## 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

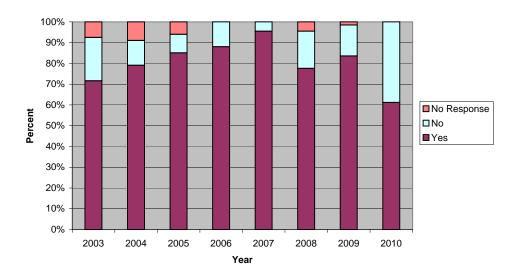
Measure 5.3.2 Produce a health improvement plan as a result of the community health improvement process Measure 5.3.3 Implement elements and strategies of the health improvement plan in partnership with others

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**



Osceola County Response: Yes

Number and Percent of CHDs Participating in Community Health Improvement

Statewide	Yes		No		No Resp	onse
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

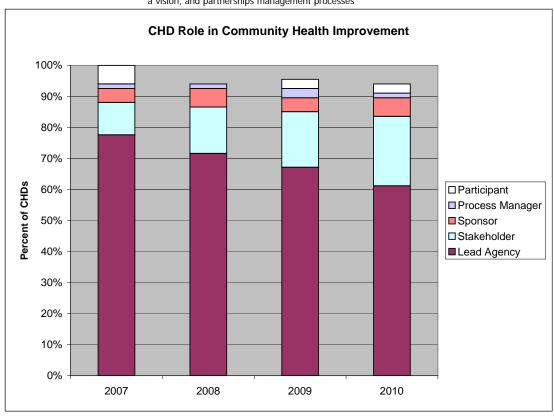
4.1.2 Encourage participation of constituents in improving community health

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											Blank/Not	
	Lead Agen		Stakeholde		Sponsor		Process Ma		Participant		Applicable	Total
	Number		Number		Number		Number		Number		Number	
	of CHDs	Percent	of CHDs	Percent	of CHDs	Percent	of CHDs	Percent	of CHDs	Percent	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)

Osceola County Response: Stakeholder

**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

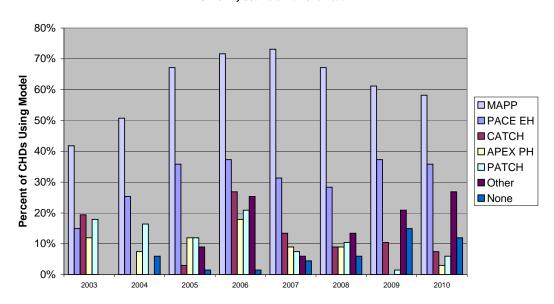
Accreditation: Standard 5.3 Conduct a health Improvement Planning Process

#### **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.

Statewide																
Responses		2003		2004		2005		2006		2007		2008		2009		2010
Models in Use	No. of CHDs	%	No. of CHDs	%	No. of CHDs	%	No. of CHDs		No. of CHDs		No. of CHDs	%	No. of CHDs	%	No. of CHDs	%
MAPP	28	42%		51%		67%		72%		73%		67%		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
HPHC Healthy People, Healthy Communities

Osceola County Response: MAPP, PACE EH, Community Balanced Scoreboard

What assets does the CHDs community health improvement process include?

**Related Standards:** 

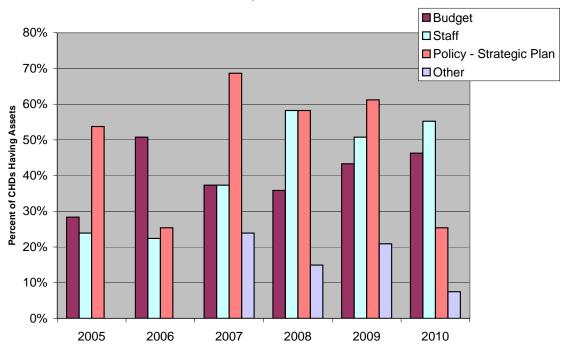
**NPHPSP**: 5.3.3 CHD conducts a strategic planning process

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%	

Osceola County Response: None of the above

**Topic: Staff Dedication** 

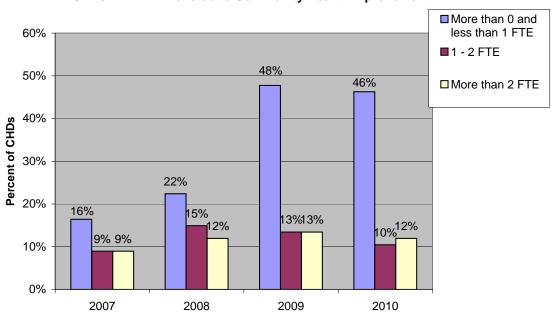
How many staff (FTE) are dedicated to your community health improvement process?

**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	tatewide 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				

Osceola County Response: None

What unit coordinates your community health improvement activities?

**Related Standards:** 

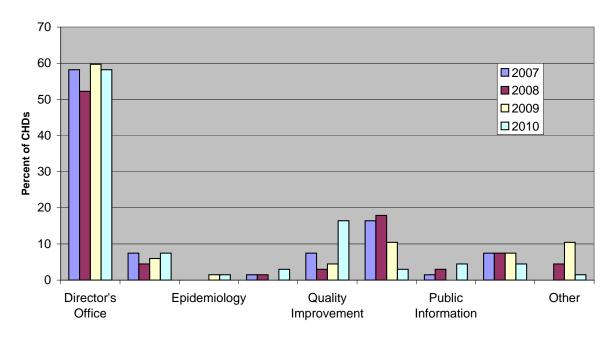
NPHPSP: 5.3.3.1 CHD reviews its organizational strategic plan to determine how it can best be aligned with the

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	80	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

Osceola County Response: Director/Administrator Office

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

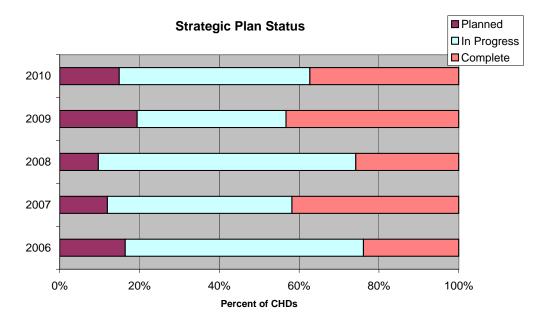
Measure 5.2.1 Conduct a strategic planning process

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

Osceola 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:

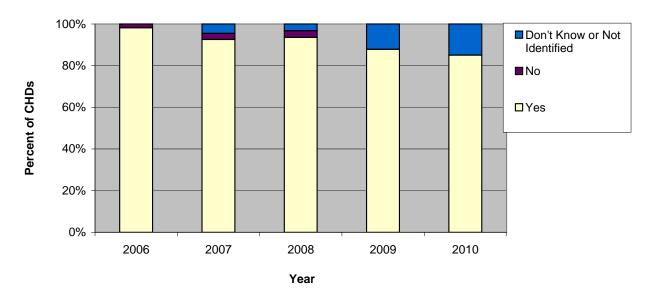
 $\label{lem:measure 5.2.1 Conduct a strategic planning process (documentation: cross \ reference \ to$ 

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

Osecola 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:

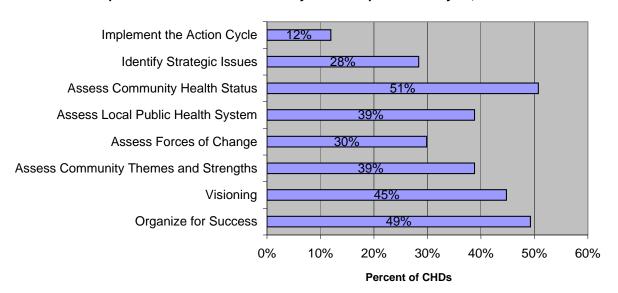
- Standard 4.1 Engage the public health system and the community in comprehensive planning
  - Measure 4.1.1 Recruit governing entity members, stakeholders, community partners and the public to participate in a community
- Measure 4.1.3 Establish and suppor planning process to improve health
- Standard 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

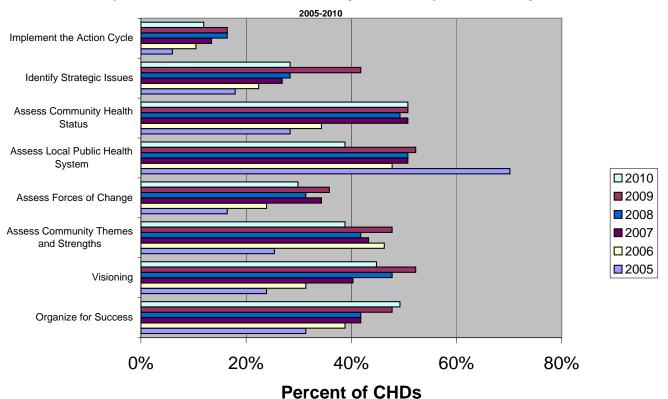


What is the status of the Community Health improvement process?

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

Status	2005	nt	2006	nt	2007	nt	2008	nt	2009	nt	2010	nt	Osceola County Response
	Percent	cou											
Organize for Success	31%	21	39%	26	42%	28	42%	28	48%	32	49%	33	Complete
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	Complete
Assess Forces of Change	16%	11	24%	16	34%	23	31%	21	36%	24	30%	20	In Progress
Assess Local Public Health System	70%	47	48%	32	51%	34	51%	34	52%	35	39%	26	In Progress
Assess Community Health Status	28%	19	34%	23	51%	34	49%	33	51%	34	51%	34	Complete
Identify Strategic Issues	18%	12	22%	15	27%	18	28%	19	42%	28	28%	19	In Progress
Implement the Action Cycle	6%	4	10%	7	13%	9	16%	11	16%	11	12%	8	In Progress

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



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

### **Related Standards:**

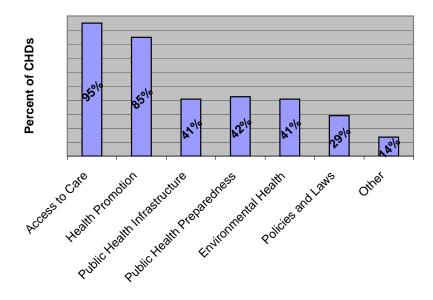
NPHPSP:

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



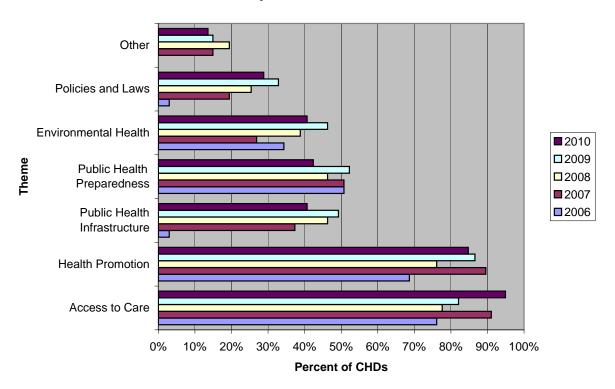
### **Number of CHDs by Themes Addressed**

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 Themes Addressed											
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.

Osceola County Response: Access to care, Environment, Health Plann. & Educ., PH Infrast., PH Prep.

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

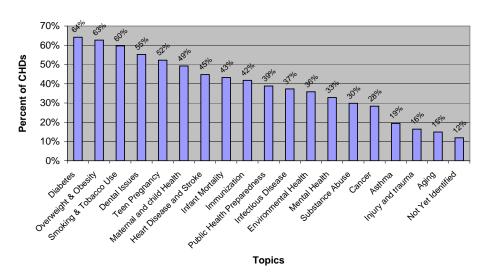
process (documentation: measureable health improvement indicators to monitor progress)

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

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

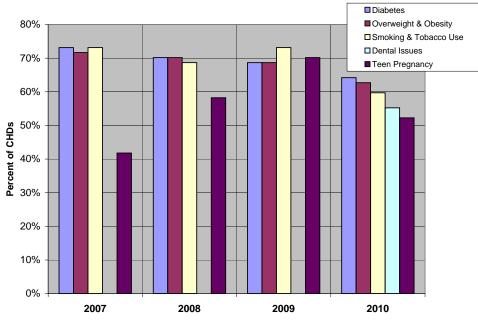
What topics are being addressed by community-identified goals and objectives?

Topics	2007	2008	2009	2010	Osceola County Response
Diabetes	73%	70%	69%	64%	
Overweight & Obesity	72%	70%	69%	63%	х
Smoking & Tobacco Use	73%	69%	73%	60%	х
Dental Issues	0%	0%	0%	55%	х
Teen Pregnancy	42%	58%	70%	52%	х
Maternal and child Health	51%	55%	60%	49%	х
Heart Disease and Stroke	55%	63%	51%	45%	х
Infant Mortality	51%	54%	54%	43%	х
Immunization	42%	43%	55%	42%	х
Public Health Preparedness	48%	42%	46%	39%	х
Infectious Disease	39%	49%	48%	37%	х
Environmental Health	39%	45%	45%	36%	х
Mental Health	31%	36%	43%	33%	х
Substance Abuse	24%	28%	39%	30%	х
Cancer	39%	31%	45%	28%	х
Asthma	25%	24%	21%	19%	х
Injury and trauma	27%	31%	34%	16%	х
Aging	13%	22%	28%	15%	х
Not Yet Identified	12%	1%	12%	12%	х
Workforce	31%	31%	33%		х

shaded areas indicate this response option was not available

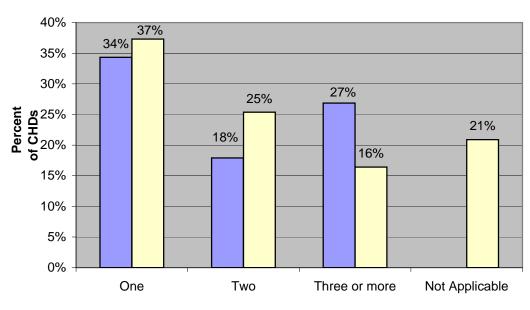
CHDs may select multiple topics

**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** 

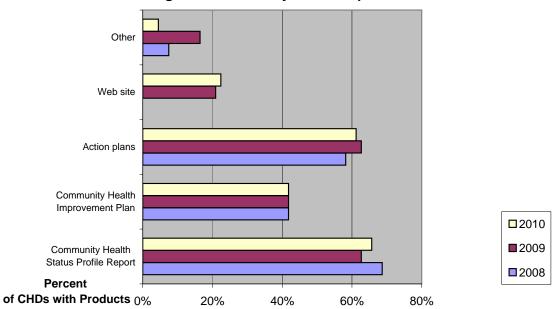
**Iterations of the Community Health Improvement Cycle** 

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

Osceola County Response: 3 or more

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

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

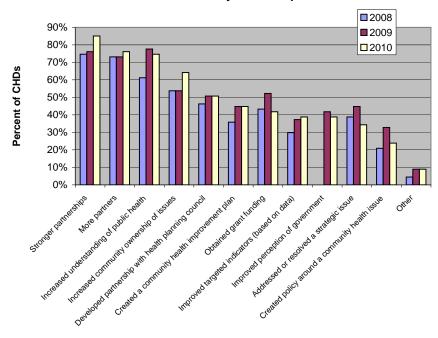


## **Products Resulting from the Community Health Improvement Process**

Statewide	2008		2009		2010		
Response	Percent	Count	Percent	Count	Percent	Count	Osceola 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**

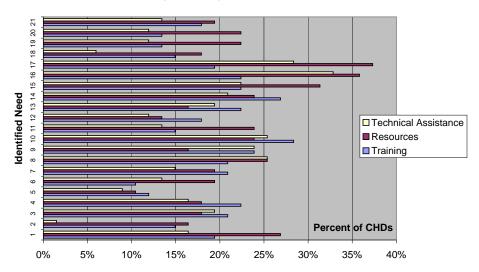


Percent and Number of CHDs by Type of Benefit

Response	2008		2009		2010		
	Percent	Number	Percent	Number	Percent	Number	Osceola County Response
Stronger partnerships	75%		76%		85%		•
More partners	73%		73%		76%		1/
Increased understanding of public	1	.,	, 0, 0	.,	7070	· ·	<b>.</b>
health	61%	41	78%	52	75%	50	. ✓
Increased community ownership of							•
issues	54%	36	54%	36	64%	43	<b>√</b>
Developed partnership with health							-
planning council	46%	31	51%	34	51%	34	<b>√</b>
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

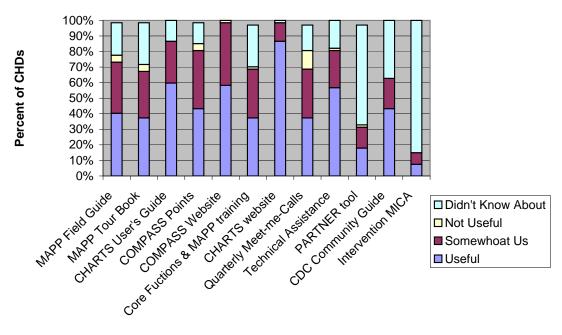


Community Health Improvement Process Needs by Percent of CHDs

	Response	Training	Resources	Technical Assistance	No Assistance Needed	Osceola County Response
						No
	Introduction to the MAPP planning					Assistance
1	tool	19%		16%		Needed
2	Organizing for success	15%	16%	1%	60%	Training
3	Building & sustaining partnerships	21%	18%	19%	48%	Training
4	Building Skills & meeting facilitation	22%	18%	16%	52%	Training
5	Accessing & using www.FloridaCHARTS.com	12%	10%	9%	70%	No Assistance Needed
						Technical
6	Identifying local health indicators	10%	19%	13%	66%	Assistance
7	Collecting & using qualitative data	21%	19%	15%	58%	Training
	Creating a community health status					Technical
8	profile report	21%	25%	25%	42%	Assistance
9	Applying results of the local public health system assessment	24%	16%	24%	48%	Training
10	Using maps for health planning	28%	24%	25%	46%	No Assistance Needed
	Identifying community strategic					Resource
11	health priorities	15%	24%	13%	63%	materials
	Formulating measurable goals &					
12	objectives	18%		12%		Training
13	Developing action plans	22%	16%	19%		Training
14	Measuring success and evaluation	27%	24%	21%	48%	Training
15	Writing Community Health Improvement Plan	22%	31%	22%	43%	Training
16	Implementing & sustaining a community health planning process	22%	36%	33%	39%	Training
17	Identifying & using model practices for assessment & planning	19%	37%	28%	37%	Training
18	Core functions and essential services of public health	15%	18%	6%	69%	Training
19	Identifying accessing & using reference materials	13%	22%	12%	60%	Training
20	Identifying & using evidence-based practices to improve community health	13%	22%	12%	42%	Resource materials
21	Participating in a mentoring program	18%	19%	13%	45%	Resource materials

CHD ratings of Community Health Improvement (COMPASS) resources:

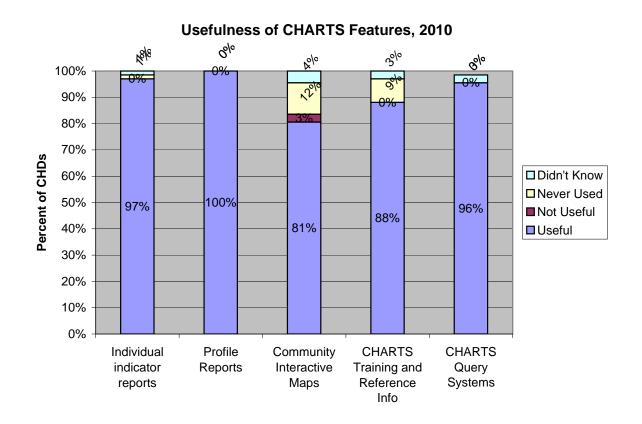
## 2010 CHD Rating of COMPASS Resource Materials



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

**CHD ratings of CHARTS features** 

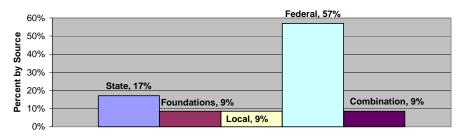


**Usefulness of CHARTS Features by Percent of CHDs** 

							Never	
							Used/	Osceola
				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?

TIGTO TION TODOGLODO ROOTTOGOTOGO							
	2009	2010					
YES	30	35					
NO	36	31					
Blank	1	1					

Osceola 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%					

Osceola 2010 Response: HRSA, AHCA, CDC, FDOH, Grants