



2013

***Community Health
Improvement Plan Update***

Citrus County



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Community Health Improvement Plan – Setting the Priority Issues

Overview of Planning Efforts

The *Citrus County Community Health Improvement Plan (CHIP) 2013 Update* is an amalgam of many simultaneous health needs assessment and health planning efforts that have been ongoing in Citrus County throughout 2012-2013. These include:

- Community health assessment work spearheaded by the Citrus County Hospital Board and Citrus Memorial Hospital in partnership with the Citrus County Health Department; George A. Dame Community Health Center; Seven Rivers Hospital; and WellFlorida Council.
- Preparation for the 2014 Public Health Accreditation Board (PHAB) accreditation process at the Citrus County Health Department.
- 2013-2015 strategic planning activities of the Community Board of the George A. Dame Community Health Center.
- Compilation of 2013 regional community health profiles by WellFlorida Council.

Many partners participated in and across all of these efforts so a smaller Community Health Improvement Planning Steering Committee was formed to glean common themes and issues from all of these inputs and translate them into the Citrus County Community Health Improvement Plan (CHIP) 2013 Update.

Key Community Health Assessment Issues

As identified in the Citrus County Hospital Board's 2013 community health assessment, overall, Citrus County fares worse than the state on most critical health outcomes and health factors. As part of the extensive community input to the needs assessment process, both providers and community members felt that the most important aspects of a healthy community are access to healthcare services and a good economy. In addition, participants observed and the data showed that many health problems in Citrus County are related to the population distribution (large elderly population). In terms of specific health issues, both providers and community members expressed concerns regarding drug abuse and mental illness. Healthy living and lifestyle choices were also emphasized and found important by providers and community members.

The community health assessment process identified several key issue areas and recommendations. These issues and recommendations included the following:

- Partnership Development/Visible Collaboration: Collaborate with community based organizations, nonprofits, senior centers, faith based communities and the like to develop a grassroots approach to improving communication and raising community member self-awareness of healthy behaviors. Work together to combine resources and identify a leader who can be responsible for the development, management and communication of the partnership.

Grassroots approaches are often very effective and highly supported by rural communities with limited resources.

- **Promotion of Available Resources:** Inventory all resources available in the service area, including but not limited to: transportation service, indigent care facilities (primary care, dental care, mental health care, optical care), financial assistance programs, pharmaceutical programs, health fairs, exercise classes, job training, nutrition classes, Meals on Wheels, support groups, etc. Consider publishing these resources online and updating monthly. Focus group participants identified a need for an information hub (similar to 211). Consider working with United Way or a similar organization to act as the information hub. Suggestions made by focus group participants when determining modes of effective communication were increasing community awareness of services included working with home owner associations, developing bill stuffers for utility bills, offering health fairs and other community-wide events where presentations are possible.
- **Utilizing Volunteer Workforce:** The vast number of volunteers in the service area is a community strength and resource. This volunteerism workforce is a community resource that can be utilized to address the needs of the community. Strong leadership is needed to organize and manage volunteers; however, this community strength should not be undervalued. Building a strong and capable volunteer workforce is an effective way to limit the costs attributed to the development and management of new programs and the promotion of existing programs. Citrus County fares worse than the state in health factors and health outcomes. Consider focusing on community health initiatives to improve general quality of health in these residents. These efforts may include nutrition classes, exercise challenges and other healthy living programs. Increase access and resources in this community. Consider utilizing the volunteer workforce and partnership development strategies as ways to lower cost and increase impact.
- **Mental Health/Substance Abuse:** Access to mental health services and substance abuse clinics is a growing concern of both community members and service providers. Collaborating with local mental health counselors, drug rehabilitation centers and the like may provide needed resources to the community. Community members cited the lack of ongoing drug rehabilitation services such as Narcotics Anonymous, perhaps there are organizations/providers willing to sponsor such meetings throughout Citrus County.

Other key assessment data considered during the community health improvement planning process included the Robert Wood Johnson and University of Wisconsin Population Health Institute's County Health Rankings. Table 1 shows that between 2010 and 2013, Citrus County has fallen in both health outcomes and health factors in the Robert Wood Johnson Foundation's County Health Rankings.

Table 1. Citrus County Health Rankings, 2010-2013.

Data Item	2010	2011	2012	2013
Health Outcomes (2013)	40	42	39	50
Health Factors (2013)	29	37	33	34

Source: Robert Wood Johnson and University of Wisconsin Population Health Institute, County Health Rankings, 2010-2013.

Data from WellFlorida Council was also utilized in the process of establishing the CHIP. As the local health council statutorily designated to serve Citrus County and the other fifteen counties within the Florida Agency's for Health Care Administrations' Areas 3A and 3B (see Florida Statute F.S. 408.033), WellFlorida must annually create and provide to the Florida Department of Health a community profile or snapshot of key health indicators throughout the 16 counties WellFlorida serves. Table 2 details these critical indicators from the community profiles and compares them against WellFlorida's 16-county planning region and Florida as a whole. As seen in Table 2, Citrus County fares poorly compared to the region and Florida in many of the key health outcome areas. Most of these areas of deficiency are critical areas and issues addressed in the Citrus County Hospital Board's 2013 community health assessment and through ongoing strategic planning discussions at the George A. Dame Community Health Center, which is co-located at the Citrus County Health Department site in Lecanto.

Table 1. Citrus County Health Profile, 2013.

Data Item	Citrus	Region	Florida	Source
County Health Rankings				
Health Outcomes (2013)	50	---	---	University of Wisconsin Population Health Institute, County Health Rankings, 2013.
Health Factors (2013)	34	---	---	
Population				
Total Population (2007-2011)	141,157	1,599,707	18,688,787	U.S. Census Bureau, 2007-2011 American Community Survey, Table B02001, S0101 and B03003.
Percent Population 65+ (2007-2011)	31.5	22.6	17.2	
Percent Black Population (2007-2011)	2.8	11.8	15.8	
Percent White Population (2007-2011)	93.3	82.3	76.4	
Percent Hispanic Population (2007-2011)	4.6	8.8	22.1	
Socioeconomics				
Median Household Income (2007-2011)	38,189	----	47,827	U.S. Census Bureau, 2007-2011 American Community Survey, Table S1903, S1701 and S1501.
Percent of Persons Below Poverty (2007-2011)	15.8	16.5	14.7	
Percent of Persons Below 200 % of Poverty (2007-2011)	38.2	38.2	35.0	
Percent of Population 25+ with High School Diploma or Higher (2007-2011)	85.2	85.0	85.5	
Lifestyle				
Percent of Adults with Diagnosed Diabetes (2010)	10.0	---	10.4	FloridaCHARTS.com, BRFS Data, 2010, accessed April 23, 2013.
Percent of Adults Who Are Current Smokers (2010)	21.1	---	17.1	
Percent of Adults Who Are Overweight or Obese (2010)	61.1	---	65.0	
Health Care Access				
Percent of Non-Elderly that are Uninsured (2010)	22.1	22.5	25.3	U.S. Census Bureau, Small Area Health Insurance Estimates, 2010
Percent of Total Population That Are Medicaid Eligible (2013)	15.8	17.2	17.4	FloridaCHARTS.com population estimates for 2013; Special Report from Florida Medicaid Office for Medicaid Eligibles as of March 31, 2013.

Table 2. Citrus County Health Profile, 2013. Continued

Data Item	Citrus	Region	Florida	Source
Maternal and Infant Health				
Teen Birth Rate Per 1,000 Females 15-17 Years of Age (2009-2011)	16.8	18.4	15.4	FloridaCHARTS.com maternal health query and population estimates for 2009-2011, accessed 4-24-13. Notes: Teen Birth Rates are calculated by dividing the total number of births to moms 15-17 years of age by the total female population of the 15-17 year olds then multiplied by 1000. Low Birthweight births are babies weighing < 2500 grams. Late or no prenatal care is defined as the care was started in the third trimester or no prenatal care was listed. Number of deaths during the first year of life per 1,000 live births in the same year or other time period.
Percent of Live Births that were Low Birthweight Births (2009-2011)	7.3	8.3	8.7	
Percent of Live Births that Had Late or No Prenatal Care (2009-2011)	4.1	4.7	4.1	
Infant Death Rate Per 1,000 Live Births (2009-2011)	6.5	7.0	6.6	
Health Status				
Cancer Incidence Crude Rates Per 100,000 (2007-2009)	924.3	731.0	575.8	FloridaCHARTS.com , population estimates query and cancer incidence data query, 2007-2009. Notes: Cancer is defined as ICD 10 codes c00-c97. Incidence is the number of new cases per population in a given time period.
New HIV Infection Cases Crude Rates Per 100,000 (2010-2012)	4.2	12.4	27.1	Department of Health Division of Disease Control, Monthly surveillance Report, January 2013; FloridaCHARTS.com Population Estimates Query, 2010-2012. Notes: The county numbers do not include dept. of corrections. Florida total does include the dept. of corrections total.
Preventable Hospitalizations Under 65 from all Conditions Crude Rate Per 100,000 (2009-2011)	1,316.2	1,323.4	1,220.8	FloridaCHARTS.com, 4-25-13. Population Estimates Query, Ambulatory Care Sensitive Conditions Query. Notes: For the complete listing of preventable hospitalization codes see: http://archive.ahrq.gov/data/safetynet/billappb.htm
Dental ER Visits Crude Rate Per 1,000 (2009-2011)	11.9	12.1	8.3	AHCA Emergency Department Visit Data, 2009-2011; FloridaCHARTS.com population query, 2009-11. Notes: Crude Rates are per 1,000 total population. All Dental ER Visits are based on ICD 9 Codes between 520 and 529. All diagnosis and reason codes were checked.

Table 2. Citrus County Health Profile, 2013. Continued

Data Item	Citrus	Region	Florida	Source
Health Status				
Mental Health ER Visits Crude Rate Per 1,000 (2009-2011)	81.2	68.7	50.7	AHCA Emergency Department Visit Data, 2009-2011; FloridaCHARTS.com population query, 2009-11. Notes: Crude Rates are per 1,000 total population. All Mental Health ER visits are based on ICD 9 Codes between 290 and 316. All diagnosis and reason codes were checked.
Percent Difference between the Black Age Adjusted Death Rate and the White Age Adjusted Death Rates for All Causes of Deaths (2009-2011)	(13.7)	12.8	16.9	Department of Health, Office of Vital Statistics, 2009-2011. U.S. Census Bureau, 2010 Summary File 1. Notes: The Percent difference formula is ((Black Rate - White Rate)/White Rate)*100
Heart Disease Age Adjusted Mortality Rate Per 100,000 (2009-2011)	194.1	172.6	159.6	Department of Health, Office of Vital Statistics, 2009-2011. U.S. Census Bureau, 2010 Summary File 1. Notes: Age adjusted death rates are per 100,000 population. Heart Disease includes ICD 10 Codes: I00-I09, I11, I13, I20-I22, I24, I25-I28, I30-I31, I33-I38, I40, I42-I51.
Cancer Age Adjusted Mortality Rate Per 100,000 (2009-2011)	183.5	184.2	163.7	Department of Health, Office of Vital Statistics, 2009-2011. U.S. Census Bureau, 2010 Summary File 1. Notes: Age adjusted death rates are per 100,000 population. Cancer includes ICD 10 Codes: C00-C16, C18-C22, C25, C32-C34, C43, C50, C53-C56, C67, C70-C72, C81-C85, C88, C90-C96.
Chronic Lower Respiratory Disease Age Adjusted Mortality Rate Per 100,000 (2009-2011)	60.2	46.5	39.7	Department of Health, Office of Vital Statistics, 2009-2011. U.S. Census Bureau, 2010 Summary File 1. Notes: Age adjusted death rates are per 100,000 population. Chronic Lower Respiratory Disease includes ICD 10 Codes: J40-J47
Unintentional Injury Age Adjusted Mortality Rate Per 100,000 (2009-2011)	70.6	58.8	42.1	Department of Health, Office of Vital Statistics, 2009-2011. U.S. Census Bureau, 2010 Summary File 1. Notes: Age adjusted death rates are per 100,000 population. Unintentional Injuries includes ICD 10 Codes: V90-V99, W00-W19, W32-W34, W65-W74, X00-X09, X40-X49, Y85

Members of the Steering Committee were presented the results of these critical community health assessment data and identified the following key issue areas for possible inclusion into the 2013 Chip Update for Citrus County:

- Lack of awareness by the general public on what health services are out there, how to use the services, when to use the services and the individual benefits of the services.
- Residents are using the emergency room inappropriately for primary care as because either they do not know how and when to appropriately utilize primary care and many times they cannot get to their primary care provider when they are sick.
- Citrus County lacks primary care capacity for the underserved population; OB/GYN services capacity for nearly all segments of the population; mental health care for nearly all segments of the population; and dental care for the Medicaid population and underserved especially.
- Drug use and related co-morbidities are high in Citrus County.
- Lack of standardized post-discharge care is fueling avoidable hospital re-admissions for readily manageable issues.
- Citrus County's economy yields lower income and economic compared to Florida as a whole which translates in less disposable income to invest in healthcare and thus less access to care which results in lower health outcomes.
- The local public health system in Citrus County lacks a forum to collectively address and overcome pressing community healthcare, health system and health outcomes.

The Steering Committee then determined which of these areas were the most likely where relatively immediate impacts could be made and identified the following five goals that form the cornerstone of the Citrus County Community Health Improvement Plan (CHIP) 2013 Update:

- GOAL 1 – Increase the awareness of the availability of health services in Citrus County and how and when to use them.
- GOAL 2 - Increase the appropriate use of healthcare.
- GOAL 3 – Expand the capacity of key care health providers for designated target populations.
- GOAL 4 – Create a culture of standardized post-discharge from hospital care in order to reduce avoidable hospital re-admissions for readily manageable issues.
- GOAL 5 – Enhance partnerships to address community health issues.

The sections that follow provide the CHIP detail to address these identified community goals.

Citrus County 2013 Community Health Improvement Plan

Overview of the Plan

The focus of the 2013 update of the Citrus County Community Health Improvement Plan was to bring the plan into alignment with Public Health Accreditation Board standards for community health improvement planning. As such, the update includes the following components:

- An update to the goals, strategies and objectives to make them more consistent with the SMART format; that is the goals and strategies are tied to objectives that are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-sensitive.
- Identification for each strategy of potential key leads and partners for implementation.
- Potential performance indicators (or interim measures of success).
- Alignment of goals and objectives of local plan with state and national priorities.
- Potential policy implications or policy actions that may need to be taken for implementation.

The sections that follow detail each of these components.

Goals, Objectives, Strategies, Performance Measures and Key Partners

Table 3 represents the updates to the goals, objectives and strategies from the 2012 CHIP process as well as the addition of performance measures and potential key leads and partners. The Citrus County Strategic Health Care Planning Committee (HCSHCPC) has been the leader in community health improvement planning and implementation of the CHIP. This volunteer group has worked together for 10 years and has dedicated five meetings since November 1, 2012 to working on updating the plan to meet Public Health Accreditation Board standards.

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 1 – Increase the awareness of the availability of health services in Citrus County and how and when to use them.	<u>Objective 1</u> By December 31, 2015, 90% of a representative random sample of Citrus County residents will score at least 75% on a resource awareness and appropriateness of utilization survey (Baseline: None. First survey of its kind in Citrus	<u>Strategy 1.A</u> Enhance the currently available major community health information and referral resource (e.g. 211) by ensuring that existing resources information is being regularly updated by community health services providers and increase community awareness (for both consumers and providers) of these major existing	<ul style="list-style-type: none"> • List of current community health service agencies that are in resource databases. • List of community health service agencies that need to be in databases. • Targeted recruiting list divided among participants of proposed Health Improvement Partnership for recruiting to participate in information and referral system. 	<ul style="list-style-type: none"> • United Way of Citrus County • 211 Provider • Community health services provider • Proposed Health Improvement Partnership • Media • Marketing organizations

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	County.).	community health information referral and resources.	<ul style="list-style-type: none"> • Number of marketing campaigns or outreach efforts conducted. • Number and percent of resident population aware of the information and referral resource. • Number and percent of community health service providers aware of information and referral resource. • Increasing percent of providers who participate. • Increasing number of users or requests for information and referral from system. • Increase use of web-based system. 	
		<p><u>Strategy 1.B</u> Use hospital emergency departments to inform and educate about existing resources on how and when to best use them.</p>	<ul style="list-style-type: none"> • Development of a unified resource availability and best practices for consumer use marketing message and materials. • Number of persons exposed to marketing or awareness materials. • Number and percent of resident population who utilized the ER and were exposed to materials and report that they used this material to make choices on when and how to use resources when there was a future need. 	<ul style="list-style-type: none"> • Hospitals • George A. Dame Community Health Center • Citrus County Health Department • Health and Dental Clinics Care and Providers • Citrus County Hospital Board

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
		<p><u>Strategy 1.C</u> Create a Citrus County mobile phone application that provides instantaneous information on health services availability and is tied into location services for navigation assistance.</p>	<ul style="list-style-type: none"> • Consortium formed among key partners committed to community-based application in addition to any proprietary application that may exist. • Mobile application developed and launched. • Number of downloads of application. • Number of residents who report utilizing application to find information on community health resources. 	<ul style="list-style-type: none"> • Hospitals • George A. Dame Community Health Center • Citrus County Health Department • Health and Dental Care Clinics and Individual Providers • Citrus County Hospital Board • Citrus County Medical Society or Equivalent Physician organizations • United Way of Citrus County • IT professionals for development or University of Florida or University of South Florida graduate students in IT or Engineering

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
<p>GOAL 2 - Increase the appropriate use of healthcare.</p>	<p><u>Objective 2.1</u> By December 31, 2016, decrease the preventable hospital discharge rate to 1,200 preventable discharges per 100,000 population under age 65 (Baseline: 1,316, AHCA, 2009-11).</p>	<p><u>Strategy 2.A (replication of Strategy 1.A)</u> Enhance the currently available major community health information and referral resource (e.g. 211) by ensuring that existing resources information is being regularly updated by community health services providers and increase community awareness (for both consumers and providers) of these major existing community health information referral and resources.</p>	<ul style="list-style-type: none"> • List of current community health service agencies that are in resource databases. • List of community health service agencies that need to be in databases. • Targeted recruiting list divided among participants of proposed Health Improvement Partnership for recruiting to participate in information and referral system. • Number of marketing campaigns or outreach efforts conducted. • Number and percent of resident population aware of the information and referral resource. • Number and percent of community health service providers aware of information and referral resource. • Increasing percent of providers who participate. • Increasing number of users or requests for information and referral from system. • Increase use of web-based system. 	<ul style="list-style-type: none"> • United Way of Citrus County • 211 Provider • Community health services provider • Proposed Health Improvement Partnership • Media • Marketing organizations
		<p><u>Strategy 2.B</u> Create a newly emerging “Community Paramedic Program” to enhance access for residents with substantial barriers and to help get them in appropriate care settings.</p>	<ul style="list-style-type: none"> • Policy changes necessary to implement Community Paramedic Program in Florida are realized. • Program is developed and launched. • Number of residents served by the program. 	<ul style="list-style-type: none"> • Emergency Medical Services • Local government • State government (policy changes)

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
			<ul style="list-style-type: none"> Residents who participate in program demonstrate greater rates of appropriate use of health services. 	<ul style="list-style-type: none"> Law enforcement Hospitals George A. Dame Community Health Center Citrus County Health Department Health and Dental Care Clinics and Individual Providers Citrus County Hospital Board Medical Society or Equivalent Physician organizations
<p>GOAL 3 – Expand the capacity of key care health providers for designated target populations.</p>	<p><u>Objective 3.1</u> By December 31, 2015, increase the rate of licensed physicians in Citrus County from a 2009-2011 rolling average of 173.5 per 100,000 residents to 185.0 per 100,000 (Source: Florida CHARTS).</p> <p><u>Objective 3.2</u> By December 21, 2015, reduce the percentage of adult residents of Citrus County who could not see a doctor at least once during the past year due to cost to 17.4%</p>	<p><u>Strategy 3.A</u> Enhance participation in the Citrus County We Care Program.</p>	<ul style="list-style-type: none"> Creation of marketing and recruiting pitch to existing Citrus County Physicians who are not participating in We Care. Community recruiting campaign launched. Number of new physicians recruited. Number of total physicians participating. Number of patients referred to program. Number of visits. Value of services provided. 	<ul style="list-style-type: none"> Citrus County Medical Society Citrus County Health Department Hospitals George A. Dame Community Health Center Health and Dental Care Clinics and Individual Providers (especially specialists)
		<p><u>Strategy 3.B</u> Form a partnership to market and promote, in an integrated manner, Citrus County as a</p>	<ul style="list-style-type: none"> A formal partnership is developed and created. Data research study completed to quantify and/or verify the areas 	<ul style="list-style-type: none"> Local government Businesses Chamber of Commerce

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	(Baseline: 19.4%, 2010 Department of Health, Florida CHARTS).	destination for physicians and providers.	of need and the magnitude of the shortages. <ul style="list-style-type: none"> • Unified community recruiting message created. • Number of joint marketing campaigns. • Number of potential recruited physicians exposed to campaigns. • Number of physicians who locate in Citrus County who cite impact of campaign in their decision. 	<ul style="list-style-type: none"> • George A. Dame Community Health Center • Citrus County Health Department • Local physicians • Local dentists
GOAL 4 – Create a culture of standardized post-discharge from hospital care in order to reduce avoidable hospital re-admissions for readily manageable issues.	<u>Objective 4.1</u> By December 31, 2016, reduce the re-admission rate for each of the following conditions for Citrus County residents below the state average re-admission rate: heart failure; heart attack; pneumonia; chronic lower respiratory disease; bypass surgery; hip replacement; diabetes and renal failure.	<u>Strategy 4.A</u> Create a county-wide “Community Re-Admission Council” to study the magnitude of the re-admission issue in the identified areas and to propose and implement community-wide solutions to reducing re-admission rates in these areas.	<ul style="list-style-type: none"> • Council formally developed and created. • Source of re-admission problems in each of these identified priority conditions is identified. • Community-wide policies, procedures and protocols are developed and implemented. • Percentage of facilities complying with these protocols. • Number of community-based post-discharge healthcare services trained in protocols for each condition. • Percentage of cases managed with the community protocols. • Reduced numbers of re-admissions in these conditions. 	<ul style="list-style-type: none"> • Hospitals • Home health agencies and other community-based post-discharge health services • Nursing homes • Rehabilitation facilities • Family caregivers
GOAL 5 – Enhance partnerships to address community health issues.	<u>Objective 5.1</u> By January 31, 2014, establish and maintain a productive community health	<u>Strategy 5.A</u> Create a private sector, volunteer Citrus County Health Improvement Partnership in order to “shepherd” or “oversee”	<ul style="list-style-type: none"> • Group formed. • Charter developed. • Number of partners participating. • Meetings scheduled. 	<ul style="list-style-type: none"> • Citrus County Health Department • Hospitals • Media

Table 3. Citrus County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	improvement partnership to participate in and monitor the health of the community through development of community health assessments and community health improvement plans.	implementation of the CHIP and regular and ongoing community health assessment activities.	<ul style="list-style-type: none"> • Number of meetings held. • Number of projects completed. • Level of implementation of the CHIP. 	<ul style="list-style-type: none"> • Emergency Medical Services • Faith-based groups • Businesses • Schools • Private physicians • Local government • United Way of Citrus County • Chamber of Commerce • Citrus County Hospital Board • Law enforcement • George A. Dame Community Health Center • Citrus County Medical Society

Alignment with State and National Priorities

The 2013 Citrus County Community Health Improvement Plan Update has been reviewed for alignment with the following state and national guidelines:

- Florida State Health Improvement Plan 2012-2015 (April 2012) from the Florida Department of Health
- Healthy People 2020 from the United States Department of Health and Human Services
- National Prevention Strategy – America’s Plan for Better Health and Wellness (June 2011) from the National Prevention Council

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment. Table 4 summarizes where the 2013 Citrus County CHIP Update objectives align with the various state and national standards.

Table 4. Citrus County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
<i>GOAL 1 Increase the awareness of the availability of health services in Citrus County and how and when to use them.</i>			
<u>Objective 1</u> By December 31, 2015, 90% of a representative random sample of Citrus County residents will score at least 75% on a resource awareness and appropriateness of utilization survey (Baseline: None. First survey of its kind in Citrus County.).	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Health Communication and Health Information Technology Objective(s): HC/HIT-5	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
<i>Goal 2 Increase the appropriate use of healthcare.</i>			
<u>Objective 2.1</u> By December 31, 2016, decrease the preventable hospital discharge rate to 1,200 preventable discharges per 100,000 population under age 65 (Baseline: 1,316, AHCA, 2009-11).	Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
<i>GOAL 3 Expand the capacity of key care health providers for designated target populations.</i>			
<u>Objective 3.1</u> By December 31, 2015, increase the rate of licensed physicians in Citrus County from a 2009-2011 rolling average of 173.5 per 100,000 residents to 185.0 per 100,000 (Source: Florida CHARTS).	Topic Area: Access to Health Services Objective(s): AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
By December 21, 2015, reduce the percentage of adult residents of Citrus County who could not see a doctor at least once during the past year due to cost to 17.4%	Topic Area: Access to Health Services Objective(s): AHS-1;AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18

Table 4. Citrus County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
(Baseline: 19.4%, 2010 Department of Health, Florida CHARTS).			
Goal 4 Create a culture of standardized post-discharge from hospital care in order to reduce avoidable hospital re-admissions for readily manageable issues.			
<u>Objective 4.1</u> By December 31, 2016, reduce the re-admission rate for each of the following conditions for Citrus County residents below the state average readmission rate: heart failure; heart attack; pneumonia; chronic lower respiratory disease; bypass surgery; hip replacement; diabetes and renal failure.	Topic Area: Access to Health Services Objective(s): AHS-4; AHS-5; AHS-7 Educational and Community-Based Programs Objective(s): ECBP-10 Health Communication and Health Information Technology Objective(s): HC/HIT-5	Strategic Issue Area: Chronic Disease Prevention; Goals CD2, CD3, Pg. 15-16	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22
Goal 5 Enhance partnerships to address community health issues.			
<u>Objective 5.1</u> By January 31, 2014, establish and maintain a productive community health improvement partnership to participate in and monitor the health of the community through development of community health assessments and community health improvement plans.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

Potential Policy Implications

Community health improvement activities and initiatives require both a mix of policy and non-policy changes to accomplish objectives. The Public Health Accreditation Board standards encourage communities to closely review their CHIP objectives and to determine possible policy changes that may need to be made in order to facilitate reaching the desired measurable objective. Table 5 catalogs for each objective in the 2013 Citrus County Community Health Improvement Plan Update the policy changes that may be required or should be considered in order achieve the objective.

Table 5. Potential policy changes required to achieve objectives of Citrus County CHIP.

Objective	Potential Policy Changes
<i>GOAL 1 Increase the awareness of the availability of health services in Citrus County and how and when to use them.</i>	
<p><u>Objective 1</u> By December 31, 2015, 90% of a representative random sample of Citrus County residents will score at least 75% on a resource awareness and appropriateness of utilization survey (Baseline: None. First survey of its kind in Citrus County.).</p>	<ul style="list-style-type: none"> • Among participating (and potentially competing agencies), internal polices will have to be developed to the extent of message development, sharing and communication regarding use of the resources and tools. • If local government(s) are going to be more involved with disseminating information regarding these information and referral resources, they may need to change some of their policies and procedures for their own internal information and referral resources. • Policies regarding to what extent United Way will allow or control how outside parties to market its resource (for the good of the community) may need to be addressed. • Individual health facilities may need to adapt their internal proprietary messaging on best practices for utilizing the health system to align with the community messaging.
<i>Goal 2 Increase the appropriate use of healthcare.</i>	
<p><u>Objective 2.1</u> By December 31, 2016, decrease the preventable hospital discharge rate to 1,200 preventable discharges per 100,000 population under age 65 (Baseline: 1,316, AHCA, 2009-11).</p>	<ul style="list-style-type: none"> • Additional health insurance reform, both public and private, policy changes may be needed, especially in Florida which has not taken up the health reform, to provide people affordable preventive care to avoid hospitalizations. • Individual provider policies may need to change to offer more incentive or disincentive for utilizing care more effectively. • Legislative policy changes required to authorize full Community Paramedic Program or for incremental changes to paramedic practices that allow for something close to a full Community Paramedic Program. • Training programs and policies of local colleges that provide EMS training must change.
<i>GOAL 3 Expand the capacity of key care health providers for designated target populations.</i>	
<p><u>Objective 3.1</u> By December 31, 2015, increase the rate of licensed physicians in Citrus County from a 2009-2011 rolling average of 173.5 per 100,000 residents to 185.0 per 100,000 (Source: Florida CHARTS).</p>	<ul style="list-style-type: none"> • Individual healthcare facilities, clinics and practices will need to change policies to work together to promote community-wide message that Citrus County is a destination for healthcare providers. • Individual healthcare facilities, clinics and practices may need to change policies to offer more incentives for providers to locate in Citrus County. • Local government, the Chamber of Commerce and economic development entities may need to reconsider polices or focus of economic development polices (or rather the lack of focus of economic development policies supporting the healthcare sector).
<p><u>Objective 3.2</u> By December 21, 2015, reduce the percentage of adult residents of Citrus</p>	<ul style="list-style-type: none"> • Individual healthcare facilities, clinics and practices may need to change their policies of acceptance of indigent and charity care cases. • More national state and national policy changes may need to occur so that Florida is an active participant in health reform and expansion of care to the

Table 5. Potential policy changes required to achieve objectives of Citrus County CHIP.

Objective	Potential Policy Changes
<p>County who could not see a doctor at least once during the past year due to cost to 17.4% (Baseline: 19.4%, 2010 Department of Health, Florida CHARTS).</p>	<p>underserved.</p> <ul style="list-style-type: none"> • Local Medical Society may need to change policies to encourage members to more actively participate in WeCare. • Legislative policy changes may be needed to increase the poverty level under which providers may provide care with DOH sovereign immunity.
<p><i>Goal 4 Create a culture of standardized post-discharge from hospital care in order to reduce avoidable hospital re-admissions for readily manageable issues.</i></p>	
<p><u>Objective 4.1</u> By December 31, 2016, reduce the re-admission rate for each of the following conditions for Citrus County residents below the state average readmission rate: heart failure; heart attack; pneumonia; chronic lower respiratory disease; bypass surgery; hip replacement; diabetes and renal failure.</p>	<ul style="list-style-type: none"> • Formal community-based standards and protocols across multiple systems and providers will need to be developed and monitored for compliance. • Policies of home health agencies, nursing homes, rehabilitation facilities, etc. most likely will have to change. • National, state and local health insurance reimbursement policies may have to change to support these community approaches to reducing re-admission rates. • Potentially formal policies and memoranda of agreement may be required to work together.
<p><i>Goal 5 Enhance partnerships to address community health issues.</i></p>	
<p><u>Objective 5.1</u> By January 31, 2014, establish and maintain a productive community health improvement partnership to participate in and monitor the health of the community through development of community health assessments and community health improvement plans.</p>	<ul style="list-style-type: none"> • Informal policies and working agreements required to work together. • If the group of volunteers get together and determine that the best route for this partnership would be an advisory board to the Board of County Commissioners, then an ordinance will have to be sought and passed to make the partnership a formal advisory board to the BOCC.

Citrus County CHIP: Next Steps

In order to implement the Citrus County CHIP 2013 update, the following steps will be warranted:

- Development and implementation of the Citrus County Community Health Improvement Partnership.
- Cross-community exposure to all elements of the CHIP for further refinement of the CHIP.
- Cultivation of buy-in from key partners identified for priority strategies.
- Creation of formal work plan, action steps and timeline.
- Assessment of resources needed for implementation.
- Securing of commitments to ensure plan performance.