Community Health Improvement Plan

Hernando County

September 2012

WellFlorida Council

Working Together for Healthy Communities

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Overview

Community health needs assessment (CHNA) and community health improvement planning (CHIP) activities for Hernando County in 2012 have utilized the Mobilizing for Action through Planning and Partnerships (MAPP) framework, developed by the National Association of County and City Health Officials and the Centers for Disease Control (www.naccho.org/topics/infrastructure/mapp/). These activities were funded, in part, by the Florida Department of Health through grant funds to the Hernando County Health Department (HCHD) that originated from the U.S. Department of Health and Human Services in its efforts to promote and enhance needs assessment and priority setting and planning capacity of local public health systems.

The MAPP process consists of six phases:

Phase 1 - Organizing for Success and Organizing for Success
Phase 2 - Visioning
Phase 3 - The Four MAPP Assessments
- Community Health Status Assessment (CHSA)
- Local Public Health System Assessment (LPHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FCA)

Phase 4 - Identify Strategic Issues (CHIP activity)
Phase 5 - Formulate Goals and Strategies CHIP activity)
Phase 6 - Action Cycle (Program Planning, Implementation and Evaluation)

The CHSA provides insights into the current health status and key health system and health outcome indicators in a community. The LPHSA provides a community self-assessed report card for the local public health system (all partners with a vested interest in the public's health; not just the local health department). The CTSA allows members of the community to offer insights as to the key issues, strengths and weaknesses associated with the local public health system. And finally, the FCA asks key leaders in the community in a variety of critical sectors what they believe will be the emerging threats, opportunities, events and trends that may either enhance or hinder a community's ability to address its most pressing healthcare issues.

Collectively, the results of the four assessments provide input to the community in order to identify strategic issues and formulate goals and objectives, activities which comprise the core of a CHIP process. Ultimately, a cycle of actions will emerge that include program planning, program implementation and ongoing evaluation to improve community health. This document provides a brief summary of key findings in each of the four key MAPP assessment areas (CHSA, LPHSA, CTSA and FCA) and presents the Hernando County Community Health Improvement Plan.

Key Community Health Needs Assessment Issues

The following is a brief bulleted list of key insights for each of the four assessments that comprise this report and from the identification of priority strategic health issues.

Community Health Status Assessment

Key insights of this section include:

- Low income, high poverty and limited economic base continue to be leading predictors of health outcome and health access in Hernando County both on an individual and county-wide basis.

- The overall age-adjusted mortality rate in between 2007-2009 for Hernando County was 14 percent higher than the state (760.9 per 100,000 for Hernando vs. 666.7 per 100,000 for the state).
- During 2007-2009, when adjusting for age, residents of Hernando County fare worse than the state as a whole on AADRs on all the ten top causes of death.
- In both Hernando County and the state as a whole, the majority of deaths can be attributed to chronic diseases.
- Racial disparities are present in Hernando County as in the rest of the state. Black residents in Hernando County have a 5.6% higher overall age-adjusted mortality rate compared to White residents (804.4 and 761.7 per 100,000, respectively).
- During 2007-2009 (Technical Appendix Report Table 44), Blacks had AADR for hypertension at over 344 percent greater than Whites (39.1 and 8.8 per 100,000 respectively); Blacks had AADR for diabetes at over 98 percent greater than Whites (54.2 and 27.3 per 100,000 respectively); AADR for stroke at over 67 percent greater than Whites (52.7 and 31.5 per 100,000 respectively); AADR for heart disease at over 14.2 percent greater than Whites (192.9 and 168.9 per 100,000 respectively); and AADR for liver disease at over 6.97 percent greater than Whites (13.8 and 12.9 per 100,000 respectively).
- Overall, poor health behaviors are generally on the rise in Hernando County as measured by the Behavioral Risk Factor Surveillance System (BRFSS).
- Hernando County's rate of avoidable hospitalizations is more than 35% higher than the state rate (based on 2009 statistics). The rate of avoidable hospitalizations in Hernando County was 19.2 per 1,000 non-elderly persons as compared to 14.2 for Florida.
- In October 2011, the U.S. Census Bureau's Small Area Health Insurance Estimate program, released 2009 estimates of health insurance coverage by age at the county-level (Technical Appendix Report Table 121). In the year 2009, 23.2 percent of the Hernando County adult population under 65 years of age was uninsured compared to 24.9% for Florida.
- The rate of total physicians per 100,000 residents (fiscal year 2009-10) was more than 52 percent lower in Hernando County than in Florida— 143.2 and 300.6, respectively.
- The rate of licensed dentists per 100,000 is more than 49 percent lower in Hernando County (fiscal year 2009-10), 31.2 as compared to 61.9 for the state.
- Hernando County is ranked near the middle of counties in Florida based on health rankings from the Robert Wood Johnson Foundation and the University of Wisconsin, but rankings have gotten progressively worse from 2010 to 2012.
- Life expectancies of all residents of Hernando County are lower than state and national averages, and life expectancies of black residents are 3-4 years shorter than that of white residents (3 years for males and 4 years for females).

Local Public Health System Assessment

The LPHSA basically asks the question: "How well did the local public health system perform the ten Essential Public Health Services?" The ten Essential Public Health Services (EPHS) include the following:

1. Monitor Health Status To Identify Community Health Problems
2. Diagnose and Investigate Health Problems and Health Hazards
3. Inform, Educate, and Empower People about Health Issues
4. **Mobilize Community Partnerships to Identify and Solve Health Problems**
5. Develop Policies and Plans that Support Individual and Community Health Efforts
6. Enforce Laws and Regulations that Protect Health and Ensure Safety

7. **Link People to Needed Personal Health Services and Assure the Provision of Health Care when otherwise unavailable.**
8. Assure a Competent Public and Personal Health Care Workforce
9. Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
10. Research for New Insights and Innovative Solutions to Health Problems

During the LPHSA, a cross-sectional group representing the local public health system was convened and asked to score the system in each of the EPHS areas. Then each EPHS was given a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

Based on the self-assessment of the cross-sectional group representing the local public health system partners, four of the ten Essential Services scored 50 or below, which indicates a self-assessment of moderate or less performance against the standards. These include Essential Services 4, 7, 8 and 10. Typically, Essential Public Health Services 8 and 10 are relatively more out of the direct control of the local public health system as it is generally dictated by geographical dynamics or macroeconomic trends and circumstances. However, the low scores for EPHS 4 (the lowest scoring with a score of 54) and EPHS 7 may indicate that there are opportunities in Hernando County in the following areas (especially EPHS 4):

- better mobilize community partnerships to identify and solve health problems (EPHS 4); and
- link people to needed personal health services and assure the provision of healthcare when otherwise unavailable (EPHS 7).

Community Themes and Strengths Assessment

Analysis of the resident focus group discussions and physician survey response from the CTSA process yields the following key observations and themes regarding community health themes in Hernando County:

- Access to affordable care and a strong economy are essential to a healthy community.
- Health problems related to aging were identified as one of the major health issues in Hernando County.
- Obesity and chronic diseases stemming from obesity are the major health problems in Hernando County; while these issues are driven by personal health decisions, the overall infrastructure and cultural structures in Hernando County may not be fully supportive making good personal health choices for all constituencies.
- Prescription drug, alcohol and other drug abuse is viewed as one of the major health problems confronting Hernando County.
- Limited transportation is an ongoing issue for many, and remains one of the leading barriers to care (after affordability/access to insurance), especially for the low-income, the uninsured and those living in the more rural parts of Hernando County.
- Improving the community's health will require both increased personal responsibility and an ongoing community focus on health issues.
- Overall health-related quality of life is rated fair to good, and rarely viewed as very good to excellent.

- A continued and increased local focus will be required to overcome some of the most pressing issues and daunting challenges (rather than waiting for federal or state support and direction); local leadership on these issues is critical.
- Faith-based organizations are strong assets for Hernando County and will be integral to community health improvement efforts.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.

Forces of Change Assessment

One of the main elements of the MAPP process in the development of a community wide strategic plan for public health improvement includes a Forces of Change Assessment. The *Hernando County Forces of Change Assessment* is aimed at identifying forces—such as trends, factors, or events that are or will be influencing the health and quality of life of the community and the work of the local public health system.

- Trends are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- Factors are discrete elements, such as a community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
- Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

These forces can be related to social, economic, environmental or political factors in the region, state or U.S. that have an impact on the local community. Information collected during this assessment will be used in identifying strategic issues.

The Forces of Change Assessment for Hernando County resulted from three sources: the discussion transcripts from the community portion of the Local Public Health System Assessment (LPHSA); the discussion transcripts from the health department portion of the LPHSA; additional discussions during the community focus groups; and observations and analysis by the needs assessment steering committee. The Forces of Change Assessment is dedicated to identifying forces of change and discussing potential threats and opportunities inherent in these ongoing or emerging forces.

As an ancillary discussion during the LPHSA, focus groups and key informant interviews and with the steering committee, participants were asked to answer the following questions:

> "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

Participants in the various component processes of this assessment were also encouraged to contribute in the brainstorming process for these questions. Once a list of forces was identified, resultant opportunities and/or threats these forces may have on the local health care delivery system and health outcomes in Hernando County were also postulated.

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
Aging population	Increasing healthcare costs Physician to population ratio (increasing) Costs of chronic illness to the community Increased auto accidents Golf cart accidents Limited facilities in which people can age Adverse affects on job market	Higher insured population Larger volunteer pool Brings revenue to community
Cuts from the Legislature	Decrease in healthcare availability Unemployment More uninsured Effects on mental, physical health Less personal safety – more crime Domestic violence School funding reduced	Depends on who you ask Reduced taxes More awareness of political and civic issues and Accountability
Reduction in population or slowing population growth	Loss of tax revenue Loss of support from the county Business failures, especially small business	Increased employment competition Fewer sick people
Medicaid reform	Lower reimbursement (no cost-based for Health Department) Poorer dental outcomes Less access Fewer primary care providers	Saves federal/state governments money Concentration on core public health programs New partnerships
State and local government structural changes	Change of priorities Availability of services Loss of ties to the community State level does not understand issues at local level Lack of political experience	Better relationships More efficient government
Reduction in work force	More uninsured More unemployed	More education and re-training

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	Similar to reduction in population Reductions specific to medical workforce not keeping pace with population	
Increasing minority populations	More disparities (not sure in what areas and to what levels) Adjusting to cultural changes Language barrier	Cultural diversity Stronger communities
Increasing homeless population	More demand for uncompensated care Everything more difficult and magnified in terms of healthcare delivery and outcome Violence Increased law enforcement costs	New community partnerships to help them
Foreclosures	Lack of tax revenue Increase in homelessness Public nuisance and environmental hazards	Lower home prices
Decreased property values; less money to sustain programs for local government	Less money to support programs for local government	Lower housing costs
Changing family structure	Domestic violence/aggression Less extended family to help with family duties and obligations	More accepting of new roles Women are wearing the pants and paying for them too
Impact of anti-immigration sentiment on the number of undocumented	Family disruption Deportation Negative impact on agricultural industry Impact on community and police force Failure to seek out services due to fear of immigration status Difficult to get into shelters during a disaster as law enforcement is involved	Less pressure on already under-funded programs Healthcare workers becoming more culturally competent due to learning of hardships

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
Advances in technology	Expensive Overtreatment of self Inappropriate treatment of self Misinformation Increased liability (more knowledge breeds more lawsuits)	Telemedicine Increased efficiency Increased patient safety Faster communication More technologically savvy workforce Better paid workforce
Availability of experienced staffing; baby boomers retiring	Insufficient staffing Higher patient to provider/nurse/doctor ration	Change in culture in the workforce
Lack of trained work force in key specialties	Cannot fill positions Quality suffers Overburdened healthcare workers Less access Reduce productivity	Opportunities for training providers/education providers Networking with educational institutions Rising wages in areas of shortage
Reduction in Medicare and Social Security funding an impact in Hernando County since we have a high % of senior adults	Delayed retirement Decrease the infusion of money into the local healthcare system Decrease in discretionary spending	Keeping experienced workforce a little longer Less taxes
Changing attitudes toward aging and end of life issues	Costs of chronic illness to the community Adverse affects on job market Huge increase in health care costs without maintaining quality of life Increases in numbers of physician assisted suicide Financial burden to family Families moving in together Possible lowered awareness of elderly needs Lack of resources including medical/ nursing staffing	New community partners Bring dignity and choice to end of life decisions More assisted living facilities needed which require increase in staffing By working together families become closer Elder care programs may be created or improved Increase in jobs for industry associated with aging population – nursing, medical, social work, etc.
Presidential election	Change in priorities Changes made that effect how government	Awareness of political and civic issues Fresher ideas with new political leaders

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	operates and government employees' salaries and benefits are reduced Possible change in priorities Changes in healthcare policy; possible decreased funding Changes in policies, more bipartisan stonewalling Elimination of Affordable Health Care Act Increase in federal grant funding	Hopeful for economic improvement Opportunities for change in policy to increase access to care Changes in policies, politicians, attitudes
Shortage of primary care providers; especially pediatricians, IM, OB/GYN	Added stress to already overworked healthcare workers Same as shortage of dentist below Not enough doctors for patients to see Health care not up to par Patients going without health care altogether Increased and unmanaged numbers of chronic disease cases in adults and children Increased in deaths Barrier to care for under insured or uninsured clients Decreased access to care Increased healthcare problems in community Increased hospital ER visits Inferior care or longer wait to receive care Possible increase in infant / child mortality Lack of services Overutilization of hospital emergency rooms	Potential for Public Health Leadership Same as shortage of dentist below More job opportunities for doctors out of college More affordable and inviting educational programs may become available in the health care profession, for those interested on this carrier path Scholarships at medical schools Encourages people to go back to school or continue their education to fill shortage needs New providers moving into area Current providers increase patient load Op for recruitment Job opportunities

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	Increase in cost for services	
Shortages of dentists	Limited dental care could potentially increase health care costs Lack of dental care available to patients Longer waiting time for appointments Harder to find dentists due to offices Reaching client capacity Could contribute to more severe mouth problems or other health conditions Overall poor health Overburdened dentist/dental staff Unaffordable care, due to high demand Barrier to care for under insured or uninsured clients Increased amount of untreated dental decay Lack of access to care for uninsured Increased dental emergencies Poor overall health Inferior care or longer wait to receive care Increase in dental carries Delay in obtaining oral health care Utilization of dentists outside Hernando County Decrease in new residents Increase in cost for services	Expand Dental Services More opportunities for newly graduating dentists More bargaining opportunity for dentist salary More opportunities for dentist out of college Hernando CHD is poised to expand services Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients More patient's for active dentists HD may see more clients

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
Electronic health records	May be expensive initially High maintenance cost Confidentiality breach Delays and accessibility issues if technology not available Large expense May have to try multiple systems before success Costs will rise Shortage of doctors or clinics Possibility of identity theft if security inadequate Access personal information w/o authorize	Efficiency Potential money savings over the long run A more efficient network to follow patients care Increased efficiency Increased patient safety Faster communication More technologically savvy workforce Will help to avoid repeating tests which will save money and make continuity of care easier Facilitates record keeping and makes transferring records easier between providers Shortage of doctors or clinics Possibility of identity theft if security inadequate Decrease in cost of services Automation of patient records Availability of medical information by another doctor when traveling / out of area
Rising prices of everything (especially healthcare costs)	Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease People cannot afford to buy groceries or buy medications or other necessities Patients falling out of care. Increase on malnutrition, homeless families. Stress levels increase as well Concern for low income that barriers to health care, housing and food Clients cannot afford to take care	New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities Strengthen community through streamlining services Increased public assistance programs Possible competitive pricing may result Move out of area Change in family unit (more family members living in same home)

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
	of their families Decrease in availability of services, out pricing of services (less people can afford services) Increase on budget burdens at facilities Delay in obtaining medical care Increase in chronic diseases Decrease in life expectancy	
Emerging infectious diseases	Increase in health care costs Shortage of health care workers already – may not have enough trained health care workers to meet the demands of new infectious diseases Greater possibilities of being contaminated Less availability of medicine to treat diseases Overcrowded doctor offices and hospitals Healthcare demand rises beyond supply Shortages in medication Decrease in work force Will antibiotics continue to work? Anxiety Increased costs associated with healthcare Increased mortality Spread of diseases Pandemic risk increased	Potential for Public Health Leadership More revenue from pharmaceutical companies More revenue for doctors and hospitals Dr.'s and drug companies make more money Strengthen Public Health Infrastructure Encourages research for a cure Health departments providing care Need for research scientists increased
Contraction of state DOH or local health department mission	Decreased safety net providers Less services for communities	Change in priorities New partnerships Increases in numbers of FQHC facilities Having to be really wise in all

Table 1-1. Forces of Change Assessment results, Hernando County, 2012.

Forces	Threats	Opportunities
		expenditure decisions
Seasonal population	Traffic EMS overflow via emergency calls Higher death rates Crowding facilities	Revenues/economy Travel immunizations Seasonal employment

Source: Hernando County Forces of Change Assessment, September 2011-January 2012.

Hernando County CHIP Methodology

To conclude the MAPP community health needs assessment, the Core Community Support Team, a group representative of the local public health system partners that acted as the steering committee throughout the needs assessment process, was re-convened and asked to prioritize strategic health issues and specify some potential next steps for Hernando County in addressing its most pressing needs and issues. Partners met to brainstorm issues and concerns. The identified issues and concerns were consolidated into a set of key issues. Participants then voted on which of these consolidated key issues were the most important in Hernando County, thus creating a set of priority issues. To conclude the session, participants also identified and discussed some potential strategic actions to pursue in order to address and possibly make improvements in these priority issue areas.

Priority issues were established as follows:

1. Inappropriate use of healthcare; 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 that improves health outcomes.
    c. Change the culture of tolerance.
    d. Educate the community on the true cost of their 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. fire prevention).
    b. Public service announcements/education on the quality and quantity of services in Hernando County (provide examples of positive experiences).
    c. County level branding that brands the entire community health initiatives - 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 Hernando.

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. Enhance Access Hernando; encourage participation by a greater percentage of community physicians.
4. Need for community-wide teamwork and lack of community participation.
    a. Targeted group of people to get the job done - accountability.
    b. Clear message to the community with clear expectations - if you deliver the community will be with you.
    c. Community buy-in.
    d. 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.

In order to refine issues and strategies obtained during the community health needs assessment process, the members of the Core Community Support Team, key Hernando County Health Department staff and members of the Hernando Health Care Council were brought together as the Hernando County CHIP Work Group to create the Hernando County Community Health Improvement Plan (CHIP).

Members of the Hernando County CHIP Work Group met in-person at three workshops (June 25, August 20 and September 26, 2012) to take the input of the MAPP needs assessment and the priority issues identified and formulate a response to those issues which ultimately became the CHIP. During the workshop process, in addition to in-person deliberations and consensus-building, the CHIP Work Group utilized SurveyMonkey and other internet-based activities to help foster the plan. WellFlorida Council, the statutorily designated (F.S. 408.033) local health council that serves Hernando County, provided technical and administrative assistance as well as facilitation for the Work Group workshops.

The initial workshop consisted entirely (approximately a dozen) of key Hernando County Health Department leadership staff. This first workshop was dedicated to formulating the CHIP process that would be utilized in the community and informing key health department leadership of the needs assessment findings. At the second workshop on August 20, Mr. Feller presented an overview of the needs assessment findings to all in attendance and members dissected the priority issues identified and finalized the core set of priority issues. Between the second and final workshop, members participated in online priority ranking exercises utilizing SurveyMonkey in order to prioritize the list of issues based on their magnitude of importance in Hernando County and the likelihood that these issues could be substantially positively impacted through local efforts. After the priority issues were established, Work Group members submitted potential strategies for key issues through an online process and then participated in a SurveyMonkey process similar to the issue prioritization survey in order to prioritize the key strategies for each key issue.

The final workshop was held on September 26, 2012. During this meeting, Work Group members finalized the priority strategies for each priority issue that would be included in the CHIP and also identified goals and objectives for each of the major issue areas and strategies. WellFlorida Council then consolidated all of the information generated during the in-person workshops and during online sessions to create the draft CHIP report. A Hernando County Health Department CHIP Review Team then reviewed draft materials and approved the CHIP goals, strategies and objectives and this final draft report via email.

Hernando County CHIP (Goals, Strategies and Objectives)

A key component of Hernando County's CHIP is to create a permanent and ongoing community health issues task force or coordinating body to lead community projects to address health issues and to shepherd ongoing needs assessment and community health improvement activities. As such, the following Hernando County CHIP is presented as goals, strategies and objectives and the Hernando County CHIP Work Group hopes and recommends and that the newly formed collaborative will specify a detailed action plan that includes key activities, lead roles, community resources, targeted dates for key activities and evaluation measures. The Work Group believes that the consensus building that will ensue around the development of the detailed action plan will foster the growth and the development of the task force.

GOAL 1 Enhance leadership on addressing community health issues by mobilizing a community collaborative partnership to identify these issues; inform and educate the community on their impact; and implement solutions to improve these issues.

Strategy 1.1 Recruit, utilizing the prestige and visibility of the Hernando County Chamber of Commerce, high-level representation from key constituencies (listed below) to attend a community summit on community health issues with the intent of ultimately forming an ongoing community collaborative to identify and monitor these issues; inform and educate the community on their impact; and implement solutions to improve these issues. Key constituencies should include but will not be limited to:

- Hernando County Board of County Commissioners
- City Commissioners
- County and City Managers
- Key County and City Government Personnel
- Brooksville Regional Hospital
- Spring Hill Regional Hospital
- Oak Hill Hospital
- Springbrook Hospital
- BayCare
- LifeSouth Rehabilitation Hospital
- Hernando County Health Department
- Nature Coast Community Health Center
- Hernando County Medical Society
- Hernando County Dental Society
- Hernando County Sheriff's Department
- Hernando County Jail
- City Police Departments
- Emergency Medical and Fire Rescue Services
- Leading Businesses and Employers
- Hernando County Chamber of Commerce
- Department of Children and Families
- Private Physicians and Dentists
- Economic Development Agencies
- Hernando County Public Schools

- Hernando County Private Schools
- National Alliance for the Mentally Ill (NAMI) – Hernando Chapter
- Key Community-based Organizations
- Ministerial Alliance and Individual Churches
- Key Citizen Leaders
- Other Key Groups

Objective 1.1.1: The community summit will be held by January 2013.

Strategy 1.2 Identify and adopt a structure for an ongoing community collaborative that will identify and monitor community health issues; inform and educate the community on their impact; and implement solutions to improve these issues

Objective 1.2.1: By March 2013, the group of community partners convened at the community summit will identify and adopt a formal structure for the collaborative.

Objective 1.2.2: By May 2013, the community collaborative will be fully operational.

GOAL 2 Improve and expand central community health services information and referral resources for both consumers and providers.

Strategy 2.1 Perform extensive inventory of all community health information and referral resources in Hernando County.

Objective 2.1.1: Work with the newly formed community collaborative or with key community partners to collect, inventory and analyze all existing community health information and referral resources serving Hernando County by June 2013.

Strategy 2.2 Enhance the currently available major community health information and referral resources by ensuring that existing resources information is being regularly updated by community health services providers.

Objective 2.2.1: Create an educational campaign targeted at providers that promotes the importance of participating in the major existing community health information and referral resources by July 2013.

Objective 2.2.2: All identified critical community health services will update the major existing community health information and referral resources by August 2013.

Objective 2.2.3: By September 2013, processes will be in place to ensure that all critical community health services are regularly updating major existing community health information and referral resources.

Strategy 2.3 Increase community awareness (for both consumers and providers) of major existing community health information referral and resources.

Objective 2.3.1: By September 2013, conduct a comprehensive community education campaign that educates the community on the community health information and referral resources available in Hernando County and how to use them.

Hernando County Community Health Improvement Plan: Next Steps

As stated in Robert Wood Johnson's 2010 portfolio about vulnerable populations *A New Way to Talk about the Social Determinants of Health*:

> "…No institution alone can restore a healthy America that nurtures families and communities. That will require leadership, and a partnership of business, government and civic and religious institutions."

In this respect, Hernando County and the health challenges its citizens face are no different. Members of the Core Community Support Team that were critical to the MAPP needs assessment and members of the CHIP Work Group both realize that the first step is to formulate the community collaborative that will lead efforts to implement and grow this plan with the hopes of:

- Creating a healthier community and better quality of life;
- Increasing the visibility of public health and an understanding of what truly is the "local public health system;"
- Anticipating and managing change;
- Creating a stronger local public health infrastructure; and
- Engaging the community and creating community ownership for community health issues.

Thus, the "first" of the next steps that will be critical to implementation of the overall Hernando County CHIP and resultant action steps, subsequent MAPP assessments and ongoing community health improvement planning will be the development of the community collaborative or task force. Key constituencies that worked on the MAPP assessments and the CHIP will now focus on putting together the framework for a community collaborative that will lead community health improvement activities, monitor the implementation of the CHIP annually, and conduct ongoing community health needs assessment and community health improvement planning activities.