



Florida Department of Health in Sarasota County has one document for their Community Health Assessment and their Community Health Improvement Plan. Please see below for the page number for each.

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Acknowledgements

Over the years, hundreds of organizations and thousands of individuals have been involved in shaping community health improvement efforts in Sarasota County. We are indebted to the community partners who have given their time to develop collaborative strategies, share information, and implement action plans.

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community health improvement partnership

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INTRODUCTION

In Sarasota County, the Community Health Improvement Partnership (CHIP) is charged with engaging community members and organizational partners in health planning. Since 2002, CHIP has provided guidance, support and structure for citizen-led initiatives to address community health interests of local concern, empowering people to take responsibility for the health of their communities. CHIP also provides research and data tools to guide these efforts. For example, CHIP administered comprehensive community health surveys in 2006 and 2010. Data from these efforts have been used to guide planning at sub-county, county, and regional levels.

Community Health Action Teams, or CHATs, are citizen-led teams active in four geographically distinct areas of Sarasota County. CHIP provides support to CHATs as they review community health data, prioritize issues and develop locally-relevant action plans. Over the years, CHATs have successfully advocated for health services, launched a successful Drug-Free Youth (D-Fy) initiative, developed community resource directories, tested a community-based chronic care delivery model, supported the creation of prescription drug drop-off boxes, established community wellbeing programs, and more.

At the regional level, CHIP brings together healthcare leaders – hospital CEOs and health department administrators – from Charlotte, DeSoto, Manatee and Sarasota Counties. Since 2005, CHIP has convened these regional health care leaders, known as the Health Provocateur Partnership, facilitating dialogue and urging this unique public-private partnership to serve as a model for fostering and improving population health in the region. Major initiatives of the group include the tobacco-free campus initiative (2007), the Clean Hands Campaign (2009) and SafeRx: Campaign for Responsible Prescriptions (2011).

Whereas the CHATs conduct planning at a sub-County level and the Health Provocateur Project represents planning at a regional level, this Community Health Improvement Plan represents a county-wide planning process for Sarasota County.

Like the Florida Department of Health, Sarasota County supports the use of the MAPP process for community health planning. MAPP, or Mobilizing for Action through Planning and Partnerships (MAPP), is a strategic approach to community health improvement. The MAPP approach was developed by the National Association of County and City Health Officials-(NACCHO), in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group comprised of local health officials, CDC representatives, community representatives and academicians developed MAPP between 1997 and 2000. This is the approach used by the Florida County Health Departments and guides planning processes at the County-level.

After partnership development and visioning, four key assessments drive a process of prioritizing issues, and developing goals and strategies.

The four MAPP assessments include:

1. The **Community Health Status Assessment** identifies priority issues related to community health and quality of life. Questions answered during the phase include *“How healthy are our residents?”* and *“What does the health status of our community look like?”*
2. The **Community Themes and Strengths Assessment** - which provides a deep understanding of the issues residents, feel are important by answering the questions *“What is important to our community?”* *“How is quality of life perceived in our community?”* and *“What assets do we have that can be used to improve community health?”*
3. The **Forces of Change Assessment** focuses on the identification of forces such as legislation, technology, and other issues that affect the context in which the community and its public health system operates. This answers the questions *“What is occurring or might occur that affects the health of our community or the local health system?”* and *“What specific threats or opportunities are generated by these occurrences?”*
4. The **Local Health System Assessment** is a comprehensive assessment of all of the organizations and entities that contribute to the public’s health. The local public health system assessment answers the questions *“What are the activities, competencies, and capacities of our local health system?”* and *“How are the Essential Services being provided to our community?”*

Based on the data collected through these assessments, the next step is to identify strategic issues and formulate goals and strategies for addressing each. The final phase of MAPP is the Action Cycle. During this phase, participants plan, implement, and evaluate. These activities build upon one another in a continuous and interactive manner and ensure continued success.

This document presents goals and strategies for Sarasota County, and provides an overview of the Sarasota County’s MAPP assessments. These assessments can be found, in entirety, at www.CHIP4Health.org/research. The final pages demonstrate how Sarasota County’s community health goals align with state and national plans.



SECTION 1: COMMUNITY HEALTH IMPROVEMENT PLAN

All of the MAPP assessments have enriched our understanding of local health issues, opportunities, threats and the local health system. Experience has taught us that we are more likely to be successful in advancing strategies for community health improvement if we focus on those issues that matter to residents. To this end, in CHIP’s 2010 Community Health Survey, respondents were asked to identify their top priority health concerns. Nearly 2000 responses were gathered from randomly selected Sarasota County households. This single question – and the results – have been crucial for identifying key themes for the Sarasota County Community Health Improvement Plan. A summary of priority concerns are shown below.

Top Community Health Concerns as Identified in the 2010 CHIP Community Health Survey

Sarasota County	%
Aging Problems (Alzheimer's, arthritis)	59.6
Chronic Diseases (ex. Cancer)	44.3
Alcohol and Drug Abuse	28.8
Poor Diet/Lack of Exercise	27.5
Lack of Access to Health Care	20.2
Homelessness	19.4
Tobacco Use	16.5
Child Abuse/Neglect	11.4
Motor Vehicle Crashes	10.2
Mental Health Issues	9.2

Those issues which ranked above 20% were considered for inclusion as key themes in the community health improvement plan. Chronic disease and poor diet/lack of exercise were condensed into a category referred to as “Obesity”. (Obesity is one of the top contributors to chronic disease; in turn, poor diet and lack of exercise are behavioral risk factors which contribute to obesity.)

Sarasota County has a history of investing in systems-level, collaborative approaches to address health and human services issues. For each of the top ranking issues there were already active coalitions in place working to advance strategies for improvement. This community health improvement plan builds off of that work. A key community meeting, the 2012 Community Health Roundtable, took place in the fall of 2012, and also helped to shape the content of this plan. A summary of the key themes, corresponding coalitions, objectives and relevant indicators is captured on the following pages.



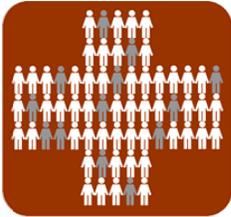
In Sarasota County, nearly 32% of the population is age 65, it is the nation’s oldest county with a population over 250,000.



Coalition at Work: It is reported that Sarasota County has more than 20 groups which focus on aging issues. In an effort to consolidate and develop comprehensive strategies, an Aging Consortium is in the process of being formed. This consortium, supported by Sarasota County Health & Human Services, will be charged with contributing and advancing strategies for the Sarasota County Community Health Improvement Plan. Stay tuned!

“Sarasota County’s demographics are a differentiator in and of themselves. Sarasota County’s current age profile is similar to that projected for the developed world in 2025. Additionally, the relatively higher education and income levels in these cohorts suggest that these residents may be more likely to be early adopters of technology/other advances.”

Source: Sarasota County Five Year Economic Development Strategic Plan, April 2009



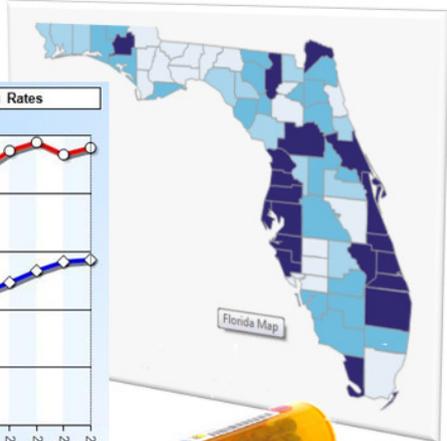
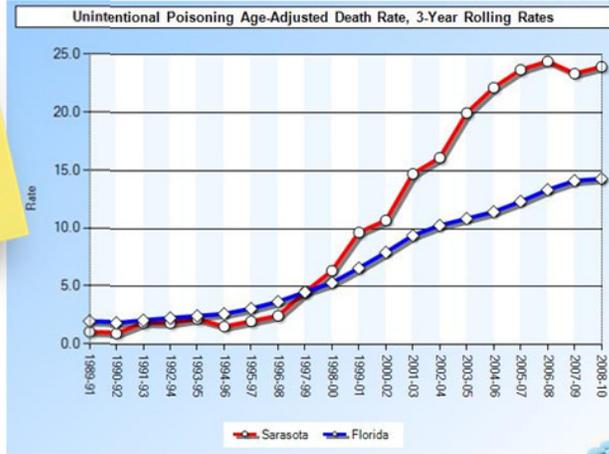
More than 1 in 5 Sarasota County residents lack health insurance.

Trends	2006	2010
Number of Uninsured residents (18-64)	15.8%	22.5%
Unable to get needed medical care	8.9%	11.8%
Unable to get needed dental care	19.7	25.1

Coalition at Work: A partnership which includes the Sarasota County Health Department, Sarasota Memorial Health Care System, and Senior Friendship Centers is currently collaborating on a plan to preserve and strengthen Sarasota County’s health care safety net. Known as the “System of Care Committee”, this collaborative approach is being supported through a grant from the Patterson Foundation. This committee is charged with identifying and advancing access to care strategies for the Sarasota County Community Health Improvement Plan.

Alcohol & Drug Abuse

Sarasota County ranks 8th in the State for unintentional poisoning drug deaths.

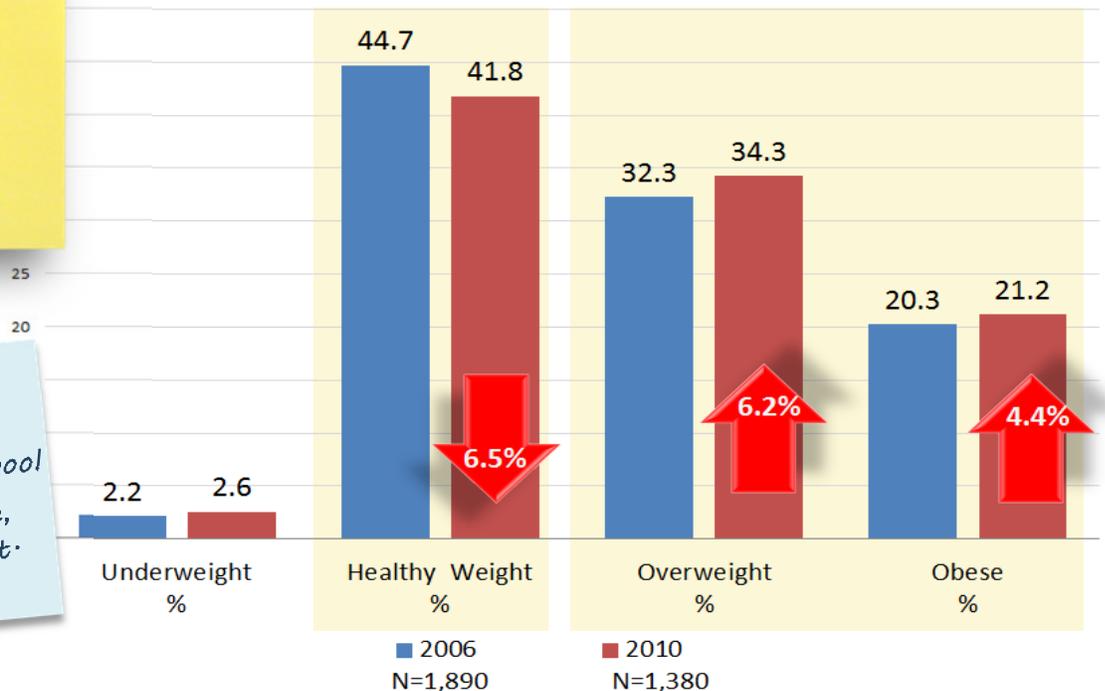


Data Source: Florida CHARTS

Coalition at Work: The Sarasota County Behavioral Health Stakeholders Consortium, and its subcommittee, the Behavioral Health Strategic Planning Workgroup, are charged with identifying and advancing strategies related to alcohol and drug abuse for the Sarasota County Community Health Improvement Plan.

Obesity

Prevalence of Obesity and Overweight Among Adults in Sarasota County, 2006 and 2010



In 2011/2012, more than 18% of Sarasota County School students were obese, 78% were overweight.

Coalition at Work: The Healthy Sarasota County Collaborative and the Sarasota County Wellness Coalition are working together to advance obesity-related strategies included in the Sarasota County Community Health Improvement Plan.

Sarasota County Community Health Improvement Plan

2012-2018

DATA ANALYSIS

- CHIP Health Survey
- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance Survey
- Florida Department of Health School Health Summary
- School Environment Safety Incident Reports
- Medical Examiners Data
- Florida CHARTS
- Healthy People 2020 Goals
- Florida Department of Law Enforcement

BROAD BASED COMMUNITY INDICATORS

Goal Statement	Indicator	Baseline			Goal	
		2006	2010	2014	2018	
HEALTHY WEIGHT						
Increase percent of adults who eat more fruits and vegetables	Percent of adults who eat more than 5 fruits or vegetables a day <i>(Source: CHIP Health Survey)</i>	-	9.8%	11.0%	13.0%	
Increase the number of adults at a healthy weight	Percent of adults with a BMI between 18.6 -24.5% <i>(Source: CHIP Health Survey)</i>	44.7%	41.8%	44.0%	46.0%	
Increase the number of children at a healthy weight	Percent of Sarasota County school children who have a BMI in a healthy range <i>(Source: School Health Summary, FLDOH)</i>	61.7%	61.7%	64.0%	66%	
Decrease the percent of obese adults	Percent of Sarasota County adults who have a BMI above .25% <i>(Source: CHIP Health Survey)</i>	20.3%	21.2%	20%	18%	
Decrease the percent of obese children	Percent of Sarasota County school children who have a BMI above the 95 th percentile <i>(Source: School Health Summary, FLDOH)</i>	19.4%	18.4%	17%	15%	
ALCOHOL AND DRUG ABUSE						
Decrease in alcohol related crime and violence incident offenses in middle and high schools in Sarasota County.	Percent of Sarasota County high school students who had at least one drink of alcohol in the past 30 days. <i>(Source: Youth Risk Behavior Survey)</i>	43%	36%	33%	30%	
Decrease the number of prescription drug abuse deaths in Sarasota County	Rate of unintentional drug poisoning deaths <i>(3 year rolling, age adjusted deaths per 100,000 Source: Florida CHARTS)</i>	22.0	24.0	22.0	20.0	
ACCESS TO HEALTH CARE						
Decrease the percent of adults who are uninsured	Percent of adults under 65 who lack health insurance <i>(Source: CHIP Health Survey)</i>	15.8%	22.4%	21.4%	19%	
Decrease the percent of adults who cannot access needed medical services	Percent of adults who went without needed medical care in the past 12 months <i>(Source: CHIP Health Survey)</i>	8.9%	11.8%	10.6%	9.6%	
Decrease the percent of adults who have unmet dental needs.	Percent of adults who need but cannot get dental services. <i>(Source: CHIP Health Survey)</i>	19.7%	25.1%	24.1%	20.1%	
AGING ISSUES						
<i>Goals will be identified after development of Aging Consortium</i>						

Community Collaborators

Community Health Improvement Partners

PROGRAM SCORECARD

Key Strategic Measures
HEALTHY WEIGHT Proportion of Sarasota County Farmers markets accepting SNAP / EBT. The number of healthcare, child care, school, and workplace sites disseminating a consistent healthy lifestyle messaging and healthy practices/policies. The number of schools and health care sites offering Healthy Weight Plans. Proportion of Sarasota County schools achieving HealthierUS School recognition
ALCOHOL AND DRUG ABUSE Number of Sarasota County high schools participating in the Drug Free Youth (D-Fy) initiative. Number of citations issued to adults for purchasing alcohol for minors. Number of local doctors registered for the prescription drug monitoring database (E-FORCSE).
ACCESS TO HEALTH CARE Proportion of SCHD primary care patients who have a third party payor source. Proportion of adults with a primary care medical home Number of adults presenting at area emergency departments with dental disorders
AGING ISSUES To be determined.

Strategic Initiatives

EVALUATION

SECTION 2: ASSESSMENTS

Community Health Status Assessment

The Community Health Status Assessment provides a comprehensive picture of Sarasota County's health and identifies priority issues within the community. For this assessment, the Community Health Improvement Partnership (CHIP) created the 2010 Community Health Survey to ask residents of Sarasota County about their health, their behaviors, their healthcare needs and their perspectives on the issues impacting the overall health of the community. The survey's information informs and guides many of CHIP's grassroots-and regional-level efforts.

The 2010 Sarasota County Community Health Survey was a written, 73-question survey mailed to households in Sarasota County, Florida in the spring of 2010. Only a sample of households in Sarasota County received surveys. These households were selected at random, based on a proportional random sampling approach which utilized the census tract as the primary sampling unit.

The sample was designed to support multivariate analyses at the county level. That is, for Sarasota County (but not necessarily for each census tract or sub-county unit), the surveys to allow for exploration of critical health issues among groups representing socio-demographic attributes of interest. For example, census tracts with a high (more than 20%) population of African American households were oversampled. In three census tracks, the expected sample was increased by 9 times with the goal of receiving at least 200 surveys from African American households.

Community Health Action Teams, or CHATs, are CHIP's basic unit of local-level work. CHATs have been active in three South Sarasota County areas since 2003. With a goal to have at least 200 returned surveys for each CHAT region in South Sarasota County, it was necessary to oversample some of these regions as well.

For the 2010 Community Health Survey, surveys were mailed to 4,542 local addresses. Some surveys were returned as undeliverable by the U.S. Postal System (510 or 11.5%) and incomplete surveys were returned by 309 households; these results were not included in the analysis.



The instrument mailed to county residents was developed specifically for this community health assessment. The content of the survey reflects health priorities in Sarasota County or information that was otherwise desired by CHIP, CHIP's Community Health Action Teams and other community partners. The development of the survey was a collaborative process that took place over a period of several months. Survey questions fell into categories including Health Status, Medical Care, Habits & Activities, Mental Health, Social Support & Trust, Civic Health, the Economy, and basic demographic information. Information from the survey was compared to findings from a similar 2006 community health survey to identify trends between years. A summary of data trends can be found on the following page.



COMMUNITY HEALTH TRENDS: SARASOTA COUNTY 2006 & 2010

2006 (%) 2010 (%) Trend

Health Status

Survey respondents reporting that they have had or currently have one of the following...

	2006 (%)	2010 (%)	Trend
Alcohol Dependency	3.1	3.1	●
Asthma	8.0	7.9	●
Cancer	12.7	13.4	●
Diabetes	8.7	10.0	●
Depression	16.6	14.5	●
Drug Dependency	1.5	1.0	●
Heart Disease	11.8	11.7	●
High Blood Pressure	34.6	36.7	●
High Cholesterol	31.3	31.8	●
Sexually Transmitted Disease	3.0	2.3	●
Excellent or Very Good Health (ie. Self Reported Health Status)	57.4	50.2	●
Overweight (Body Mass Index: 25%-29%)	32.9	34.3	●
Obese (Body Mass Index above 30%)	20.4	21.1	●

Healthcare Access

Survey respondents reporting that they ...

	2006 (%)	2010 (%)	Trend
Lack Health Insurance / Uninsured (only including those under age 65)	15.8	22.4	●
Have a primary care provider	86.4	82.8	●
Are aware of clinics that treat those who can't afford healthcare	18.8	32.0	●
Went without needed medical care in past 12 months	8.9	11.8	●
Need, but cannot get, dental services	19.7	25.1	●

Health Behaviors

Survey respondents reporting that they ...

	2006 (%)	2010 (%)	Trend
Have participated in moderate physical exercise in past month	80.9	73.4	●

Mental Health & Substance Abuse

Survey respondents reporting that they ...

	2006 (%)	2010 (%)	Trend
Are very happy	39.4	36.4	●
Had difficulty completing activities due to feeling down/depressed	16.8	16.1	●
Have someone in the household with a mental health problem	7.9	7.3	●
Have someone in the household with an alcohol use problem	6.6	4.6	●
Have someone in the household with an drug use problem	3.0	2.1	●

Social Support

Survey respondents reporting that they ...

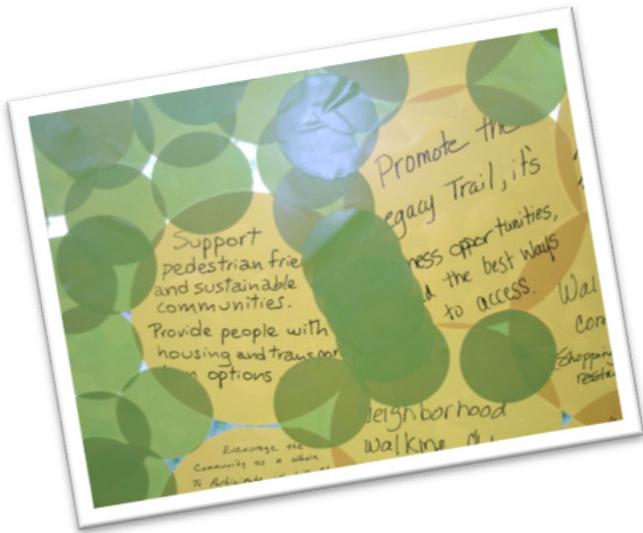
	2006 (%)	2010 (%)	Trend
Have at least one person within 1-hour travel time they can depend on	91.1	86.8	●
Can talk to someone about their problems most of the time	55.3	56.7	●

Civic Health

Survey respondents reporting that they ...

	2006 (%)	2010 (%)	Trend
Are a member of a volunteer group/association	32.2	30.9	●
Attend a place of worship on a regular basis	43.4	38.4	●

- Indicates that estimates differ significantly between years ($p < .05$), trending in a positive direction.
- Indicates that the difference in estimates is not statistically significant ($p > .05$).
- Indicates that estimates differ significantly between years ($p < .05$), trending in a negative direction.



Community Themes & Strengths Assessments

The Community Themes and Strengths Assessment provides an understanding of how Sarasota County residents perceive their community's quality of life. It also allows community members to identify existing community assets that can be used to improve community health and quality of life.

To complete this assessment, CHIP hosted two events over the years which have contributed to a community-engaged process of assessing community themes and strengths: the 2008 Community Health Interactive and the 2012 Community Health Roundtable.

Both events brought together community members and representatives from organizations, agencies and government, as well as the faith and business community, to discuss community health priorities, to identify existing community assets and to inspire creative collaborations to improve community health in Sarasota County.

A key activity at the **Community Health Interactive** involved a "connect-the-dot" exercise. The exercise involved three main waves:

- In the first wave, participants wrote their ideas to improve community health on large yellow dots. These dots were posted on windows for everyone to see.
- In the second wave, participants put 3 small green dots next to the ideas they liked best. Based on this selection process, key themes were identified.
- In the third wave, participants identified the resources that they could contribute to make an idea happen. These resources were written on blue dots and related to the key themes identified during the priority-selection process.

Ultimately, what emerged from the connect-the-dot exercise was a unique visual web of perceptions of the community's most pressing health issues and existing assets, strengths and partnerships that could be used to address the community-identified priority areas.



The 2012 Community Health Roundtable focused on the four main themes identified as priority issues in the 2010 CHIP Community Health Survey: aging issues, obesity, drug and alcohol abuse and access to health care. The goal of the Community Health Roundtable event was to share data on priority issues, provide an overview of current strategies, and solicit input to refine or evolve current plans.

Roundtable discussions were designed to achieve these goals. In a small groups focused on a specific priority theme, representatives from local coalitions provided an overview of current strategies. Then, participants were asked to share their insights on the topic in the form of “Have you considered ...?” questions. The event provided an opportunity for a diverse audience to vet a draft of the Sarasota County Community Health Improvement Plan. The input gathered during this process is captured here and will be used to inform the advancement of strategies included in the Sarasota County Community Health Improvement Plan.

Roundtable Discussions

1. Select topic. Move to appropriate table.
2. Introduce self (name and organization).
3. “Host” will provide a 10-15 minute overview of issues and current strategies.
4. Host hushes.
5. Participants at table offer “Have you considered...?” insights. State your thought, write it on a note card, and hand the notecard to the host. Repeat as needed.
6. Use time remaining for open discussion.
7. After break, select new topic. Repeat.



Forces of Change Assessments

The Forces of Change Assessment focuses on identifying external factors and trends, such as legislation, technology, and other social determinants, which could impact the community’s quality of life and the public health system’s ability to operate. The Forces of Change Assessment was performed by conducting interviews with members of the Health Provocateur partnership. The group includes the top level leadership from the hospitals and health departments in DeSoto, Manatee, Charlotte and Sarasota Counties. For the Forces of Change Assessment, the interviews addressed the following questions.

- What is occurring or might occur that affects the health of Sarasota County?
- What is occurring or might occur that affects the vitality of Sarasota County’s local public health system?
- What specific threats and/or opportunities are generated by these occurrences?

The identified forces of change are organized in the below matrix along with the associated threats and opportunities. The responses focused mainly on the economy and healthcare reform.

Force of Change	Threats Posed	Opportunities Created
Loss of funding	Threat of health department to end primary care; less money for Medicaid programs; harder to get appointments on Medicaid or Medicare; fewer resources.	Necessitates communication and cooperation between organizations; chance to develop consistent messaging among health resources; share and network resources; evaluate efficiency of resources, make sure services aren’t being duplicated; developing Systems of Care Project, a partnership among health facilities to provide a sustainable healthcare safety net.
Rise in uninsured/underinsured	People have higher deductibles and co-pays; impact on elective services; forces ER visits for people without coverage.	Thinking more about health of total population and ways to keep people out of hospitals/ERs; potential for public health department to emphasize preventative health and share these resources with hospitals/primary care.
Potential Instability of the Affordable Care Act	Uncertainty if the Act will be fully enacted or if it will go away; How much time and resources should be committed if it might be changed; Will Florida government officials support the changes?	Increased collaboration and partnership; pooling resources; the reform could create many positive opportunities and changes.

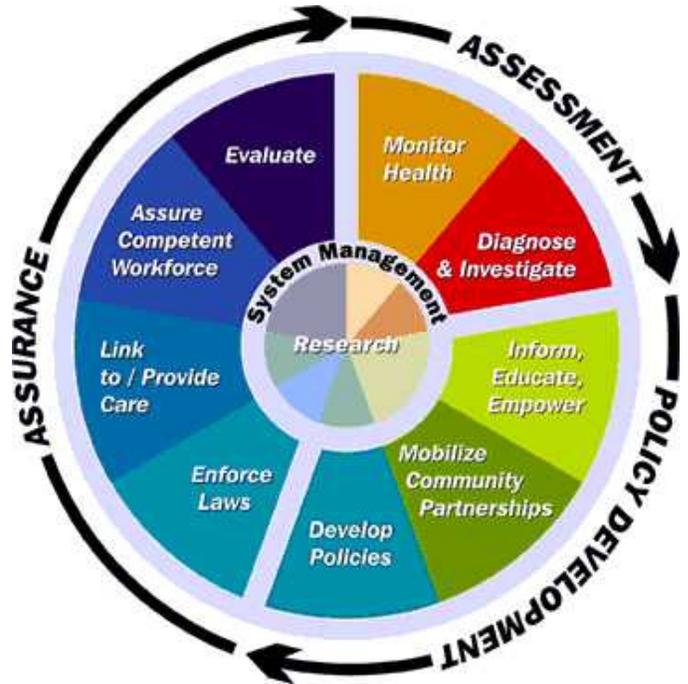
Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) aligns with 10 Public Health Essential Services and answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

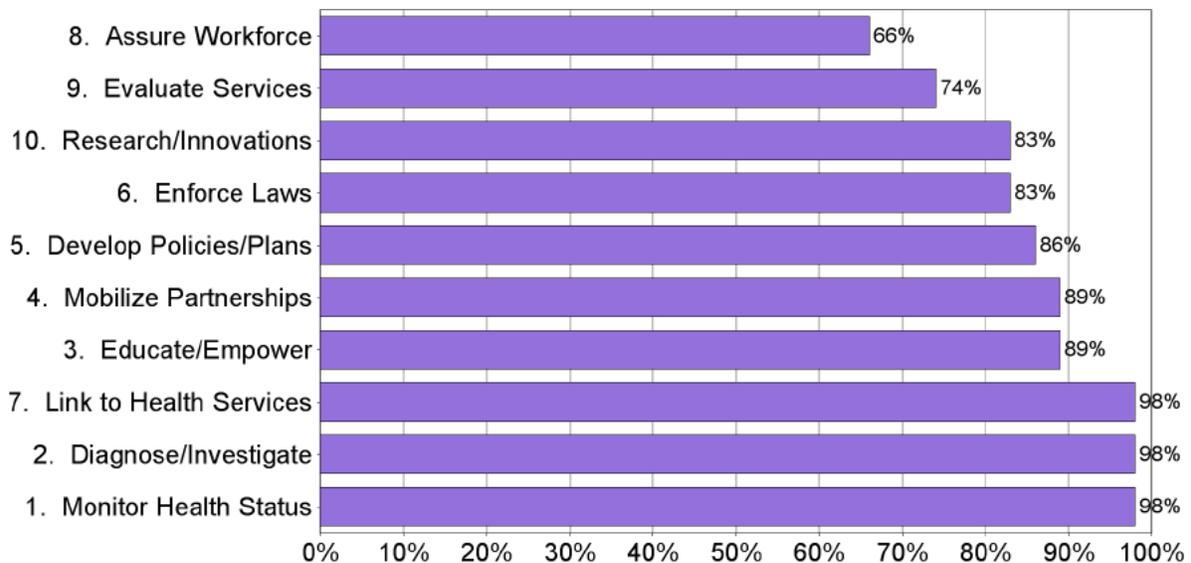
This assessment involves the use of a nationally recognized tool called the National Public Health Performance Standards Local Instrument.

In Sarasota County, a group of public health leaders with knowledge of various components of the system completed the National Public Health Performance Standards instrument in 2012. The graph below indicates how Sarasota County's health system performs in relation to the 10 Essential Public Health Services.

10 Essential Public Health Services



Rank Ordered Performance Scores for each Essential Service



SECTION 3: ALIGNMENT

Sarasota County Community Health Improvement Plan (CHIP)

Alignment with National and State Goals

Sarasota County CHIP	Florida State Health Improvement Plan (SHIP) ¹	Healthy People 2020 ²	National Prevention Strategy: Priorities ³	HHS Action Plan to Reduce Racial and Ethnic Health Disparities ⁴
<p>Priority Area: Healthy Weight Goal: Increase the proportion of children and adults who are at a healthy weight</p> <p>CHIP Obj1A: Increase proportion of Sarasota County Farmers markets accepting SNAP / EBT. CHIP Obj1B: Increase the number of healthcare, child care, school, and workplace sites disseminating a consistent healthy lifestyle messaging and healthy practices/policies. CHIP Obj 1C: Increase the number of schools and health care sites offering Healthy Weight Plans. CHIP Obj 1D: Increase the proportion of Sarasota County schools achieving HealthierUS School recognition</p>	<p>Goal CD1: Increase the percentage of adults and children who are at a healthy weight.</p>	<p>Nutrition and Weight Status NWS-8: Increase the proportion of adults who are at a healthy weight. NWS-9: Reduce the proportion of adults who are obese. NSW-10: Reduce the proportion of children and adolescents who are considered obese.</p>	<p>Healthy Eating 1 Increase access to healthy and affordable foods in communities. 2 Implement organizational and programmatic nutrition standards and policies. 4 Help people recognize and make healthy food and beverage choices..</p> <p>Active Living 1 Encourage community design and development that supports physical activity. 2 Promote and strengthen school and early learning policies and programs that increase physical activity. 4 Support workplace policies and programs that increase physical activity. 5 Assess physical activity levels and provide education, counseling, and referrals.</p>	<p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>
<p>Priority Area: Drug and Alcohol Abuse Goal: .Decrease alcohol related crime and violence incident offenses in middle and high schools in Sarasota County.</p> <p>CHIP Obj 2A: Decrease the number of prescription drug abuse deaths in Sarasota County CHIP Obj 2B: Increase the number of Sarasota County high schools participating in the Drug Free Youth (D-Fy) initiative. CHIP Obj 2C: Increase the number of citations issued to adults for purchasing alcohol for minors. CHIP Obj 2D: Increases the number of local doctors registered for the prescription drug monitoring database (E-FORCSE).</p>	<p>Goal HP4: Prevent and reduce unintentional and intentional injuries. (Strategies HP4.1)</p> <p><i>Note: Prescription drug use is a leading cause of unintentional injury deaths</i></p>	<p>Injury and Violence Prevention IVP-1: Reduce fatal and nonfatal injuries. VP-11: Reduce unintentional injury deaths.</p>	<p>Prevent Drug Abuse and Excessive Alcohol Use 1. Create environments that empower young people not to drink or use other drugs. 3. Identify alcohol and other drug abuse disorders early and provide brief intervention, referral and treatment. 4. Reduce inappropriate access to and use of prescription drugs.</p>	<p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>

<p>Priority Area: Access to Health Care Goal :</p> <p>CHIP Obj 3A: Increase the proportion of SCHED primary care patients who have a third party payor source.</p> <p>CHIP Obj 3B: Increase the proportion of adults with a primary care medical home</p> <p>CHIP Obj 3C: Increase the number of adults presenting at area emergency departments with dental disorders</p>	<p>Access to Care Goal AC 2-4: Improve access to primary care services for Floridians Improve access to primary care services. Improve behavioral health services so that children, adults and families are active, self sufficient participants in their communities. Enhance access to preventive, restorative and emergency oral healthcare services.</p>	<p>Access to Health Services AHS-1 Increase the proportion of persons with health insurance AHS-5 Increase the proportion of persons who have a specific source of ongoing care AHS-6 Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines</p>	<p>Clinical & Community Preventive Services 2 Use payment and reimbursement mechanisms to encourage delivery of clinical preventive services. 3 Expand use of interoperable health information technology. 4 Support implementation of community-based preventive services and enhance linkages with clinical care. 5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.</p>	<p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>
<p>Priority Area: Healthy Aging Goal: <i>Goal areas and strategic objectives to be determined by the Sarasota County Aging Consortium</i></p>	<p>Access to Care Goal AC6 Meet special health needs of children, persons with disabilities and elders Strategy AC6.5 Provide network capacity to serve persons age 60 and older, their families and caregivers</p>	<p>Healthy People 2020 Section on Older Adults (OA)</p>	<p>Clinical & Community Preventive Services 5 Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk</p>	<p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>



To learn more, access
assessments, and connect to
community initiatives, visit
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