

# County Health Department Community Health Improvement Planning

## Statewide Summary of 2012 Activity

Background -----	2
Florida MAPP-----	3
Florida CHDs Lead Community Health Assessment, Planning and Action Efforts-----	3
Key Findings from 2012 CHD Community Health Assessment Survey---	4
Participation and Leadership -----	4
Products and Outcomes -----	4
Benefits and Resources -----	5
Conclusions and Recommendations -----	5
Assets for Sustainability -----	7
Staff (FTE) -----	11
CHD and Community Capacities -----	14
Benefits -----	18
New Resources Secured -----	24

Information in this report was provided by each of the 67 county health department staff responsible for community health improvement planning. The information is reported each January for the activities of the previous year.

## Background

Comprehensive community health assessment and health improvement planning are the foundations for improving and promoting healthier Florida communities. In its 1988 landmark report, *The Future of Public Health*,<sup>1</sup> the Institute of Medicine (IOM) identified assessment as one of three core functions of public health, describing it as community diagnosis conducted through surveillance, data collection, and analysis and forecasting. Community health improvement planning, as conceptualized in the IOM's 1997 *Improving Health in the Community: A Role for Performance Monitoring*,<sup>2</sup> unites a problem identification and prioritization cycle with an analysis and implementation cycle for an integrated approach to achieving shared community goals for health improvement. Expanding on the IOM's description, Florida MAPP defines community health assessment and health improvement planning as "the practice of collecting, analyzing and using data to educate and mobilize communities, develop priorities, gather resources, and plan and implement actions to improve public health." This description not only underscores the equal importance of assessment, planning and plan implementation, but aligns with the three core public health functions of assessment, assurance and policy development.

Florida MAPP is the Florida Department of Health's (DOH) community health assessment and health improvement planning initiative. Using the National Association of County and City Health Officials' MAPP<sup>3</sup> strategic planning model as the framework, Florida MAPP assists communities as they navigate through the community health assessment process by providing resources, tools and technical assistance. Through Florida MAPP, County Health Departments (CHDs) and the communities they serve also have access to health statistics via the web-based Community Health Assessment Resource Tool Set (CHARTS)<sup>4</sup>. To reduce or eliminate the need for primary data collection, CHARTS provides Web access to more than 2500 county- and state-level health indicators displayed in a variety of formats including tables, graphs and maps. Three CHARTS features enhance its use for assessment and planning: queryable data on population, births, and deaths allows for customizing reports; an Internet-based GIS mapping application with Census tract-level data on births, mortality, and demographics;<sup>5</sup> and county-level Behavioral Risk Factor Surveillance System (BRFSS) data for each of Florida's 67 counties.<sup>6</sup> Workforce development opportunities, performance measures for quality improvement and quantitative evaluation processes are also key components of Florida MAPP.

**Florida MAPP.** MAPP is a community-wide strategic planning process for improving community health and local public health systems. The phases of MAPP start with organizing the process, partnership development and visioning. Four critical assessments follow: community health status assessment, forces of change assessment, local public health system assessment using the National Public Health Performance Standards Program (NPHPSP), and assessment of community themes and strengths. Assessment findings inform the selection of strategic community health priorities. Goals, strategies and measurable objectives are used to develop a

community health improvement plan that includes implementation strategies and action plans. Two important tangible products of MAPP-based efforts are a community health assessment report and community health improvement plan. MAPP and MAPP-based processes contribute significantly towards enhancing public health system capacity and meeting the Public Health Accreditation Board (PHAB) standards and measures for agency accreditation. Based on accreditation standards and measures, the National Association of County and City Health Officials (NACCHO) estimates that engaging in the MAPP processes and assessments will directly or indirectly fulfill nearly half of the accreditation measures and produce two of the three prerequisite documents.<sup>7</sup>

Adapted to capitalize on Florida DOH's unique assets and governance structure, a Florida MAPP or MAPP-based process can draw on resources such as the *Florida MAPP Field Guide*,<sup>8</sup> Florida MAPP Web site ([www.myfloridamapp.com](http://www.myfloridamapp.com)), and CHARTS public health statistics Web site ([www.floridacharts.com](http://www.floridacharts.com)). These tools and resources contribute to Florida's public health infrastructure and signal a sustainable commitment to bettering the public's health, building strong systems and attaining continuous improvement through performance management.

### **Florida CHDs Lead Community Health Assessment, Planning and Action Efforts**

Florida CHDs have notable accomplishments in community health assessment, health improvement planning and action implementation. Florida is one of only 10 states with significant (>67% of jurisdictions) implementation of the NPHPSP local instrument to assess public health system capacity. The vast majority of Florida CHDs have completed the system assessment three times. NACCHO reports that nationwide, 43% of local health departments have completed a community health assessment within the past three years;<sup>9</sup> All Florida CHDs have completed one.

The status of community health assessment, health improvement planning and action implementation in CHDs is assessed each year through a Web-based survey. The survey purpose is three-fold: to ascertain training, resource and technical assistance needs; to track local progress; and to monitor changes in capacity. The annual survey also provides a channel for CHDs to communicate challenges, barriers and share accomplishments.

## **Key Findings from 2012 CHD Community Health Assessment Survey**

The following charts and tables depict the progress and accomplishments of Florida CHDs in community health assessment, health improvement planning and action implementation. The data are self-reported annually via an electronic survey. To further illustrate the connections among community health improvement planning and performance improvement, the NPHPSP standards (local instrument, version 2.0), proposed accreditation standards and measures, and the DOH standards are provided on the survey instrument where applicable.

### ***Participation and Leadership***

Tracking ten years of work in community health assessment, health improvement planning and action implementation shows that Florida CHDs have been consistently engaged in this core public health function. In 2003, 72% of CHDs reported having conducted community health assessment work within the past three years. In 2012, 100% of CHDs continue to be active in community health assessment and health improvement planning.

### ***Capacity and Products***

In 2012, 70% (47/67) of CHDs had current (written within the past five years) community health assessment reports that resulted from assessment processes. All CHDs are on target to have completed assessments and current assessment reports. Florida CHDs have used their community health assessments to advance community health improvement planning. As shown in Figure 1, 63% (42/67) of CHDs have current community health improvement plans. The remaining 25 CHDs have action plans in place to guide completion of health improvement plans. These community health assessments and health improvement plans inform and guide Florida communities as they collaboratively address public health issues and work to improve health outcomes.

Florida CHDs dedicate and/or bring a variety of assets to assessment and planning. In 2012, there was a modest increase in the number of CHDs with staff dedicated to assessment work (38 CHDs in 2012, 57%). More detailed data on staffing as reflected in full time equivalents (FTEs) is shown in Figure 2. Also in Figure 1, 49% (33/67) of CHDs budgeted for assessment work which represents a 74% increase from 2005 (28% 19/67); however, the percentage has ranged from 28% to 54%. Almost all CHDs (93%) reported community partner participation and more than 60% said they had or were completing a Community Health Improvement Plan. .

The capacity to lead and accomplish key assessment activities contributes to robust, meaningful processes and actionable results. Highest capacity is reported in engaging partners, accessing data, and identifying barriers to health improvement. Among the lowest capacities is the ability to use maps for assessment and planning although less than 24% (16/67) of CHDs rated this as low. Likewise, sustaining the community health improvement process and sustained implementation of health improvement strategies

also ranked low among capacities but by fewer than 24% of CHDs.

### ***Benefits and Resources***

CHDs reported accruing a variety of benefits from their community health assessment and health improvement planning work. Stronger partnerships and more diverse partners were cited by 93% and 91% of CHDs, respectively. Ninety-three percent (93%, 62/67) of CHDs reported improvement in targeted indicators. A focus on continuous quality improvement was cited by 85% (57/67) of CHDs as a benefit of these processes and 84% (56/67) expressed an interest in expanding quality improvement efforts. Almost 80% reported having addressed or resolved a community health-related strategic issue as a result of assessment and planning.

CHDs also reported securing new resources as a result of their assessment and planning work. Since 2009, about \$100 million in extramural grants and other funding was reported as having been gained. In 2012, CHDs indicated receiving \$63,000 in new resources expressly for community health assessment and health improvement planning. Not all CHDs leveraged new assets but those that did reaped significant financial benefit.

### **Conclusions and Recommendations**

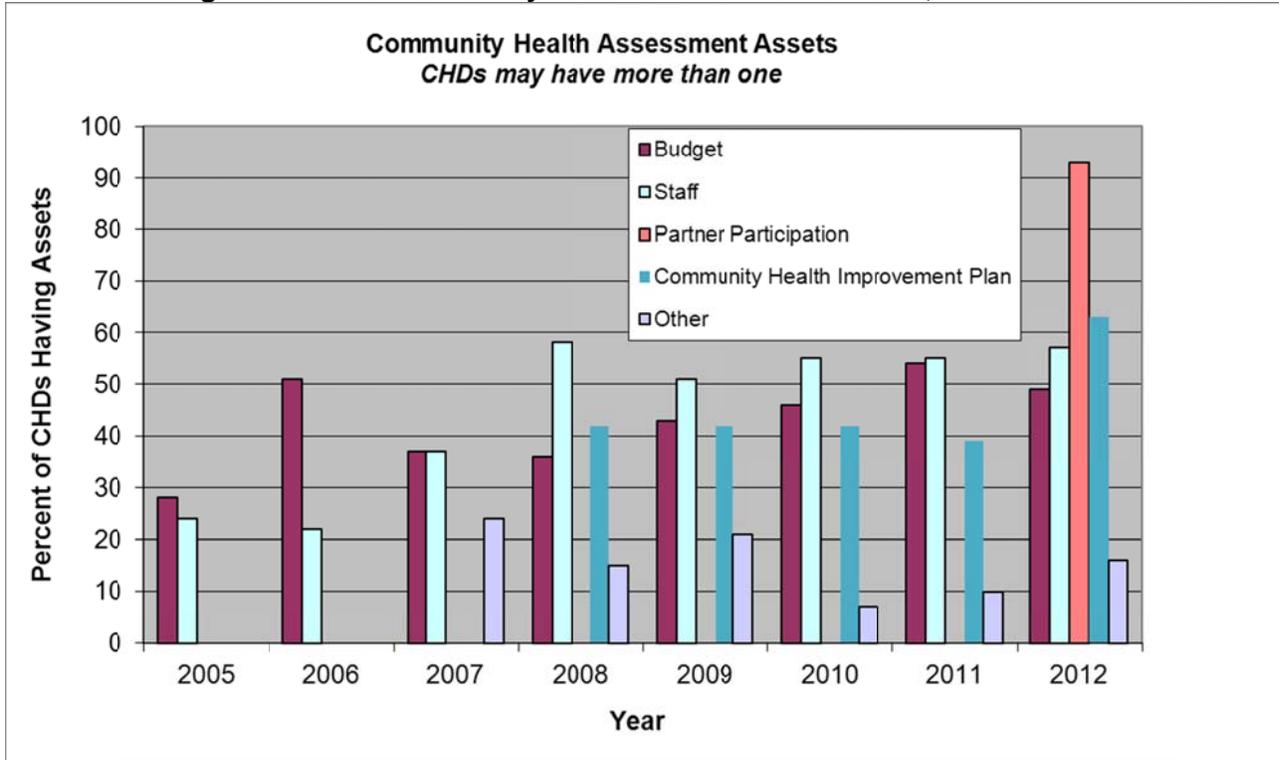
Community health assessment, health improvement planning and action implementation are continuous processes that contribute to and enhance the delivery of the ten Essential Public Health Services. Florida CHDs have clearly demonstrated abilities to conduct community health and local public health system assessments. Florida CHDs and their community partners have produced exemplary health status profile documents, comprehensive community health assessment reports, and actionable community health improvement plans. These documents not only inform agency and community health strategic decision-making, but also demonstrate readiness for the scrutiny of national public health agency accreditation. Further, the community health profile and community health improvement plan documents are products of many months of collaborative efforts, compromise, and commitments among public health system partners. The importance of these documents points to a sustained need for guidance, energy and commitment to comprehensive, systematic, sustainable community health improvement planning and action implementation. Florida DOH's adaptation of MAPP provides the practical theoretical framework. This is complemented with the CHARTS data Web site and Florida MAPP tools for practice. A robust MAPP or MAPP-based community health improvement planning process can form the nucleus from which multiple objectives are achieved; namely, assessment of community health, formulation and implementation of a community health improvement plan, and improved agency performance through accreditation, and ultimately, improved health outcomes for Floridians.

## Bibliography

1. Institute of Medicine. *The Future of Public Health*. Washington DC: National Academy Press; 1988.
2. Institute of Medicine. *Improving Health in the Community: A Role for Performance Monitoring*. Washington DC: National Academy Press, 1997.
3. National Association of County and City Health Officials. Mobilizing for Action through Planning and Partnerships (MAPP). Available at: <http://www.naccho.org/topics/infrastructure/MAPP/index.cfm>. Accessed March 22, 2013.
4. Florida Department of Health. Community Health Assessment Resource Tool Set. Available at: <http://www.floridacharts.com>. Accessed March 22, 2013.
5. Grigg M, Alfred B, Keller C, Steele JA. Implementation of an Internet-based geographic information system: the Florida experience. *J Public Health Manag Pract*. 2006; 12(2):139-145.
6. Balluz L, Ahluwalia IB, Murphy W, Mokdad A, Giles W, Harris VB. Surveillance for certain health behaviors among selected local areas – United States, Behavioral risk Factor Surveillance System, 2002. *MMWR Surveillance Summaries*, July 23, 2004;53(SS05):1-100. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5305a1.htm> Accessed March 22, 2013.
7. National Association of County and City Health Officials. Integrating Performance Improvement Processes: MAPP, National Public Health Performance Standards, and Accreditation. Available at: <http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/upload/MAPP-NPHSP-and-Accreditation-Preparation-Guidance.pdf> Accessed March 22, 2013.
8. Florida Department of Health. Florida MAPP field guide. Available at: [http://www.doh.state.fl.us/Planning\\_eval/FloridaMAPP/FieldGuide/contentsFguide.htm](http://www.doh.state.fl.us/Planning_eval/FloridaMAPP/FieldGuide/contentsFguide.htm) Accessed March 22, 2013.
9. National Association of County and City Health Officials. 2010 National Profile of Local Health Departments. Available at: <http://www.naccho.org/topics/infrastructure/profile/>. Accessed March 22, 2013.

## What assets does the community health improvement process include that provide for sustainability?

Figure 1. CHD Community Health Assessment Assets, 2005-2012



Community Health Assessment Assets reported by CHDs

Assets	Budget		Dedicated Staff		Documentation of Partner Participation		Community Health Improvement Plan		Other	
	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%
2005	19	28%	16	24%	0	0%	0	0%	0	0%
2006	34	51%	15	22%	0	0%	0	0%	0	0%
2007	25	37%	25	37%	0	0%	0	0%	16	24%
2008	24	36%	39	58%	0	0%	28	42%	10	15%
2009	29	43%	34	51%	0	0%	28	42%	14	21%
2010	31	46%	37	55%	0	0%	28	42%	5	7%
2011	36	54%	37	55%	0	0%	26	39%	7	10%
2012	33	49%	38	57%	62	93%	42	63%	11	16%

**Related Standards:**

**National Public Health Performance System Program (NPHPSP):**

5.3. Community health improvement process and strategic planning

**National Accreditation:**

Standard 5.2. Conduct a comprehensive planning process resulting in a community health improvement plan

**What assets does the CHDs community health improvement process include?**

County	Budget for assessment planning	Staff dedicated	Documentation of Partner Participation	A community health improvement plan (GHIP)	Other
ALACHUA		x	x	x	
BAKER	x			x	
BAY	x		x	x	No FTE but several staff participate in process.
BRADFORD				x	
BREVARD			x		
BROWARD	x	x	x		
CALHOUN			x		
CHARLOTTE			x		
CITRUS			x		
CLAY	x	x	x	x	
COLLIER			x	x	
COLUMBIA		x	x		
DADE			x	x	In the process of completing 2nd MAPP process.
DESOTO			x		
DIXIE	x	x	x	x	* Schedule C funding only
DUVAL		x	x	x	
ESCAMBIA		x	x		
FLAGLER			x	x	
FRANKLIN	x		x		
GADSDEN		x	x	x	
GILCHRIST	x	x	x	x	Schedule C mini grant funds only
GLADES	x		x		Funding is from mini grants

**What assets does the CHDs community health improvement process include?**

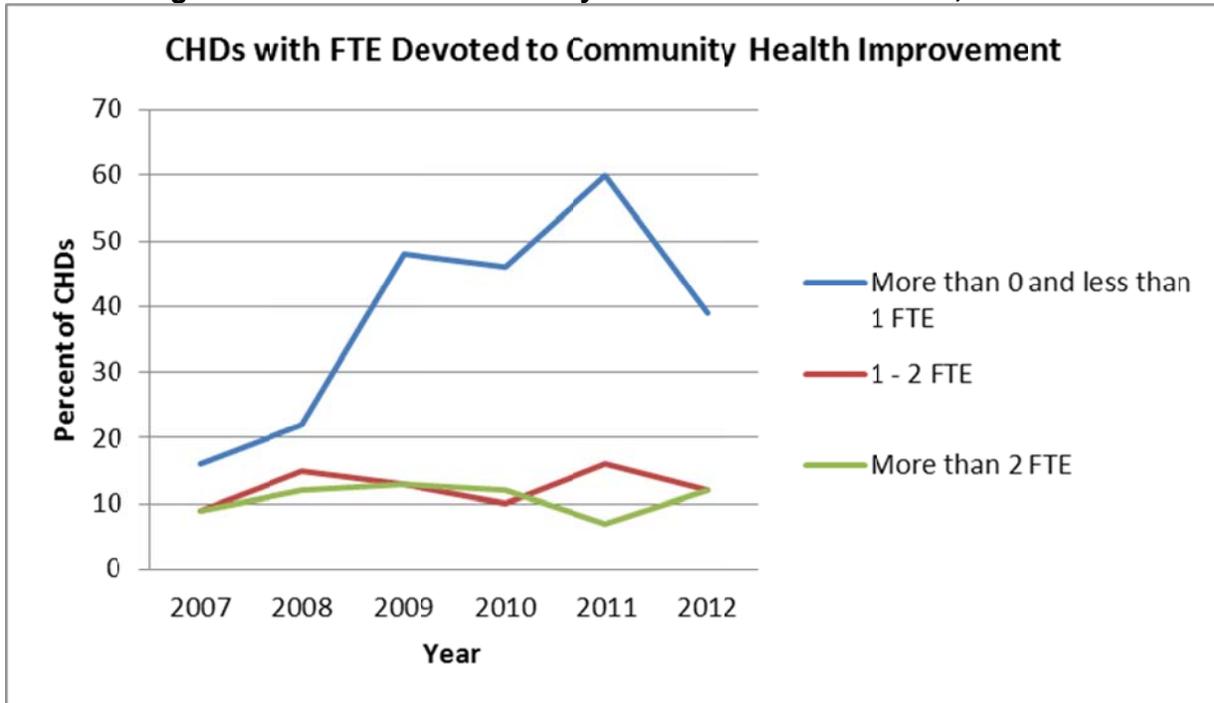
<b>County</b>	<b>Budget for assessment planning</b>	<b>Staff dedicated</b>	<b>Documentation of Partner Participation</b>	<b>A community health improvement plan (CHIP)</b>	<b>Other</b>
GULF	x	x	x		
HAMILTON		x	x		
HARDEE		x			
HENDRY	x		x		funding from mini grants
HERNANDO			x	x	Hernando will be working to refine its CHIP to meet PHAB standards
HIGHLANDS		x	x	x	
HILLSBOROUGH			x	x	
HOLMES			x	x	
INDIAN RIVER	x	x	x	x	
JACKSON	x	x			
JEFFERSON	x	x	x	x	
LAFAYETTE	x	x	x	x	Note-Budget only due to grant funds
LAKE		x	x	x	
LEE	x		x	x	
LEON		x	x	x	
LEVY			x	x	
LIBERTY			x		
MADISON	x	x	x	x	
MANATEE			x		
MARION	x	x	x	x	
MARTIN			x	x	
MONROE	x	x	x	x	
NASSAU	x	x	x	x	
OKALOOSA	x	x	x	x	
OKEECHOBEE			x	x	
ORANGE	x	x	x	x	
OSCEOLA			x		
PALM BEACH	x	x	x	x	
PASCO			x	x	
PINELLAS	x	x	x		
POLK		x	x	x	
PUTNAM			x	x	
SAINT JOHNS			x	x	A chartered Health Improvement Council

**What assets does the CHDs community health improvement process include?**

<b>County</b>	<b>Budget for assessment planning</b>	<b>Staff dedicated</b>	<b>Documentation of Partner Participation</b>	<b>A community health improvement plan (CHIP)</b>	<b>Other</b>
SAINT LUCIE	X	X	X		
SANTA ROSA	X	X	X		In progress
SARASOTA	X	X	X	X	
SEMINOLE	X		X	X	
SUMTER	X	X	X		
SUWANNEE	X	X	X	X	Note-Budget only due to grant funds
TAYLOR	X	X	X		
UNION				X	
VOLUSIA	X	X	X		
WAKULLA	X		X	X	
WALTON	X	X	X	X	
WASHINGTON			X		

## How many staff (FTE) are dedicated to your community health improvement process?

Figure 2. CHDs with Community Health Assessment FTEs, 2007-2012



Number of CHDs by FTE Devoted to Community Health Assessment

Statewide Responses	More than 0 and less than 1 FTE		1 - 2 FTE		More than 2 FTE	
	Number of CHDs	Percent	Number of CHDs	Percent	Number of CHDs	Percent
2007	11	16%	6	9%	6	9%
2008	15	22%	10	15%	8	12%
2009	32	48%	9	13%	9	13%
2010	31	46%	7	10%	8	12%
2011	40	60%	11	16%	5	7%
2012	26	39%	8	12%	8	12%

### Related Standards:

#### National Accreditation:

Domain 11- Maintain Administrative and Management Capacity

Standard 11.1 Develop and maintain an operational infrastructure to support the performance of public health functions

11.1.3A Maintain socially, culturally, and linguistically appropriate approaches in health department processes, programs, and interventions relevant to the population serviced in its jurisdiction

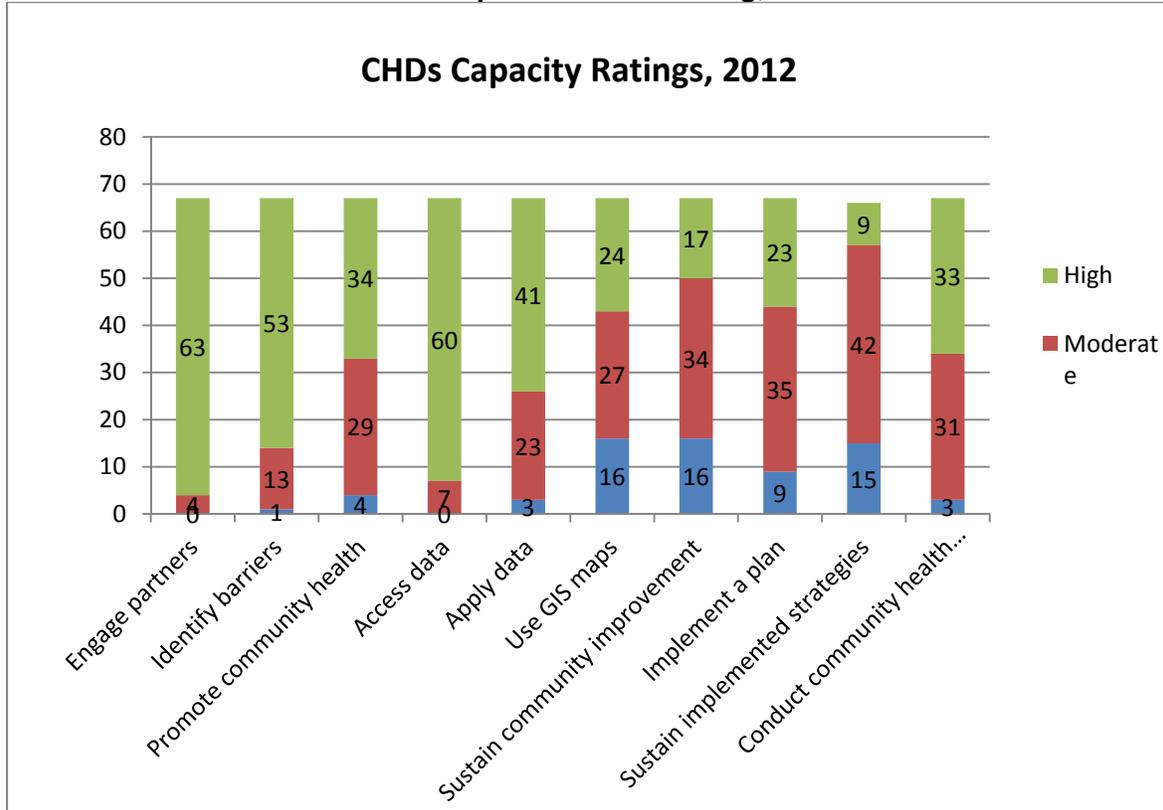
## How many staff (FTE) are dedicated to your community health improvement process?

County	Number of staff
ALACHUA	< 1.00 FTE
BAKER	None
BAY	None
BRADFORD	< 1.00 FTE
BREVARD	< 1.00 FTE
BROWARD	4 or more FTEs
CALHOUN	None
CHARLOTTE	< 1.00 FTE
CITRUS	None
CLAY	< 1.00 FTE
COLLIER	< 1.00 FTE
COLUMBIA	< 1.00 FTE
DADE	1.0 to 1.9 FTEs
DESOTO	None
DIXIE	< 1.00 FTE
DUVAL	< 1.00 FTE
ESCAMBIA	1.0 to 1.9 FTEs
FLAGLER	None
FRANKLIN	None
GADSDEN	< 1.00 FTE
GILCHRIST	< 1.00 FTE
GLADES	None
GULF	< 1.00 FTE
HAMILTON	< 1.00 FTE
HARDEE	None
HENDRY	None
HERNANDO	None
HIGHLANDS	< 1.00 FTE
HILLSBOROUGH	None
HOLMES	None
INDIAN RIVER	1.0 to 1.9 FTEs
JACKSON	None
JEFFERSON	< 1.00 FTE
LAFAYETTE	None
LAKE	< 1.00 FTE
LEE	None
LEON	< 1.00 FTE
LEVY	1.0 to 1.9 FTEs
LIBERTY	None
MADISON	2.0 to 2.9 FTEs
MANATEE	None
MARION	1.0 to 1.9 FTEs
MARTIN	< 1.00 FTE

<b>County</b>	<b>Number of staff</b>
MONROE	< 1.00 FTE
NASSAU	4 or more FTEs
OKALOOSA	2.0 to 2.9 FTEs
OKEECHOBEE	< 1.00 FTE
ORANGE	3.0 to 3.9 FTEs
OSCEOLA	None
PALM BEACH	< 1.00 FTE
PASCO	1.0 to 1.9 FTEs
PINELLAS	1.0 to 1.9 FTEs
POLK	2.0 to 2.9 FTEs
PUTNAM	None
SAINT JOHNS	None
SAINT LUCIE	< 1.00 FTE
SANTA ROSA	< 1.00 FTE
SARASOTA	2.0 to 2.9 FTEs
SEMINOLE	1.0 to 1.9 FTEs
SUMTER	None
SUWANNEE	None
TAYLOR	< 1.00 FTE
UNION	< 1.00 FTE
VOLUSIA	2.0 to 2.9 FTEs
WAKULLA	None
WALTON	< 1.00 FTE
WASHINGTON	None

## What is the rating of CHD and community capacities in areas of community health assessment and health improvement planning?

Figure 3. CHD Self-rated Capacities in Areas of Community Health Assessment and Health Improvement Planning, 2012



Number of CHDs Rating the Capacity

Response	Low	Moderate	High
Engage partners	0	4	63
Identify barriers	1	13	53
Promote community health	4	29	34
Access data	0	7	60
Apply data	3	23	41
Use GIS maps	16	27	24
Sustain community improvement	16	34	17
Implement a plan	9	35	23
Sustain implemented strategies	15	42	9
Conduct community health process	3	31	33

## How do you rate your CHD and community capacities in the following areas of community health assessment and health improvement planning?

County	Rate your CHD's ability to identify key community partners	Rate your CHD's ability to identify barriers and opportunities for improving the health of the community	Rate your CHD's ability to promote the purpose and goals of a community health assessment/improvement planning process	Rate your CHD's ability to access data on your community's demographic, socio-economic, and health status	Rate your CHD's ability to interpret and apply data to community health assessment/improvement planning	Rate your CHD's ability to use maps in the community health assessment/planning process	Rate your CHD's ability to sustain a community health assessment improvement planning process	Rate your confidence in your community to implement a health improvement plan	Rate your confidence in your community's ability to sustain implemented strategies for community health improvement	Rate your CHD's overall capacity to conduct a community health assessment/improvement planning process
ALACHUA	high	high	high	high	high	high	high	high	moderate	high
BAKER	high	high	moderate	high	high	high	low	low	low	moderate
BAY	high	high	high	high	high	moderate	high	high	high	high
BRADFORD	high	high	high	high	high	high	high	high	high	high
BREVARD	high	moderate	moderate	high	high	high	moderate	moderate	moderate	high
BROWARD	high	high	moderate	high	high	moderate	moderate	high	high	high
CALHOUN	high	high	low	high	moderate	high	low	low	moderate	low
CHARLOTTE	high	high	high	moderate	moderate	low	moderate	moderate	moderate	moderate
CITRUS	high	moderate	moderate	high	moderate	moderate	moderate	moderate	moderate	moderate
CLAY	high	high	high	high	high	high	moderate	moderate	moderate	high
COLLIER	high	high	moderate	high	high	moderate	moderate	moderate	low	high
COLUMBIA	high	moderate	moderate	high	moderate	low	moderate	moderate	moderate	moderate
DADE	high	high	high	high	high	high	high	high	moderate	high
DESOTO	high	high	high	high	high	high	moderate	moderate	moderate	moderate
DIXIE	high	high	high	high	high	high	high	high	high	high

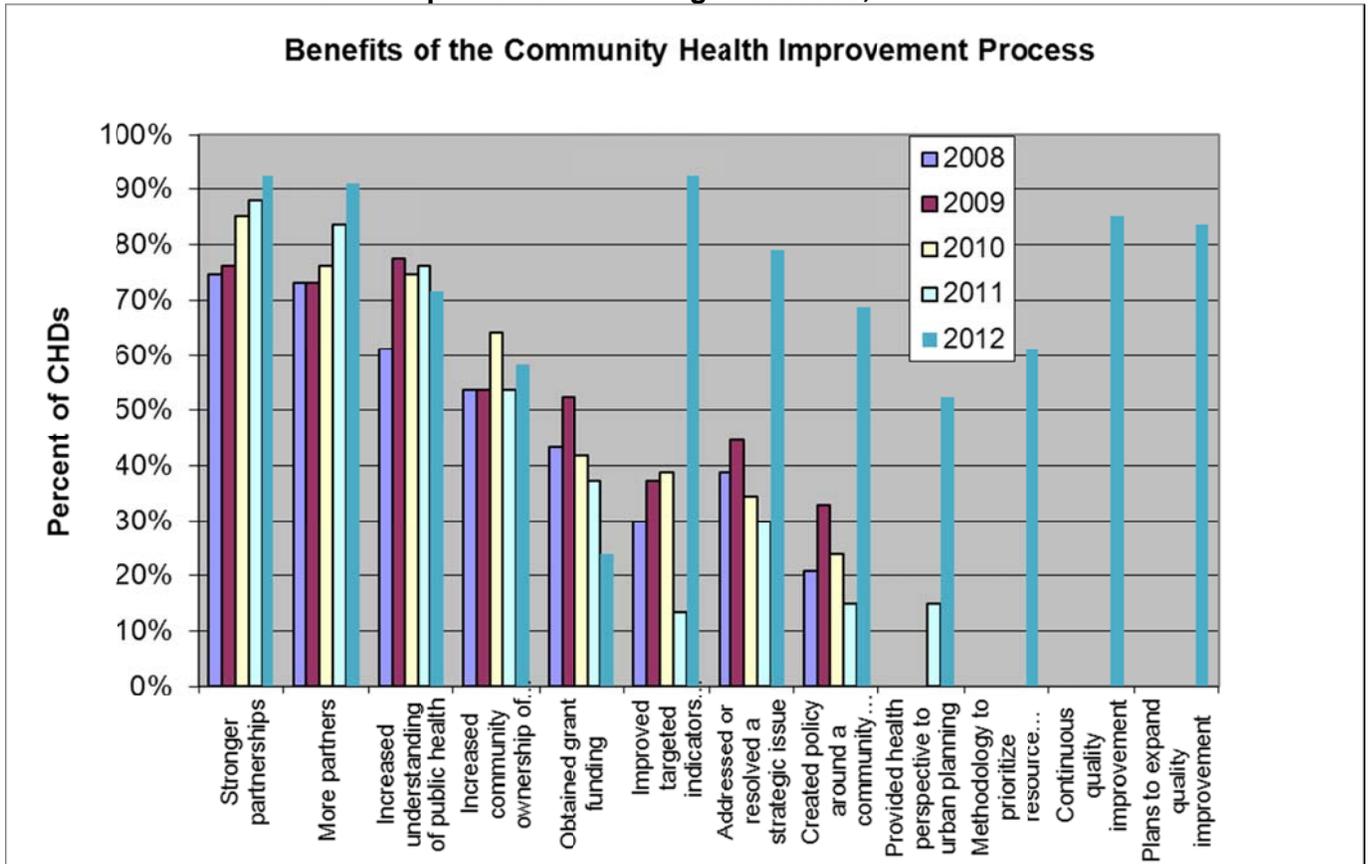
County	Rate your CHD's overall capacity to conduct a community health assessment/improvement planning process	Rate your confidence in your community's ability to sustain implemented strategies for community health improvement	Rate your confidence in your community to implement a health improvement plan	Rate your CHD's ability to sustain a community health assessment/improvement planning process	Rate your CHD's ability to interpret and apply data to community health assessment/improvement planning	Rate your CHD's ability to access data on your community's demographic, socio-economic, and health status	Rate your CHD's ability to promote the purpose and goals of a community health assessment/improvement planning process	Rate your CHD's ability to identify barriers and opportunities for improving the health of the community	Rate your CHD's ability to identify key community partners	
DUVAL	high	high	high	high	high	high	moderate	moderate	moderate	moderate
ESCAMBIA	high	high	high	high	high	moderate	low	low	low	moderate
FLAGLER	high	moderate	moderate	moderate	moderate	high	high	high	moderate	moderate
FRANKLIN	high	high	moderate	high	high	moderate	moderate	moderate	moderate	high
GADSDEN	high	high	high	high	moderate	low	low	moderate	moderate	high
GILCHRIST	high	high	high	high	high	high	high	high	high	high
GLADES	high	high	moderate	high	moderate	low	moderate	moderate	low	moderate
GULF	high	high	high	high	high	low	high	high	moderate	high
HAMILTON	high	high	moderate	high	moderate	low	moderate	moderate	moderate	moderate
HARDEE	high	high	low	high	moderate	moderate	low	low	low	moderate
HENDRY	high	high	moderate	high	moderate	low	moderate	moderate	low	moderate
HERNANDO	high	high	high	high	high	moderate	moderate	moderate	moderate	moderate
HIGHLANDS	high	high	high	high	high	high	moderate	moderate	moderate	moderate
HILLSBOROUGH	high	high	high	high	high	moderate	moderate	moderate	moderate	high
HOLMES	high	high	moderate	high	moderate	low	moderate	moderate	low	moderate
INDIAN RIVER	high	high	moderate	high	high	moderate	moderate	moderate	moderate	high
JACKSON	high	high	high	high	high	high	moderate	low		high
JEFFERSON	high	high	high	high	moderate	moderate	low	moderate	low	moderate
LAFAYETTE	high	high	moderate	high	high	moderate	low	high	low	moderate
LAKE	high	high	high	high	high	high	high	high	moderate	high
LEE	moderate	moderate	moderate	high	high	high	moderate	moderate	moderate	high
LEON	moderate	moderate	high	high	moderate	moderate	moderate	high	moderate	high

County	Rate your CHD's ability to identify key community partners	Rate your CHD's ability to identify barriers and opportunities for improving the health of the community	Rate your CHD's ability to promote the purpose and goals of a community health assessment/improvement planning process	Rate your CHD's ability to access data on your community's demographic, socio-economic, and health status	Rate your CHD's ability to interpret and apply data to community health assessment/improvement planning	Rate your CHD's ability to use maps in the community health assessment/planning process	Rate your CHD's ability to sustain a community health assessment improvement planning process	Rate your confidence in your community to implement a health improvement plan	Rate your confidence in your community's ability to sustain implemented strategies for community health improvement	Rate your CHD's overall capacity to conduct a community health assessment/improvement planning process
LEVY	high	moderate	moderate	high	moderate	moderate	low	low	low	low
LIBERTY	high	high	low	high	moderate	high	low	low	moderate	low
MADISON	high	high	high	high	moderate	moderate	low	moderate	low	moderate
MANATEE	high	high	high	moderate	high	moderate	moderate	moderate	moderate	high
MARION	high	high	moderate	high	high	high	moderate	moderate	moderate	high
MARTIN	high	high	high	high	high	moderate	moderate	moderate	moderate	high
MONROE	moderate	low	moderate	moderate	low	moderate	low	moderate	low	moderate
NASSAU	high	moderate	moderate	moderate	moderate	moderate	low	moderate	moderate	moderate
OKALOOSA	high	high	high	high	high	low	high	high	moderate	high
OKEECHOBEE	high	moderate	moderate	high	moderate	low	moderate	moderate	moderate	moderate
ORANGE	high	high	moderate	high	moderate	moderate	low	low	low	moderate
OSCEOLA	high	high	high	high	high	high	high	high	high	high
PALM BEACH	high	high	high	high	high	moderate	high	high	moderate	high
PASCO	high	moderate	moderate	high	moderate	low	moderate	moderate	moderate	moderate
PINELLAS	high	high	high	high	high	moderate	moderate	moderate	moderate	high
POLK	high	high	high	high	high	moderate	moderate	high	high	high
PUTNAM	high	high	moderate	high	high	high	moderate	moderate	moderate	moderate
SAINT JOHNS	high	high	high	high	high	moderate	high	high	moderate	high
SAINT LUCIE	high	high	moderate	high	high	low	moderate	moderate	moderate	moderate
SANTA ROSA	high	high	high	high	moderate	low	high	high	moderate	high
SARASOTA	high	high	high	high	high	moderate	high	high	high	high
SEMINOLE	high	moderate	low	moderate	low	moderate	moderate	high	moderate	moderate

	Rate your CHD's overall capacity to conduct a community health assessment/improvement planning process	Rate your confidence in your community's ability to sustain implemented strategies for community health improvement	Rate your confidence in your community to implement a health improvement plan	Rate your CHD's ability to sustain a community health assessment improvement planning process	Rate your CHD's ability to interpret and apply data to community health assessment/improvement planning	Rate your CHD's ability to access data on your community's demographic, socio-economic, and health status	Rate your CHD's ability to promote the purpose and goals of a community health assessment/improvement planning process	Rate your CHD's ability to identify barriers and opportunities for improving the health of the community	Rate your CHD's ability to identify key community partners	County
SUMTER	moderate	moderate	moderate	moderate	high	high	moderate	high	high	
SUWANNEE	moderate	low	high	low	high	high	moderate	high	high	
TAYLOR	high	moderate	high	high	high	high	high	high	high	
UNION	high	high	high	high	high	high	high	high	high	
VOLUSIA	high	moderate	moderate	moderate	high	high	high	high	high	
WAKULLA	moderate	low	low	moderate	moderate	high	moderate	moderate	moderate	
WALTON	moderate	moderate	moderate	low	moderate	moderate	moderate	high	high	
WASHINGTON	moderate	moderate	moderate	low	low	high	moderate	high	high	

## What are some of the benefits the CHD has experienced from participating in community health assessment and health improvement planning processes?

Figure 4. CHD Reported Benefits of Community Health Assessment and Health Improvement Planning Processes, 2008-2012



### Percent and Number of CHDs by Type of Benefit

Response	2008		2009		2010		2011		2012	
	Percent	Number								
Stronger partnerships	75%	50	76%	51	85%	57	88%	59	93%	62
More partners	73%	49	73%	49	76%	51	84%	56	91%	61
Increased understanding of public health	61%	41	78%	52	75%	50	76%	51	72%	48
Increased community ownership of issues	54%	36	54%	36	64%	43	54%	36	58%	39
Developed partnership with health planning council	46%	31	51%	34	51%	34		not asked		not asked
Created a community health improvement plan	36%	24	45%	30	45%	30	34%	23		not asked
Obtained grant funding	43%	29	52%	35	42%	28	37%	25	24%	16
Improved targeted indicators (based on data)	30%	20	37%	25	39%	26	13%	9	93%	62
Improved perception of government	0%	0	42%	28	39%	26	25%	17		not asked
Addressed or resolved a strategic issue	39%	26	45%	30	34%	23	30%	20	79%	53
Created policy around a community health issue	21%	14	33%	22	24%	16	15%	10	69%	46
Provided health perspective to urban planning		not asked		not asked		not asked	15%	10	52%	35
Methodology to prioritize resource allocation		not asked		not asked		not asked		not asked	61%	41
Continuous quality improvement		not asked		not asked		not asked		not asked	85%	57
Plans to expand quality improvement		not asked		not asked		not asked		not asked	84%	56

## What benefits have you attained as a result of participating in the community improvement process?

County	Over time, my CHD has gained more and new community partners	My CHD has strong community partnerships	We have the funding and resources we need for community health improvement planning	My community understands the value of public health	In the past year, my CHD has been involved in creating policy around a health issue	In the past year, my CHD has addressed and resolved a specific strategic issue or goal	My community takes ownership over health issues	My CHD uses data to improve targeted health indicators	My CHD has provided a health perspective to urban planning	My CHD has uses a methodology to prioritize resource allocation	My CHD focuses on continuous quality improvement	My CHD has specific plans to expand quality improvement efforts
ALACHUA	strongly agree	strongly agree	neutral	agree	agree	strongly agree	agree	strongly agree	strongly agree	strongly agree	strongly agree	strongly agree
BAKER	agree	agree	disagree	disagree	agree	agree	neutral	agree	disagree	neutral	agree	neutral
BAY	strongly agree	disagree	agree	agree	agree	agree	agree	agree	disagree	agree	strongly agree	strongly agree
BRADFORD	strongly agree	agree	agree	agree	agree	agree	agree	agree	neutral	agree	strongly agree	strongly agree
BREVARD	neutral	strongly agree	disagree	agree	neutral	agree	agree	strongly agree	agree	agree	agree	neutral
BROWARD	strongly agree	strongly agree	strongly agree	agree	strongly agree	strongly agree	strongly agree	strongly agree	strongly agree	agree	strongly agree	strongly agree
CALHOUN	agree	agree	disagree	neutral	disagree	disagree	agree	neutral	disagree	neutral	agree	agree
CHARLOTTE	strongly agree	agree	disagree	agree	disagree	disagree	neutral	agree	disagree	neutral	neutral	disagree
CITRUS	agree	agree	disagree	neutral	neutral	neutral	neutral	agree	disagree	neutral	neutral	agree
CLAY	agree	strongly agree	neutral	agree	disagree	agree	agree	agree	agree	agree	agree	strongly agree
COLLIER	strongly agree	agree	disagree	agree	agree		neutral	strongly agree	agree	agree	agree	agree
COLUMBIA	agree	neutral	disagree	disagree	strongly disagree	strongly disagree	neutral	agree	agree	agree	strongly agree	agree
DADE	agree	agree	agree	agree	agree	agree	agree	agree	agree	agree	agree	agree
DESOTO	agree	strongly agree	disagree	agree	agree	agree	neutral	agree	agree	neutral	agree	agree

County	Over time, my CHD has gained more and new community partners	My CHD has strong community partnerships	We have the funding and resources we need for community health improvement planning	My community understands the value of public health	In the past year, my CHD has been involved in creating policy around a health issue	In the past year, my CHD has addressed and resolved a specific strategic issue or goal	My community takes ownership over health issues	My CHD uses data to improve targeted health indicators	My CHD has provided a health perspective to urban planning	My CHD has uses a methodology to prioritize resource allocation	My CHD focuses on continuous quality improvement	My CHD has specific plans to expand quality improvement efforts
DIXIE	strongly disagree	strongly disagree	disagree	strongly disagree	neutral	disagree	strongly disagree	strongly disagree	disagree	strongly disagree	strongly disagree	strongly disagree
DUVAL	agree	agree	disagree	agree	agree	agree	agree	agree	strongly agree	agree	agree	agree
ESCAMBIA	strongly agree	agree	disagree	agree	agree	agree	agree	agree	disagree	agree		strongly agree
FLAGLER	strongly agree	strongly agree	agree	agree	agree	agree	agree	agree	agree	agree	agree	neutral
FRANKLIN	strongly agree	strongly agree	strongly disagree	agree	strongly agree	agree	neutral	agree	disagree	neutral	neutral	neutral
GADSDEN	strongly agree	strongly agree	disagree	agree	neutral	agree	disagree	agree	neutral	agree	agree	strongly agree
GILCHRIST	strongly agree	strongly agree	disagree	strongly agree	disagree	disagree	agree	strongly agree		strongly agree	strongly agree	strongly agree
GLADES	strongly agree	strongly agree	neutral	agree	strongly agree	strongly agree	agree	agree	neutral	strongly agree	strongly agree	strongly agree
GULF	strongly agree	strongly agree	agree	agree	agree	agree	agree	strongly agree	neutral	agree	agree	strongly agree
HAMILTON	agree	neutral	disagree	neutral	strongly disagree	strongly disagree	neutral	agree	agree	agree	strongly agree	agree
HARDEE	disagree	neutral	disagree	neutral	agree	agree	neutral	agree	neutral	agree	agree	agree
HENDRY	strongly agree	strongly agree	neutral	agree	strongly agree	strongly agree	agree	agree	neutral	strongly agree	strongly agree	strongly agree
HERNANDO	strongly agree	strongly agree	disagree	agree	agree	agree	agree	agree	disagree	agree	agree	agree
HIGHLANDS	agree	strongly agree	disagree	agree	strongly disagree	agree	agree	agree	neutral	neutral	strongly agree	strongly agree
HILLSBOROUGH	agree	agree	agree	neutral	agree	agree	agree	agree	agree	agree	neutral	agree

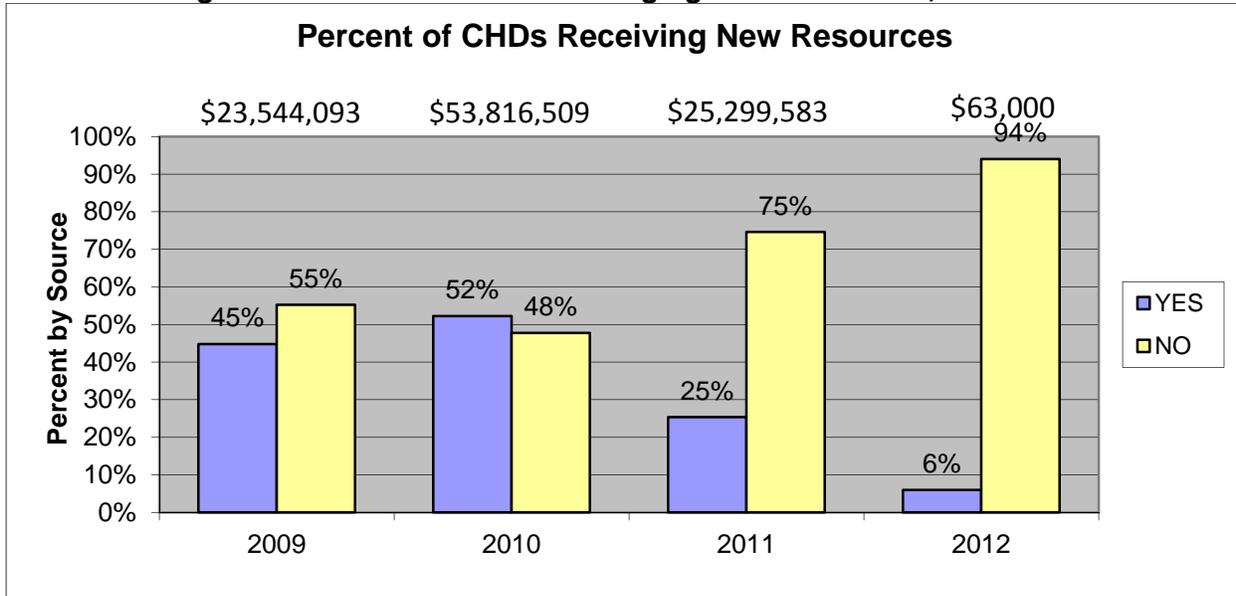
County	Over time, my CHD has gained more and new community partners	My CHD has strong community partnerships	We have the funding and resources we need for community health improvement planning	My community understands the value of public health	In the past year, my CHD has been involved in creating policy around a health issue	In the past year, my CHD has addressed and resolved a specific strategic issue or goal	My community takes ownership over health issues	My CHD uses data to improve targeted health indicators	My CHD has provided a health perspective to urban planning	My CHD has uses a methodology to prioritize resource allocation	My CHD focuses on continuous quality improvement	My CHD has specific plans to expand quality improvement efforts
HOLMES	agree	agree	disagree	neutral	agree	agree	neutral	agree	strongly disagree	agree	agree	agree
INDIAN RIVER	strongly agree	strongly agree	agree	agree	agree	agree	agree	strongly agree	strongly agree	strongly agree	strongly agree	agree
JACKSON	strongly agree	strongly agree	disagree	agree	strongly agree	strongly agree	disagree	agree	agree	agree	agree	strongly agree
JEFFERSON	strongly agree	strongly agree	strongly disagree	neutral	agree	strongly agree	disagree	strongly agree	strongly agree	agree	agree	strongly agree
LAFAYETTE	agree	agree	disagree	agree	disagree	agree	disagree	agree	disagree	disagree	agree	agree
LAKE	strongly agree	strongly agree	disagree	agree	agree	agree	agree	agree	neutral	agree	agree	agree
LEE	agree	agree	strongly disagree	neutral	agree	neutral	agree	strongly agree	strongly agree	neutral	agree	agree
LEON	strongly agree	strongly agree	neutral	strongly agree	strongly agree	strongly agree	agree	agree	agree	agree	neutral	strongly agree
LEVY	neutral	agree	disagree	disagree	disagree	disagree	strongly disagree	agree	strongly disagree	neutral	agree	agree
LIBERTY	agree	agree	disagree	neutral	disagree	disagree	agree	neutral	disagree	neutral	agree	agree
MADISON	strongly agree	strongly agree	strongly disagree	neutral	agree	strongly agree	disagree	strongly agree	strongly agree	agree	agree	strongly agree
MANATEE	agree	agree	disagree	agree	agree	strongly agree	agree	agree	agree	neutral	agree	agree
MARION	agree	strongly agree	agree	agree	strongly agree	strongly agree	neutral	strongly agree	agree	strongly agree	strongly agree	strongly agree
MARTIN	agree	agree	disagree	strongly agree	agree	agree	agree	agree	agree	neutral	neutral	strongly agree
MONROE	agree	agree	disagree	disagree	neutral	agree	disagree	agree	neutral	agree	agree	agree

County	Over time, my CHD has gained more and new community partners	My CHD has strong community partnerships	We have the funding and resources we need for community health improvement planning	My community understands the value of public health	In the past year, my CHD has been involved in creating policy around a health issue	In the past year, my CHD has addressed and resolved a specific strategic issue or goal	My community takes ownership over health issues	My CHD uses data to improve targeted health indicators	My CHD has provided a health perspective to urban planning	My CHD has uses a methodology to prioritize resource allocation	My CHD focuses on continuous quality improvement	My CHD has specific plans to expand quality improvement efforts
NASSAU	strongly agree	strongly agree	disagree	strongly agree	strongly agree	strongly agree	strongly agree	strongly agree	strongly agree	neutral	strongly agree	strongly agree
OKALOOSA	strongly agree	agree	agree	agree	strongly agree	strongly agree	agree	strongly agree	agree	strongly agree	strongly agree	strongly agree
OKEECHOBEE	strongly agree	strongly agree	disagree	neutral	disagree	agree	agree	agree	disagree	disagree	agree	disagree
ORANGE	agree	agree	disagree	disagree	agree	agree	disagree	strongly agree	agree	agree	strongly agree	strongly agree
OSCEOLA	agree	strongly agree	neutral	strongly agree	agree	strongly agree	agree	strongly agree	agree	agree	strongly agree	strongly agree
PALM BEACH	strongly agree	strongly agree	agree	strongly agree	strongly agree	agree	agree	strongly agree	agree	strongly agree	strongly agree	strongly agree
PASCO	agree	agree	disagree	agree	disagree	agree	neutral	agree	disagree	neutral	disagree	agree
PINELLAS	strongly agree	strongly agree	agree	strongly agree	strongly agree	agree	agree	strongly agree	agree	agree	agree	strongly agree
POLK	strongly agree	agree	neutral	agree	neutral	neutral	agree	agree	agree	neutral	agree	agree
PUTNAM	strongly agree	strongly agree	agree	agree	agree	agree	neutral	agree	strongly disagree	agree	agree	strongly agree
SAINT JOHNS	strongly agree	strongly agree	agree	agree	neutral	strongly agree	agree	strongly agree	agree	strongly agree	strongly agree	strongly agree
SAINT LUCIE	strongly agree	strongly agree	disagree	strongly agree	strongly agree	strongly agree	strongly agree	strongly agree	disagree	neutral	neutral	neutral
SANTA ROSA	agree	agree	disagree	agree	agree	agree	agree	strongly agree	agree	neutral	agree	strongly agree
SARASOTA	strongly agree	strongly agree	neutral	agree	strongly agree	strongly agree	strongly agree	strongly agree	strongly agree		strongly agree	strongly agree

County	Over time, my CHD has gained more and new community partners	My CHD has strong community partnerships	We have the funding and resources we need for community health improvement planning	My community understands the value of public health	In the past year, my CHD has been involved in creating policy around a health issue	In the past year, my CHD has addressed and resolved a specific strategic issue or goal	My community takes ownership over health issues	My CHD uses data to improve targeted health indicators	My CHD has provided a health perspective to urban planning	My CHD has uses a methodology to prioritize resource allocation	My CHD focuses on continuous quality improvement	My CHD has specific plans to expand quality improvement efforts
SEMINOLE	strongly agree	strongly agree	neutral	agree	agree	agree	neutral	agree	disagree	agree	agree	agree
SUMTER	agree	strongly agree	strongly agree	agree	agree	neutral	neutral	agree	strongly agree	agree	strongly agree	strongly agree
SUWANNEE	agree	strongly agree	disagree	agree	disagree	agree	neutral	agree	disagree	disagree	agree	agree
TAYLOR	neutral	agree	neutral	agree	agree	agree	neutral	agree	agree	neutral	agree	neutral
UNION	strongly agree	strongly agree	agree	agree	agree	agree	agree	agree	disagree	agree	strongly agree	strongly agree
VOLUSIA	agree	strongly agree	neutral	neutral	strongly agree	strongly agree	agree	agree	agree	neutral	strongly agree	strongly agree
WAKULLA	neutral	agree	disagree	agree	agree	disagree	agree	neutral	agree	agree	agree	disagree
WALTON	agree	agree	disagree	agree	disagree	agree	disagree	agree	neutral	neutral	agree	agree
WASHINGTON	agree	strongly agree	strongly disagree	neutral	agree	agree	disagree	neutral	strongly disagree	neutral	agree	neutral

## Has the CHD secured new resources as a result of the community health improvement planning process?

Figure 5. Percent of CHDs Leveraging New Resources, 2009-2012



2009: The total value of the new resources received by 30 CHDs was \$23,544,903.

2010: The total value of the new resources received by 35 CHDs was \$53,816,509.

2011: The total value of the new resources received by 17 CHDs was \$25,309,583.

2012: The total value of the new resources received by 4 CHDS was \$63,000.

Some funding reported covers multiple years.

### Number of CHDs Receiving Resources

*Have new resources been received?*

	2009	2010	2011	2012
YES	30	35	17	4
NO	36	31	50	63
Blank	1	1	0	0

**Has your CHD received new resources as a result of the community health improvement process?**

County	New Resources Received	Funder Name	Source	Duration	Description of Monetary Resource	Total Amount for 1 year
ALACHUA	Yes	NACCHO but the funding period has expired, no new funds coming in 2013				
BAKER	No					
BAY	Yes	Bay Medical Center/Sacred Heart Health Systems; Early Learning Coalition; Gulf Coast Medical Center; Gulf Coast State College; Health South Rehabilitative Hospital; Life Management Center	Combination	1 year	Earned media/publicity ; meeting space; volunteers (subject matter experts and students); supplies; \$27,000 in donated dental services for homeless veterans; free exercise classes for people attending diabetes education classes.	\$11,000
BRADFORD	Yes	FDOH	State	1 year		
BREVARD	No					
BROWARD	No					
CALHOUN	No					
CHARLOTTE	No					
CITRUS	No					
CLAY	No					
COLLIER	No					
COLUMBIA	No					
DADE	No					
DESOTO	No					
DIXIE	No					
DUVAL	No					

**Has your CHD received new resources as a result of the community health improvement process?**

County	New Resources Received	Funder Name	Source	Duration	Description of Monetary Resource	Total Amount for 1 year
ESCAMBIA	No					
FLAGLER	Yes	Our funder is DOH - Quality Improvement	State	1 year		~\$9,000
FRANKLIN	No					
GADSDEN	No					
GILCHRIST	No					
GLADES	No					
GULF	No					
HAMILTON	No					
HARDEE	Yes	Community Health Improvement Grant	State	1 year	HIPR	\$9,032
HENDRY	No					
HERNANDO	No					
HIGHLANDS	Yes	Department of Health	State	1 year	Use of room space, community member staff time to participate in meetings and surveys	\$9,032
HILLSBOROUGH	No					
HOLMES	No					
INDIAN RIVER	No					
JACKSON	Yes					
JEFFERSON	No					
LAFAYETTE	No					
LAKE	No					
LEE	Yes	NICHQ - National Initiative for Children's Healthcare Quality	Combination	1 year	Technical assistance from national experts and collaboration with other teams	\$4,000
LEON	No					
LEVY	No					

**Has your CHD received new resources as a result of the community health improvement process?**

County	New Resources Received	Funder Name	Source	Duration	Description of Monetary Resource	Total Amount for 1 year
LIBERTY	No					
MADISON	No					
MANATEE	No					
MARION	Yes	None			N/A	N/A
MARTIN	No					
MONROE	Yes	Florida International University			two unpaid Graduate level Public Health interns from FIU	n/a
NASSAU	No					
OKALOOSA	No					
OKEECHOBEE	No					
ORANGE	No					
OSCEOLA	No					
PALM BEACH	No					
PASCO	No					
PINELLAS	No					
POLK	No					
PUTNAM	No					
SAINT JOHNS	No					
SAINT LUCIE	No					
SANTA ROSA	No					
SARASOTA	Yes	Natl Initiative for Children's Health Care Quality	Federal	1 year		23,000
SEMINOLE	Yes	State Health Office	State	1 year		\$9k
SUMTER	Yes	Board of Sumter County Commissioners	Local	1 year	N/A	\$25,000
SUWANNEE	No					
TAYLOR	No					
UNION	Yes	FDOH	State	1 year		
VOLUSIA	No					
WAKULLA	No					
WALTON	No					
WASHINGTON	No					