



Community Health Improvement Plan

Columbia County 2016-2018

October 2016



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Setting the Priority Issues - Background

The 2016-2018 Columbia County Health Improvement Plan represents the evolution of the plan that began in 2012. This document traces the historical development of the initial 2013-2015 plan in late 2012 through its various updates in 2013, 2014 and 2015. The final 2013-2015 plan reflecting the 2015 update is preserved in its entirety (reflected in Tables 3-5) for comparison purposes to the 2016-2018 plan (reflected in Tables 6-8). Inclusion with the current 2016-19 plan of the original 2013-2015 plan and the detail on how it was developed along with subsequent updates provides the context for the growth of community health improvement planning efforts in Columbia County.

On February 9, 2012, Jeff Feller of WellFlorida Council presented the recently completed results of the Columbia County Local Public Health System Assessment (LPHSA); the Columbia County Community Health Status Assessment (CHSA); and the Community Themes and Strengths Assessment (CTSA) to members of the Columbia County Mobilizing for Action through Planning and Partnerships (MAPP) Core Community Support Team. The Core Community Support Team is comprised of a cross-section of community leaders and concerned individuals who have knowledge and an interest in health issues, health care delivery and health outcomes in Columbia County. This presentation was designed to provide the impetus to the initial phase of ongoing strategic healthcare planning and community health improvement planning which will ultimately become the focus of Columbia County's health and healthcare vision for the next 2-3 years.

Mr. Feller's presentation followed the following outline:

- I. Overview of Key Issues from CHSA
- II. Overview of Key Issues from the CTSA
- III. Presentation of the Results of the LPHSA
- IV. Strategic Issues Identification Worksheet
- V. Facilitation of Discussion on Strategic Issues Identified by MAPP Core Community Support Team
- VI. Selection of Potential Priority Strategic Issues (Consensus Discussion) from the LPHSA

In his overview of the CHSA, Mr. Feller reviewed a variety of key observations in Columbia County's socioeconomic and demographic data; morbidity and mortality data; and healthcare access and utilization data. He also provided summary results of the CTSA, which was comprised of focus group discussions with citizens, and the LPHSA for Columbia County.

Upon reviewing the CHSA, the CTSA and the LPHSA, Mr. Feller then led a facilitated discussion on the most pressing health issues in Columbia County. Issues and concerns were brainstormed and then these issues and concerns were refined into a core set of key issues. This core set of key issues was then taken back to the Needs Assessment Steering Committee and reviewed once again and compared to all of the results from each needs assessment section and all of the community input generated during the assessment process in order to refine the core set of key issues into the priority strategic health issues for Columbia County. The following sections detail the brainstorming of issues and the identification of the final priority strategic health issues for Columbia County.

Brainstorming the Original Issues

During the facilitated brainstorming session, participants identified the following issues regarding Columbia County health care and health outcomes:

- Access for Medicaid and the uninsured clients to specialty care is extremely limited in Columbia County.
- Reimbursement rates are an issue, though there is limited ability to affect at the local level.
- Medicare clients will soon have access issues for specialty care as well.
- Local health professionals and hospitals/nursing homes etc. will have to work together to manage readmission rates as reimbursement rates will be influenced by readmission rates.
 - Work together to management the patients through the system and not just through their own facility.
 - Work together to inform, advocate and influence public policy.
 - If done right, Columbia County and its residents could see improvements in quality of care as measured by readmission rates.
 - Patients would need to be well-informed on adherence protocols and the appropriate follow-up care-seeking steps.
- Arrange more prevention services, screenings, etc. in order to catch problems sooner in order to lower admission rates and hospital stays and improve quality of life of residents.
- Non-compliant patients are more prevalent in rural communities due to difficult barriers such as transportation and limited access to supportive care structures.
- Negative health habits are well entrenched for many in Columbia County.
- Cultural behavior may be caused due to lack of information but it also may be attitude, or the fact that they have not been compelled to change or that there are no immediate disincentives to change behavior.
- Emergency departments are full of non-emergent patients.
- Many patients say they are not going to stop poor health behaviors.
- Some people want help but can't get it due to transportation.
- The Medicaid provider base is severely limited.
- Columbia County poverty rates are higher and average incomes are much lower, so people do not have the means to access care.
- Perhaps some form of transportation network can be pulled together in order to provide transportation resources (potential partners include churches, senior center and volunteers).
- Many who desire to adhere to their doctors advice cannot afford to buy medications.
- Lower educational attainment levels may be a hindrance to community education activities.
- Those that do graduate from high school leave Columbia County and do not come back.
- Where is the community with the "inland port" concept? Better jobs equals better access to healthcare.
- Florida will be one of the 10 states to receive No Child Left Behind waiver; perhaps there will be a small window of opportunity to partner with the schools if there is some relaxation of requirements due to this waiver.
- It is difficult to cultivate partnerships with the schools that are not directly related to or have a positive impact on FCAT/standardized testing/Sunshine State Standards.
- Need to encourage people to have healthy habits, healthy eating, exercising.
- Start with the youth as this investment will pay dividends longer.
- Local churches could work on the healthy community/healthy people projects

- Need to publicize the areas available for exercise.
- Health fair with churches and other faith and community-based organizations are occurring but participation is often low.
- Health fairs are often marketed in a proprietary fashion as an individual facility outreach function and not with global community health in mind.
- Need to advertise/banners/flyers/etc. for a longer period of time and in various places.
- Need improve communication and mobilize partnership among safety net providers and key community and faith-based groups.
- Not all faith leaders are willing to allow a group to come in and do screenings, some churches are willing, but we need to work on getting other churches and faith leaders involved.
- Hospital could do a better job with health fairs. Make it less about our services and offer screenings (bring a privacy curtain). Health fairs have become more of a marketing and community presence.
- Could we start with the kids in school to do some of these screenings? Free physicals have packed gyms. Free physicals are offered every year. Perhaps offer free adult screenings at the same time.
- Kids can help coach their parents to get screenings. Example, teaching kids to hold a baby properly or put them to sleep—teaching their parents when they get home.
- Transportation is challenging due to the rural communities.
- National groups have programs where they utilize volunteer transportation networks to transport people to appointments. May have a mutual need allowing us to work together—requires volunteers.
- Public relations campaign—get a slogan and a central logo and mission statement for community health improvement in Columbia County. People need to be able to the campaign and its activities. Safety net providers and key community and faith-based organizations will all be in it together.
- Cancer is the leading cause of death in Columbia County. A work group should be established to look at the data and make sure we are not missing some environmental issues and possible causes.
- How can we make the final need assessment data available to the community? Can we make it understandable to all groups? What information should be sent to which groups?
- There needs to be many venues for people to receive the needs assessment information and make it accessible to all communities. Translate terms such as mortality/morbidity to easily understood language for all level of readers.
- Need to get more partners in the community to help meet goals determined by the steering committee.

Identification of the Original Priority Strategic Health Issues

After the brainstorming session, key issue areas were consolidated from the various brainstorming statements into key issue areas. These following key issue areas will become the focus of ongoing strategic health and community health improvement planning for Columbia County.

1. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of

how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.

- a. Measure and hold accountable.
 - b. Create wealth (through economic development opportunities) that improves health outcomes.
 - c. Change the culture of tolerance.
 - d. Educate the community on the true individual and community cost of poor individual health choices and behavior.
 - e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
 - f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
- a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with events where students are provided school physicals for participating in extracurricular activities).
 - b. Public service announcements/education on the quality and quantity of services in Columbia County (provide examples of positive experiences).
 - c. County level branding that brands the entire community health improvement effort in Columbia County and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
 - d. Cultivate ownership of the issues and the effort needed to improve Columbia.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
- a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
 - b. Develop a system that will get physicians to accept a certain number of equitable safety-net services.
4. Lack of comprehensive community-wide teamwork and lack of community participation to address issues.
- a. Core Community Support Team - meetings should be periodic to keep people involved
 - b. Targeted group of people to get the job done - accountability.

- c. Clear message to the community with clear expectations - if you deliver the community will be with you.
- d. Community buy-in.
- e. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

Original Potential Strategies

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Columbia County with community-wide measurable goals and objectives.
2. Consider creating a private sector Columbia County Community Health Task Force in order to “shepherd” or “oversee” a strategic community health improvement plan.
3. Mobilize community partners as needed on specific goals and tasks.
4. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development).
5. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.
6. Investigate the potential for implementing a voluntary physician referral program (also sometime called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers).
7. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them.
8. Piggyback adult health fairs to existing school system events that draw in students and their parents for school physicals for extra-curricular activities.
9. Form an integrated partnership to market, promote and staff community health fairs.
10. Create a web-based portal for the community health improvement activities of the Columbia County Community Health Task Force.

Prioritizing the Original Issues and the Potential Strategies

During September and October 2012, members of the Columbia County Core Community Support Team continued to work on the priority issues and potential strategies that represent the central elements of Columbia County’s Community Health Improvement Plan. The Core Community Support Team, in order to prioritize the four issues and each of the ten potential strategies, worked with WellFlorida Council. WellFlorida designed a survey process in SurveyMonkey that asked the following questions:

1. (ISSUE QUESTION) Read the list below of specific health issues in Columbia County as identified during the community health needs assessment process. For EACH issue listed, please RATE

EACH ISSUE with "1" meaning the issue is one of the LEAST important of the issues identified and "10" meaning one of the MOST important issues identified.

2. (ISSUE QUESTION) Read the list below of specific health issues in Columbia County as identified during the community health needs assessment process. For EACH issue listed, please RATE EACH ISSUE with "1" meaning you have MINIMUM confidence in Columbia County's ability to make a substantial impact on this issue through local efforts and "10" meaning you have MAXIMUM confidence in Columbia County's ability to make a substantial impact on this issue through local efforts.
3. (STRATEGY QUESTION) Read the list below of potential strategies to pursue in Columbia County to address the priority health issues as identified during the community health needs assessment process. For EACH issue listed, please RATE EACH ISSUE with "1" meaning the issue is one of the LEAST important of the strategies identified and "10" meaning one of the MOST important strategies identified.
4. (STRATEGY QUESTION) Read the list below of potential strategies for Columbia County to address key health issues as identified during the community health needs assessment process. For EACH potential strategy listed, please RATE EACH STRATEGY with "1" meaning you have MINIMUM confidence in Columbia County's ability to implement this strategy through local efforts and "10" meaning you have MAXIMUM confidence in Columbia County's ability to implement this strategy through local efforts.

Two measures were utilized to analyze the survey results to determine the highest priority health issues and the highest priority strategies. The summary of these measures can be seen in Tables 1 and 2. Every issue and strategy was given an importance score; an average importance; a confidence score; an average confidence and combined importance and confidence score. These scores were obtained as follows:

1. Importance Score – Each of the respondent rankings of 8, 9 or 10 (i.e. for all high levels of importance) were summed together to get the cumulative for the importance of the issue/strategy.
2. Average Importance – The mean average of responses for importance for the issue/strategy.
3. Confidence Score - Each of the respondent rankings of 8, 9 or 10 (i.e. for all high levels of confidence) were summed together to get the cumulative for the confidence of the issue/strategy.
4. Average Confidence - The mean average of responses for confidence for the issue/strategy.
5. Combined Importance and Confidence Score – The sum of the importance and confidence scores for each issue/strategy.

Clearly, Table 1 shows that Issue A is the highest priority in the eyes of the Core Community Support Team as it scored highest in all five score areas. Each Priority Issue is actually ranked from 1-4 (in parentheses) based on the Combined Importance and Confidence.

Table 1. Prioritized Health Issues for Columbia County, 2012.

Issue	Importance (8-10)	Average Importance	Confidence (8-10)	Average Confidence	Combined Importance & Confidence
A. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some. (PRIORITY 1)	95	7.9	42	6.1	137
B. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues. (PRIORITY 3)	79	7.1	35	6.0	114
C. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services. (PRIORITY 2)	82	7.4	34	5.9	116
D. Lack of comprehensive community-wide teamwork and lack of community participation to address issues. (PRIORITY 4)	72	7.2	37	5.7	109

Source: Columbia County Core Community Support Team Survey, WellFlorida Council, September-October 2012.

Table 2 shows the Priority Strategies ranked from 1-10 (in parentheses).

Table 2. Prioritized Strategies for Columbia County 2012.

Strategy	Importance (8-10)	Average Importance	Confidence (8-10)	Average Confidence	Combined Importance & Confidence
A. Create a formal strategic health vision for Columbia County with community-wide measurable goals and objectives. (PRIORITY 1)	74	8.1	69	7.3	143
B. Consider creating a private sector Columbia County Community Health Task Force in order to “shepherd” or “oversee” a strategic community health improvement plan. (PRIORITY 10)	37	6.7	33	6.2	70
C. Mobilize community partners as needed on specific goals and tasks. (PRIORITY 5)	44	7.2	57	7.6	101

D. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development). (PRIORITY 4)	53	7.4	59	7.6	112
E. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make. (PRIORITY 8)	62	7.0	29	5.8	91
F. Investigate the potential for implementing a voluntary physician referral program (also sometime called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers). (PRIORITY 3)	72	8.0	54	7.5	126
G. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them. (PRIORITY 2)	82	8.3	59	6.9	141
H. Piggyback adult health fairs to existing school system events that draw in students and their parents for school physicals for extra-curricular activities. (PRIORITY 7)	57	7.3	38	6.2	95
I. Form an integrated partnership to market, promote and staff community health fairs. (PRIORITY 6)	45	6.4	55	7.1	100
J. Create a web-based portal for the community health improvement activities of a Columbia County Community Health Task Force. (PRIORITY 9)	38	5.9	34	6.1	72

Source: Columbia County Core Community Support Team Survey, WellFlorida Council, September-October 2012.

Original Next Steps

This analysis identifies the priority health issues and the priority strategies to address them based on the insight and input from the Columbia County Core Community Support Team. These priority issues and strategies represent the central components of a Community Health Improvement Plan for Columbia County.

In order to fully articulate a Community Health Improvement Plan for Columbia County, the Core Community Support Team will need to continue with the following:

1. Identification of critical resources necessary for implementation of strategies.
2. Identification of critical partners necessary for implementation of strategies.
3. Formulation of key action steps that will result in implementation of strategies.

4. Specify time table and targeted completion/achievement dates.
5. Develop measurable process and outcome objectives in order to chart progress and measure success.

In 2013, the Core Community Support Team continued to refine the Columbia County Community Health Improvement Plan to address these next steps.

2013 Columbia County Community Health Improvement Plan Update

Update Overview

The focus of the 2013 update of the Columbia 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 2013 updated included 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.

These alignment activities are reflected in Tables 3-5 which constitute the accumulation of updates to the 2013-2015 CHIP from 2013, 2014 and 2015, which was originally produced in 2012.

2014 Columbia County Community Health Improvement Planning Update

Update Overview

The 2011 version of Columbia County's CHA was fully patterned after the Mobilizing for Action through Planning and Partnerships (MAPP). In 2014, the Columbia County Community Health Advisory Panel in a series of three meetings, began the process of focusing on three critical areas to prepare for the 2015 Update and ultimately the 2016-2018 revision of the Community Health Improvement Plan.

- Community Health Data Analysis
- Community Input on Issues Related to CHA and CHIP
- Community Health Assessment Implications for 2015 Update

During the August 19, 2014 meeting the committee of the Jeff Feller, of Well Florida Council, presented the group with a CHIP progress update and reviewed data from previous meetings regarding existing goals and their relevance to the 2015 update and ultimately on what would become the 2016-2018 plan revision. The discussions indicated:

Goal 1: Increase the appropriate use of healthcare.

- Newspaper articles written on healthcare
- Talk radio as a resource

Consensus: Keep this goal but need a better measurable value that what is currently being used.

Goal 2: Increase health care provider availability.

- Group has little impact on goal
- Community efforts have been making an impact

Consensus: Goal should be removed from the 2016-2018 CHIP.

Goal 3: Increase the awareness of community health issues and resources.

- Community Health Assessment completed for community needs
- Community Health Advisory Panel (CHAP) created
- Worksite wellness activities are being completed

Consensus: community awareness needs to be a focus, however, objectives and strategies need to be updated.

Goal 4: Enhance partnerships to address community health issues.

- Community Health Advisory Panel (CHAP) formed
- Charter adopted
- 3 projects completed since inception

Consensus: Goal may be able to wrap into goal three by using partnerships to increase awareness.

These insights were incorporated and are reflected in Tables 3-5 which constitute the accumulation of updates to the 2013-2015 CHIP from 2013, 2014 and 2015, which was originally produced in 2012.

2015 Columbia County Community Health Improvement Planning Update

Update Overview

On August 18, 2015 the Columbia County Community Health Advisory Panel met to review the current progress of the Columbia County 2013-2015 Community Health Improvement Plan and again to set the stage for the 2016-2018 revision. The progress has been documented in the 2015 Community Health Improvement Plan Annual Progress Report. During this session it was recommended that several objectives be revised for the current 2013-2015 reporting period as follows:

Current Objective 1.1: By December 31, 2015, decrease the preventable hospital discharge rate to 1,600 preventable discharges per 100,000 population under age 65 (AHCA 2009-2011 data)

Revised Objective 1.1: By December 31, 2015, decrease the preventable hospital Medicaid discharge rate by 10% from 2010. (Baseline data from Robert Wood Johnson Foundation is 108/1,000)

Reason for Revision: The Robert Wood Johnson Foundation data is provided annually to county health departments. This data will more accurately reflect Florida's healthcare availability under the current Medicaid HMO plan.

Current Objective 4.1: 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.

Revised Objective 4.1: By January 31, 2014, establish and maintain a productive community health improvement partnership to participate in and monitor health of the community through development of community health assessments and community health improvement plans.

Reason for Revision: In the current CHIP there were no measurable outcomes associated with these strategies. By creating target values for number of participating partners, number of completed projects, number of meetings held per year, and the level of CHIP implementation the objective becomes more meaningful.

Updated Goals, Strategies and Objectives

Table 3 represents the updates to the goals, objectives and strategies from the 2015 CHIP annual review process as well as the addition of performance measures and potential key leads and partners. Implementation activity of the community group initially brought together to work on the CHA and CHIP was limited in 2012; however, the CHA/CHIP Steering Committee met multiple times in 2014 and again in 2015 to update the CHIP. A full-fledged community group dedicated to implementation of CHIP and ongoing CHA activities has been formed and is working to meet community needs.

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2015 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 1 – Increase	<u>Objective 1.1</u>	<u>Strategy 1.A</u>	• Number of campaigns to	• Columbia

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2015 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
<p>the appropriate use of healthcare.</p>	<p>By December 31, 2015, decrease the preventable hospital Medicaid discharge rate by 10% from 2010. (Baseline data from Robert Wood Johnson Foundation is 108/1,000).</p>	<p>Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to use them.</p>	<p>target specific groups.</p> <ul style="list-style-type: none"> • Number of exposures through social media. • Number of information events held. • Number of articles written by health care providers to write articles for newspaper (electronic media, blogs, etc). • Create provider/service directory of services; include Spanish version. • Number exposed to messages through mass media. • A communication network among businesses and agencies to inform residents of health services and activities in the county. • Number of avoidable hospitalizations. 	<ul style="list-style-type: none"> • County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Faith-based groups • Emergency Medical Services • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County
		<p><u>Strategy 1.B</u> Develop and distribute materials and information that, in plain language, inform the general public on the true personal and community costs and benefits of health decision they regularly make.</p>	<ul style="list-style-type: none"> • Brochures or educational pieces developed. • Number of presentations made. • Number of persons receiving information through mass media and other sources. • Number of website hits to partner websites where information can be linked. 	<ul style="list-style-type: none"> • County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Faith-based

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2015 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
			<ul style="list-style-type: none"> Increased numbers of persons who understand these costs. 	<ul style="list-style-type: none"> groups Businesses Schools Private physicians United Way of Suwannee Valley Chamber of Commerce Lake Shore Hospital Authority Family Health Center of Columbia County
<p>GOAL 2 – Increase health care provider availability.</p>	<p><u>Objective 2.1</u> By December 31, 2015, increase the rate of licensed physicians in Columbia County from a 2009-2011 rolling average of 148.2 per 100,000 residents to 160.0 per 100,000 (Source: Florida CHARTS).</p> <p><u>Objective 2.2</u> By December 21, 2015, reduce the percentage of adult residents of Columbia County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.6%, 2010 Department of Health, Florida</p>	<p><u>Strategy 2.A</u> Investigate the potential for implementing a voluntary physician referral program (also sometimes called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers).</p>	<ul style="list-style-type: none"> Launching of such a program. Number of physicians participating. Number of patients referred to program. Number of visits. Value of services provided. 	<ul style="list-style-type: none"> Local physicians Columbia County Health Department Shands Lake Shore Regional Medical Center Lake City Medical Center Family Health Center of Columbia County
		<p><u>Strategy 2.B</u> Form a partnership to market and promote, in an integrated manner, Columbia County as a destination for physicians and providers.</p>	<ul style="list-style-type: none"> A formally developed partnership. Number of joint marketing campaigns. Number of potential recruited physicians exposed to campaigns. Number of physicians 	<ul style="list-style-type: none"> Local government Businesses Shands Lake Shore Regional Medical Center

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2015 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	CHARTS).		who locate in Columbia County who cite impact of campaign in their decision.	<ul style="list-style-type: none"> • Lake City Medical Center • Chamber of Commerce • Columbia County Health Department • Family Health Center of Columbia County • Local physicians
GOAL 3 Increase the awareness of community health issues and resources.	<p><u>Objective 3.1</u> By December 31, 2014, the community will complete a comprehensive update of the community health assessment (CHA) and will update this assessment every three years.</p> <p><u>Objective 3.2</u> By July 1, 2014, form a partnership to market, promote and staff, in an integrated manner, community health fairs and other events.</p> <p><u>Objective 3.3</u> By July 1, 2014, develop an ongoing mechanism for reporting community personal costs of</p>	<p><u>Strategy 3.A</u> Make community more aware of existing health fair opportunities and piggyback adult health fairs to existing school system health events (e.g. school physical events for students participating in extracurricular activities) that draw in students.</p>	<ul style="list-style-type: none"> • Number of health fairs conducted. • Number of persons who attend health fairs. • Number of persons referred into care from health centers. • Number of persons who report making a significant health behavior change or outcome improvement due to health fair participation. 	<ul style="list-style-type: none"> • School system • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Columbia County Health Department • Lake Shore Hospital Authority • Faith-based groups • Local government • Family Health Center of Columbia County
		<p><u>Strategy 3.B</u> Promote to local governments and</p>	<ul style="list-style-type: none"> • Updated needs assessment. • Model created for 	<ul style="list-style-type: none"> • Columbia County Health

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2015 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	current community health outcomes.	business community the value of strategic and community health improvement planning and educate and inform regarding: <ul style="list-style-type: none"> • Direct and indirect costs of not addressing priority strategic health issues • Link between good health, a strong healthcare system and economic development. 	reporting and communicating health outcomes and costs and impact of those outcomes. <ul style="list-style-type: none"> • Number of presentations made. • Number of persons exposed to information. • Website hits on partner websites who link to the information. • Number of policies informed by this mechanism. 	<ul style="list-style-type: none"> • Department Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Emergency Medical Services • Faith-based groups • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County
GOAL 4 – Enhance partnerships to address community health issues.	<u>Objective 4.1</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	<u>Strategy 4.A</u> Create a private sector Columbia County Health Task Force in order to “shepherd” or “oversee” implementation of the CHIP and ongoing CHA activities.	<ul style="list-style-type: none"> • Number of Partners Participating – 12 • Number of Projects completed – 3 • Number of Meetings Held/year – 4 • Level of CHIP Implementation – 100% 	<ul style="list-style-type: none"> • Columbia County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Emergency Medical

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2015 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	community health improvement plans.			Services <ul style="list-style-type: none"> • Faith-based groups • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County

Alignment with State and National Priorities

The 2013 Columbia County Community Health Improvement Plan Update was 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 3 summarizes where the 2013 Columbia County CHIP Update objectives align with the various state and national standards.

Table 4. Columbia County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS), 2015 Update.

Objective	HP2020	FSHIP	NPS
<i>GOAL 1 Increase the appropriate use of healthcare.</i>			
Objective 1.1 By December 31, 2016, decrease the preventable hospital discharge rate to 1,600 preventable discharges per 100,000 population under age 65 (Baseline: 1,789, 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 2 Increase health care provider availability.</i>			
Objective 2.1 By December 31, 2015, increase the rate of licensed physicians in Columbia County from a 2009-2011 rolling average of 148.2 per 100,000 residents to 160.00 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
Objective 2.2 By December 21, 2015, reduce the percentage of adult residents of Columbia County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.6%, 2010 Department of Health, Florida CHARTS).	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
<i>GOAL 3 Increase the awareness of community health issues and resources.</i>			
Objective 3.1 By December 31, 2014, the community will complete a comprehensive update of the community health	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.	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

Table 4. Columbia County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS), 2015 Update.

Objective	HP2020	FSHIP	NPS
assessment (CHA) and will update this assessment every three years.		33	
Objective 3.2 By July 1, 2014, form a partnership to market, promote and staff, in an integrated manner, community health fairs and other events.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	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
Objective 3.3 By July 1, 2014, develop an ongoing mechanism for reporting community personal costs of current community health outcomes.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	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 4 Enhance partnerships to address community health issues.</i>			
Objective 4.1 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 2013-15 Columbia 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 Columbia County CHIP, 2015 Update.

Objective	Potential Policy Change
<i>GOAL 1 Increase the appropriate use of healthcare.</i>	
<p>Objective 1.1 By December 31, 2016, decrease the preventable hospital discharge rate to 1,600 preventable discharges per 100,000 population under age 65 (Baseline: 1,789, 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.
<i>Goal 2 Increase health care provider availability.</i>	
<p>Objective 2.1 By December 31, 2015, increase the rate of licensed physicians in Columbia County from a 2009-2011 rolling average of 148.2 per 100,000 residents to 160.00 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 Columbia 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 Columbia County. • Local government, the Chamber of Commerce and economic development entities may need to reconsider policies or focus of economic development policies (or rather the lack of focus of economic development policies supporting the healthcare sector).
<p>Objective 2.2 By December 21, 2015, reduce the percentage of adult residents of Columbia County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.6%, 2010 Department of Health, Florida CHARTS).</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 underserved.
<i>GOAL 3 Increase the awareness of community health issues and resources.</i>	
<p>Objective 3.1 By December 31, 2014, the community will</p>	<ul style="list-style-type: none"> • Informal policies and working agreements required to work together.

Table 5. Potential policy changes required to achieve objectives of Columbia County CHIP, 2015 Update.

Objective	Potential Policy Change
complete a comprehensive update of the community health assessment (CHA) and will update this assessment every three years.	
Objective 3.2 By July 1, 2014, form a partnership to market, promote and staff, in an integrated manner, community health fairs and other events.	<ul style="list-style-type: none"> Individual healthcare facilities, clinics and providers will need to change policies on health fairs as not just a driver of business to their facilities but to a community benefit.
Objective 3.3 By July 1, 2014, develop an ongoing mechanism for reporting community personal costs of current community health outcomes.	<ul style="list-style-type: none"> Local government may need to change policies to include this mechanism into its discussions and deliberations on funding allocation to community health initiatives.
<i>Goal 4 Enhance partnerships to address community health issues.</i>	
Objective 4.1 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.	<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.

2016-18 Columbia County Community Health Improvement Plan

Revision Overview

While community health improvement planning activities are ongoing and a central part of the mission of the Columbia County Community Health Advisory Panel (CHAP), the process to formally create a revision to the CHIP for 2016-2018 began once the Columbia County Community Health Improvement Plan Annual Report was prepared in August 2015. This report detailed the progress in the CHIP goal areas and against the measurable objectives that had been established in the 2013-15 CHIP and through its many updates.

Subsequent to the preparation of the Annual Report, the CHAP met to consider how the CHIP might change for 2016-2018. After a careful review, CHAP members agreed to eliminate all but one of the current 2012-2015 CHIP goals as follows:

Goal 1 – Increase the appropriate use of healthcare (preserved)

***Reason for Preservation:** The Robert Wood Johnson Foundation’s County Health Rankings measures this as a major sub-component in its rankings criteria.*

Goal 2 – Increase healthcare provider availability (eliminated)

***Reason for Elimination:** While Columbia County actually met the measurable objective for increases of physicians in the community, members determined that there were more important goals directly related to health behaviors and health outcomes of residents.*

Goal 3 – Increase the awareness of community health issues (eliminated)

***Reason for Elimination:** The decision to drop this goal was based on two factors. First, CHAP members felt again that, as presented, this goal and its corresponding objectives did not readily or as directly address health behaviors and health outcomes. Second, the community actually substantially increased awareness of key health issues as a result of many events centered around dissemination of the 2012-15 CHIP.*

Goal 4 – Enhance community partnerships (eliminated)

***Reason for Elimination:** This goal was the last vestige of the original 2013-2015 goal that addressed a lack of critical infrastructure surrounding work on key health issues in the community. Because the CHAP had successfully launched and taken root in the community, which was the major objective of this goal, and because many of the secondary objectives were not quantitative enough, members agreed to also eliminate this goal.*

Throughout 2016, CHAP members along with Florida Department of Health in Columbia County staff began to review various sources of community health data in order to identify new goals and objectives. The two main sources that CHAP members relied upon were the Robert Wood Johnson County Health Rankings and the Center for Disease Control’s Community Health Status Indicators.

The County Health Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. The Robert Wood Johnson Foundation has partnered with the University of Wisconsin Population Health Institute to rank the health of counties within all 50 states every year since 2011. The model provides rankings in two major categories: health factors and health outcomes. Health factors are those things

that can ultimately impact health outcomes, many of which are not related directly to health behavior and are based on social determinants of health. Health outcomes represent the collective impact of the health factors and represent the measurable health statuses for a county. Health factors and health outcomes are each ranked separately for each county and are defined as follows in the County Health Rankings methodology:

- Health Outcomes
 - Length of Life (50% of rank)
 - Quality of Life (50% of rank)
- Health Factors
 - Health Behaviors (30% of rank)
 - Tobacco Use
 - Diet and Exercise
 - Alcohol and Drug Use
 - Sexual Activity
 - Clinical Care (20% of rank)
 - Access to Care
 - Quality of Care
 - Social and Economic Factors (40% of rank)
 - Education
 - Employment
 - Income
 - Family and Social Support
 - Community Safety
 - Physical Environment (10% of rank)
 - Air and Water Quality
 - Housing and Transit.

Within each of these areas there a variety of sub-indicators and data that drive the scoring and the ranking. In addition to the final ranking of the Health Factors and the Health Outcomes, the County Health Rankings System looks at the sub-indicators for “areas to explore” for improvement and “areas of strength” where positive impacts have been made.

Community Health Status Indicators (CHSI), created by the Centers for Disease Control and Prevention (CDC), is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Each profile contains indicators of health outcomes (mortality and morbidity); indicators of factors selected based on evidence that they potentially have an important influence on population health status (e.g. healthcare access and quality, health behaviors, social factors and the physical environment); health outcomes stratified by subpopulations (e.g. race and ethnicity; important demographic characteristics; and Healthy People 2020 targets. The CHSI portal compares the value of each indicator with those demographically similar “peer counties” to the U.S. as a whole and to the Healthy People 2020 targets to determine if you compare better or favorably to your peer counties (upper 25th quartile); moderately (middle 50th quartile) or worse (lower 25th quartile) for each indicator.

CHAP members and FDOH in Columbia staff decided to focus on the “areas to explore” in the 2016 County Health Rankings and the indicators in the lowest quartile in the CDC CHSI 2015 report for Columbia County.

The following sub-indicators were deemed “areas to explore” for improvement by the County Health Rankings system:

- Health Outcomes
 - Length of Life
- Health Factors
 - Health Behaviors
 - Adult smoking
 - Adult obesity
 - Physical inactivity
 - Clinical Care
 - Preventable Hospital Stays
 - Social and Economic Factors
 - High School Graduation Rate
 - College Attendance Rate
 - Children in Poverty Rate
 - Violent Crime
 - Injury Deaths
 - Physical Environment
 - None

The following indicators were identified in the least favorable (worse) comparison quartile on the 2015 CDC CHSI for Columbia County:

- Mortality
 - Cancer Deaths
 - Chronic Lower Respiratory Disease
 - Diabetes Deaths
 - Female Life Expectancy
 - Motor Vehicle Deaths
 - Unintentional Injury
- Morbidity
 - Adult Diabetes
 - Adult Overall Health Status
 - Gonorrhea
 - HIV
 - Older Adult Asthma
 - Syphilis
- Health Care Access and Quality
 - Cost Barrier to Care
 - Older Adult Preventable Hospitalizations
 - Uninsured
- Health Behaviors
 - Teen Births
- Social Factors
 - Children in Single Family Homes
 - High Housing Costs
 - On-Time High School Graduation
 - Poverty

- Violent Crime
- Physical Environment
 - Access to Parks
 - Housing Stress
 - Limited Access to Healthy Food

After a careful review of these two major community health indicator resources as well as the 2016 Florida’s Healthy Babies Environmental Scan, CHAP members prioritized the following goals and objectives areas:

Goal 1 – Increase the appropriate use of healthcare

Objective area(s): Preventable hospitalizations of older adults

Goal 2 – Improve mortality and morbidity rates

Objective area(s): Premature death; lung cancer mortality and incidence; healthy weight; and injury death

Goal 3 – Improve the health of mothers and babies

Objective area(s): Infant mortality; first trimester care; teen births

2016-2018 Revised Goals, Strategies and Objectives

Table 6 represents the new goals, objectives and strategies for the 2016-18 CHIP including performance measures and potential key leads and partners. Table 7 provides how the goals and objectives align with the 2012-2015 Florida State Health Improvement Plan, Healthy People 2020 and the 2016-18 FDOH Agency Strategic Plan. Finally, Table 8 details some of the policy changes that may have to occur in order to implement elements of the CHIP. Taken together, Tables 6-8 represent the composite elements of the CHIP.

Table 6. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2016-18.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 1 – Increase the appropriate use of healthcare.	<u>Objective 1.1</u> By December 31, 2018, decrease the rate of preventable hospital stays for Medicare enrollees by 10% to 80.0 per 1,000 Medicare enrollees (Baseline: 2013 from the 2016 County Health Rankings by Robert Wood Johnson).	<u>Strategy 1.A</u> Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to use them. <u>Strategy 1. B</u> Work with provider community and hospitals to identify ER diversion opportunities and	<ul style="list-style-type: none"> ● Number of campaigns to target specific groups. ● Number of exposures through social media. ● Number of information events held. ● Number of articles written by health care providers to write articles for newspaper (electronic media, blogs, etc). ● Create provider/service directory of services; 	<ul style="list-style-type: none"> ● Columbia County Health Department ● Shands Lake Shore Regional Medical Center ● Lake City Medical Center ● Media ● Faith-based groups ● Emergency Medical

Table 6. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2016-18.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
		<p>programs and services to increase the appropriate use of ER.</p> <p><u>Strategy 1.C</u> Foster the development of chronic disease self-management opportunities and enhance education in this area.</p>	<p>include Spanish version.</p> <ul style="list-style-type: none"> • Number exposed to messages through mass media. • A communication network among businesses and agencies to inform residents of health services and activities in the county. • Health System “How To Navigate” Users Guide created for general public. • Number of preventable hospitalizations. • Number of preventable ER visits. 	<p>Services</p> <ul style="list-style-type: none"> • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County

Table 6. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2016-18.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 2 - Improve mortality and morbidity rates.	<p><u>Objective 2.1</u> By December 31, 2018, reduce by 10% the age-adjusted rate for years of potential life lost before age 75 (YPLL) from a baseline of 9,300 years per 100,000 population in 2011-2013 to 8,370 (Source: Robert Wood Johnson 2016 County Health Rankings).</p> <p><u>Objective 2.2</u> By December 31, 2018, reduce by 10% the lung cancer incidence rate from a baseline of 105.5 per 100,000 population in 2011-13 to 95 per 100,000 population (Source: Florida CHARTS).</p> <p><u>Objective 2.3</u> By December 31, 2018, increase the percentage of adults by 10% who are at a healthy weight from 2013 baseline of 25.5% to 28.1% (Source: Florida CHARTS BRFSS data).</p> <p><u>Objective 2.4</u> Reduce the age-adjusted death rates due to</p>	<p><u>Strategy 2.A</u> Foster the development of chronic disease self-management opportunities and enhance education in this area.</p> <p><u>Strategy 2.B</u> Encourage and promote tobacco use cessation, specifically smoking cessation, courses and therapies.</p> <p><u>Strategy 2.C</u> Work with WellFlorida Council on emerging regional lung cancer screening project.</p> <p><u>Strategy 2.D</u> Develop and promote programs and services that address nutrition and physical activity to reach healthy weight.</p> <p><u>Strategy 2.E</u> Work with Public Safety Council and Safe Kids Coalition on prevention and education campaigns.</p>	<ul style="list-style-type: none"> • Number of patients enrolled in chronic disease self-management programs. • Number of patients receiving education on chronic disease self-management programs. • Number of persons completing tobacco cessation training. • Adult smoking rates. • Youth smoking rates. • Adult physical activity rates. • Youth physical activity rates. • Adult healthy nutrition intake. • Youth healthy nutrition intake. • Adults at healthy weight. • Youth at healthy weight. • Injury prevention campaigns developed. • Numbers exposed to injury prevention campaign. • Rates of passengers in car crashes who were identified as wearing seatbelts. • Reduction in rate of accidents due to texting while driving. • Reduction in rate of accidents where alcohol is involved. • Farm and agricultural accidents. • Rate of falls of elderly. 	<ul style="list-style-type: none"> • School system • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Columbia County Health Department • Lake Shore Hospital Authority • Faith-based groups • Local government • Family Health Center of Columbia County • Columbia County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Emergency Medical Services • Faith-based groups • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority

Table 6. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2016-18.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	unintentional injury by 10% from a 2009-2013 baseline of 105 per 100,000 population to 94.5 per 100,000 population (Source: 2016 County Health Rankings by Robert Wood Johnson).			<ul style="list-style-type: none"> Family Health Center of Lake County
GOAL 3 – Improve the health of mothers and babies.	<p><u>Objective 3.1</u> By December 31, 2018, reduce infant mortality for all races from a baseline of 9.5 deaths per 1,000 live births to 6.1 per 1,000 live births.</p> <p><u>Objective 3.2</u> By December 21, 2018, reduce the birth rate to teen mother 15-18 years old from a baseline of 29.8 per 1,000 population (women aged 15-18) to 20.8 per 1,000 population.</p> <p><u>Objective 3.3</u> By December 21, 2018, increase the percentage of expectant mothers how receive first trimester prenatal care from a baseline of 69.2% to 79.8%.</p>	<p><u>Strategy 3.A</u> Implement Black Infant Health Practice Initiative (BIHPI) in Columbia County.</p> <p><u>Strategy 3.B</u> Establish Fetal and Infant Mortality Review (FIMR) process for Columbia County (perhaps in partnership with other neighboring counties or through the Healthy Start Coalition of North Central Florida).</p> <p><u>Strategy 3.C</u> Study effectiveness of current sexual health education programs for youth.</p> <p><u>Strategy 3.D</u> Enhance community education on the importance of early prenatal care and greater linkage to prenatal care services, especially for the underserved.</p>	<ul style="list-style-type: none"> Infant mortality rates for all races and by race and ethnicity. FIMR process or something like it developed. Study completed to determine strengths and weaknesses and opportunities for improvement to existing sexual health education programs for youth. Early entry into prenatal care rates. Late entry into prenatal care rates. Teen pregnancy rates. 	<ul style="list-style-type: none"> Columbia County Health Department Shands Lake Shore Regional Medical Center Lake City Medical Center Columbia County Public Schools Columbia County Private Schools Faith-based groups Businesses Schools Private OB/BYN physicians Healthy Start Coalition of North Central Florida Lake Shore Hospital Authority Family Health Center of Lake County

Alignment with State and National Priorities

The 2016-18 Columbia County Community Health Improvement Plan has been reviewed by FDOH in Columbia County staff and CHAP members for alignment with the following state and national guidelines:

- 2012-2015 Florida State Health Improvement Plan (April 2012) from the Florida Department of Health
- Healthy People 2020 from the United States Department of Health and Human Services
- 2016-18 Florida Department of Health Agency Strategic Plan (ASP)

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment. Table 7 summarizes where the 2016-18 Columbia County CHIP objectives align with these various state and national policies and standards.

Table 7. Columbia County CHIP Alignment with Healthy People 2020 (HP2020), 2012-15 Florida State Health Improvement Plan (FSHIP) and the 2016 FDOH Agency Strategic Plan (NPS), 2016-18.

Objective	HP2020	FSHIP	ASP
<i>GOAL 1 Increase the appropriate use of healthcare.</i>			
Objective 1.1 By December 31, 2018, decrease the rate of preventable hospital stays for Medicare enrollees by 10% to 80.0 per 1,000 Medicare enrollees (Baseline: 2013 from the 2016 County Health Rankings by Robert Wood Johnson).	Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	No direct alignment
<i>Goal 2 Improve mortality and morbidity rates.</i>			
Objective 2.1 By December 31, 2018, reduce by 10% the age-adjusted rate for years of potential life lost before age 75 (YPLL) from a baseline of 9,300 years per 100,000 population in 2011-2013 to 8,370 (Source: Robert Wood Johnson 2016 County	Multiple Topic Areas Related to Chronic Disease: Cancer, Kidney Disease, Diabetes, and Heart Disease and Stroke	Strategic Issue Area: Chronic Disease Prevention Goal CD3, Pg. 16	Priority 2: Long, Healthy Life Goal 2.1 Increase healthy life expectancy

Table 7. Columbia County CHIP Alignment with Healthy People 2020 (HP2020), 2012-15 Florida State Health Improvement Plan (FSHIP) and the 2016 FDOH Agency Strategic Plan (NPS), 2016-18.

Objective	HP2020	FSHIP	ASP
Health Rankings).			
Objective 2.2 By December 31, 2018, reduce by 10% the lung cancer incidence rate from a baseline of 105.5 per 100,000 population in 2011-13 to 95 per 100,000 population (Source: Florida CHARTS).	Topic Area: Cancer Objective(s): C-2	Strategic Issue Area: Chronic Disease Prevention Goal CD3, Pg. 16; CD4, Pg. 17	Priority 2: Long, Healthy Life Goal 2.1: Increase healthy life expectancy Strategy 2.1.3: Reduce cancer incidence and increase cancer survival
Objective 2.3 By December 31, 2018, increase the percentage of adults by 10% who are at a healthy weight from 2013 baseline of 25.5% to 28.1% (Source: Florida CHARTS BRFSS data).	Topic Area: Nutrition and Weight Status Objective(s): NWS-8	Strategic Issue Area: Chronic Disease Prevention Goal CD1, Pg. 14; CD2, Pg. 15	Priority 2: Long, Healthy Life Goal 2.1: Increase healthy life expectancy Strategy 2.1.1: Increase the healthy weight of children and adults
Objective 2.4 By December 31, 2018, reduce the age-adjusted death rates due to unintentional injury by 10% from a 2009-2013 baseline of 105 per 100,000 population to 94.5 per 100,000 population (Source: 2016 County Health Rankings by Robert Wood Johnson).	Topic Area: Injury and Violence Prevention Objective(s): IVP-1	Strategic Issue Area: Health Promotion Goal HP4, Pg. 12	Priority 2: Long, Healthy Life Goal 2.1: Increase healthy life expectancy Strategy 2.1.4: Reduce injury
GOAL 3 Improve the health of mothers and babies.			
Objective 3.1 By December 31, 2018, reduce infant mortality for all races from a baseline of 9.5 deaths per 1,000 live births to 6.1 per 1,000 live births.	Topic Area: Maternal, Infant and Child Health	Strategic Issue Area: Access to Care Goal AC-5, Pg. 26	Priority 1: Healthy Moms and Babies Goal 1.1: Eliminate infant mortality Strategy 1.1.1: Eliminate racial disparity in infant mortality

Table 7. Columbia County CHIP Alignment with Healthy People 2020 (HP2020), 2012-15 Florida State Health Improvement Plan (FSHIP) and the 2016 FDOH Agency Strategic Plan (NPS), 2016-18.

Objective	HP2020	FSHIP	ASP
Objective 3.2 By December 21, 2018, reduce the birth rate to teen mother 15-18 years old from a baseline of 29.8 per 1,000 population (women aged 15-18) to 20.8 per 1,000 population.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Access to Care Goal AC-5, Pg. 26	No direct alignment
Objective 3.3 By December 21, 2018, increase the percentage of expectant mothers how receive first trimester prenatal care from a baseline of 69.2% to 79.8%.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Access to Care Goal AC-5, Pg. 26	Somewhat aligned with: Priority 1: Healthy Moms and Babies Goal 1.1: Eliminate infant mortality Strategy 1.1.1: Eliminate racial disparity in infant mortality

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 8 catalogs for each objective in the 2013 Columbia County Community Health Improvement Plan Update the policy changes that may be required or should be considered in order achieve the objective.

Table 8. Potential policy changes required to achieve objectives of Columbia County CHIP, 2016-2018.

Objective	Potential Policy Change Necessary
GOAL 1 Increase the appropriate use of healthcare.	
Objective 1.1 By December 31, 2018, decrease the rate of preventable hospital stays for Medicare enrollees by 10% to 80.0 per 1,000 Medicare enrollees (Baseline: 2013 from the	<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. • Community awareness increase is critical as most residents and policy makers not aware of the profound impact in Columbia County. • As insurance reimbursement will increasingly reward health outcomes rather

Table 8. Potential policy changes required to achieve objectives of Columbia County CHIP, 2016-2018.

Objective	Potential Policy Change Necessary
2016 County Health Rankings by Robert Wood Johnson).	than volume of treatment, strategic partnerships must be developed to manage patients in the community.
Goal 2 Improve mortality and morbidity rates.	
<p>Objective 2.1 By December 31, 2018, reduce by 10% the age-adjusted rate for years of potential life lost before age 75 (YPLL) from a baseline of 9,300 years per 100,000 population in 2011-2013 to 8,370 (Source: Robert Wood Johnson 2016 County Health Rankings).</p>	<ul style="list-style-type: none"> • Community awareness increase is critical as most residents and policy makers not aware of the profound impact in Columbia County. • As insurance reimbursement will increasingly reward health outcomes rather than volume of treatment, strategic partnerships must be developed to manage patients in the community. • Better case must be made to residents on linkage of poor behavior choices to chronic disease outcomes.
<p>Objective 2.2 By December 31, 2018, reduce by 10% the lung cancer incidence rate from a baseline of 105.5 per 100,000 population in 2011-13 to 95 per 100,000 population (Source: Florida CHARTS).</p>	<ul style="list-style-type: none"> • Policies further restricting or disincentivizing smoking may still be warranted. • Lung cancer screening must be more widely encouraged now that screening is becoming more proficient.
<p>Objective 2.3 By December 31, 2018, increase the percentage of adults by 10% who are at a healthy weight from 2013 baseline of 25.5% to 28.1% (Source: Florida CHARTS BRFSS data).</p>	<ul style="list-style-type: none"> • Better case must be made to residents on linkage of poor behavior choices to chronic disease outcomes. • As providers of services are being incentivized by being paid on health outcomes perhaps insured individuals could be incentivized for meeting behavior modification and weight targets.
<p>Objective 2.4 By December 31, 2018, reduce the age-adjusted death rates due to unintentional injury by 10% from a 2009-2013 baseline of 105 per 100,000 population to 94.5 per 100,000 population (Source: 2016 County Health Rankings by Robert Wood Johnson).</p>	<ul style="list-style-type: none"> • Stricter safety belt laws and enforcement of current law. • Stricter driving under the influence laws and enforcement of current law. • Prevention and education on injury as a leading cause of death and disability not as widely promoted as chronic disease, obesity, etc.

Table 8. Potential policy changes required to achieve objectives of Columbia County CHIP, 2016-2018.

Objective	Potential Policy Change Necessary
<i>GOAL 3 Improve the health of mothers and babies.</i>	
Objective 3.1 By December 31, 2018, reduce infant mortality for all races from a baseline of 9.5 deaths per 1,000 live births to 6.1 per 1,000 live births.	<ul style="list-style-type: none"> • Elimination of racial and ethnic disparity in outcomes will reduce overall rates therefore a critical policy change is to eliminate policies and practices that promote racial disparities in outcomes. • Full participation in health reform could get more people eligible for critically needed prenatal care services.
Objective 3.2 By December 21, 2018, reduce the birth rate to teen mother 15-18 years old from a baseline of 29.8 per 1,000 population (women aged 15-18) to 20.8 per 1,000 population.	<ul style="list-style-type: none"> • Curricula allowable in public and private school settings may have to change. • Cultural perspectives on where, when with whom to have discussions relating to youth sexual health need to be addressed.
Objective 3.3 By December 21, 2018, increase the percentage of expectant mothers how receive first trimester prenatal care from a baseline of 69.2% to 79.8%.	<ul style="list-style-type: none"> • Full participation in health reform could get more people for eligible for critically needed prenatal care services. • Cultural perspectives on the need for early prenatal care will have to be addressed.

Next Steps

The previously presented goals, priority issues and potential strategies represent the central components of the 2016-18 Community Health Improvement Plan for Columbia County. Plans such as the 2016-18 CHIP are necessarily strategic in nature.

In order to fully articulate a Community Health Improvement Plan for Columbia County, the Columbia County Community Health Panel will need to continue with the following:

- Identification of critical resources necessary for implementation of strategies.
- Further identification of critical partners necessary for implementation of strategies.
- Formulation of key action steps that will result in implementation of strategies.
- Specify time table and targeted completion/achievement dates.
- Establish measurable process objectives and re-affirm or refine as needed the specified outcome objectives in order to chart progress and measure success.

One other critical factor to consider during this time horizon is the Community Health Assessment (or Community Health Needs Assessment). As the historical analyses in this document show regarding the development of the original CHIP, the various CHIP updates and the current 2016-18 CHIP, the data and insights provided by a Community Health Assessment are invaluable to the identification of a CHIP. As such, the Community Health Advisory Panel should establish a goal to see that new Community Health Assessment is conducted by June 30, 2018 so that there is time to review CHIP performance and development new standards of performance for the 2016-2018 current CHIP prior to its window of relevance expiring on December 31, 2018.