



2012-2015

Community Health Improvement Plan

Lake County

September 2012



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Overview

Community health needs assessment (CHNA) and community health improvement planning (CHIP) activities for Lake County in 2012 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded, in part, by the Florida Department of Health through grant funds to the Lake County Health Department (LCHD) that originated from the U.S. Department of Health and Human Services in its efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success and Organizing for Success

Phase 2 - Visioning

Phase 3 - The Four MAPP Assessments

- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

Phase 4 - Identify Strategic Issues (CHIP activity)

Phase 5 - Formulate Goals and Strategies (CHIP activity)

Phase 6 - Action Cycle (Program Planning, Implementation and Evaluation)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local **public health system (all partners with a vested interest in the public's health; not just the local health department)**. The CTSA allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or **hinder a community's ability to address its** most pressing healthcare issues.

Collectively, the results of the four assessments provide input to the community in order to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation and ongoing evaluation to improve community health. This document provides a brief summary of key findings in each of the four key MAPP assessment areas (CHSA, LPHSA, CTSA and FCA) and presents the Lake County Community Health Improvement Plan.

Key Community Health Needs Assessment Issues

The following is a brief bulleted list of key insights for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key insights of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Lake County both on an individual and county-wide basis.

- The overall age-adjusted mortality rate for Lake County for 2007-2009 was 654.2 per 100,000 while the state was 666.7 per 100,000.
- While heart disease tops the leading causes of death in the state, cancer is the topmost cause of death in Lake County.
- In both Lake County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Lake County as in the rest of the state. Black residents in Lake County have a 23 percent higher overall age-adjusted mortality rate compared to White residents.
- Overall, poor health behaviors are generally on the rise in Lake County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- The rate of total physicians per 100,000 residents (fiscal year 2009-10) is more than 44 percent lower in Lake County than in Florida. The rates are 167.5 and 300.6, respectively.
- The rate of licensed dentists per 100,000 is more than 34 percent lower in Lake County (fiscal year 2009-10), 40.3 as compared to 61.9 for the state.
- In the year 2009, Lake County had an avoidable hospital discharge rate (per 1,000 residents) of 16.1, which was 10 percent greater than the Florida rate of 14.2.
- In October 2011, the US Census Small Area Health Insurance Estimates (SAHIE) program released 2009 estimates of health insurance coverage. The overall non-elderly (0-64) uninsured rate in Lake County is 23.9 percent compared to 24.9 percent for Florida.
- Lake County is in the upper 20-30 percent counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin.
- Life expectancies of residents of Lake County are lower than state and national averages, and life expectancies of black residents are 4-6 years shorter than that of white residents (4 years for females and 6 years for males).

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards
3. Inform, Educate, and Empower People about Health Issues
4. **Mobilize Community Partnerships to Identify and Solve Health Problems**
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety
7. Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable
8. Assure a Competent Public and Personal Health Care Workforce
9. **Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services**
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 4 and 9. Typically, some of the Essential Public Health Services 10 are relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4 and 9, indicators more susceptible to local action, may indicate that there are opportunities in Lake County in the following areas:

- better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- evaluate effectiveness, accessibility and quality of personal and population-based health services (EPHS 9).

Community Themes and Strengths Assessment

Analysis of the resident focus group discussions from the CTSA process yields the following key observations and themes regarding community health themes in Lake County:

- Access to affordable care and a strong economy are essential to a healthy community
- Disparities in Lake County
 - Homeless, poor, uninsured, and underinsured
 - Specific geographic areas, especially remote rural areas
 - Elderly
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Lake County
- Access to healthcare
 - Affordability an issue
 - Uninsured and underinsured
 - Not enough Medicaid and Medicare providers (especially specialties)
 - Some folks live in remote rural areas or areas removed from population and services concentrations
- **Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues**
- Strong community-based organizations and faith-based organizations working together to help the community is a strength in Lake County

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Lake County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.

- Factors are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The FCA tool was circulated to members of the Steering Committee during December 2011 and January 2012 to generate response and perspective regarding these “forces of change”. Respondents to the FCA instrument were asked to answer the following questions: “What is occurring or might occur that affects the health of our community or the local public health system?” and “What specific threats or opportunities are generated by these occurrences?” All members of the Steering Committee and their designees were encouraged to participate in the brainstorming process. Once a list of forces was identified, participants also indicated possible opportunities and/or threats these forces may have on the county’s healthcare system and health outcomes. Table 1 summarizes the forces of change identified for Lake county and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
Hospital taxing district funding may change-who will pick up slack if changed	Less compensated indigent care Hospitals could limit primary care clinics	LPHD and other safety net providers may have access to health district funding Hospital free clinics could get supported
Aging Population	Increasing healthcare costs Physician to population ratio (increasing) Costs of chronic illness to the community Increased auto accidents Golf cart accidents Limited facilities in which people can age Adverse affects on job market	Higher insured population Larger volunteer pool Brings revenue to community
Cuts from the Legislature	Decrease in healthcare availability Unemployment More uninsured Effects on mental, physical health Less personal safety – more crime	Reduced taxes More awareness of political and civic issues and accountability

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	Domestic violence School funding reduced	
Reduction in population	Loss of tax revenue Loss of support from the county Business failure, especially small business	Increased employment competition Fewer sick people
Medicaid reform	Lower reimbursement (no cost-based) Poorer dental outcomes Less access Fewer primary care providers	Saves federal/state governments money Concentration on core public health programs New partnerships
State and local government structural changes	Change of priorities Availability of services Loss of ties to the community State level does not understand issues at local level Lack of political experience	Better relationships More efficient government
Reduction in work force (agricultural greatly decreased)	More uninsured More unemployed Similar to reduction in population Reductions specific to medical workforce not keeping pace with population	More education and re-training
Increasing minority populations	More disparities (not sure in what areas and to what levels) Adjusting to cultural changes Language barrier	Cultural diversity Stronger communities
Contraction of satellite safety service (many formerly Orlando-based); offices contracting to metro area	Lack of access to safety net services Transportation difficulties increased	Filling the void New partnerships Potential for public health leadership
Increasing homeless population especially in South Lake (as reported by homeless shelters)	More demand for uncompensated care Everything more difficult and magnified in terms of healthcare delivery and outcome	New community partnerships to help them

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	Violence Increased law enforcement costs	
Foreclosures	Lack of tax revenue Increase in homelessness Public nuisance and environmental hazards	Lower home prices
Decreased property values; less money to sustain programs for local government	Less money to support programs for local government	Lower housing costs
Changing family structure and gender roles	Domestic violence/aggression Less extended family to help with family duties and obligations	More accepting of new roles Women are wearing the pants and paying for them too
Impact of anti-immigration sentiment on the number of undocumented	Family disruption Deportation Negative impact on agricultural industry Impact on community and police force Failure to seek out services due to fear of immigration status Difficult to get into shelters during a disaster as law enforcement is involved	Less pressure on already under-funded programs Healthcare workers becoming more culturally competent due to learning of hardships
Advances in technology	Expensive Overtreatment of self Inappropriate treatment of self Misinformation Increased liability (more knowledge breeds more lawsuits)	Telemedicine Increased efficiency Increased patient safety Faster communication More technologically savvy workforce Better paid workforce
Availability of experienced staffing; baby boomers retiring	Insufficient staffing Higher patient to provider/nurse/doctor ration	Change in culture in the workforce
Lack of trained work force in key specialties	Cannot fill positions Quality suffers Overburdened healthcare workers Less access	Opportunities for training providers/education providers Networking with educational institutions Rising wages in areas of shortage

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	Reduce productivity	
Reduction in Medicare and Social Security funding an impact in Lake County since we have a high percentage of senior adults	Delayed retirement Decrease the infusion of money into the local healthcare system Decrease in discretionary spending	Keeping experienced workforce a little longer Less taxes
Changing attitudes toward aging and end of life issues	Costs of chronic illness to the community Adverse affects on job market Huge increase in health care costs without maintaining quality of life Increases in numbers of physician assisted suicide Financial burden to family Families moving in together Possible lowered awareness of elderly needs Lack of resources including medical/ nursing staffing	New community partners Bring dignity and choice to end of life decisions More assisted living facilities needed which require increase in staffing By working together families become closer Elder care programs may be created or improved Increase in jobs for industry associated with aging population – nursing, medical, social work, etc.
Presidential election	Change in priorities Changes made that effect how government operates Government employees’ salaries and benefits are reduced Possible change in priorities Changes in healthcare policy; possible decreased funding Changes in policies, more partisan stonewalling Elimination of Affordable Health Care Act Increase in federal grant funding	Awareness of political and civic issues Fresher ideas with new political leaders Hopeful for economic improvement Opportunities for change in policy to increase access to care Changes in policies, politicians, attitudes
Shortage of primary care providers; especially pediatricians, IM, OB/GYN	Added stress to already overworked healthcare workers Same as shortage of dentist below Not enough doctors for patients to see Health care not up to par	Potential for Public Health Leadership Same as shortage of dentist below More job opportunities for Dr’s out of college More affordable and inviting educational programs may become

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	<p>Patients going without health care altogether</p> <p>Increased and unmanaged numbers of chronic disease cases in adults and children</p> <p>Increased in deaths</p> <p>Barrier to care for under insured or uninsured clients</p> <p>Decreased access to care</p> <p>Increased healthcare problems in community</p> <p>Increased hospital ER visits</p> <p>Inferior care or longer wait to receive care</p> <p>Possible increase in infant / child mortality</p> <p>Lack of services</p> <p>Overutilization of hospital ERs</p> <p>Increase in cost for services</p>	<p>available in the Health Care profession, for those interested on this carrier path</p> <p>Scholarships at medical schools</p> <p>Encourages people to go back to school or continue their education to fill shortage needs</p> <p>New providers moving into area</p> <p>Current providers increase patient load</p> <p>Opportunity for recruitment</p> <p>Job opportunities</p>
<p>Shortages of dentists</p>	<p>Limited Dental care could potentially increase health care costs</p> <p>Lack of dental care available to patients</p> <p>Longer waiting time for appointments</p> <p>Harder to find dentists due to offices</p> <p>Reaching client capacity</p> <p>Could contribute to more severe mouth problems or other health conditions</p> <p>Overall poor health</p> <p>Overburdened dentist/dental staff</p> <p>Unaffordable care, due to high demand</p> <p>Barrier to care for under insured or</p>	<p>Expand dental services</p> <p>More opportunities for newly graduating dentists</p> <p>More bargaining opportunity for dentist salary</p> <p>More opportunities for dentist out of college</p> <p>Lake CHD is poised to expand services</p> <p>Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients</p> <p>More patients for active dentists</p> <p>Health Department may see more clients</p>

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	uninsured clients Increased amount of untreated dental decay Lack of access to care for uninsured Increased dental emergencies Poor overall health Inferior care or longer wait to receive care Increase in dental carries Delay in obtaining oral health care Utilization of dentists outside Lake County Decrease in new residents Increase in cost for services	
New School of Medicine	More doctors does not mean increased access to care for uninsured Market saturation	Offer Lake CHD rotations to interns with the hopes of attracting new doctors to Public Health Creates opportunities for individuals interested in the medical field Train specialists that may stay in Florida More doctors to fill needed positions in underserved areas Educational opportunities to meet demand of baby boomers / retirees
Electronic health records	May be expensive initially High maintenance cost Confidentiality breach Delays and accessibility issues if technology not available Large expense May have to try multiple systems before success Costs will rise	Efficiency Potential money savings over the long run A more efficient network to follow patients care Increased efficiency Increased patient safety Faster communication More technologically savvy workforce Will help to avoid repeating tests

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	<p>Shortage of doctors or clinics</p> <p>Possibility of identity theft if security inadequate</p> <p>Access personal information w/o authorize</p>	<p>which will save money and make continuity of care easier</p> <p>Facilitates record keeping and makes transferring records easier between providers</p> <p>Shortage of doctors or clinics</p> <p>Possibility of identity theft if security inadequate</p> <p>Decrease in cost of services</p> <p>Automation of patient records</p> <p>Availability of medical information by another doctor when traveling / out of area</p>
<p>Rising prices of everything (especially healthcare costs)</p>	<p>Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease</p> <p>People cannot afford to buy groceries or buy medications or other necessities</p> <p>Patients falling out of care.</p> <p>Increase on malnutrition, homeless families.</p> <p>Stress levels increase as well</p> <p>Concern for low income that barriers to health care, housing and food</p> <p>Clients cannot afford to take care of their families</p> <p>Decrease in availability of services, out pricing of services (less people can afford services)</p> <p>Increase on budget burdens at facilities</p> <p>Delay in obtaining medical care</p> <p>Increase in chronic diseases</p> <p>Decrease in life expectancy</p>	<p>New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities</p> <p>Strengthen community through streamlining services</p> <p>Increased public assistance programs</p> <p>Possible competitive pricing may result</p> <p>Move out of area</p> <p>Change in family unit (more family members living in same home)</p>

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
Climate change	Environmental strains, hurricanes, tornados, earthquakes, etc. High expenses to offset the damages caused By this environmental catastrophes Uncertainty Rising costs Increase health risks Increase in energy costs	Environmental Health could take a lead role Potential for Public Health Leadership. More education and re-training. New partnerships New business opportunities Increases in numbers of “green” facilities and hybrid cars Op for cutting edge companies with new technology
Access to affordable college education	Could decrease the number of new RNs, MDs, dieticians graduating from college which will increase the shortage of health care workers even further Harder to be accepted into colleges because more people are applying Not enough space in college classrooms Not enough professors and instructors May take longer to get degree if unable to afford full tuition Increased cost may be a deterrent Bad economy – no money to pay tuition Over-enrollment, overcrowded classes, teacher shortages amplified Decrease in educated workforce / job applicants Move out of area / state	Partner with local colleges to offer Public Health rotations More educated citizens People who could not afford college are able to go May get community volunteers in exchange for scholarships More student loan programs and grants available More grants for education funding Increase in attendance, more qualified workforce
Emerging infectious diseases	Increase in health care costs Shortage of health care workers already – may not have enough trained health care workers to meet the demands of new infectious diseases Greater possibilities of being contaminated	Potential for Public Health Leadership More revenue from pharmaceutical companies More revenue for doctors and hospitals Doctors and drug companies make more money

Table 1. Forces of Change Assessment results, Lake County, 2011.

Forces	Threats	Opportunities
	Less availability of medicine to treat diseases Overcrowded doctor offices and hospitals Healthcare demand rises beyond supply Shortages in medication Decrease in work force Will antibiotics continue to work? Anxiety Increased costs associated with healthcare Increased mortality Spread of diseases Pandemic risk increased	Strengthen Public Health infrastructure Encourages research for a cure Health departments providing care Need for research scientists increased
Contraction of state Department of Health and local health department mission	Decreased safety net providers Less services for communities	Change in priorities New partnerships Increases in numbers of FQHC facilities Having to be really wise in all expenditure decisions
Seasonal population	Traffic EMS overflow via emergency calls Higher death rates Crowding facilities	Revenues/economy Travel immunizations Seasonal employment

Source: Lake County Forces of Change Assessment, December 2011 and January 2012.

Lake County CHIP Methodology

To conclude the MAPP community health needs assessment, the Core Community Support Team, a group representative of the local public health system partners, was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Lake County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a set of key issues. Participants then voted on which of these consolidated key issues were the most important in Lake County, thus creating a set of priority issues.

To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Priority issues were established as follows:

1. Inappropriate use of healthcare due to lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
 - a. Measure and hold accountable.
 - b. Create wealth (through economic development opportunities) that improves health outcomes.
 - c. Change the culture of tolerance.
 - d. Educate the community on the true individual and community cost of poor individual health choices and behavior.
 - e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
 - f. Educational opportunities should start as young as possible.
 - g. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
 - a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with student physicals events).
 - b. Public service announcements/education on the quality and quantity of services in Lake County (provide examples of positive experiences).
 - c. County level branding that brands the entire community health improvement effort in Lake County and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
 - d. Cultivate ownership of the issues and the effort needed to improve Lake County.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
 - a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
 - b. Find way to bolster or support We Care, the current voluntary physician referral program in Lake County.
4. Need for community-wide teamwork and lack of community participation.
 - a. Core Community Support Team - meetings should be periodic to keep people involved
 - b. Targeted group of people to get the job done - accountability.
 - c. Clear message to the community with clear expectations - if you deliver the community will be with you.
 - d. Community buy-in.
 - e. Dialogue **on the health care system and health outcomes' impact on economic development** with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.
5. Capitalize on the health care economic development as a spin-off of growth around The Villages and its environs.

In order to refine issues and strategies obtained during the community health needs assessment process, the Core Community Support Team was re-convened as the Lake County CHIP Work Group to create the Lake County Community Health Improvement Plan (CHIP).

Members of the Lake County CHIP Work Group met in-person at four workshops (May 24, June 6, June 21, and August 1, 2012) to take the input of the MAPP needs assessment and the priority issues identified and formulate a response to those issues which ultimately became the CHIP. During the workshop process, in addition to in-person deliberations and consensus-building, the CHIP Work Group utilized SurveyMonkey and other internet-based activities to help foster the plan. WellFlorida Council, the statutorily designated (F.S. 408.033) local health council that serves Lake County, provided technical and administrative assistance as well as facilitation for the Work Group workshops.

During the May 24 workshop, members dissected the priority issues identified and finalized the core set of priority issues. Between the first and the second meetings, members participated in online priority ranking exercises utilizing SurveyMonkey in order to prioritize the list of issues based on their magnitude of importance in Lake County and the likelihood that these issues could be substantially positively impacted through local efforts.

At the June 6 workshop, members reviewed priority rankings and finalized a ranked list of all key issues. In addition, the Work Group brainstormed a list of strategies for each of the key priority issues. Between the second and the third meetings, the Work Group employed a SurveyMonkey process similar to the issue prioritization survey in order to prioritize the key strategies for each key issue.

The third workshop was held on June 21 and the final workshop was held on August 22, 2012. During these meetings, Work Group members finalized the priority strategies for each priority issue and also identified goals and objectives for each of the major issue areas and strategies. WellFlorida Council then consolidated all of the information generated during the in-person workshops and during online sessions to create the draft CHIP report. A Lake County Health Department CHIP Review Team then reviewed draft materials and approved the CHIP goals, strategies and objectives and this final draft report via email.

Lake County CHIP (Goals, Strategies and Objectives)

A key component of Lake County's CHIP is to create a permanent and ongoing health issues task force or coordinating body to lead community projects to address health issues and to shepherd ongoing needs assessment and community health improvement activities. As such, the following Lake County CHIP is presented as goals, strategies and objectives and the Lake County CHIP Work Group hopes and recommends and that the newly formed Community Coordinating Team will specify a detailed action plan that includes key activities, lead roles, community resources, targeted dates for key activities and evaluation measures. The Work Group believes that the consensus building that will ensue around the development of the detailed action plan will foster the growth and the development of the task force.

GOAL 1 Enhance collaboration regarding information sharing, communication strategies and community education that fosters community acknowledgement of health and healthcare issues and community approaches to addressing these issues.

Strategy 1.1 Form a community collaborative to focus on emerging and ongoing health issues in Lake County and to shepherd community health improvement planning (CHIP) efforts.

Objective 1.1.1: The community collaborative will be formed and fully functional by April 2013.

Strategy 1.2 Create a unified messaging campaign and develop and distribute materials that, in plain language, inform the general public on the true personal costs and benefits of individual health decisions and the collective costs and benefits of these decisions on the community.

Objective 1.2.1: The community collaborative will develop the central messages and implement a communications campaign by September 2013.

Strategy 1.3 Create a unified messaging campaign that promotes the value of investment in community health improvement activities to community leaders, policymakers and funders.

Objective 1.3.1: The community collaborative will develop the central messages and implement a communications campaign by September 2013.

GOAL 2 Increase access to primary and specialty care safety net services.

Strategy 2.1 Implement a community approach to attracting more healthcare providers to Lake County.

Objective 2.1.1: Work with the local Chambers of Commerce and the Chamber Alliance to adapt current economic development strategies to target the healthcare sector by March 2013.

Objective 2.1.2: Work with the Lake County Department of Economic Development to adapt current economic development strategies to target the health industry in Lake County by March 2013.

Objective 2.1.3: By December 2013, the community collaborative will propose a strategic community recruitment plan for healthcare providers and economic development strategies for the health industry in Lake County.

Objective 2.1.4: By December 2013, the Lake County Chamber Alliance will form a health sector interest group.

Strategy 2.2 Create a community campaign to encourage more provider participation in safety net healthcare services such as Medicaid and Lake County We Care.

Objective 2.2.1: Create an educational campaign targeted at providers that promotes the importance of participating in Medicaid by June 2013.

Objective 2.2.2: Increase the percentage of Lake County physicians that participate in We Care by December 2013 (baseline % in December 2012).

Objective 2.2.3: By June 2013, the community collaborative, the Lake County Dental Society and the Lake County Medical Society will conduct a feasibility study on creating a dental component for Lake We Care and make recommendations accordingly.



Community Health Improvement Plan (CHIP) Lead agency for goals and strategies identified

Lead Agency for GOAL 1 Florida Department of Health in Lake County
 Contact person: Sheri Hutchinson
Sheri_hutchinson@doh.state.fl.us
 352-589-6424, x2264

Secondary agencies Florida Hospital Waterman
 South Lake Hospital
 Leesburg Regional Medical Center
 Lifestream Behavioral Center

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Strategy 1.3 Create a unified messaging campaign that promotes the value of investment in community health improvement activities to community leaders, policymakers and funders.

Objective: The community collaborative will develop the central messages and implement a communications campaign by September 2013.

Lead Agency for GOAL 2 Florida Department of Health in Lake County
Contact person: Sheri Hutchinson
Sheri_hutchinson@doh.state.fl.us
352-589-6424, x2264

Secondary agencies Lake County Chamber of Commerce (10 qty.)
Lake County Chamber Alliance
Lake County Economic Development
Lake Sumter Medical Society
Lake County WE CARE
Lake County Dental Society

GOAL 2 Increase access to primary and specialty care safety net services.

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Objective 2.1.3: By December 2013, the community collaborative will propose a strategic community recruitment plan for healthcare providers and economic development strategies for the health industry in Lake County.

Objective 2.1.4: By December 2013, the Lake County Chamber Alliance will form a health sector interest group.

Strategy 2.2 Create a community campaign to encourage more provider participation in safety net healthcare services such as Medicaid and Lake County We Care.

Objective 2.2.1: Create an educational campaign targeted at providers that promotes the importance of participating in Medicaid by June 2013.

Objective 2.2.2: Increase the percentage of Lake County physicians that participate in We Care by X% by December 2013 (baseline % in December 2012).

Objective 2.2.3: By June 2013, the community collaborative, the Lake County Dental Society and the Lake County Medical Society will conduct a feasibility study on creating a dental component for Lake We Care and make recommendations accordingly.

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Secondary agencies Lake County Chamber of Commerce (10 qty.)
Lake County Chamber Alliance
Lake County Economic Development
Lake Sumter Medical Society
Lake County WE CARE
Lake County Dental Society
Florida Hospital Waterman
South Lake Hospital
Leesburg Regional Medical Center
Lifestream Behavioral Center

GOAL 3 Reduce the inappropriate utilization of healthcare.

Strategy 3.1 Create a unified messaging campaign and develop and distribute materials that educate the public on how, when and under what conditions to utilize community health resources.

Objective 3.1.1: By August 2013, implement the community campaign to inform the public on best practices for using health resources.

Strategy 3.2 Promote a collaborative and integrated focus on existing community health information and referral systems to increase efficiency, efficacy and cost effectiveness.

Objective 3.2.1: Create an integrated health information and referral system utilizing existing community information and referral resources by June 2014.

Strategy 3.3 Use health information technology to improve the efficiency, efficacy, effectiveness, quality and coordination of patient care in Lake County.

Objective 3.3.1: By December 2015, under the auspices of the community collaborative, deploy a community health information exchange (CHIE) in Lake County.