and Violence				
Goal 2.2:	Combat Human Trafficking on the Corridor by Building Capacity and Awareness				
Strategy 2.2.1:	Implement training and signage requirements for businesses and organizations.				
Objective 2.2.2.1:	By December 31, 2024, all hotels operating in Leon County will have signage posted regarding human trafficking as required under FL law for “public lodging establishments” and that required staff are compliant with training under this law.				
Indicators:	Baseline Data (2022): 14 hotels	I1: # of hotels confirmed by DBPR	I2: # of healthcare and massage entities with required signage	I3: # of organizations receiving training	I4: toolkit developed
	Target Data (2024): 124 hotels				
Data Sources:	Partner reports				
Plan Alignment:	2022-2026 FDOH SHIP Leon County Sheriff’s Strategic Plan Commission on Women and Girls		Policy Component (Y/N): Y		
Lead Agency:	Leon County Government and Leon County Sheriff’s Office				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
3.2.1. DBPR review and confirm list of hotels that have posted signage		List compiled		12/31/2024	DBPR, Leon County Government, LSCO
3.2.2. Educate other business types, such as massage salons on the required signage posting		Signage posted		12/31/2024	DBPR, Leon County Government, LSCO

3.2.3. BBCAHT create an information toolkit for businesses and others who have mandates on this topic	Toolkit developed	12/31/2024	DBPR, Leon County Government, LSCO
3.2.4. All law enforcement agencies train sworn officers	Trainings completed	12/31/204	LSCO, TPD, FDLE, University law enforcement teams
3.2.5. Provide funding to STAC to increase their ability to train local businesses and organizations	Funding identified	12/31/2024	STAC Leon County Government City of Tallahassee

Priority Area 3:	Mental Well-Being and Substance Use				
Goal 3.1:	Reduce the impact of mental, emotional, and behavioral health disorders among adults and youth.				
Strategy 3.1.1:	Establish comprehensive network of mental health providers to address the disparities of access and use of mental health services.				
Objective 3.1.1.1:	By December 31, 2023, create a workgroup of committed individuals focused on promoting mental health services, activities, and support.				
Indicators:	Baseline Data (2022): 0	I1: workgroup created	I2: # of meetings	I3: implementation plan developed	I4: N/A
	Target Data (2027): 1				
Data Sources:	Program reports				
Plan Alignment:	2022-2026 FDOH SHIP		Policy Component (Y/N): N		
Lead Agency:	Big Bend Mental Health Coalition				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>

Priority Area 3:	Mental Well-Being and Substance Use				
Goal 3.1:	Reduce the impact of mental, emotional, and behavioral health disorders among adults and youth.				
Strategy 3.1.1:	Establish comprehensive network of mental health providers to address the disparities of access and use of mental health services.				
Objective 3.1.1.2:	By June 30, 2025, implement a quality improvement project to address the access to care issues identified.				
Indicators:	Baseline Data (2022):	I1:	I2:	I3:	I4:
	Target Data (2027):				
Data Sources:					
Plan Alignment:	2022-2026 FDOH SHIP		Policy Component (Y/N): N		
Lead Agency:	Leon County Health Department				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>

<b>Priority Area 4:</b>	<b>Chronic Conditions and Diseases</b>				
Goal 4.1:	Address risk factors that lead to the formation of chronic conditions such as heart disease, diabetes, and cancer.				
Strategy 4.1.1:	Educate and support elementary school students in increasing water consumption				
Objective 4.1.1.1:	By December 2027, increase the number of Title 1 elementary schools implementing the Happy Hydrators curriculum to educate students on the appropriate levels of water consumption.				
Indicators:	Baseline Data (2022): 2 schools	I1: # of schools implementing the curriculum	I2: # of students in each school drinking the recommended level of water	I3: # of schools issuing refillable water bottles to students	I4: N/A
	Target Data (2027): 4 schools				
Data Sources:	School Health data reports, school reports				
Plan Alignment:	2022-2026 FDOH SHIP School Health Services Plan		Policy Component (Y/N): N		
Lead Agency:	Tallahassee Memorial Healthcare (TMH)				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>



<b>Priority Area 4:</b>	<b>Chronic Conditions and Diseases</b>				
Goal 4.1:	Address risk factors that lead to the formation of chronic conditions such as heart disease, diabetes, and cancer.				
Strategy 4.1.2:	Support and program community walking programs				
Objective 4.1.1.2:	December 31, 2027, increase the annual participation in community walking programs to maintain health and manage chronic conditions by 15% each year.				
Indicators:	Baseline Data (2022): 125	I1: # of walking groups established	I2: # of walking sessions scheduled	I3: # of persons participating in each walking session	I4: N/A
	Target Data (2027): 218				
Data Sources:	Partner reports				
Plan Alignment:	2022-2026 FDOH SHIP		Policy Component (Y/N): N		
Lead Agency:	MOVE Tallahassee				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
CD4.1.2.1: Form an agreement with MOVE Tallahassee to integrate planned sessions		Agreement established		12/31/27	MOVE Tallahassee TMH DOH-Leon

<b>Priority Area:</b>	<b>Chronic Conditions and Diseases</b>				
Goal 4.1:	Address risk factors that lead to the formation of chronic conditions such as heart disease, diabetes, and cancer.				
Strategy 4.1.3:	Educate and support identified communities in increasing fruit and vegetable consumption.				
Objective 4.1.1.3:	By December 31, 2027, increase access to fruits and vegetable in communities throughout Leon County through farmers markets and farm shares.				
Indicators:	Baseline Data (2022): 3 farmers markets	I1: # of markets implemented	I2: # of farm shares hosted by partners	I3: # of new food pantries to include fruits and vegetables	I4: N/A
	Target Data (2027): 15 consistent farmers markets				
Data Sources:	Partner reports, Second Harvest listing				
Plan Alignment:	2022-2026 FDOH SHIP		Policy Component (Y/N): N		
Lead Agency:	Second Harvest				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
CD4.1.3.1:					

<b>Priority Area 5:</b>	<b>Social and Economic Conditions Impacting Health</b>				
Goal 5.1:	Ensure Leon County residents have safe and sanitary affordable housing				
Strategy 5.1.1:	Continue to explore policies such as inclusionary housing and mixed housing developments to increase the stock of affordable housing throughout Leon County				
Objective 5.1.1.1:	By December 31, 2027, Leon County will increase the number of affordable housing units by 40%.				
Indicators:	Baseline Data (2022): 1,340 units	I1: # of housing units	I2: # of policies developed to support affordable housing	I3: # of properties identified	I4: N/A
	Target Data (2027): 1,876 units				
Data Sources:	Committee reports				
Plan Alignment:	Leon County Strategic Plan Healthy People 2030		Policy Component (Y/N): Y		
Lead Agency:	Leon County Government				
<b>Key Activities</b>		<b>Expected Outcome(s)</b>		<b>Target Date</b>	<b>Collaborators</b>
SEC5.1.1: Sell county-owned real estate property appropriate for use as affordable housing		Property identified and successfully sold		12/31/2027	Leon County Government
SEC5.1.2: Assistance with funding the gap for the second phase on the Orange Ave. redevelopment project		Identify funding and provide to Tallahassee Housing Authority		12/31/2027	Leon County Government, City of Tallahassee, Tallahassee Housing Authority

SEC5.1.3: Draft an affordable housing incentive joint ordinance	Completed joint ordinance	12/31/2027	Leon County Government, City of Tallahassee
SEC5.1.4: Issue multi-family housing revenue bonds to provide financing for affordable housing	Process established	12/31/2027	Leon County Government, Housing Finance Authority of Leon County