### 2010 Community Health Assessment Survey

**Topic: Current Participation** 

Has your CHD participated within the last three years or are you currently participating in a community health improvement process?

#### **Related Standards:**

NPHPSP: 5.3.1 An established community health improvement process in place **National Accreditation:** 

Standard 5.3 Conduct a health improvement planning process

Measure 5.3.1 Conduct a health improvement process that includes broad participation from the community

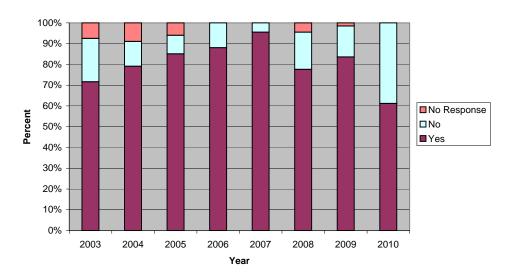
Measure 5.3.2 Produce a health improvement plan as a result of the community health improvement process Measure 5.3.3 Implement elements and strategies of the health improvement plan in partnership with others

Measure 5.3.4 Establish a monitoring system to track progress on strategies and health improvement in order to revise plan as needed

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

Standard 1.1 Utilizes a systematic process for community health improvement planning

#### **CHDs Participating in Community Health Improvement During the Past Three Years**



Dixie County Response: Yes

Number and Percent of CHDs Participating in Community Health Improvement

Statewide	Yes		No	, J	No Resp	No Response		
Response	No. of		No. of		No. of			
	CHDs	Percent	CHDs	Percent	CHDs	Percent		
2003	48	72%	14	21%	5	7%		
2004	53	79%	8	12%	6	9%		
2005	57	85%	6	9%	4	6%		
2006	59	88%	8	12%	0	0%		
2007	64	96%	3	4%	0	0%		
2008	52	78%	12	18%	3	4%		
2009	56	84%	10	15%	1	1%		
2010	41	61%	26	39%	0	0%		

Topic: CHD Leadership Role

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

**Related Standards:** 

NPHPSP: 4.1 Constituency Development

4.1.1 Process for identifying key constituents or stakeholders

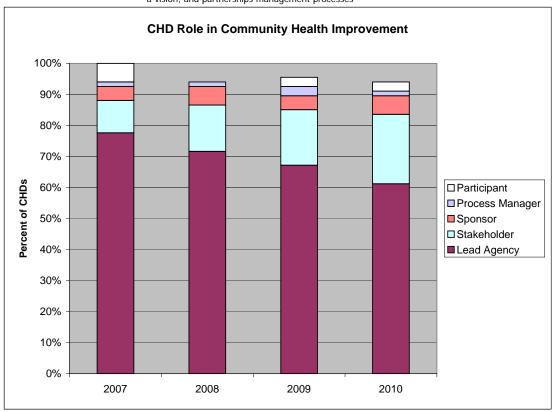
4.1.2 Encourage participation of constituents in improving community health

National Accreditation:

Standard 4.1 Engage the Public Health System and Community in Comprehensive Planning

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

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



Statewide Response	Lead Agency		Stakeholder		Sponsor		Process Manager		ager Participant		Blank/Not Applicable	Total
	Number of CHDs	Percent	Number of CHDs		Number of CHDs		Number of CHDs		Number of CHDs		Number of CHDs	Percent
2003	32	48%		0%		0%		0%		0%		0%
2004	28	42%		0%		0%		0%		0%		0%
2005	48	72%		0%		0%		0%		0%		0%
2006	51	76%		0%		0%		0%		0%		0%
2007	52	78%	7	10%	3	4%	1	1%	4	6%	0	0%
2008	48	72%	10	15%	4	6%	1	1%	0	0%	4	6%
2009	45	67%	12	18%	3	4%	2	3%	2	3%	3	4%
2010	41	61%	15	22%	4	6%	1	1%	2	3%	4	6%

(data from 2003 - 2006 is not comparable)

Dixie County Response: Lead Agency

**Topic: Community Health Assessment Models** 

What community health improvement models or tools are currently used at your CHD?

#### **Related Standards:**

NPHPSP: 5.3.1.1 Communty health improvement process use of established tool such as MAPP or PACE-EH

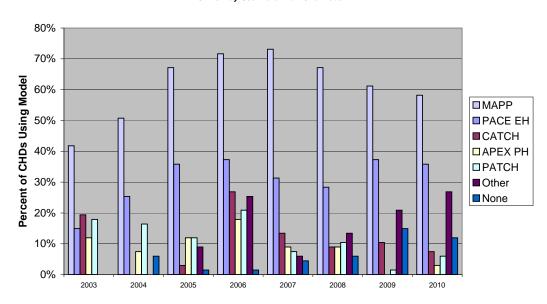
Accreditation: Standard 5.3 Conduct a health Improvement Planning Process

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

Implements a community health assessment process that includes

- 1A1. Identification of community themes (issues) and strengths
- 1A2. Assessment of the local public health system
- 1A3. Assessment of community health status resulting in the development of a community health profile document
- 1A4. Identification of potential forces of change (threats and opportunities)

## Models of Community Health Assessment in Use CHDs May Use More Than One Model



CHDs may be using more than one community health assessment model.

cribs may be																
Statewide				0004				2221								0040
Responses		2003		2004		2005		2006		2007		2008		2009		2010
Models in	No. of		No. of		No. of											
Use	CHDs	%	CHDs	%	CHDs	%										
MAPP	28	42%	34	51%	45	67%	48	72%	49	73%	45	67%	41	61%	39	58%
PACE EH	10	15%	17	25%	24	36%	25	37%	21	31%	19	28%	25	37%	24	36%
CATCH	13	19%	0	0%	2	3%	18	27%	9	13%	6	9%	7	10%	5	7%
APEX PH	8	12%	5	7%	8	12%	12	18%	6	9%	6	9%	0	0%	2	3%
PATCH	12	18%	11	16%	8	12%	14	21%	5	7%	7	10%	1	1%	4	6%
Other	0	0%	0	0%	6	9%	17	25%	4	6%	9	13%	14	21%	18	27%
None	0	0%	4	6%	1	1%	1	1%	3	4%	4	6%	10	15%	8	12%
HPHC	0	0%	22	33%	20	30%	26	39%	34	51%	44	66%	(not asked)	(not asked)	(not asked)	(not asked)
Unknown	6	9%	3	4%	2	3%	3	4%	3	4%	0	0%	0	0%	(not asked)	(not asked)

#### **Descriptive Names**

MAPP Mobilizing for Action through Planning and Partnerships

PACE EH Protocol for Assessing Community Excellence in Environmental Health
CATCH Comprehensive Assessment for Tracking Community Health

APEX PH Assessment Protocol for Excellence in Public Health
PATH Planned Approach to Community Health

PATH Planned Approach to Community Health HPHC Healthy People, Healthy Communities

**Dixie County Response: None** 

What assets does the CHDs community health improvement process include?

**Related Standards:** 

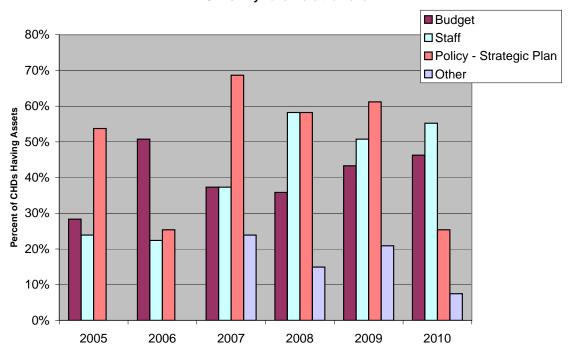
**NPHPSP**: 5.3.3 CHD conducts a strategic planning process

Accreditation: Standard 5.2 Engage in local health department strategic planning

**DOH Community Health Improvement:** 

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

# Community Health Assessment Assets CHDs may have more than one



Assets	Budget	Budget [		l Staff	Written P Strategic	D	Other		
Statewide Responses	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%	
2005	19	28%	16	24%	36	54%	0	0%	
2006	34	51%	15	22%	17	25%	0	0%	
2007	25	37%	25	37%	46	69%	16	24%	
2008	24	36%	39	58%	39	58%	10	15%	
2009	29	43%	34	51%	41	61%	14	21%	
2010	31	46%	37	55%	17	25%	5	7%	

Dixie County Response: None of the above

**Topic: Staff Dedication** 

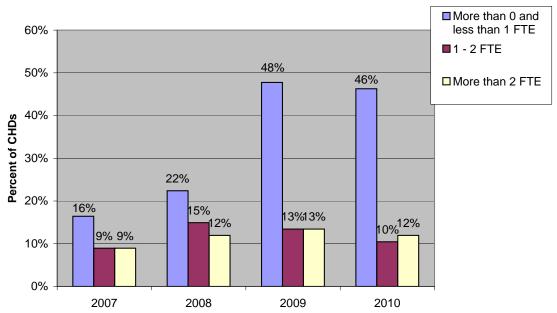
How many staff (FTE) are dedicated to your community health improvement process?

**Related Standards:** 

Accreditation: Part A - Administrative Capacity and Governance

Standard A1: Provide infrastructure for public health services

#### **CHDs with FTE Devoted to Community Health Improvement**



Number of CHDs by FTE Devoted to Community Health Assessment

Statewide	wide 2007			80	200	09	201	2010		
Responses	Number of CHDs		Number of CHDs	Percent	Number of CHDs	Percent	Number of CHDs	Percent		
More than 0 and less than 1 FTE	11	16%	15	22%	32	48%	31	46%		
1 - 2 FTE	6	9%	10	15%	9	13%	7	10%		
More than 2 FTE Approximate Statewide Total FTE	6 35.15	9% n/a		12% n/a		13% n/a				

Dixie County Response: None

What unit coordinates your community health improvement activities?

**Related Standards:** 

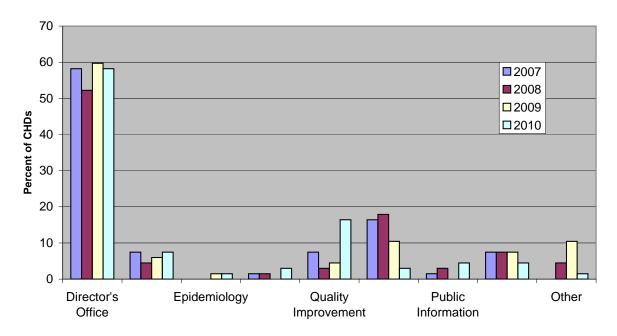
NPHPSP: 5.3.3.1 CHD reviews its organizational strategic plan to determine how it can best be aligned with the

community health improvement process

Accreditation: Part A - Administrative Capacity and Governance

Standard A1 Provide infrastructure for public health services

### **Coordinating Unit for Community Health Assessment Activities**



Coordinating Units for Community Health Assessment Activities

Statewide	20	07	20	800	20	09	20	10
Responses	Number		Number		Number	Number		
	of CHDs	Percent	of CHDs	Percent	of CHDs	Percent	of CHDs	Percent
Director's Office	39	58	35	52	40	60	39	58
Nursing	5	7	3	4	4	6	5	7
Epidemiology	not asked		not asked		1	1	1	1
Environmental Health	1	1	1	1	0	0	1	3
Quality Improvement	5	7	2	3	3	4	2	16
Health Education	11	16	12	18	7	10	11	3
Public Information	1	1	2	3	0	0	2	4
Community Health	5	7	5	7	5	7	3	4
Other	0	0	3	4	6	10	3	1
Total	67	100	63	94	66	100	67	100

Dixie County Response: Program Development

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

Related Standards:

**NPHPSP**: 5.3.3 CHD conducts a strategic planning process

Accreditation: Standard 5.2 Engage in local health department strategic planning

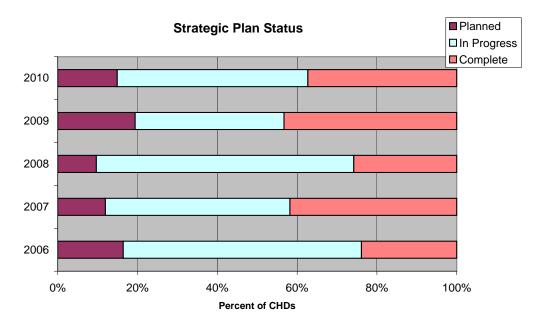
Measure 5.2.1 Conduct a strategic planning process

Measure 5.2.2 Produce a strategic plan
Measure 5.2.3 Implement the strategic plan

Measure 5.2.4 Review and update the strategic plan

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

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



Year

#### **Strategic Plan Status**

Statewide	2006		2007		2008		2009		2010	
Response	Number									
	of CHDs	Percent								
Planned	11	16	8	12	6	10	13	19	10	15
In Progress	40	60	31	46	40	65	25	37	32	48
Complete	16	24	28	42	16	26	28	43	25	37
Total	67	100	67	100	62	100	67	100	67	100

**Dixie County Response: Complete** 

Do the issues in your CHD's strategic plan align with some of the communityidentified issues?

#### **Related Standards:**

NPHPSP:

 $5.3.3.1\ \mbox{CHD}$  reviews its organizational strategic plan to determine how it can best be aligned

the community health improvement process

Accreditation:

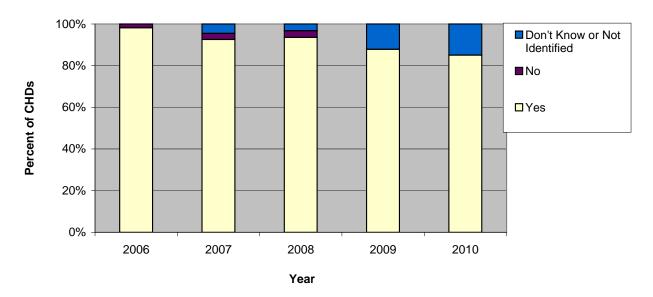
Measure 5.2.1 Conduct a strategic planning process (documentation: cross reference to

community health improvement plan or quality improvement plan)

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

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

### **Strategic Plan Alignment with Community Issues**



Strategic Plan Alignment with Community Issues

Statewide Responses	Yes	Percent Yes	ON	Percent No	Don't Know / Have not identified priorities	Percent Don't Know / Have not identified priorities	Total No. of Responses
2006	55	98	1	2	0	0	57
2007	62	93	2	3	3	4	67
2008	58	94	2	3	2	3	62
2009	58	88	0	0	8	12	66
2010	57	85	0	0	10	15	67

**Dixie County Response: Yes** 

#### What is the status of the Community Health improvement process?

#### **Related Standards:**

#### NPHPSP:

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

#### Accreditation:

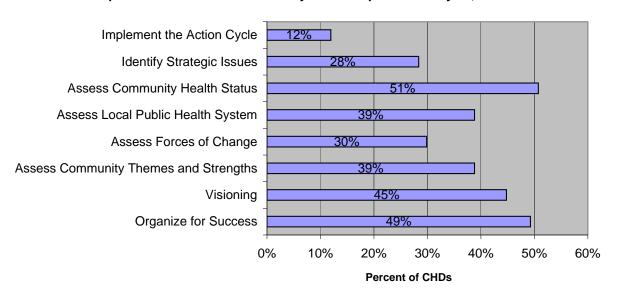
- Standard 4.1 Engage the public health system and the community in comprehensive planning
  - Measure 4.1.1 Recruit governing entity members, stakeholders, community partners and the public to participate in a community
- Measure 4.1.3 Establish and suppor planning process to improve health
- Standard 4.2 Engage the community to promote policies to improve the public's health
- Standard 4.2.1 Disseminate results of community health assessments to community (assess community themes and strengths, forces of change, local public health system, community health status)
- Standard 5.3.1 Conduct a health improvement process that includes broad participation from the community
- Standard 5.3.2 Produce a health improvement plan as a result of the community health improvement process (assessments, strategic issues, action plan)
- Standard 5.3.3 Implement elements and strategies of the health improvement plan in partnership with others (action cycle)
- Standard 5.3.4 Establish a monitoring system to track progress on strategies and health improvement in order to revise, update plan as needed (action cycle, evaluation)

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

Implements a community health assessment process that includes

- 1A1. Identification of community themes (issues) and strengths
- 1A2. Assessment of the local public health system
- 1A3. Assessment of community health status resulting in the development of a community health profile document
- 1A4. Identification of potential forces of change (threats and opportunities)

#### Completed Phases of the Community Health Improvement Cycle, 2010

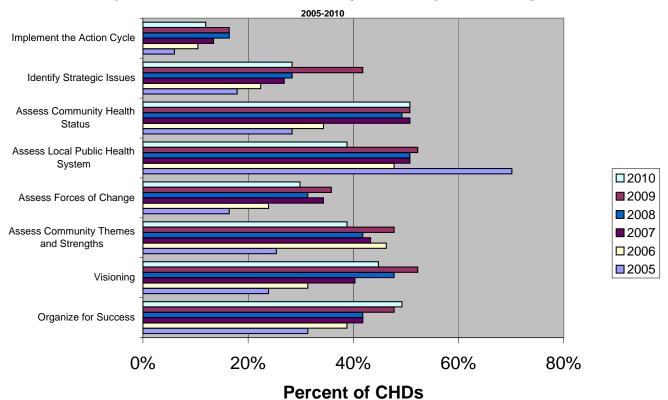


What is the status of the Community Health improvement process?

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

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

### **Completed Phases of the Community Health Improvement Cycle**



What themes are being addressed by community-identified strategic issues?

#### **Related Standards:**

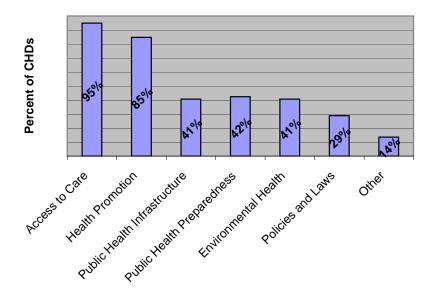
NPHPSP:

5.3.1.6 Community health improvement process includes prioritization of community health issues **Accreditation**:

Measure 4.1.3 Establish and support collaborative partnerships to solve priority health issues **DOH Community Health Improvement:** 

Implements a community health assessment process that includes 1A1. Identification of community themes (issues) and strengths

### Themes Addressed by Communities in 2010



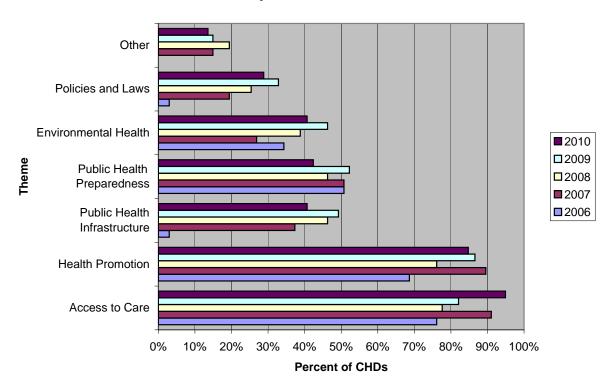
#### **Number of CHDs by Themes Addressed**

Humber of ones by mem					
Themes	2006	2007	2008	2009	2010
Access to care	51	61	52	55	56
Health Promotion	46	60	51	58	50
Public Health Infrastructure	2	25	31	33	24
Public Health Preparedness	34	34	31	35	25
Environmental Health	23	18	26	31	24
Policies and Laws	2	13	17	22	17
Other	0	10	13	10	8

Counties may address more than one theme.

What themes are being addressed by community-identified strategic issues?

## Community Themes, 2006-2010



Percentage of CHDs by The	emes Addr	essed			
Themes	2006	2007	2008	2009	2010
Access to Care	76%	91%	78%	82%	95%
Health Promotion	69%	90%	76%	87%	85%
Public Health Infrastructure	3%	37%	46%	49%	41%
Public Health Preparedness	51%	51%	46%	52%	42%
Environmental Health	34%	27%	39%	46%	41%
Policies and Laws	3%	19%	25%	33%	29%
Other	0%	15%	19%	15%	14%

Counties may address more than one theme.

Dixie County Response: Access to care, services

What topics are being addressed by community-identified goals and objectives?

#### Related Standards

**NPHPSP**: Community health improvement process that includes development of measureable health objectives

Accreditation: Measure 5.3.2 Produce a health improvement plan as a result of the community health improvement

process (documentation: measureable health improvement indicators to monitor progress)

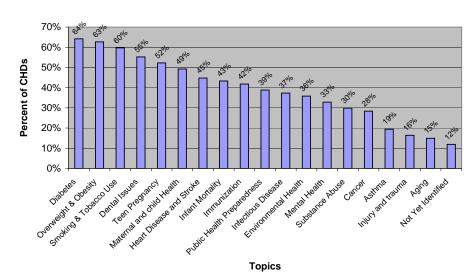
Measure 5.3.4 Establish monitoring system to track progress on strategies and health improvement in order to revise,

update plan as needed (documentation: performance measures, evaluation results)

DOH Community Health Improvement: Implements a community health assessment process that includes

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

# Topics being Addressed by Community Identified Goals 2010



**Community Health Improvement Topics by Number of CHDs** 

Topics	2007	2008	2009	2010
Diabetes	49	47	46	43
Overweight & Obesity	48	47	46	42
Smoking & Tobacco Use	49	46	49	40
Dental Issues				37
Teen Pregnancy	28	39	47	35
Maternal and child Health	34	37	40	33
Heart Disease and Stroke	37	42	34	30
Infant Mortality	34	36	36	29
Immunization	28	29	37	28
Public Health Preparedness	32	28	31	26
Infectious Disease	26	33	32	25
Environmental Health	26	30	30	24
Mental Health	21	24	29	22
Substance Abuse	16	19	26	20
Cancer	26	21	30	19
Asthma	17	16	14	13
Injury and trauma	18	21	23	11
Aging	9	15	19	10
Not Yet Identified	8	1	8	8
Workforce	21	21	22	

CHDs may select multiple topics

What topics are being addressed by community-identified goals and objectives?

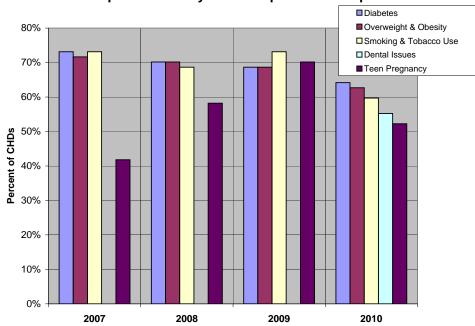
Community Health Improvement Topics by Percent of CHDs

Community Health Improve	этнени тер	03 <b>D</b>			Dixie
					County
Topics	2007	2008	2009	2010	Response
Diabetes	73%	70%	69%	64%	None
Overweight & Obesity	72%	70%	69%	63%	None
Smoking & Tobacco Use	73%	69%	73%	60%	None
Dental Issues	0%	0%	0%	55%	None
Teen Pregnancy	42%	58%	70%	52%	None
Maternal and child Health	51%	55%	60%	49%	None
Heart Disease and Stroke	55%	63%	51%	45%	None
Infant Mortality	51%	54%	54%	43%	None
Immunization	42%	43%	55%	42%	None
Public Health Preparedness	48%	42%	46%	39%	None
Infectious Disease	39%	49%	48%	37%	None
Environmental Health	39%	45%	45%	36%	None
Mental Health	31%	36%	43%	33%	None
Substance Abuse	24%	28%	39%	30%	None
Cancer	39%	31%	45%	28%	None
Asthma	25%	24%	21%	19%	None
Injury and trauma	27%	31%	34%	16%	None
Aging	13%	22%	28%	15%	None
Not Yet Identified	12%	1%	12%	12%	None
Workforce	31%	31%	33%		None

shaded areas indicate this response option was not available

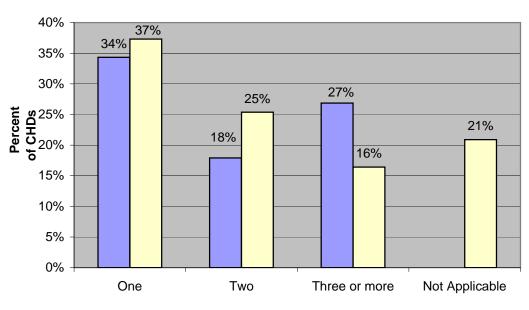
CHDs may select multiple topics

**Top 5 Community HeatIh Improvement Topics** 



How many times has your CHD completed the community health improvement cycle?

### **Iterations of the Community Health Improvement Cycle**



**□**2009 **□**2010

**Number of Iterations** 

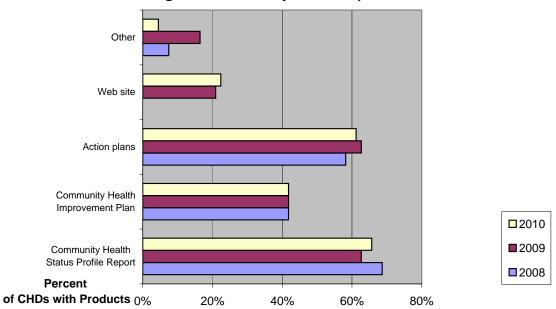
**Iterations of the Community Health Improvement Cycle** 

Statewide	2009		2010	
Responses	Percent	Count	Percent	Count
One	34%	23	37%	25
Two	18%	12	25%	17
Three or more	27%	18	16%	11
Not Applicable			21%	14

**Dixie County Response: Not applicable** 

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

### **Products Resulting from Community Health Improvement Process**

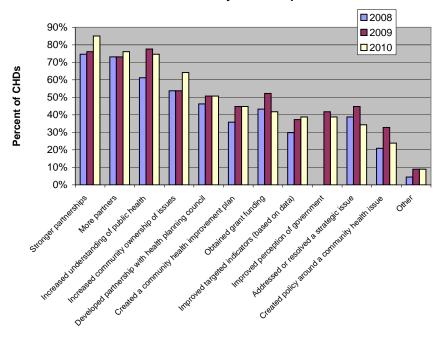


### **Products Resulting from the Community Health Improvement Process**

Statewide	2008		2009		2010		
Response	Percent	Count	Percent	Count	Percent	Count	Dixie County Response
Community							
Health Status							
Profile Report	69%	46	63%	42	66%	44	√
Community							
Health							
Improvement							
Plan	42%	28	42%	28	42%	28	
Action plans	58%	39	63%	42	61%	41	
Web site	0%		21%	14	22%	15	√
Other	7%	5	16%	11	4%	3	
None/Not							
Applicable	6%	4	7%	5	15%	10	

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

#### **Benefits of the Community Health Improvement Process**

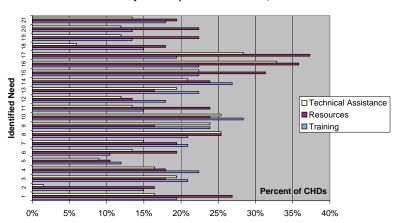


Percent and Number of CHDs by Type of Benefit

Response	2008		2009		2010		
							Dixie County
	Percent	Number	Percent	Number	Percent	Number	Response
Stronger partnerships	75%	50	76%	51	85%	57	√
More partners	73%	49	73%	49	76%	51	<
Increased understanding of public							
health	61%	41	78%	52	75%	50	√
Increased community ownership of							
issues	54%	36	54%	36	64%	43	
Developed partnership with health							
planning council	46%	31	51%	34	51%	34	
Created a community health							
improvement plan	36%	24	45%	30	45%	30	
Obtained grant funding	43%	29	52%	35	42%	28	
Improved targeted indicators (based							
on data)	30%	20	37%	25	39%	26	
Improved perception of government	0%	0	42%	28	39%	26	
Addressed or resolved a strategic							
issue	39%	26	45%	30	34%	23	
Created policy around a community							
health issue	21%	14	33%	22	24%	16	
Other	4%	3	9%	6	9%	6	

Needs of CHDs for conducting, participating in or sustaining a community health improvement process:

CHD Needs for Community Health Improvement Processes, 2010

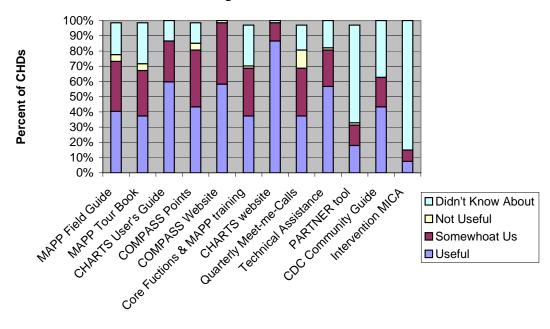


Community Health Improvement Process Needs by Percent of CHDs

				Technical	No Assistance	Dixie County
	Response	Training	Resources	Assistance	Needed	Response
1	Introduction to the MAPP planning	rraining	resources	ASSISTANCE	reccucu	Technical
	tool	19%	27%	16%	55%	Assistance
	1001	.,,,	2770	1070	3370	Technical
2	Organizing for success	15%	16%	1%	60%	Assistance
	Organizing for Saccess	1070	1070	170	0070	Technical
3	Building & sustaining partnerships	21%	18%	19%	48%	Assistance
	31					Technical
4	Building Skills & meeting facilitation	22%	18%	16%	52%	Assistance
	J. Company					No
	Accessing & using					Assistance
	www.FloridaCHARTS.com	12%	10%	9%	70%	Needed
						No
						Assistance
6	Identifying local health indicators	10%	19%	13%	66%	Needed
						No
						Assistance
7	Collecting & using qualitative data	21%	19%	15%	58%	Needed
						No
	Creating a community health status					Assistance
8	profile report	21%	25%	25%	42%	Needed
	Applying results of the local public					Technical
9	health system assessment	24%	16%	24%	48%	Assistance No
10	llaine mane for brough planning	28%	24%	25%	44.04	Assistance Needed
10	Using maps for health planning	28%	2470	25%	40%	No
						Assistance
	Identifying community strategic health priorities	15%	24%	13%	63%	Needed
	nodin provinces	1070	2170	1070	0070	No
	Formulating measurable goals &					Assistance
	objectives	18%	13%	12%	63%	
						No
						Assistance
13	Developing action plans	22%	16%	19%	52%	Needed
						No
						Assistance
14	Measuring success and evaluation	27%	24%	21%	48%	Needed
ŀ	Writing Community Health					Technical
15	Improvement Plan	22%	31%	22%	43%	Assistance
	Implementing & sustaining a					Technical
	community health planning process	22%	36%	33%	39%	Assistance
	, , , , , , , , , , , , , , , , , , , ,					
	Identifying & using model practices					Technical
17	for assessment & planning	19%	37%	28%	37%	Assistance
						No Assistance
	Core functions and essential services	150/	400/		,,,,,	Assistance Needed
10	of public health	15%	18%	6%	69%	No
	11					Assistance
	Identifying accessing & using reference materials	13%	22%	12%	600/	Needed
	Identifying & using evidence-based	1370	2270	1270	00%	weeded
	practices to improve community					Technical
20	health	13%	22%	12%	42%	Assistance
						Technical
21	Participating in a mentoring program	18%	19%	13%	45%	Assistance

CHD ratings of Community Health Improvement (COMPASS) resources:

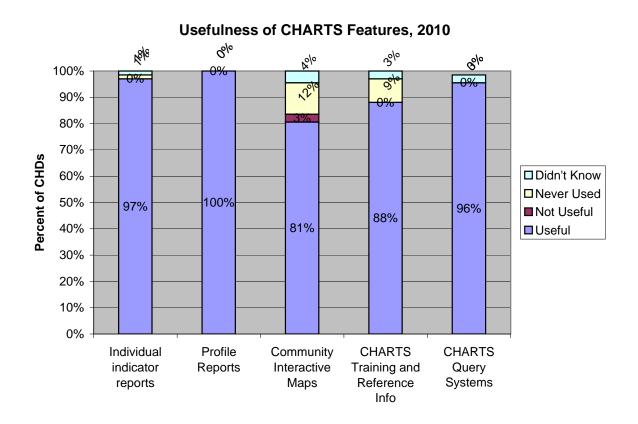




**Ratings of Resources by Percent of CHDs** 

	2009			2010				
Ratings of Resources	Useful	Not Useful	Never Used/Didn't Know About	Useful	Somewhat Useful	Not Useful	Never Used/Didn't Know About	
MAPP Field Guide	73%	3%	19%	40%	33%	4%	21%	Not Useful
MAPP Tour Book	63%	4%	25%	37%	30%	4%	27%	Never used/didn't know about
CHARTS User's Guide	78%	1%	16%	60%	27%	0%	13%	Not Useful
COMPASS Points	72%	3%	19%	43%	37%	4%	13%	Somewhat useful
COMPASS Website	81%	0%	13%	58%	40%	1%	13%	Never used/didn't know about
Core Fuctions & MAPP training	88%	1%	18%	37%	31%	1%	27%	Never used/didn't know about
CHARTS website	97%	0%	1%	87%	12%	0%	1%	Useful
Quarterly Meet-me-Calls	76%	3%	12%	37%	31%	12%	16%	Somewhat useful
Technical Assistance	88%	0%	9%	57%	24%	1%	18%	Useful
PARTNER tool	22%	0%	70%	18%	13%	1%	64%	Never used/didn't know about
CDC Community Guide	60%	1%	36%	43%	19%	0%	37%	Never used/didn't know about
Intervention MICA	7%	0%	84%	7%	7%	0%	85%	Never used/didn't know about

**CHD ratings of CHARTS features** 

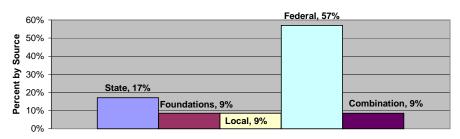


**Usefulness of CHARTS Features by Percent of CHDs** 

							Never	
							Used/	Dixie
				Didn't			Didn't	County
Component	Useful	Not Useful	Never Used	Know	Useful	Not Useful	Know	Response
		2010				2009		
Individual								
indicator reports	97%	0%	1%	1%	99%	0%	0%	Useful
Profile Reports	100%	0%	0%	0%	97%	0%	0%	Useful
Community								
Interactive Maps	81%	3%	12%	4%	73%	3%	21%	Useful
<b>CHARTS Training</b>								
and Reference								
Info	88%	0%	9%	3%	69%	0%	28%	Useful
CHARTS Query	•							
Systems	96%	0%	0%	3%	not asked	not asked	not asked	Useful

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

# Sources of Resources Received by 35 CHDs



2009: The total value of the new resources received by 30 CHDs was \$23,544,903.
2010: The total value of the new resources received by 35 CHDs was \$53,816,509.
Some funding reported covers multiple years.

#### **Number of CHDs Receiving Resources**

Have new resources been received?

	2009	2010
YES	30	35
NO	36	31
Blank	1	1

Dixie County Response: Yes

Resources by Source

Resources by Source								
Sources	2009	2010	Percent in 2010					
State	6	6	17%					
Foundations	5	3	9%					
Local	5	3	9%					
Federal	8	17	57%					
Combination		3	9%					

Dixie 2010 Response: A Denta Quest Grant for at least one year, \$74,000 for Oral health.