

# County Health Department Community Health Improvement Planning

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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.

## Introduction

DOH's Comprehensive Assessment, Strategic Success (COMPASS) initiative supports and strives to improve county health department (CHD) capacity where this important work is performed. As reported here, CHDs annually provide information on capacity, status, outcomes and challenges related to community health assessment, health improvement planning and action implementation. This report summarizes the Florida Department of Health's (DOH) progress in community health improvement planning.

## 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, COMPASS 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.

COMPASS is the Florida Department of Health's community health assessment and health improvement planning initiative. Using the National Association of County and city Health Officials' Mobilizing for Action through Planning and Partnership (MAPP)<sup>3</sup> strategic planning model as the framework, COMPASS assists communities as they navigate through the community health assessment process by providing resources, tools and technical assistance. Through COMPASS, county health departments 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. Four CHARTS features enhance its use for assessment and planning: a user's guide on system navigation and statistical concepts; an Internet-based GIS mapping application with Census tract-level data on births, mortality, and demographics;<sup>5</sup> county-level Behavioral Risk Factor Surveillance System (BRFSS) data for each of Florida's 67 counties<sup>6</sup> and profile reports with collections of health indicators displayed in reports to assess county-specific performance as well as performance relative to other Florida counties. Workforce development opportunities, performance

measures for quality improvement and quantitative evaluation processes are also key components of COMPASS.

**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 and 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 status profile report and community health improvement plan. MAPP and MAPP-based processes contribute significantly towards enhancing public health system capacity and meeting standards and measures of agency accreditation. Based on accreditation standards and measures, NACCHO estimates that performing the MAPP processes and assessments will directly or indirectly fulfill nearly half of the accreditation measures.<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 COMPASS resources such as the *Florida MAPP Field Guide*,<sup>8</sup> COMPASS Web site, and the Community Health Assessment Resource Tools Set (CHARTS)<sup>4</sup>. 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 continuous improvement.

### **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 implementation of the NPHPSP local instrument with most counties having conducted the assessment at least two times since 2004.

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 track local progress; to monitor changes in capacity; and to ascertain training, resource and technical assistance needs. The annual survey also provides a channel for CHDs to communicate challenges, barriers and share accomplishments.

### **Key Findings from 2011 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 nine years of work in community health assessment, health improvement planning and action implementation shows that Florida CHDs are consistently engaged in this core public health function. Many CHDs opt for four or five-year cycles of assessment, planning, and implementation. Over the past five years, more CHDs are taking the lead role in the process.

### ***Products and outcomes.***

In 2011, 79% of CHDs report having produced a community health status profile report, 39% have developed community health improvement plans, and 39% have established action plans to address identified health issues.

As community groups meet to assess and identify health priorities, health issue areas emerge. Florida's community-identified priority themes, in order of prevalence, are access to care (identified by 55% of CHDs), health promotion and education (51%), health status (48%), public health infrastructure (25%), public health policy (22%) and health protection (19%).

Within the priority themes, communities have identified health topics that are important to them. Key topics and the percentage of CHDs addressing them through goals and objectives include: obesity and overweight (67%), smoking and tobacco (59%), diabetes (54%), maternal and child health (54%), teen pregnancy (49%), behavioral health and substance abuse (46%), nutrition and food related issues (44%) oral health (41%), heart disease and stroke (38%), infectious disease (38%), cancer (36%), public health preparedness (31%), environmental health (28%), injury and trauma (23%), immunization (21%), asthma (15%), and aging (13%). Nutrition and food related issues and oral health emerged as important topics in 2011.

### ***Benefits and resources.***

CHDs reported realizing a variety of benefits from their community health assessment and health improvement planning work. Stronger partnerships and more diverse partners were cited by 88% and 84% of CHDs, respectively. Seventy-six percent (76%) of CHDs felt the process created a greater understanding of public health in their communities and 54% noticed increased community ownership of public health issues. Benefits towards outcomes included preparation for the national voluntary agency accreditation (51%), resolving a strategic health issue (30%), improved perception of the government (25%) and obtaining grant funding (37%).

An agency strategic plan has been completed or is in development by 82% of CHDs and 54% of CHDs report alignment with at least some community-identified strategic

priority health issues.

Twenty-five percent of CHDs reported that as a result of their community health improvement planning activities they were able to secure new resources. More CHDs reported that they secured resources in 2010 than in 2011 (52% versus 25%). CHDs reported that the total value of their new resources was \$25,299,583.

Of CHDs who did not get any new resources, 20% did not have any staff time devoted to health assessment and health improvement planning work (compared to 64% of those who had some but less than 1 FTE and 22% of those who had 1 to 2 FTEs). In contrast, of those CHDs who reported they did secure additional resources, only 6% did not have any staff time devoted to health assessment and health improvement planning (in contrast to 76% who had some but less than 1 FTE and 0% who reported 1 to 2 FTEs). The data suggest that the more staff time a CHD devotes to community health improvement planning activities, the more likely it is that they can secure additional resources.

To institutionalize community health assessment, community health improvement planning and action implementation DOH's Office of Health Statistics and Assessment through the COMPASS initiative has developed sustainable resources. These include [www.floridacharts.com](http://www.floridacharts.com) for access to public health indicators, the COMPASS Web site where guidance on Florida MAPP is available, a communication network that includes an electronic newsletter and meet-me calls, and technical assistance and training assets. Almost all CHD survey respondents rated CHARTS as a useful resource in 2011. Other resources rated useful in 2011 include the COMPASS Web site and technical assistance (73%), *Florida MAPP Field Guide* (49%), mini-grant training and resources (58%) and training materials (57%).

## **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 EPHS. Florida CHDs have clearly demonstrated abilities to conduct community health and local public health system assessments. Some CHDs and their community partners have produced exemplary health status profile reports, a few have public health system improvement plans, even fewer have 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 voluntary 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 significance and importance of these documents point to a pressing need for renewed 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 COMPASS tools for practice. A

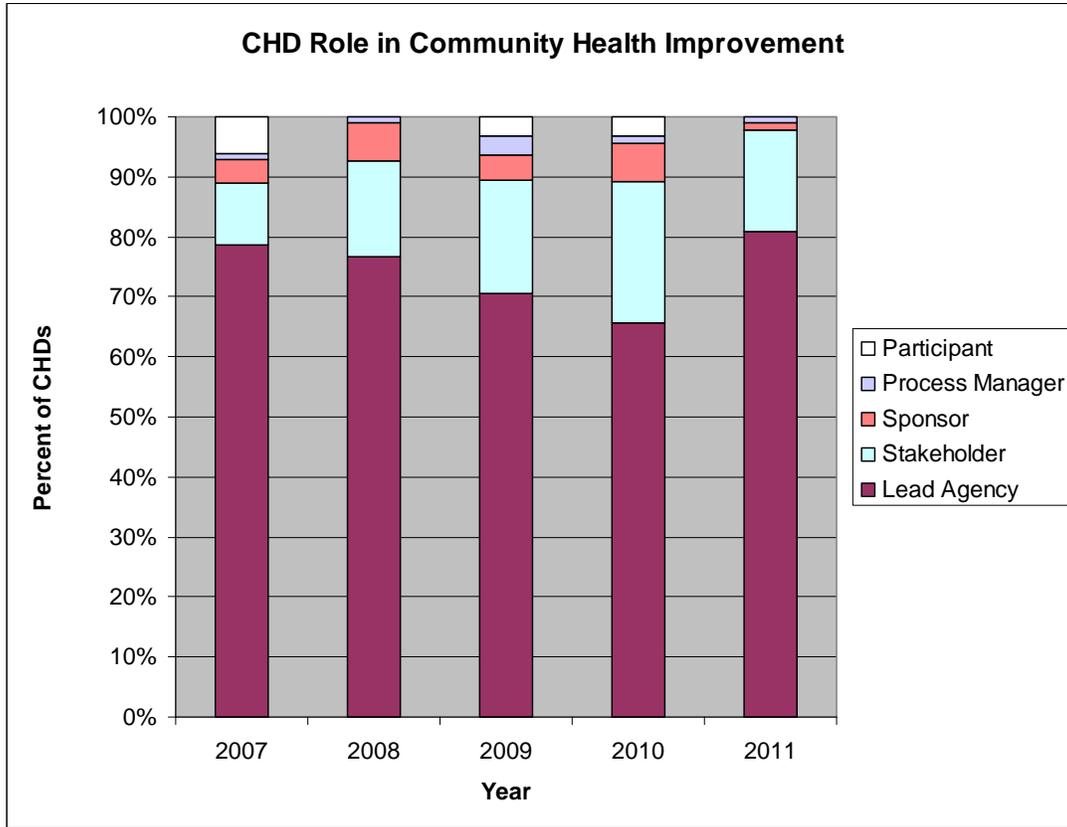
robust MAPP or MAPP-based community health improvement planning process can form the nucleus from which multiple objectives are achieved; namely, assessment of community health status, formulation and implementation of a community health improvement plan, and improved agency performance through accreditation, and ultimately, improved health outcomes for Floridians. A logical starting point and process from which all CHDs, as well as the DOH central office, can benefit is the public health system assessment using the instruments of the NPHPSP. Implementation of the NPHPSP is recommended by NACCHO, CDC and PHAB as the best preparation for voluntary agency accreditation. Coordinated state wide NPHPSP implementation would benefit all 67 CHDs and their public health system partners.

In conclusion, based on these reported results Florida CHDs perform well overall in community health assessment and are making strides in health improvement planning and action implementation. Continued alignment with national initiatives will likely place CHDs in good standing for national voluntary accreditation of public health agencies as well as contribute to achieving their community-shared strategic health goals.

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## What is your CHD's role in the community health improvement process?



**CHD Role in Community Health Improvement**

	Lead Agency		Stakeholder		Sponsor		Process Manager		Participant		Blank or N/A	
	No. of CHDs	Percent	No. of CHDs	Percent	No. of CHDs	Percent	No. of CHDs	Percent	No. of CHDs	Percent	No. of CHDs	Percent
<b>2007</b>	52	78%	7	10%	3	4%	1	1%	4	6%	0	0%
<b>2008</b>	48	72%	10	15%	4	6%	1	1%	0	0%	4	6%
<b>2009</b>	45	67%	12	18%	3	4%	2	3%	2	3%	3	4%
<b>2010</b>	41	61%	15	22%	4	6%	1	1%	2	3%	4	6%
<b>2011</b>	51	76%	11	16%	1	1%	1	1%	0	0%	3	4%

### Related Standards:

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

- 4.1 Constituency Development
  - 4.1.1 Process for identifying key constituents or stakeholders
  - 4.1.2 Encourage participation of constituents in improving community health

#### National Accreditation:

Standard 4.1 Engage with the public health system and community in identifying and addressing public health problems through collaborative processes

Measure 4.1.1A Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations

**DOH Community Health Improvement:**

1B. Organizes effective partnerships that include diverse memberships, a vision, and partnerships management processes

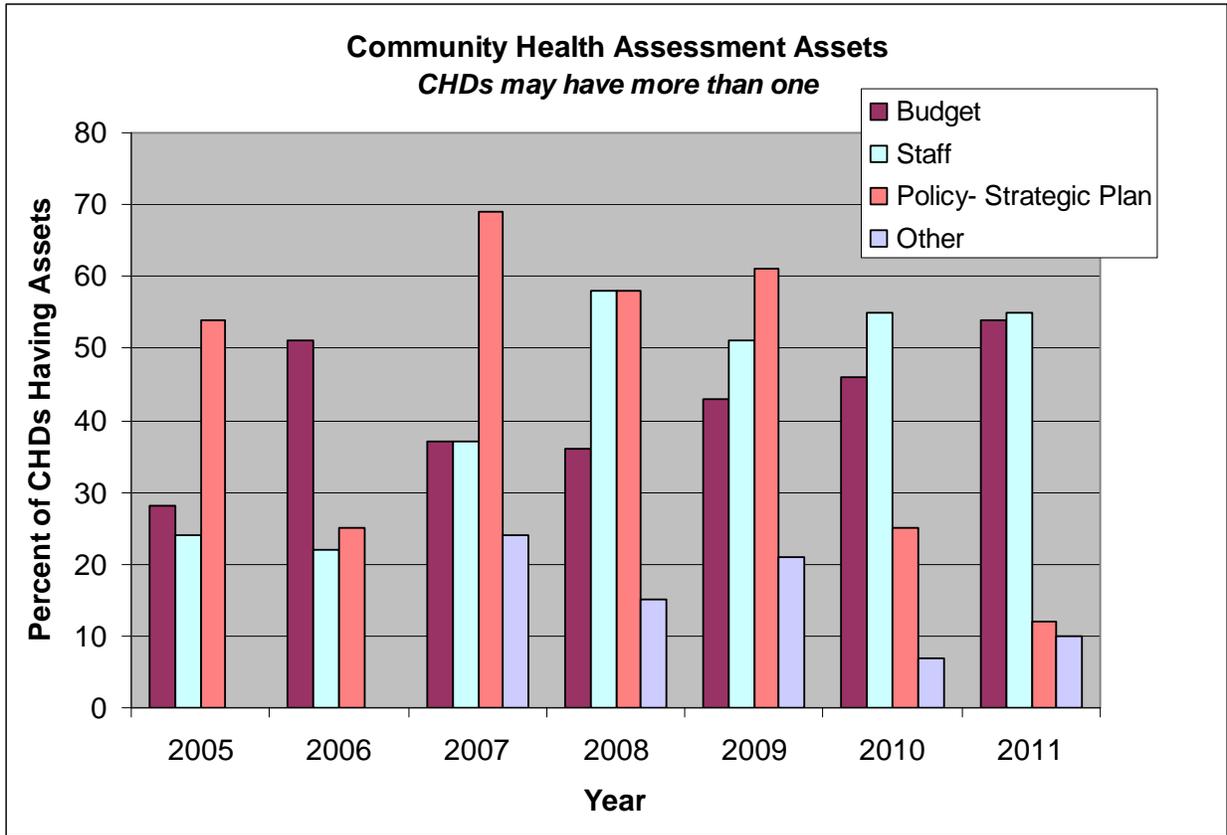
**What is your CHD's role in the community health improvement process?**

ALACHUA	Lead Agency (process champion, initiator)
BAKER	Lead Agency (process champion, initiator)
BAY	
BRADFORD	Lead Agency (process champion, initiator)
BREVARD	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
BROWARD	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
CALHOUN	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
CHARLOTTE	Lead Agency (process champion, initiator)
CITRUS	Lead Agency (process champion, initiator)
CLAY	Lead Agency (process champion, initiator)
COLLIER	Lead Agency (process champion, initiator)
COLUMBIA	Lead Agency (process champion, initiator)
DADE	Lead Agency (process champion, initiator)
DESOTO	Lead Agency (process champion, initiator)
Dixie	Lead Agency (process champion, initiator)
DUVAL	Lead Agency (process champion, initiator)
ESCAMBIA	Sponsor (provide endorsement, public support and/or offer resource commitments)
FLAGLER	Lead Agency (process champion, initiator)
FRANKLIN	
GADSDEN	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
GILCHRIST	Lead Agency (process champion, initiator)
GLADES	Lead Agency (process champion, initiator)
GULF	Lead Agency (process champion, initiator)
HAMILTON	Lead Agency (process champion, initiator)
HARDEE	Lead Agency (process champion, initiator)
HENDRY	Lead Agency (process champion, initiator)
HERNANDO	Lead Agency (process champion, initiator)
HIGHLANDS	Lead Agency (process champion, initiator)
HILLSBOROUGH	
H	Lead Agency (process champion, initiator)
HOLMES	Lead Agency (process champion, initiator)
INDIAN RIVER	Lead Agency (process champion, initiator)
JACKSON	Lead Agency (process champion, initiator)
JEFFERSON	Lead Agency (process champion, initiator)
LAFAYETTE	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)

## What is your CHD's role in the community health improvement process?

LAKE	Lead Agency (process champion, initiator)
LEE	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
LEON	Lead Agency (process champion, initiator)
LEVY	Lead Agency (process champion, initiator)
LIBERTY	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
MADISON	Lead Agency (process champion, initiator)
MANATEE	Process Management (provide coordination, organization, facilitation)
MARION	Lead Agency (process champion, initiator)
MARTIN	Lead Agency (process champion, initiator)
MONROE	Lead Agency (process champion, initiator)
NASSAU	Lead Agency (process champion, initiator)
OKALOOSA	Lead Agency (process champion, initiator)
OKEECHOBEE	Lead Agency (process champion, initiator)
ORANGE	Lead Agency (process champion, initiator)
OSCEOLA	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
PALM BEACH	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
PASCO	Lead Agency (process champion, initiator)
PINELLAS	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
POLK	Lead Agency (process champion, initiator)
PUTNAM	
SAINT JOHNS	Lead Agency (process champion, initiator)
SAINT LUCIE	Lead Agency (process champion, initiator)
SANTA ROSA	Lead Agency (process champion, initiator)
SARASOTA	Lead Agency (process champion, initiator)
SEMINOLE	Lead Agency (process champion, initiator)
SUMTER	Lead Agency (process champion, initiator)
SUWANNEE	Stakeholder (agency, organization, or individual who has a "stake" in the community's health)
TAYLOR	Lead Agency (process champion, initiator)
UNION	Lead Agency (process champion, initiator)
VOLUSIA	Lead Agency (process champion, initiator)
WAKULLA	Lead Agency (process champion, initiator)
WALTON	Lead Agency (process champion, initiator)
WASHINGTON	Lead Agency (process champion, initiator)

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



**Community Health Assessment Assets reported by CHDs**

Assets	Budget		Dedicated Staff		Written Policy-Strategic Plan		Other	
	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%
2005	19	28%	16	24%	36	54%	0	0%
2006	34	51%	15	22%	17	25%	0	0%
2007	25	37%	25	37%	46	69%	16	24%
2008	24	36%	39	58%	39	58%	10	15%
2009	29	43%	34	51%	41	61%	14	21%
2010	31	46%	37	55%	17	25%	5	7%
2011	36	54%	37	55%	8	12%	7	10%

**Related Standards:**

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

5.3.3 CHD conducts a strategic planning process

**National Accreditation:**

Standard 5.3 Develop and implement a health department organizational strategic plan

Measure 5.3.1A Conduct a department strategic planning process

Measure 5.3.2A Adopt a department strategic plan

Measure 5.3.3A Implement the department strategic plan

**DOH Community Health Improvement:**

1D. Demonstrates linkage of strategic plan with community health improvement planning

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

County	Budget for assessment planning	Staff dedicated	Written policy on assessment planning	None of the above	Other
ALACHUA					Grant funds for assessment and planning
BAKER		X			
BAY	X	X	X		
BRADFORD	X	X			
BREVARD					Limited Fiscal and staff support
BROWARD	X	X			
CALHOUN		X			
CHARLOTTE		X			
CITRUS			X		
CLAY	X				
COLLIER				X	
COLUMBIA	X				
DADE	X				
DESOTO		X	X		
Dixie	X				Contracted work done by the planning council thru minigrant funds
DUVAL	X	X			
ESCAMBIA		X			
FLAGLER	X				Funding was from grant
FRANKLIN				X	CHD not involved in CHA or CHIP
GADSDEN		X			
GILCHRIST	X				Thru one time minigrant from Headquarters
GLADES				X	

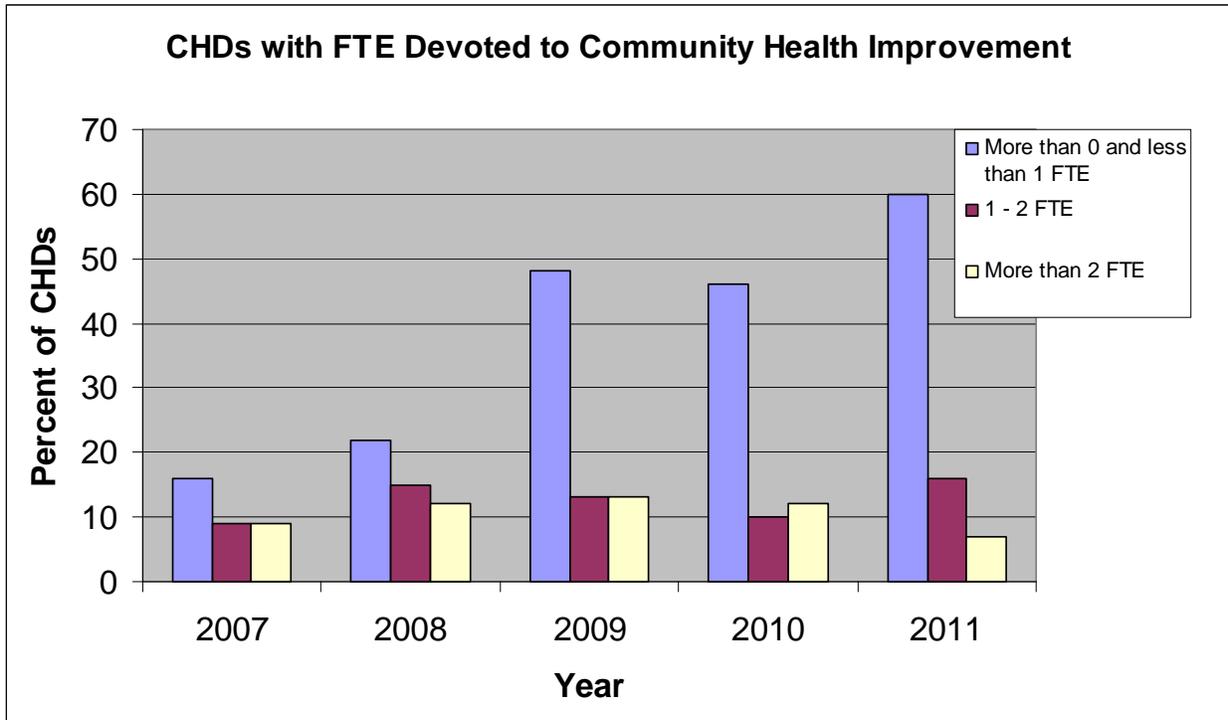
## What assets does the CHDs community health improvement process include?

County	Budget for assessment planning	Staff dedicated	Written policy on assessment planning	None of the above	Other
GULF	X	X	X		
HAMILTON	X				
HARDEE		X			
HENDRY				X	
HERNANDO	X	X			
HIGHLANDS	X	X			
HILLSBOROUGH	X				
HOLMES	X	X			
INDIAN RIVER	X	X			Contract with health council of SE Florida
JACKSON	X	X			
JEFFERSON	X	X			
LAFAYETTE				X	
LAKE	X	X			
LEE		X			
LEON	X	X	X		
LEVY				X	
LIBERTY		X			
MADISON	X	X			
MANATEE					Mini-grant
MARION	X	X			
MARTIN				X	
MONROE				X	
NASSAU	X	X			
OKALOOSA	X				
OKEECHOBEE				X	
ORANGE	X	X	X		
OSCEOLA			X		
PALM BEACH	X	X			
PASCO		X			
PINELLAS		X		X	
POLK		X			
PUTNAM	X				
SAINT JOHNS		X	X		Chartered Health Leadership Council
SAINT LUCIE	X	X			
SANTA ROSA	X	X			
SARASOTA	X	X			
SEMINOLE				X	
SUMTER	X				
SUWANNEE				X	
TAYLOR				X	

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

	Budget for assessment planning	Staff dedicated	Written policy on assessment planning	None of the above	Other
<b>County</b>					
UNION	x	x			
VOLUSIA	x	x			
WAKULLA	x				
WALTON	x	x			
WASHINGTON					We had grant-funding

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



Statewide Responses	More than 0 and less than 1 FTE		1 - 2 FTE		More than 2 FTE		Approximate Statewide Total FTE
	Number of CHDs	Percent	Number of CHDs	Percent	Number of CHDs	Percent	
2007	11	16%	6	9%	6	9%	35.15
2008	15	22%	10	15%	8	12%	54.7
2009	32	48%	9	13%	9	13%	63
2010	31	46%	7	10%	8	12%	71
2011	40	60%	11	16%	5	7%	73

**Related Standards:**

**National Accreditation:**

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

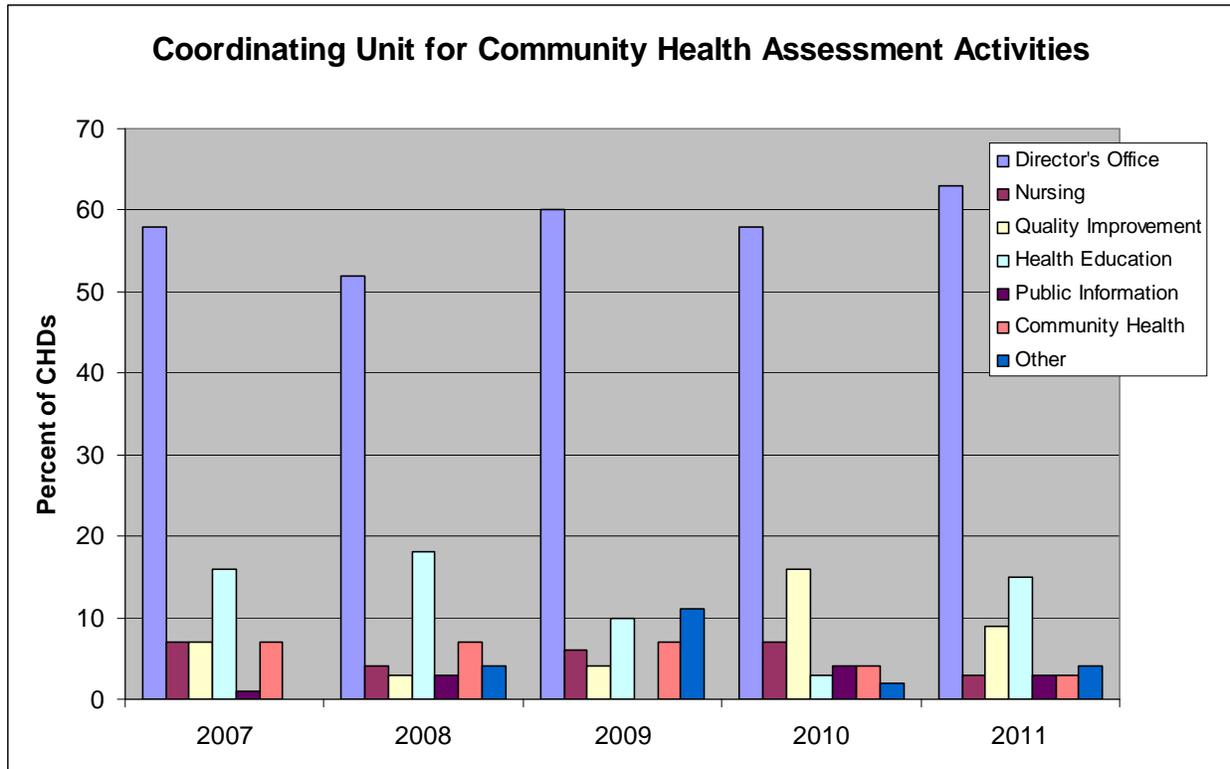
**How many staff (FTE) are dedicated to your community health improvement process?**

ALACHUA	< 1.00 FTE
BAKER	< 1.00 FTE
BAY	< 1.00 FTE
BRADFORD	< 1.00 FTE
BREVARD	< 1.00 FTE
BROWARD	4 or more FTEs
CALHOUN	< 1.00 FTE
CHARLOTTE	< 1.00 FTE
CITRUS	< 1.00 FTE
CLAY	< 1.00 FTE
COLLIER	< 1.00 FTE
COLUMBIA	< 1.00 FTE
DADE	< 1.00 FTE
DESOTO	< 1.00 FTE
Dixie	< 1.00 FTE
DUVAL	1.0 to 1.9 FTEs
ESCAMBIA	1.0 to 1.9 FTEs
FLAGLER	None
FRANKLIN	None
GADSDEN	< 1.00 FTE
GILCHRIST	< 1.00 FTE
GLADES	None
GULF	3.0 to 3.9 FTEs
HAMILTON	< 1.00 FTE
HARDEE	< 1.00 FTE
HENDRY	None
HERNANDO	< 1.00 FTE
HIGHLANDS	1.0 to 1.9 FTEs
HILLSBOROUGH	< 1.00 FTE
HOLMES	< 1.00 FTE
INDIAN RIVER	1.0 to 1.9 FTEs
JACKSON	None
JEFFERSON	< 1.00 FTE
LAFAYETTE	None
LAKE	1.0 to 1.9 FTEs
LEE	< 1.00 FTE
LEON	1.0 to 1.9 FTEs
LEVY	None
LIBERTY	< 1.00 FTE
MADISON	< 1.00 FTE
MANATEE	4 or more FTEs
MARION	< 1.00 FTE
MARTIN	None

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

MONROE	1.0 to 1.9 FTEs
NASSAU	< 1.00 FTE
OKALOOSA	1.0 to 1.9 FTEs
OKEECHOBEE	None
ORANGE	< 1.00 FTE
OSCEOLA	None
PALM BEACH	1.0 to 1.9 FTEs
PASCO	< 1.00 FTE
PINELLAS	< 1.00 FTE
POLK	1.0 to 1.9 FTEs
PUTNAM	< 1.00 FTE
SAINT JOHNS	3.0 to 3.9 FTEs
SAINT LUCIE	< 1.00 FTE
SANTA ROSA	< 1.00 FTE
SARASOTA	2.0 to 2.9 FTEs
SEMINOLE	< 1.00 FTE
SUMTER	< 1.00 FTE
SUWANNEE	None
TAYLOR	< 1.00 FTE
UNION	< 1.00 FTE
VOLUSIA	1.0 to 1.9 FTEs
WAKULLA	< 1.00 FTE
WALTON	< 1.00 FTE
WASHINGTON	< 1.00 FTE

## What unit coordinates community health improvement planning?



## Coordinating Units for Community Health Assessment Activities

Statewide Responses	2007		2008		2009		2010		2011	
	No. of CHDs	%								
Director's Office/ Agency Leadership team	39	58%	35	56%	40	61%	39	58%	42	63%
Nursing	5	7%	3	5%	4	6%	5	7%	2	3%
Epidemiology	not asked		not asked		1	2%	1	1%	0	0%
Environmental Health	1	1%	1	2%	0	0%	1	1%	1	1%
Quality Improvement	5	7%	2	3%	3	5%	2	3%	6	9%
Health Education	11	16%	12	19%	7	11%	11	16%	10	15%
Public Information	1	1%	2	3%	0	0%	2	3%	2	3%
Community Health	5	7%	5	8%	5	8%	3	4%	2	3%
Other	0	0%	3	5%	6	9%	3	4%	2	3%
Total	67	100%	63	100%	66	100%	67	100%	67	100%

**Related Standards:**

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

5.3.3.1 CHD reviews its organizational strategic plan to determine how it can best be aligned with the community health improvement process

**National Accreditation:**

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

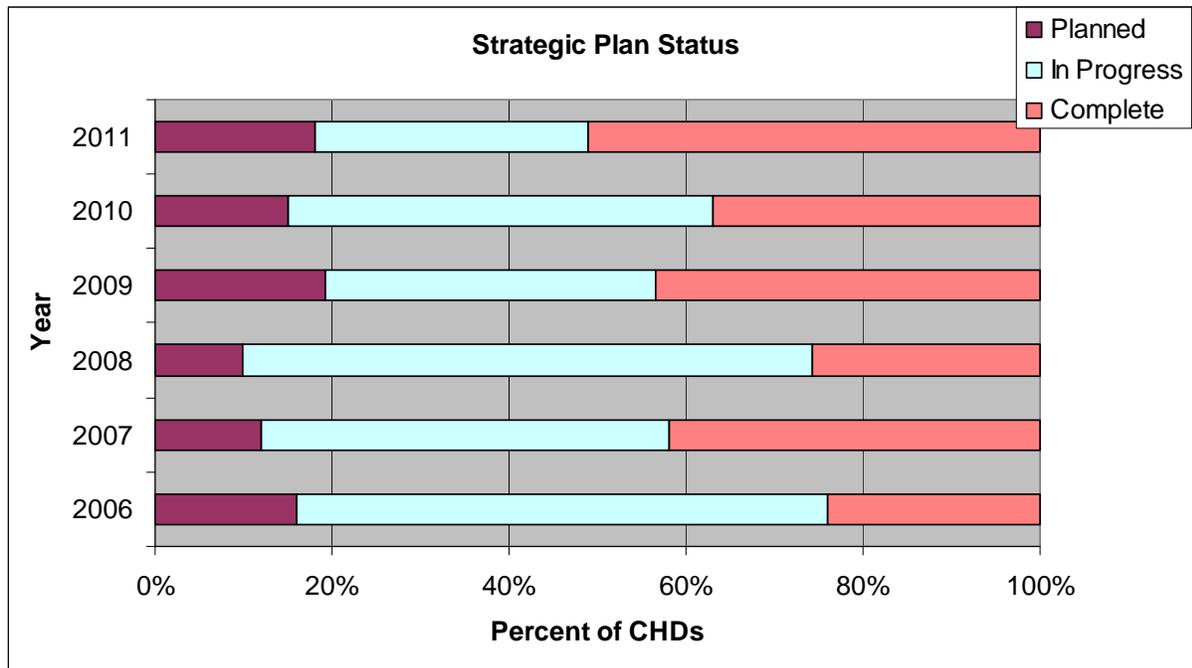
**What unit coordinates your community health improvement activities?**

ALACHUA	Program Development
BAKER	Environmental Health
BAY	Quality Improvement
BRADFORD	Director/Administrator office
BREVARD	Community Health
BROWARD	Agency Leadership team
CALHOUN	Director/Administrator office
CHARLOTTE	Agency Leadership team
CITRUS	Director/Administrator office
CLAY	Director/Administrator office
COLLIER	Agency Leadership team
COLUMBIA	Agency Leadership team
DADE	Health Education/Promotion/Community Health
DESOTO	Agency Leadership team
Dixie	Director/Administrator office/Business Manager III
DUVAL	Public Information/Public Relations
ESCAMBIA	Health Education/Promotion
FLAGLER	Director/Administrator office
FRANKLIN	No activity in this CHD at this time.
GADSDEN	Agency Leadership team
GILCHRIST	Director/Administrator office/Business Manager III
GLADES	Health Education/Promotion
GULF	Agency Leadership team
HAMILTON	Agency Leadership team
HARDEE	Health Education/Promotion
HENDRY	Nursing
HERNANDO	Quality Improvement
HIGHLANDS	Director/Administrator office
HILLSBOROUGH	Community Health Division
HOLMES	Director/Administrator office
INDIAN RIVER	Agency Leadership team
JACKSON	Nursing
JEFFERSON	Agency Leadership team
LAFAYETTE	Director/Administrator office

## What unit coordinates your community health improvement activities?

LAKE	Public Information/Public Relations
LEE	Director/Administrator office
LEON	Health Education/Promotion
LEVY	Health Education/Promotion
LIBERTY	Director/Administrator office
MADISON	Agency Leadership team
MANATEE	Quality Improvement
MARION	Director/Administrator office
MARTIN	Director/Administrator office
MONROE	Director/Administrator office
NASSAU	Director/Administrator office
OKALOOSA	Director/Administrator office
OKEECHOBEE	Director/Administrator office
ORANGE	Quality Improvement
OSCEOLA	Director/Administrator office
PALM BEACH	Director/Administrator office
PASCO	Health Education/Promotion
PINELLAS	Director/Administrator office
POLK	Health Education/Promotion
PUTNAM	Director/Administrator office
SAINT JOHNS	Director/Administrator office
SAINT LUCIE	Quality Improvement
SANTA ROSA	Health Education/Promotion
SARASOTA	Health Education/Promotion
SEMINOLE	Agency Leadership team
SUMTER	Quality Improvement
SUWANNEE	Director/Administrator office
TAYLOR	Director/Administrator office
UNION	Director/Administrator office
VOLUSIA	Director/Administrator office
WAKULLA	Director/Administrator office
WALTON	Director/Administrator office
WASHINGTON	Director/Administrator office

## What is the status of the CHD's strategic plan?



**Strategic Plan Status**

Statewide Response	2006		2007		2008		2009		2010		2011	
	No. of CHDs	%										
Planned	11	16	8	12	6	10	13	19	10	15	12	18
In Progress	40	60	31	46	40	65	25	37	32	48	21	31
Complete	16	24	28	42	16	26	28	43	25	37	34	51
Total	67	100	67	100	62	100	67	100	67	100	67	100

### Related Standards:

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

5.3.3 CHD conducts a strategic planning process

#### National Accreditation:

Standard 5.3 Develop and implement a health department organizational strategic plan

Measure 5.3.1A Conduct a department strategic planning process

Measure 5.3.2A Adopt a department strategic plan

Measure 5.3.3A Implement the department strategic plan

#### DOH Community Health Improvement:

1D. Demonstrates linkage of strategic plan with community health improvement planning

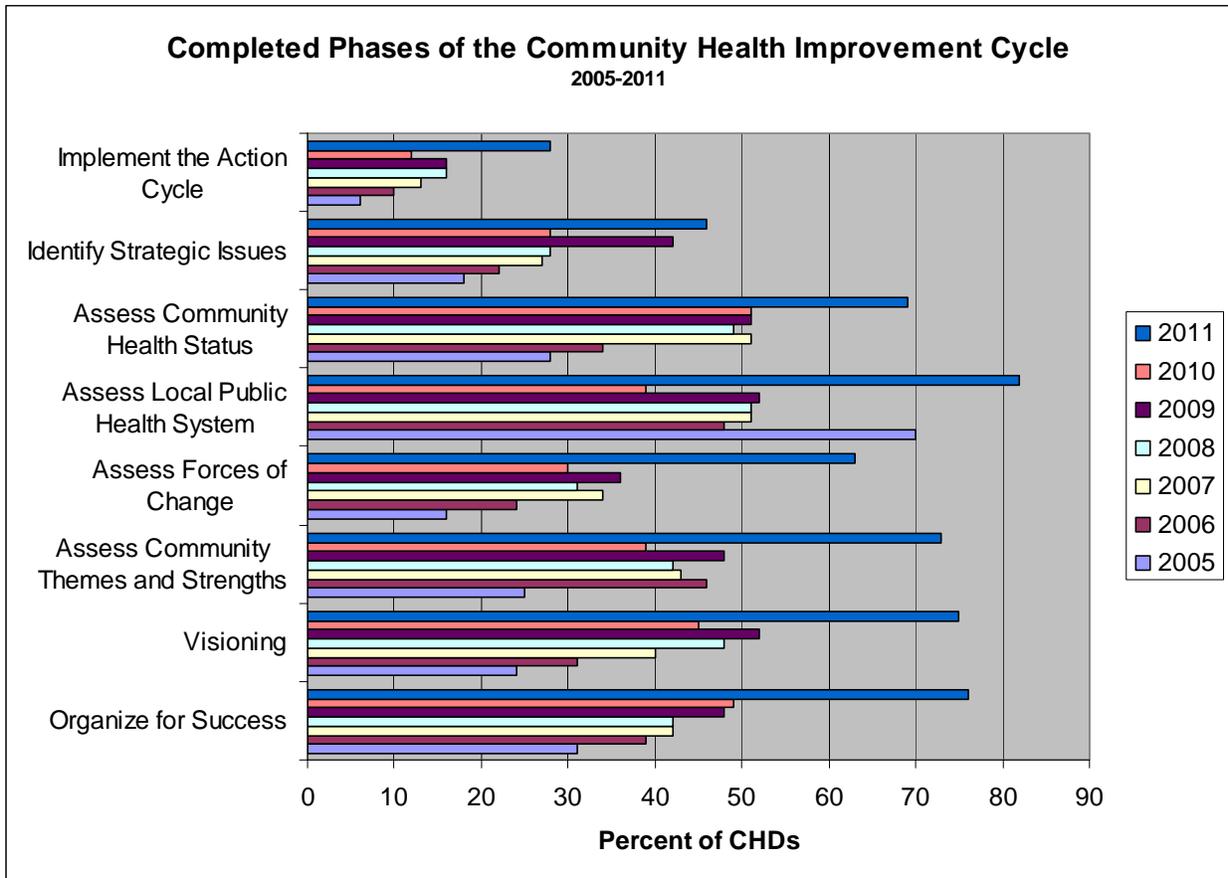
## What is the status of your CHD's strategic plan?

ALACHUA	Planned (e.g., currently no written plan, under development)
BAKER	Complete (e.g., ongoing implementation, monitoring progress towards goals)
BAY	In progress (e.g., planning/implementing activities, updating written plan)
BRADFORD	Complete (e.g., ongoing implementation, monitoring progress towards goals)
BREVARD	Complete (e.g., ongoing implementation, monitoring progress towards goals)
BROWARD	Complete (e.g., ongoing implementation, monitoring progress towards goals)
CALHOUN	Planned (e.g., currently no written plan, under development)
CHARLOTTE	In progress (e.g., planning/implementing activities, updating written plan)
CITRUS	Complete (e.g., ongoing implementation, monitoring progress towards goals)
CLAY	Complete (e.g., ongoing implementation, monitoring progress towards goals)
COLLIER	Complete (e.g., ongoing implementation, monitoring progress towards goals)
COLUMBIA	In progress (e.g., planning/implementing activities, updating written plan)
DADE	In progress (e.g., planning/implementing activities, updating written plan)
DESOTO	Complete (e.g., ongoing implementation, monitoring progress towards goals)
Dixie	Complete (e.g., ongoing implementation, monitoring progress towards goals)
DUVAL	Complete (e.g., ongoing implementation, monitoring progress towards goals)
ESCAMBIA	Complete (e.g., ongoing implementation, monitoring progress towards goals)
FLAGLER	Complete (e.g., ongoing implementation, monitoring progress towards goals)
FRANKLIN	Planned (e.g., currently no written plan, under development)
GADSDEN	Planned (e.g., currently no written plan, under development)
GILCHRIST	Complete (e.g., ongoing implementation, monitoring progress towards goals)
GLADES	Complete (e.g., ongoing implementation, monitoring progress towards goals)
GULF	In progress (e.g., planning/implementing activities, updating written plan)
HAMILTON	In progress (e.g., planning/implementing activities, updating written plan)
HARDEE	Complete (e.g., ongoing implementation, monitoring progress towards goals)
HENDRY	Complete (e.g., ongoing implementation, monitoring progress towards goals)
HERNANDO	In progress (e.g., planning/implementing activities, updating written plan)
HIGHLANDS	Planned (e.g., currently no written plan, under development)
HILLSBOROUGH	In progress (e.g., planning/implementing activities, updating written plan)
HOLMES	Complete (e.g., ongoing implementation, monitoring progress towards goals)
INDIAN RIVER	In progress (e.g., planning/implementing activities, updating written plan)
JACKSON	Planned (e.g., currently no written plan, under development)
JEFFERSON	In progress (e.g., planning/implementing activities, updating written plan)
LAFAYETTE	Complete (e.g., ongoing implementation, monitoring progress towards goals)
LAKE	In progress (e.g., planning/implementing activities, updating written plan)
LEE	Complete (e.g., ongoing implementation, monitoring progress towards goals)
LEON	In progress (e.g., planning/implementing activities, updating written plan)
LEVY	Planned (e.g., currently no written plan, under development)
LIBERTY	Planned (e.g., currently no written plan, under development)
MADISON	In progress (e.g., planning/implementing activities, updating written plan)
MANATEE	In progress (e.g., planning/implementing activities, updating written plan)
MARION	Complete (e.g., ongoing implementation, monitoring progress towards goals)
MARTIN	Planned (e.g., currently no written plan, under development)

## What is the status of your CHD's strategic plan?

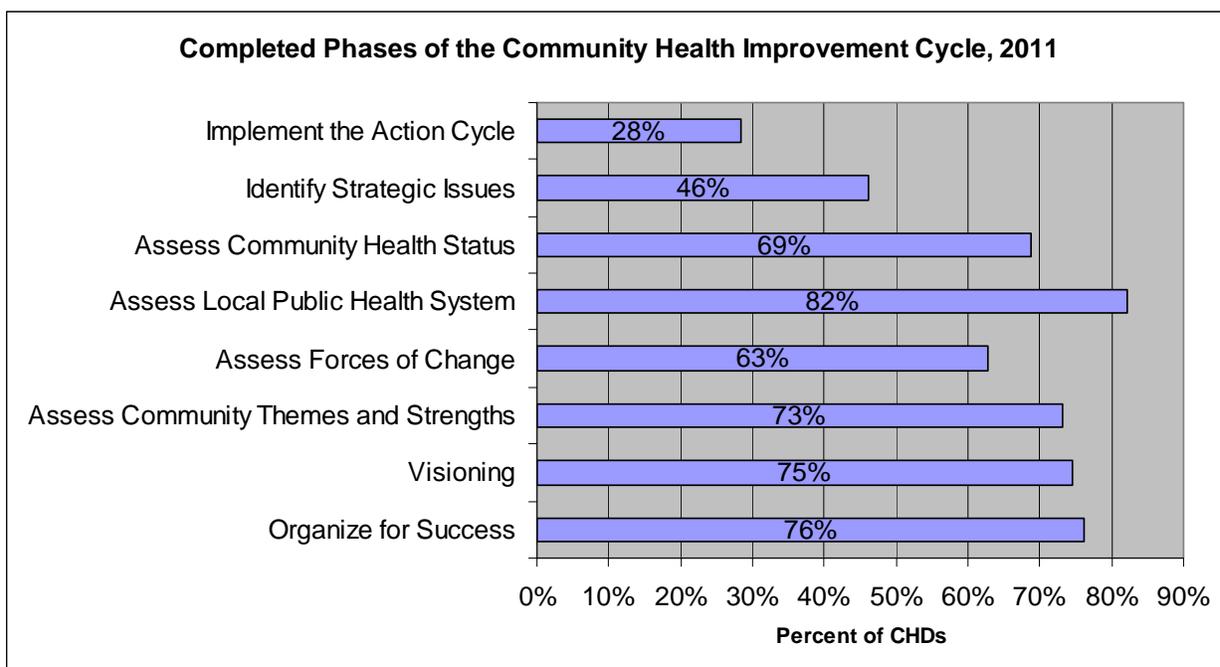
MONROE	In progress (e.g., planning/implementing activities, updating written plan)
NASSAU	Complete (e.g., ongoing implementation, monitoring progress towards goals)
OKALOOSA	Complete (e.g., ongoing implementation, monitoring progress towards goals)
OKEECHOBEE	Planned (e.g., currently no written plan, under development)
ORANGE	Complete (e.g., ongoing implementation, monitoring progress towards goals)
OSCEOLA	Complete (e.g., ongoing implementation, monitoring progress towards goals)
PALM BEACH	Complete (e.g., ongoing implementation, monitoring progress towards goals)
PASCO	In progress (e.g., planning/implementing activities, updating written plan)
PINELLAS	Planned (e.g., currently no written plan, under development)
POLK	Complete (e.g., ongoing implementation, monitoring progress towards goals)
PUTNAM	In progress (e.g., planning/implementing activities, updating written plan)
SAINT JOHNS	Complete (e.g., ongoing implementation, monitoring progress towards goals)
SAINT LUCIE	In progress (e.g., planning/implementing activities, updating written plan)
SANTA ROSA	Complete (e.g., ongoing implementation, monitoring progress towards goals)
SARASOTA	Complete (e.g., ongoing implementation, monitoring progress towards goals)
SEMINOLE	In progress (e.g., planning/implementing activities, updating written plan)
SUMTER	Complete (e.g., ongoing implementation, monitoring progress towards goals)
SUWANNEE	Complete (e.g., ongoing implementation, monitoring progress towards goals)
TAYLOR	Planned (e.g., currently no written plan, under development)
UNION	Complete (e.g., ongoing implementation, monitoring progress towards goals)
VOLUSIA	In progress (e.g., planning/implementing activities, updating written plan)
WAKULLA	Complete (e.g., ongoing implementation, monitoring progress towards goals)
WALTON	Complete (e.g., ongoing implementation, monitoring progress towards goals)
WASHINGTON	In progress (e.g., planning/implementing activities, updating written plan)

What is your CHD's schedule for implementing a community health planning process?



### Percent of CHDs by the Completed Phases of the Community Health Improvement Cycle

Status	2005	Count	2006	Count	2007	Count	2008	Count	2009	Count	2010	Count	2011	Count
	Percent		Percent		Percent		Percent		Percent		Percent		Percent	
Organize for Success	31%	21	39%	26	42%	28	42%	28	48%	32	49%	33	76%	51
Visioning	24%	16	31%	21	40%	27	48%	32	52%	35	45%	30	75%	50
Assess Community Themes and Strengths	25%	17	46%	31	43%	29	42%	28	48%	32	39%	26	73%	49
Assess Forces of Change	16%	11	24%	16	34%	23	31%	21	36%	24	30%	20	63%	42
Assess Local Public Health System	70%	47	48%	32	51%	34	51%	34	52%	35	39%	26	82%	55
Assess Community Health Status	28%	19	34%	23	51%	34	49%	33	51%	34	51%	34	69%	46
Identify Strategic Issues	18%	12	22%	15	27%	18	28%	19	42%	28	28%	19	46%	31
Implement the Action Cycle	6%	4	10%	7	13%	9	16%	11	16%	11	12%	8	28%	19



## **Related Standards:**

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

- 4.2.1 Partnerships exist in the community to maximize public health improvement activities (organize for success)
- 5.3.1.2 Broad participation in the community health improvement process (organize for success, visioning)
- 5.3.1.3 Process includes information from community health assessments (health status assessment)
- 5.3.1.4 Process includes issues and themes identified by the community (community themes, strengths, forces of change)
- 5.3.1.5 Process includes identification of community assets and resources (local public health system assessment)
- 5.3.1.6 Process includes prioritization of community health issues (identify strategic issues)
- 5.3.1.7 Process includes development of measurable health objectives (implement action cycle)

### **National Accreditation:**

- Standard 4.1 Engage with the public health system and the community in identifying and addressing health problems through collaborative processes
  - Measure 4.1.1A Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations
  - Measure 4.1.2T/L Link stakeholders and partners to technical assistance regarding models of engaging with the community
- Standard 4.2 Promote the community's understanding of and support for policies and strategies that will improve the public's health
  - Standard 4.2.1A Engage with the community about policies and/or strategies that will promote the public's health
  - Standard 4.2.2A Engage with governing entities, advisory boards and elected officials about policies and/or strategies that will promote the public's health
- Standard 5.2 Conduct a health improvement planning process
  - Measure 5.2.1L Conduct a process to develop community health improvement plan
  - Measure 5.2.2L Produce a community health improvement plan as a result of the community health improvement process
  - Measure 5.2.3A Implement elements and strategies of the health improvement plan in partnership with others
  - Measure 5.2.4A Monitor progress on implementation strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

### **DOH Community Health Improvement:**

- Implements a community health assessment process that includes
  - 1A1. Identification of community themes (issues) and strengths
  - 1A2. Assessment of the local public health system
  - 1A4. Identification of potential forces of change (threats and opportunities)

## What is your CHD's schedule for implementing a community health planning process?

	Organize for Success	Visioning	Community Themes & Strengths Assessment	Forces of Change Assessment	Local Public Health System Assessment	Community Health Status Assessment	Identify Strategic Issues	Action Cycle	Overall Status
ALACHUA	11/30/2011	11/30/2011	09/30/2011	09/30/2011	09/30/2011	02/29/2012	07/30/2012	01/01/2013	In Progress
BAKER	03/10/2010	03/10/2010	05/10/2010	05/10/2010	06/25/2010	06/25/2010	07/15/2010	07/15/2010	Complete
BAY	4/30/2011	7/29/2011	11/30/2011	11/30/2011	11/30/2011	11/30/2011	4/30/2012	7/31/2012	In Progress
BRADFORD	06/30/2008	01/01/2009	07/30/2009	07/30/2011	07/30/2011	08/30/2010	07/30/2011	06/30/2012	Complete
BREVARD	4/30/2011	7/30/2011	9/30/2011	7/31/2011	8/31/2011	9/30/2011	12/31/2011	5/31/2012	Complete
BROWARD	04/30/2010	04/30/2010	06/30/2010	06/30/2012	09/30/2011	02/28/2011	09/30/2012	12/30/2013	In Progress
CALHOUN	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	Planned
CHARLOTTE	02/16/2012	02/16/2012	06/30/2012	02/16/2012	10/15/2011	05/01/2010	02/16/2012	06/30/2012	In Progress
CITRUS	10/01/2011	10/02/2009	10/01/2011	10/01/2011	10/01/2011	10/01/2011	10/01/2011	10/01/2011	Complete
CLAY	11/26/2009	11/26/2009	04/13/2010	03/13/2010	02/13/2010	01/26/2010	04/20/2010	06/01/2010	Complete
COLLIER	06/01/2010	01/31/2010	01/31/2010	01/31/2010	06/08/2005	04/01/2010	11/17/2010	11/18/2011	Complete
COLUMBIA	04/01/2011	06/01/2011	06/01/2011	06/01/2011	08/01/2011	11/01/2011	02/01/2011	03/01/2011	Complete
DADE	06/30/2012	06/30/2012	12/31/2012	12/31/2012	03/30/2012	05/31/2012	06/30/2013	07/01/2013	Planned
DESOTO	9/30/2011	10/31/2011	1/31/2012	11/30/2011	11/30/2011	1/31/2012	8/31/2012	10/31/2012	In Progress
Dixie	01/31/2013	03/31/2013	09/30/2011	09/30/2013	09/30/2011	09/30/2011	12/31/2011	12/31/2013	In Progress
DUVAL	02/01/2010	05/01/2010	02/01/2011	03/01/2011	04/01/2011	04/01/2011	09/01/2011	01/31/2012	Complete
ESCAMBIA	03/01/2005	05/01/2006	07/01/2006	08/01/2006	06/01/2010	02/01/2005	04/01/2007	10/01/2007	Complete
FLAGLER	05/10/2011	06/29/2011	09/07/2011	10/19/2011	07/27/2011	10/19/2011	11/16/2011	01/23/2012	Complete
FRANKLIN	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013	07/01/2013	Planned
GADSDEN	06/30/2012	06/30/2012	09/30/2012	09/30/2012	09/27/2011	12/31/2012	03/31/2013	03/31/2013	Planned
GILCHRIST	01/31/2013	03/31/2013	09/30/2011	09/30/2011	09/30/2011	09/30/2011	12/31/2011	12/31/2012	In Progress
GLADES	05/01/2011	05/01/2011	09/09/9999	09/09/9999	09/09/9999	12/01/2010	06/01/2011	09/09/9999	In Progress
GULF	03/01/2011	03/01/2011	09/08/2011	09/08/2011	02/23/2012	05/23/2012	09/01/2012	12/01/2012	In Progress
HAMILTON	04/01/2011	04/01/2011	11/01/2011	11/01/2011	11/01/2011	11/01/2011	01/01/2012	02/01/2012	Complete
HARDEE	12/31/2012	12/31/2012	12/31/2012	12/31/2012	12/31/2011	12/31/2011	12/31/2011	04/30/2011	In Progress
HENDRY	05/01/2011	05/01/2011	05/01/2011	01/01/2050	05/01/2011	03/01/2011	06/01/2011	01/01/2050	In Progress
HERNANDO	06/07/2011	06/07/2011	09/29/2011	02/07/2012	07/28/2011	09/29/2011	02/07/2012	02/07/2012	In Progress
HIGHLANDS	8/1/2011	8/1/2011	10/1/2011	12/1/2011	11/20/2011	7/1/2011	3/1/2012	6/1/2012	In Progress

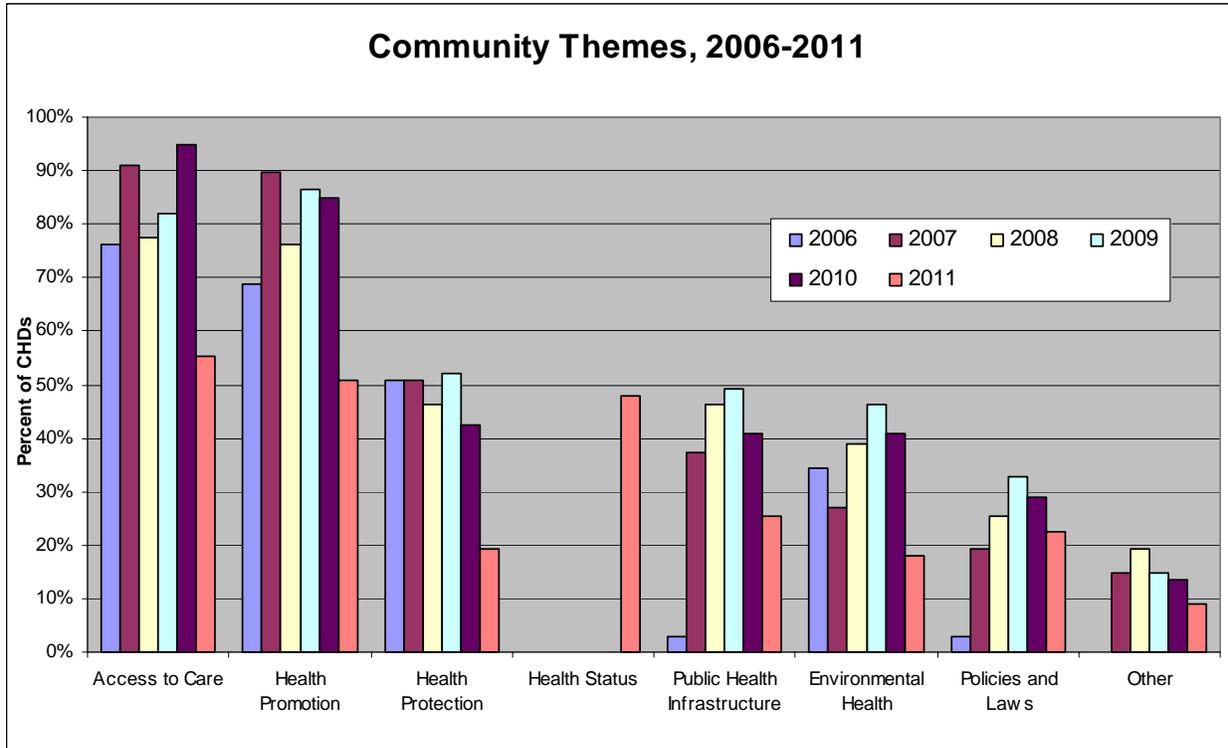
## What is your CHD's schedule for implementing a community health planning process?

	Organize for Success	Visioning	Community Themes & Strengths Assessment	Forces of Change Assessment	Local Public Health System Assessment	Community Health Status Assessment	Identify Strategic Issues	Action Cycle	Overall Status
HILLSBOROUGH	02/15/2010	02/15/2010	08/01/2010	09/27/2010	02/14/2010	12/08/2010	03/02/2011	08/01/2011	Complete
HOLMES	04/21/2011	07/15/2011	07/15/2011	07/15/2011	06/17/2011	07/15/2011	08/05/2011	08/05/2011	Complete
INDIAN RIVER	08/01/2011	04/01/2012	04/01/2012	04/01/2012	09/07/2011	11/16/2011	11/04/2011	11/04/2011	In Progress
JACKSON	02/01/2011	06/01/2011	09/01/2011	09/01/2011	09/01/2011	09/01/2011	09/01/2011	09/01/2011	Complete
JEFFERSON	01/31/2011	02/01/2011	05/31/2011	02/01/2011	09/30/2011	09/30/2011	06/30/2012	07/01/2012	In Progress
LAFAYETTE	06/20/2011	06/20/2011	06/20/2011	06/20/2011	07/25/2011	09/26/2011	08/22/2011	06/30/2012	Complete
LAKE	07/01/2011	07/15/2011	07/15/2011	02/16/2012	01/20/2012	01/20/2012	03/01/2012	04/01/2012	In Progress
LEE	02/01/2011	07/27/2011	05/02/2011	05/02/2011	09/01/2011	09/01/2011	07/27/2011	09/22/2011	Complete
LEON	05/12/2011	08/24/2011	02/14/2012	01/10/2012	03/30/2012	11/09/2011	04/10/2012	05/15/2012	In Progress
LEVY	07/27/2011	08/18/2011	11/01/2011	08/31/2011	11/01/2011	01/28/2012	02/28/2012	12/22/2012	In Progress
LIBERTY	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	03/01/2013	Planned
MADISON	01/31/2011	02/01/2011	05/31/2011	02/01/2011	09/30/2011	09/30/2011	06/30/2012	07/01/2012	In Progress
MANATEE	11/30/2010	01/30/2012	11/30/2010	06/30/2012	09/30/2011	06/30/2012	06/30/2012	10/30/2012	In Progress
MARION	02/18/2011	07/08/2011	07/19/2011	08/10/2011	09/26/2011	09/26/2011	01/25/2012	02/29/2012	Complete
MARTIN	10/30/2009	05/30/2010	09/28/2010	12/01/2010	09/28/2011	12/15/2010	01/15/2013	01/15/2014	In Progress
MONROE	11/30/2011	12/31/2011	5/31/2012	11/30/2012	9/30/2011	9/30/2012	1/31/2013	1/31/2013	In Progress
NASSAU	01/29/2011	04/14/2011	09/29/2011	09/29/2011	09/29/2011	09/29/2011	01/26/2012	07/01/2012	Complete
OKALOOSA	03/15/2012	03/15/2012	01/15/2012	12/08/2011	08/25/2011	10/15/2011	03/15/2012	07/01/2012	In Progress
OKEECHOBEE	01/31/2012	03/31/2012	04/30/2012	04/30/2012	06/30/2012	01/31/2012	06/30/2012	07/01/2012	Planned
ORANGE	9/30/2011	9/30/2011	11/30/2011	2/29/2012	09/30/2011	1/31/2012	4/30/2012	5/31/2012	In Progress
OSCEOLA	08/19/2011	08/19/2011	08/19/2011	08/19/2011	09/30/2011	04/30/2011	08/19/2011	08/19/2011	Complete
PALM BEACH	02/29/2012	06/01/2012	06/01/2012	06/01/2012	04/01/2012	06/01/2012	09/01/2012	12/01/2012	Planned
PASCO	01/01/2009	01/01/2009	01/01/2009	09/01/2010	09/01/2011	01/01/2011	03/01/2012	01/01/2013	In Progress
PINELLAS	02/29/2012	03/31/2012	04/30/2012	04/30/2012	08/31/2011	04/30/2012	05/30/2012	06/30/2012	Planned
POLK	02/14/2012	01/14/2010	09/29/2011	09/29/2011	12/14/2011	09/29/2011	05/31/2012	12/31/2012	In Progress
PUTNAM	09/01/2010	04/29/2011	06/01/2011	06/01/2011	06/30/2011	10/01/2010	12/08/2011	06/01/2012	Complete
SAINT JOHNS	06/01/2010	08/18/2010	03/31/2011	10/06/2010	01/19/2011	07/20/2011	05/18/2011	09/21/2011	Complete
SAINT LUCIE	05/15/2011	06/10/2011	06/10/2011	05/15/2012	06/10/2011	04/15/2012	06/15/2012	07/15/2012	In Progress
SANTA ROSA	05/31/2011	09/30/2011	03/31/2012	05/31/2012	03/31/2012	07/31/2012	05/31/2012	12/31/2012	In Progress

## What is your CHD's schedule for implementing a community health planning process?

	Organize for Success	Visioning	Community Themes & Strengths Assessment	Forces of Change Assessment	Local Public Health System Assessment	Community Health Status Assessment	Identify Strategic Issues	Action Cycle	Overall Status
SARASOTA	10/01/2002	01/01/2003	08/01/2003	08/01/2003	08/01/2003	10/01/2003	11/01/2003	12/01/2005	Complete
SEMINOLE	12/31/2012	12/31/2012	12/31/2012	12/31/2012	12/31/2012	12/31/2012	12/31/2012	12/31/2012	Planned
SUMTER	6/21/2011	8/15/2011	11/15/2011	11/7/2011	7/21/2011	11/15/2011	12/31/2011	3/31/2012	Complete
SUWANNEE	06/23/2011	06/23/2011	08/24/2011	07/13/2011	08/30/2011	07/13/2011	07/13/2011	07/01/2012	Complete
TAYLOR	01/01/2009	01/01/2009	01/01/2009	01/01/2009	11/01/2011	11/01/2011	01/01/2009	01/01/2009	Complete
UNION	06/30/2008	01/01/2009	07/30/2009	07/30/2011	07/30/2011	08/30/2010	07/30/2011	06/30/2010	Complete
VOLUSIA	03/28/2011	03/28/2011	03/28/2011	03/28/2011	09/30/2011	01/30/2012	01/30/2012	01/30/2012	In Progress
WAKULLA	08/01/2011	08/01/2011	08/01/2011	08/01/2011	08/01/2011	09/01/2011	09/01/2011	10/01/2011	Complete
WALTON	03/14/2012	03/14/2012	12/31/2011	01/18/2012	09/29/2011	02/29/2012	03/14/2012	04/18/2012	In Progress
WASHINGTON	07/01/2009	03/01/2010	04/01/2010	05/01/2010	06/01/2010	08/01/2011	08/01/2011	08/01/2011	Complete

## What themes/topics do your community identified strategic issues/priorities address?

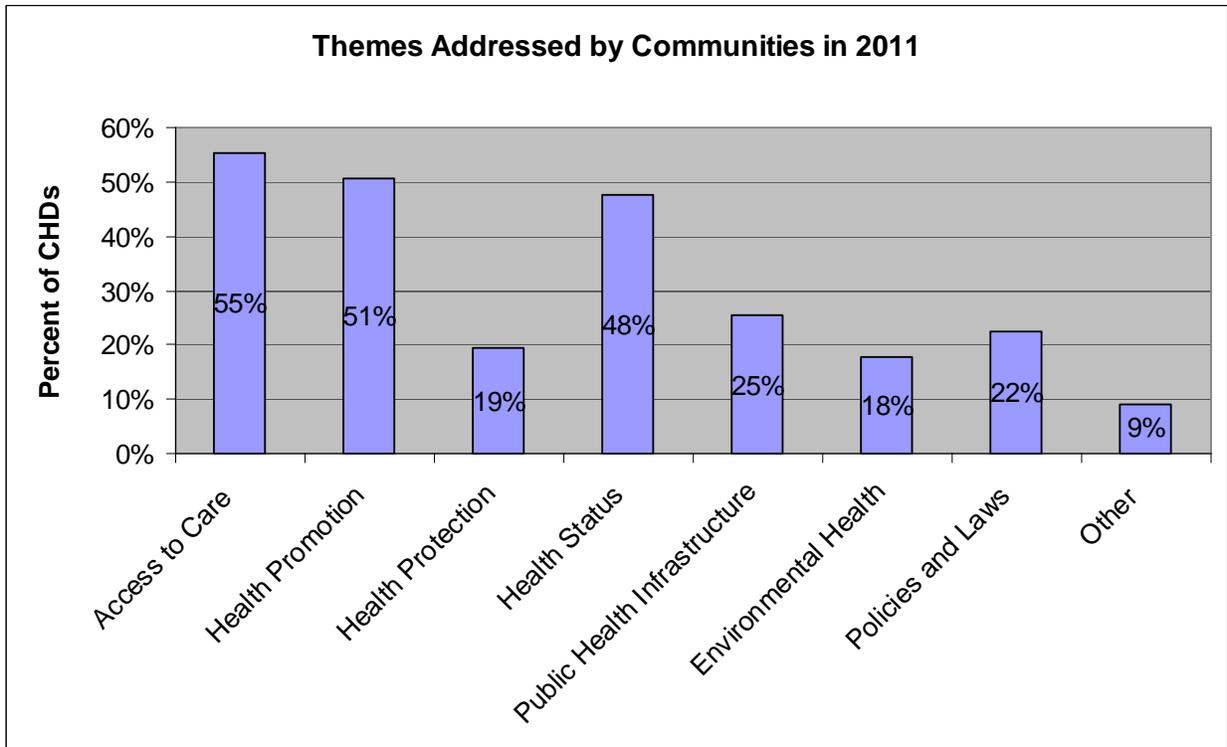


**Percentage of CHDs by Themes Addressed**

Themes	2006	2007	2008	2009	2010	2011
Access to Care	76%	91%	78%	82%	95%	55%
Health Promotion & Primary Prevention	69%	90%	76%	87%	85%	51%
Health Protection & Preparedness	51%	51%	46%	52%	42%	19%
Health Status (MCH, Chronic Disease, infectious disease, etc.)	not asked	48%				
Public Health Infrastructure	3%	37%	46%	49%	41%	25%
Environmental Health	34%	27%	39%	46%	41%	18%
Policies and Laws	3%	19%	25%	33%	29%	22%
Other	0%	15%	19%	15%	14%	9%

Counties may address more than one theme.

**What themes/topics do your community identified strategic issues/priorities address?**



**Related Standards:**

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

5.3.1.6 Community health improvement process includes prioritization of community health issues

**National Accreditation:**

Standard 4.1 Engage with the public health system and the community in identifying and addressing health problems through collaborative processes

Measure 4.1.1A Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations

Measure 4.2.1A Engage with the community about policies and/or strategies that will promote the public's health

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

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

Measure 5.2.2 L Produce a community health improvement plan as a result of the community health improvement process

**DOH Community Health Improvement:**

Implements a community health assessment process that includes

1A1. Identification of community themes (issues) and strengths

### What themes/topics do your community identified strategic issues/priorities address?

County	Access to care, services (e.g., service utilization, insurance)	Environment (e.g., built community, managing growth, air quality)	Health promotion and health education (e.g., primary prevention, wellness)	Health protection (e.g., preparedness, infectious disease control)	Health status (e.g., chronic diseases, maternal and child health, injury)	Policies and laws (e.g., enforcement, enactment, policy review)	Public health infrastructure (e.g., finances, workforce)	Access to care, services (e.g., service utilization, insurance)
ALACHUA	x	x	x		x	x	x	
BAKER	x	x			x			
BAY	x		x		x		x	
BRADFORD	x		x		x			
BREVARD	x	x	x	x	x		x	
BROWARD	x	x	x	x	x	x	x	
CALHOUN								
CHARLOTTE	x		x			x	x	
CITRUS	x		x		x			
CLAY	x		x					
COLLIER	x	x	x	x	x			
COLUMBIA								
DADE	x	x	x		x	x		
DESOTO	x	x	x			x	x	
Dixie								
DUVAL	x	x	x		x	x		
ESCAMBIA		x	x		x			Poverty, housing, education, economic development
FLAGLER	x		x		x			
FRANKLIN								
GADSDEN								
GILCHRIST								
GLADES								
GULF	x		x	x	x	x	x	

## What themes/topics do your community identified strategic issues/priorities address?

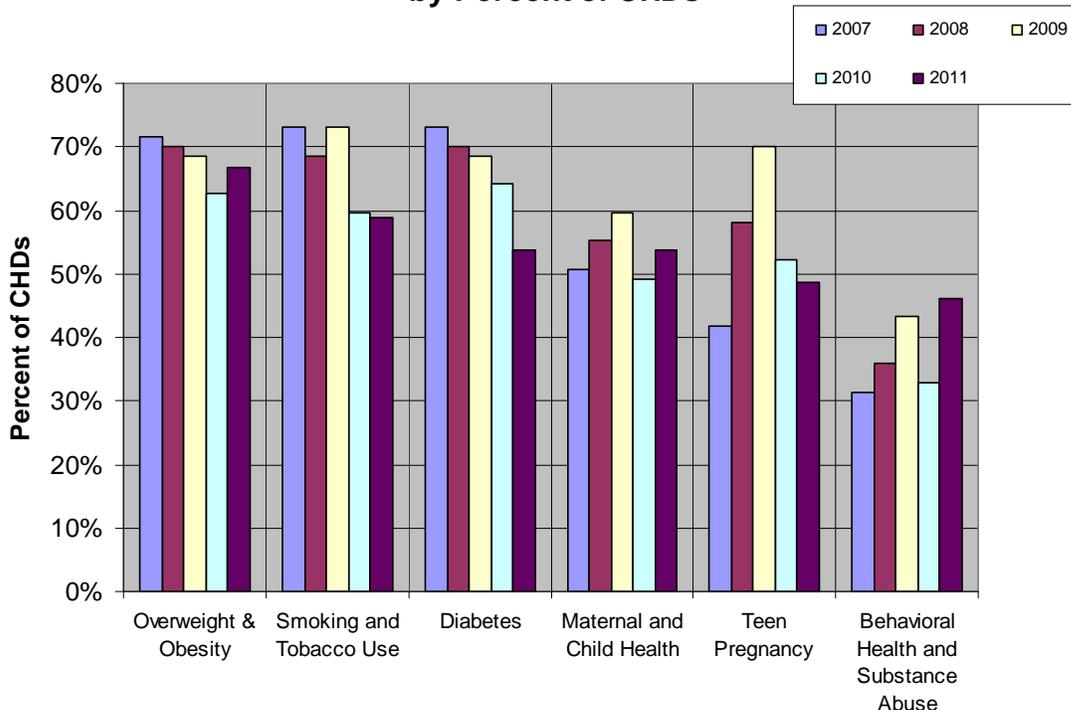
County	Access to care, services (e.g., service utilization, insurance)	Environment (e.g., built community, managing growth, air quality)	Health promotion and health education (e.g., primary prevention, wellness)	Health protection (e.g., preparedness, infectious disease control)	Health status (e.g., chronic diseases, maternal and child health, injury)	Policies and laws (e.g., enforcement, enactment, policy review)	Public health infrastructure (e.g., finances, workforce)	Access to care, services (e.g., service utilization, insurance)
HAMILTON			X		X			
HARDEE	X		X	X		X		
HENDRY								
HERNANDO								
HIGHLANDS	X		X		X		X	Mental health
HILLSBOROUGH	X		X	X	X			
HOLMES	X		X		X	X		Social Economic Health
INDIAN RIVER								
JACKSON								
JEFFERSON								
LAFAYETTE	X		X		X		X	
LAKE								
LEE	X		X		X			
LEON								
LEVY								
LIBERTY								
MADISON								
MANATEE	X		X	X	X	X	X	Legislation for Healthcare Reform, indigent healthcare
MARION								
MARTIN	X		X	X				Mental health & substance abuse
MONROE								
NASSAU	X		X		X			
OKALOOSA								

## What themes/topics do your community identified strategic issues/priorities address?

County	Access to care, services (e.g., service utilization, insurance)	Environment (e.g., built community, managing growth, air quality)	Health promotion and health education (e.g., primary prevention, wellness)	Health protection (e.g., preparedness, infectious disease control)	Health status (e.g., chronic diseases, maternal and child health, injury)	Policies and laws (e.g., enforcement, enactment, policy review)	Public health infrastructure (e.g., finances, workforce)	Access to care, services (e.g., service utilization, insurance)
OKEECHOBEE								
ORANGE								
OSCEOLA	x	x	x	x	x		x	
PALM BEACH	x	x	x		x	x	x	
PASCO	x				x			
PINELLAS								
POLK								
PUTNAM	x						x	
SAINT JOHNS	x				x			Improve Public Health System collaboration
SAINT LUCIE	x		x	x	x	x		
SANTA ROSA								
SARASOTA	x		x		x			
SEMINOLE								
SUMTER	x		x	x	x	x	x	
SUWANNEE	x		x		x		x	Community collaboration
TAYLOR								
UNION	x		x		x			
VOLUSIA	x	x	x	x	x	x	x	
WAKULLA	x						x	
WALTON								
WASHINGTON	x		x	x	x	x		Pediatric Oral Health

## What topics are being addressed through current community-identified goals and objectives?

**Top Community Health Improvement Topics by Percent of CHDs**

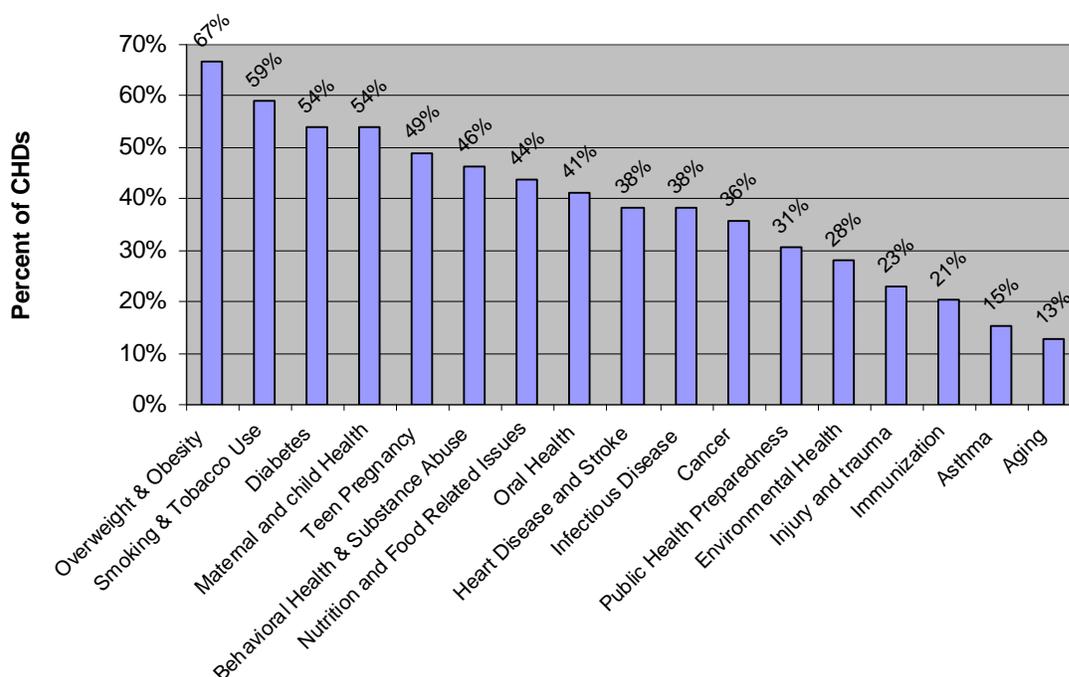


## Community Health Improvement Topics by Percent of CHDs

CHDs selected multiple topics

Topics	2007	2008	2009	2010	2011
Overweight & Obesity	72%	70%	69%	63%	67%
Smoking & Tobacco Use	73%	69%	73%	60%	59%
Diabetes	73%	70%	69%	64%	54%
Maternal and child Health	51%	55%	60%	49%	54%
Teen Pregnancy	42%	58%	70%	52%	49%
Behavioral Health & Substance Abuse	31%	36%	43%	33%	46%
Nutrition and Food Related Issues					44%
Oral Health				55%	41%
Heart Disease and Stroke	55%	63%	51%	45%	38%
Infectious Disease	39%	49%	48%	37%	38%
Cancer	39%	31%	45%	28%	36%
Public Health Preparedness	48%	42%	46%	39%	31%
Environmental Health	39%	45%	45%	36%	28%
Injury and trauma	27%	31%	34%	16%	23%
Immunization	42%	43%	55%	42%	21%
Asthma	25%	24%	21%	19%	15%
Aging	13%	22%	28%	15%	13%
Not Yet Identified	12%	1%	12%	12%	0%
Workforce	31%	31%	33%		

**Topics being Addressed by Community Identified Goals  
2011**



**Related Standards:**

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

5.3.1.6 Community health improvement process includes prioritization of community health issues

**National Accreditation:**

Standard 5.2 Conduct a health improvement planning process

Measure 5.2.1L Conduct a process to develop community health improvement plan

Measure 5.2.2L Produce a community health improvement plan as a result of the community health improvement process

Measure 5.2.3A Implement elements and strategies of the health improvement plan in partnership with others

Measure 5.2.4A Monitor progress on implementation strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partners

**DOH Community Health Improvement:**

Implements a community health assessment process that includes

1C. Produces action plans including the identification of strategic issues, goals and strategies, a continuous action cycle with evaluation components

### Topics being addressed by community-identified goals

	Aging issues	Asthma	Behavioral health and substance abuse	Cancer	Diabetes	Environmental health	Heart disease and stroke	Immunization	Infectious diseases (HIV, AIDS, STD's)	Injury and trauma	Maternal/child health/infant mortality	Nutrition and food related issues	Oral health	Overweight and obesity	Physical activity	Public health and medical preparedness	Smoking and tobacco use	Teen pregnancy	Other	
ALACHUA																				
BAKER	x	x	x	x	x	x	x				x		x	x			x	x		
BAY				x	x			x			x		x	x			x	x		
BRADFORD														x	x				x	
BREVARD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	
BROWARD	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	common eligibility process, domestic violence
CALHOUN																				
CHARLOTTE		x			x		x				x		x				x			
CITRUS			x	x	x		x	x	x		x		x	x		x	x			
CLAY			x		x		x							x			x			
COLLIER			x		x		x		x			x		x	x		x	x		Access for Primary Care
COLUMBIA																				
DADE				x	x		x		x			x	x	x	x	x	x			
DESOTO	x		x	x	x	x			x		x		x	x	x	x	x	x		
Dixie																				
DUVAL		x	x	x	x		x				x	x		x	x		x	x		
ESCAMBIA						x					x	x		x	x					Poverty, education, housing, economic development

### Topics being addressed by community-identified goals

	Aging issues	Asthma	Behavioral health and substance abuse	Cancer	Diabetes	Environmental health	Heart disease and stroke	Immunization	Infectious diseases (HIV, AIDS, STD's)	Injury and trauma	Maternal/child health/infant mortality	Nutrition and food related issues	Oral health	Overweight and obesity	Physical activity	Public health and medical preparedness	Smoking and tobacco use	Teen pregnancy	Other
FLAGLER			x						x					x			x		Access to health care
FRANKLIN																			
GADSDEN																			
GILCHRIST																			
GLADES																			
GULF																			
HAMILTON																			
HARDEE					x	x		x	x		x	x	x	x	x	x	x	x	
HENDRY																			
HERNANDO																			
HIGHLANDS			x		x						x	x		x				x	
HILLSBOROUGH					x					x	x			x					Mental health, disease reporting
HOLMES			x				x				x	x		x	x			x	
INDIAN RIVER																			
JACKSON																			
JEFFERSON																			
LAFAYETTE					x		x							x			x		H/C Resources; Unemployment/Economy
LAKE																			
LEE			x		x		x			x	x	x		x	x		x	x	Built Environment (e.g. alternative transportation, bicycle/pedestrian plans)

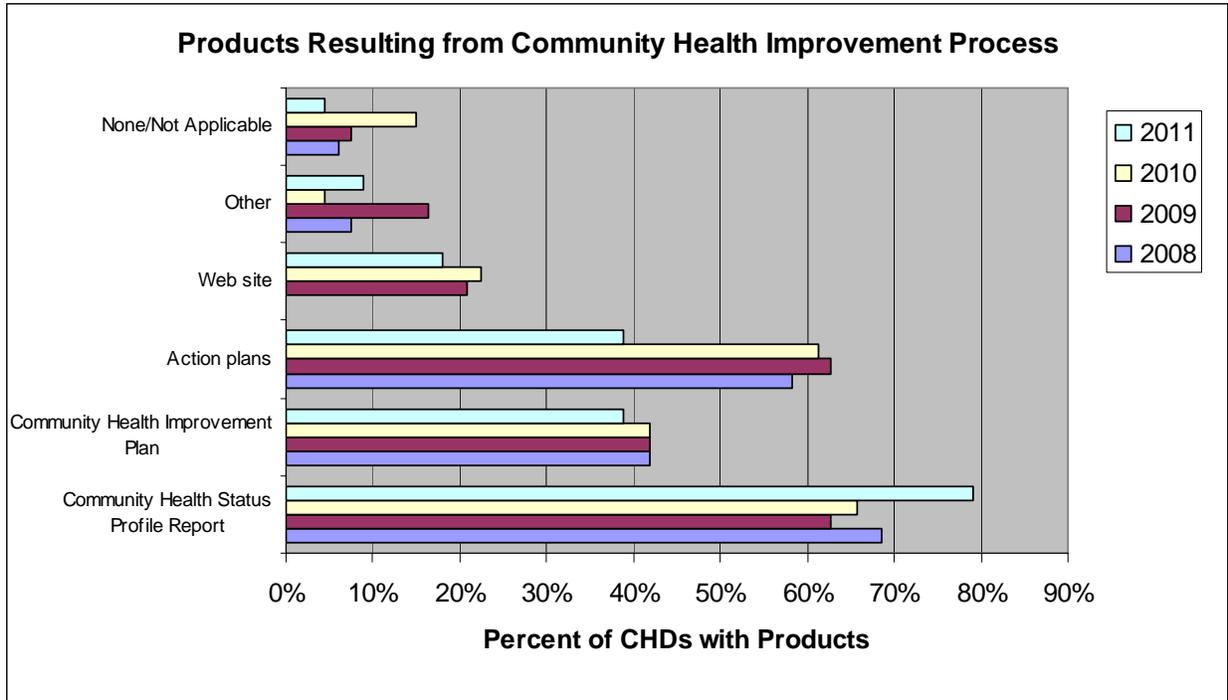
### Topics being addressed by community-identified goals

	Aging issues	Asthma	Behavioral health and substance abuse	Cancer	Diabetes	Environmental health	Heart disease and stroke	Immunization	Infectious diseases (HIV, AIDS, STD's)	Injury and trauma	Maternal/child health/infant mortality	Nutrition and food related issues	Oral health	Overweight and obesity	Physical activity	Public health and medical preparedness	Smoking and tobacco use	Teen pregnancy	Other	
LEON																				
LEVY																				
LIBERTY																				
MADISON																				
MANATEE			x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	Access to prenatal care
MARION																				
MARTIN																				
MONROE																				
NASSAU			x						x		x	x			x		x	x		
OKALOOSA																				
OKEECHOBEE																				
ORANGE																				
OSCEOLA	x	x		x	x	x	x	x	x	x	x		x	x	x	x	x	x	x	
PALM BEACH					x	x		x	x	x	x	x	x	x	x	x	x	x		Community Health Planning
PASCO																				
PINELLAS																				
POLK																				
PUTNAM																				
SAINT JOHNS			x	x							x		x							1) Develop a community health & social services resource tool. 2) Improve public health system collaboration.

### Topics being addressed by community-identified goals

	Aging issues	Asthma	Behavioral health and substance abuse	Cancer	Diabetes	Environmental health	Heart disease and stroke	Immunization	Infectious diseases (HIV, AIDS, STD's)	Injury and trauma	Maternal/child health/infant mortality	Nutrition and food related issues	Oral health	Overweight and obesity	Physical activity	Public health and medical preparedness	Smoking and tobacco use	Teen pregnancy	Other
SAINT LUCIE					X				X				X			X	X	X	
SANTA ROSA																			
SARASOTA			X			X						X		X	X				increasing awareness of existing community resources, access to health care
SEMINOLE																			
SUMTER																			
SUWANNEE			X								X	X		X	X		X	X	Prescription drug abuse; community collaboration; Health care options; health care provider recruitment
TAYLOR																			
UNION				X	X														
VOLUSIA						X			X	X	X	X	X	X	X	X	X		
WAKULLA																			
WALTON																			
WASHINGTON			X	X	X		X		X	X		X	X	X	X	X	X	X	Sexual Violence Prevention

## What products has the CHD helped produce as a result of community health improvement planning activities?



### Products Resulting from the Community Health Improvement Process

Statewide Responses	2008		2009		2010		2011	
	Percent	Count	Percent	Count	Percent	Count	Percent	Count
Community Health Status Profile Report	69%	46	63%	42	66%	44	79%	53
Community Health Improvement Plan	42%	28	42%	28	42%	28	39%	26
Action plans	58%	39	63%	42	61%	41	39%	26
Web site	0%		21%	14	22%	15	18%	12
Other	7%	5	16%	11	4%	3	9%	6
None/Not Applicable	6%	4	7%	5	15%	10	4%	3

**What products has your CHD helped produce as a result of the community health improvement process?**

<b>County</b>	<b>Community health status profile report</b>	<b>Community health improvement plan</b>	<b>Action plans</b>	<b>Web site</b>	<b>Not applicable</b>	<b>None of the above</b>	<b>Other</b>
ALACHUA						X	
BAKER	X						
BAY	X	X	X				
BRADFORD	X						
BREVARD	X	X	X				
BROWARD	X	X	X	X			
CALHOUN						X	
CHARLOTTE	X			X			Homeless Coalition 10 year Strategic Plan
CITRUS	X	X					
CLAY	X	X	X				
COLLIER	X	X	X				
COLUMBIA	X						
DADE	X	X	X	X			
DESOTO	X	X	X	X			
Dixie					X		
DUVAL	X	X	X	X			Some being finalized currently
ESCAMBIA	X	X	X	X			
FLAGLER	X						
FRANKLIN							These products not in use by this CHD.
GADSDEN						X	
GILCHRIST					X		
GLADES	X						

**What products has your CHD helped produce as a result of the community health improvement process?**

County	Community health status profile report	Community health improvement plan	Action plans	Web site	Not applicable	None of the above	Other
GULF	X						New training materials
HAMILTON	X	X	X				
HARDEE	X	X		X			
HENDRY	X						
HERNANDO	X	X	X			X	These products will be produced following the completion of Hernando's Forces of Change Assessment and Strategic Issues/Goals Formulation in February 2012.
HIGHLANDS	X	X		X			
HILLSBOROUGH	X	X	X				
HOLMES	X	X	X				
INDIAN RIVER	X		X				EH is working on goals/action plans for gaps identified in each essential service

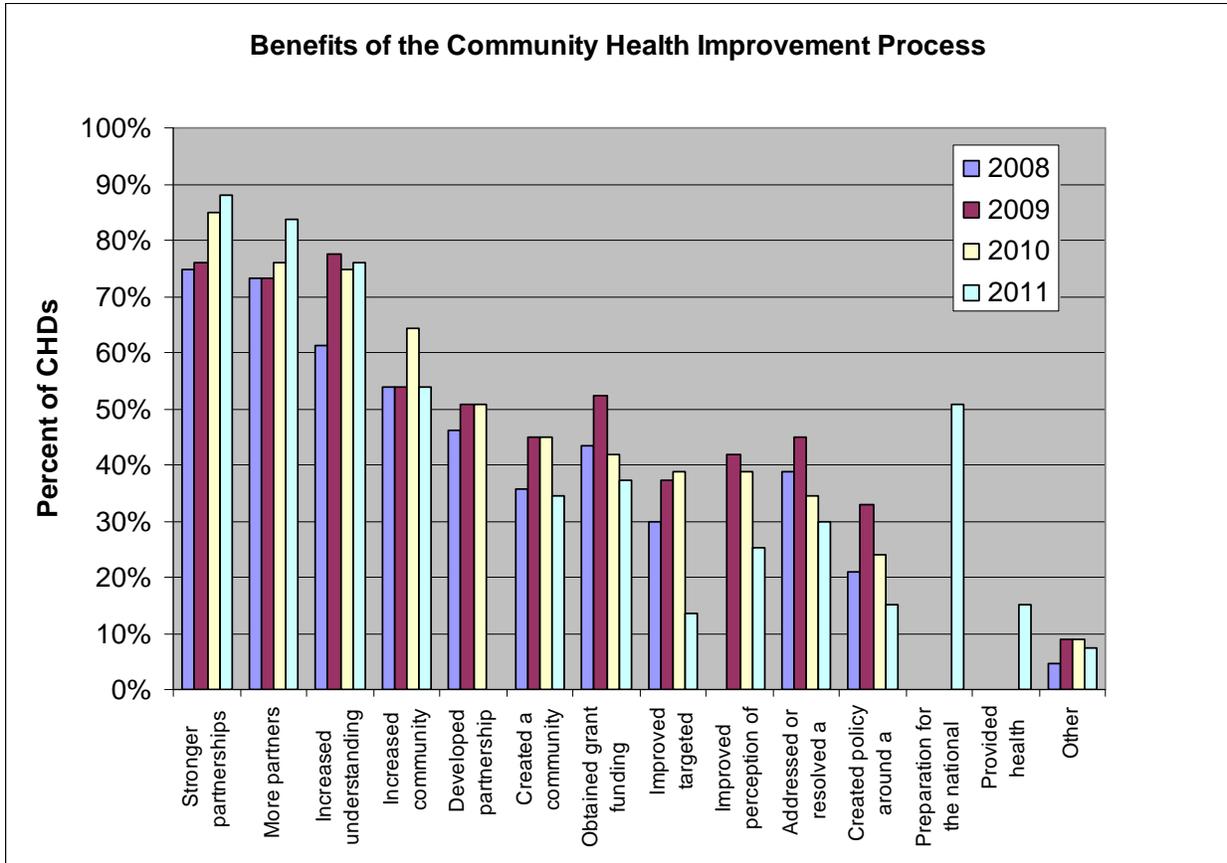
**What products has your CHD helped produce as a result of the community health improvement process?**

County	Community health status profile report	Community health improvement plan	Action plans	Web site	Not applicable	None of the above	Other
JACKSON			X				Community Needs evaluation, Partnership development
JEFFERSON	X						
LAFAYETTE	X	X	X				
LAKE	X	X	X				
LEE	X	X	X				
LEON	X						
LEVY	X						
LIBERTY						X	
MADISON	X						
MANATEE	X	X	X				
MARION	X						
MARTIN	X						
MONROE						X	
NASSAU	X			X			
OKALOOSA	X		X	X			
OKEECHOBEE	X						
ORANGE					X		Have not completed the CHIP. Due for completion 04/12
OSCEOLA		X	X				
PALM BEACH	X						
PASCO	X	X	X				
PINELLAS	X		X				
POLK	X						

**What products has your CHD helped produce as a result of the community health improvement process?**

<b>County</b>	<b>Community health status profile report</b>	<b>Community health improvement plan</b>	<b>Action plans</b>	<b>Web site</b>	<b>Not applicable</b>	<b>None of the above</b>	<b>Other</b>
PUTNAM	X						Still in the process
SAINT JOHNS	X	X	X				
SAINT LUCIE	X	X					
SANTA ROSA							18 month Timeline, Vision Statement, and the Local Public Health System Performance Assessment
SARASOTA	X		X	X			
SEMINOLE	X	X					
SUMTER	X						Swim Safe Sumter Drowning prevention Initiative
SUWANNEE	X	X	X	X			
TAYLOR	X						
UNION	X						
VOLUSIA	X						
WAKULLA						X	
WALTON						X	
WASHINGTON	X		X				

## What are some of the benefits the CHD has experienced from participating in community health improvement activities?



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

Response	2008		2009		2010		2011	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Stronger partnerships	75%	50	76%	51	85%	57	88%	59
More partners	73%	49	73%	49	76%	51	84%	56
Increased understanding of public health	61%	41	78%	52	75%	50	76%	51
Increased community ownership of issues	54%	36	54%	36	64%	43	54%	36
Developed partnership with health planning council	46%	31	51%	34	51%	34		not asked
Created a community health improvement plan	36%	24	45%	30	45%	30	34%	23
Obtained grant funding	43%	29	52%	35	42%	28	37%	25
Improved targeted indicators (based on data)	30%	20	37%	25	39%	26	13%	9
Improved perception of government	0%	0	42%	28	39%	26	25%	17
Addressed or resolved a strategic issue	39%	26	45%	30	34%	23	30%	20
Created policy around a community health issue	21%	14	33%	22	24%	16	15%	10
Preparation for the national voluntary agency accreditation	not asked		not asked		not asked		51%	34
Provided health perspective to urban planning	not asked		not asked		not asked		15%	10
Other	4%	3	9%	6	9%	6	7%	5

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

	More or new community partners	Stronger partnerships	New or increased grant funding or other	Better understanding of public health in the	Created a community health improvement	Created a policy around a community health issue	Resolved a specific strategic issue or goal	Community ownership of health issues	Improved targeted health indicators	Improved perception of government	Preparation for the national voluntary agency	Provided health perspective to urban planning	Not applicable	None of the above	Other
ALACHUA	X	X	X	X				X			X				
BAKER	X						X								
BAY			X		X		X				X				
BRADFORD	X	X	X	X	X		X	X			X				
BREVARD	X	X					X	X		X					
BROWARD	X	X	X	X	X			X	X		X	X			
CALHOUN		X		X											
CHARLOTTE	X	X	X	X				X		X					
CITRUS	X	X	X	X											
CLAY	X	X			X			X			X				
COLLIER	X	X		X	X			X				X			
COLUMBIA	X	X		X											
DADE	X	X	X	X		X	X	X			X	X			
DESOTO	X	X	X	X	X	X	X	X		X	X				
Dixie									X						
DUVAL	X	X		X	X	X		X			X	X			
ESCAMBIA	X	X		X	X	X	X	X	X		X	X			
FLAGLER	X	X	X	X	X							X			
FRANKLIN													X		
GADSDEN	X	X	X	X			X	X	X	X					
GILCHRIST									X						
GLADES		X		X											
GULF	X	X	X	X				X			X				
HAMILTON	X	X		X				X							
HARDEE	X					X	X		X						
HENDRY		X		X											
HERNANDO	X	X	X	X	X			X	X		X	X			
HIGHLANDS	X	X		X	X		X	X	X	X					

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

	More or new community partners	Stronger partnerships	New or increased grant funding or other	Better understanding of public health in the	Created a community health improvement	Created a policy around a community health issue	Resolved a specific strategic issue or goal	Community ownership of health issues	Improved targeted health indicators	Improved perception of government	Preparation for the national voluntary agency	Provided health perspective to urban planning	Not applicable	None of the above	Other
HILLSBOROUGH	X	X		X	X						X				
HOLMES	X	X		X	X		X	X			X				
INDIAN RIVER	X	X		X						X	X				Brought awareness to EH staff and partners to existing activities and allowed them a comprehensive view of activities
JACKSON	X	X		X				X		X					Agreement to complete the entire process of assessment and implementation with partners, partner support agreements
JEFFERSON	X	X	X	X				X			X				
LAFAYETTE	X	X			X										Very poor community participation
LAKE	X	X	X	X	X			X		X	X	X			
LEE	X	X		X		X					X	X			
LEON	X	X		X				X							
LEVY	X	X		X							X				
LIBERTY		X		X											
MADISON	X	X	X	X				X		X	X				

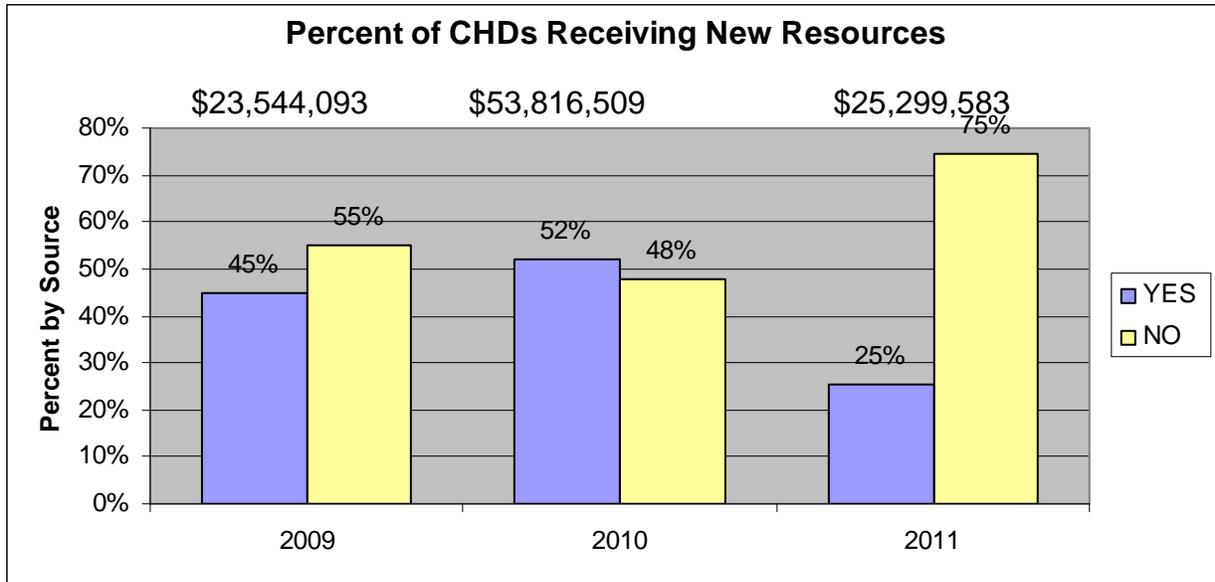
### What benefits have you attained as a result of participating in the community improvement process?

	More or new community partners	Stronger partnerships	New or increased grant funding or other	Better understanding of public health in the	Created a community health improvement	Created a policy around a community health issue	Resolved a specific strategic issue or goal	Community ownership of health issues	Improved targeted health indicators	Improved perception of government	Preparation for the national voluntary agency	Provided health perspective to urban planning	Not applicable	None of the above	Other
MANATEE	X	X		X	X	X	X	X		X	X				
MARION	X	X		X				X			X				A community health improvement plan will be developed as a result of this process
MARTIN	X	X		X							X				
MONROE		X		X											
NASSAU	X	X	X	X				X		X	X				
OKALOOSA	X	X		X						X	X				
OKEECHOBEE	X	X		X											Establishment of Community Health Advisory Team
ORANGE	X	X		X			X	X		X	X				
OSCEOLA	X	X	X	X	X		X	X							
PALM BEACH	X	X	X	X		X		X		X	X				
PASCO	X	X	X		X										
PINELLAS	X	X		X							X				
POLK	X			X						X	X				
PUTNAM	X	X						X							
SAINT JOHNS	X	X		X	X		X	X			X				
SAINT LUCIE	X	X	X	X	X	X	X	X	X	X	X				
SANTA ROSA	X	X	X	X			X	X		X					
SARASOTA	X	X	X	X	X		X	X				X			
SEMINOLE	X	X		X			X								

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

	More or new community partners	Stronger partnerships	New or increased grant funding or other	Better understanding of public health in the	Created a community health improvement	Created a policy around a community health issue	Resolved a specific strategic issue or goal	Community ownership of health issues	Improved targeted health indicators	Improved perception of government	Preparation for the national voluntary agency	Provided health perspective to urban planning	Not applicable	None of the above	Other
SUMTER	X	X	X	X							X	X			
SUWANNEE	X	X			X										
TAYLOR											X				
UNION	X	X	X	X	X		X	X			X				
VOLUSIA	X	X						X			X				
WAKULLA		X													
WALTON	X	X	X	X											
WASHINGTON	X	X				X		X							

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



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.

Some funding reported covers multiple years.

### Number of CHDs Receiving Resources

*Have new resources been received?*

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

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

County	New Resources Received	Source	Type	Duration	Topic Addressed	Amount of Funding
ALACHUA	No					
BAKER	No					
BAY	Yes	LIP Funding	Dental Funding			1.1M
BRADFORD	Yes	HRSA Planning Grant 2010	Federal	One year	Community Health Needs Assessment	80,000
BREVARD	No					
BROWARD	Yes	CDC	Federal	five years	teen dating violence prevention	1.7 million dollars over 5 years
CALHOUN	No					
CHARLOTTE	No					
CITRUS	Yes	FQHC	Federal	7 yr	Primary and preventive health care	717,500.00 per year
CLAY	No					
COLLIER	No					
COLUMBIA	No					
DADE	Yes	ARRA Funding Communities Putting Prevention to Work	Federal	Two years will end June 2012	Healthy eating and active living	\$14.7 million which will end June 30 2012
DESOTO	Yes	MLC	State	1 year	Playground	5,000 a year for 3 years
Dixie	No					
DUVAL	No					
ESCAMBIA	No					
FLAGLER	No					
FRANKLIN	No					
GADSDEN	Yes	Board of County Commissioners	Local	12 Years	Indigent Health Care	\$185,000 per year
GILCHRIST	No					
GLADES	No					
GULF	Yes	Office of Health Statistics and Assessment, Healthy Communities Healthy People, Tobacco Prevention Program	State and Federal	up to two years	Chronic Diseases, Healthy Living, Tobacco Prevention and Cessation	\$ 146,000 State
HAMILTON	No					
HARDEE	No					
HENDRY	No					
HERNANDO	Yes	HRSA, Ryan White	Federally Qualified Health Center,	5 years, 3 years	Community health, HIV/AIDS	1012.474

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

County	New Resources Received	Source	Type	Duration	Topic Addressed	Amount of Funding
			State			
HIGHLANDS	No					
HILLSBOROUGH	No					
HOLMES	No					
INDIAN RIVER	No					
JACKSON	No					
JEFFERSON	Yes	Low Income Pool, Office of Rural Health	State/Federal, Federal	4 yr, 2 yr	Primary Care Access/ ER Diversion, Health Assessment	919000
LAFAYETTE	No					
LAKE	No					
LEE	No					
LEON	No					
LEVY	No					
LIBERTY	No					
MADISON	Yes	Low Income Pool, Office of Rural Health	State/Federal, Federal	4 yr, 2 yr	Primary Care Access/ER Diversion, Health Assessment	919000
MANATEE	No					
MARION	No					
MARTIN	No					
MONROE	No					
NASSAU	Yes	FDOH minigrants (HIP11, Office of Rural Health)	State	9 months, 6 months	MAPP infrastructure & process support	\$22,050 (\$17,050+\$5,000)
OKALOOSA	No					
OKEECHOBEE	No					
ORANGE	No					
OSCEOLA	Yes	FDOH, HRSA	Grants	1-2 years	Expanding Primary Care Access, Patient-Centered Medical Home, Community Assessment	696521
PALM BEACH	No					
PASCO	No					
PINELLAS	No					
POLK	No					
PUTNAM	No					
SAINT JOHNS	No					
SAINT LUCIE	Yes	LIP Grant, United Way, Allegheny Franciscan Ministries, Blue Cross Blue Shield, Wal-Mart,	federal, state, private, foundations, local, in-kind	from one year grants to 4 year grants	Access to Health Care, Oral Health/Dental, HIV/AIDS, Diabetes,	\$2 Million in grants plus over \$2 Million in in-kind, local support

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

<b>County</b>	<b>New Resources Received</b>	<b>Source</b>	<b>Type</b>	<b>Duration</b>	<b>Topic Addressed</b>	<b>Amount of Funding</b>
SANTA ROSA	No					
SARASOTA	Yes	Healthy Weight Collaborative	Federal	1 year	Obesity	23,500 in grant funds, plus travel costs for training for 6 team members
SEMINOLE	No					
SUMTER	No					
SUWANNEE	No					
TAYLOR	No					
UNION	Yes	HRSA Planning Grant	Federal	One year	Community Health Needs Assessment	80,000
VOLUSIA	No					
WAKULLA	No					
WALTON	Yes	FL Office of Rural Health FLEX Grant	State	one year	Community Health Improvement / Development Activities	5,000
WASHINGTON	No					