



**Florida Department of Health in Citrus County
Community Health Improvement Plan
October 2017 - October 2022**



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Executive Summary

The Florida Department of Health in Citrus County contracted to have a Community Health Assessment (CHA) prepared in 2015. The CHA was received in December 2015 with revisions submitted and approved in January 2016 by DOH-Citrus Leadership Team with acknowledgement of certain flaws with the CHA. The flaws include the following:

- The Zip Code data that was provided appears to include areas located outside of the boundaries of Unincorporated Citrus County, in the areas of Levy County/Inglis area in the northwest section of the County, Marion County/Dunnellon area in the north central portion of the County, and in Hernando/Istachatta/Floral City area. This is largely due to the fact that residents of these areas receive their mail from the adjoining County/City.
- The CHA does not appear to be fully compliant with the Public Health Accreditation Board (PHAB) requirements. Deficiencies noted appear to be as follows:
 - *There is no listing of existing community resources to address health issues;
 - *There are no meeting agendas, minutes, attendance records, copies of emails to show frequency of meetings included. However, it should be noted that DOH-Citrus has records to meet this requirement.
 - *There is no documentation that preliminary findings of the CHA were distributed to the community at large and that their input was sought. However, it should be noted that DOH-Citrus has records to meet this requirement.
 - *There is no information documenting that partner organizations or the public were noticed on the availability of the CHA; DOH-Citrus staff has documentation to meet this requirement.

This information has been taken into consideration for any impacts it may have had on the development of our Community Health Improvement Plan (CHIP). Further, it is the intent of DOH-Citrus to ensure that these measures are all addressed in future Community Health Assessments as well as providing any/all available information upon request.

The purpose of the Community Health Improvement Plan is to act as an action plan by identifying existing resources and opportunities to improve the health of our community at large over a period of time generally three to five years. It is important to note that the CHIP needs to be a living document that is reviewed and updated as needed to ensure that a marked measure of success is reached and maintained.

DOH-Citrus held its initial Community Health Improvement Plan meeting with partners on February 24, 2016. Notices of this meeting were accomplished using notices in the local newspaper, website notices, email and letters of invitation to our local governing agencies and community partners. Mobilizing for Action through Planning and Partnerships (MAPP) model was identified as the tool to be used for improving our community's health.

DOH Citrus Health Improvement Partnership approved their Charter at the June 2, 2016 meeting, and amended it at their August 4, 2016 meeting. This charter cites their mission and Vision as follows:

Mission: Develop a community health improvement plan (CHIP) to address public health problems as identified in the Citrus County Community Health Assessment 2015 through a community driven process that includes engagement of community partners and local public health system partners.

Vision: Being one of the top 10 healthiest counties in the State of Florida as measured by Robert Wood Johnson."

Subsequently, 4 (four) CHIP Sub-Committees were created to address the 4 (four) areas of improvement as identified in the Community Health Assessment. Those areas identified in the CHA are:

- Access to Healthcare
- Obesity in Adults
- Availability of Healthy Foods
- Mental Health and Substance Abuse Services

The CHIP Sub-Committees held their first meeting on July 7, 2016 and have continued to meet at least monthly to identify their Goals, Strategies and Objectives and reported same to the full CHIP Partnership

At the October 6, 2016 CHIP Partnership meeting, the Florida Healthy Babies Initiative was included as an additional Sub-Committee of the CHIP Partnership.

The Florida Department of Health (DOH) is in the process of developing their updated State Health Improvement Plan (SHIP) and other pertinent documents. In the interim, we used the Florida-DOH seven (7) Priorities for our alignment. The CHIP also supports the national Healthy People 2020 initiatives and aligns with these priorities where appropriate.



Three (3) separate surveys were done to obtain input from our citizens, business constituents and local providers.

The citizen survey showed the top three (3) most important factors that affect our community's health were – 1) good jobs and healthy economy, 2) poverty, and 3) drug use. These were closely followed by 4) healthy behaviors and lifestyle, and 5) obesity.

The results of the business leaders survey showed that 48.9% of the employers offer health insurance at subsidized rates, while 6.7% stated that their employer provides insurance but not at subsidized rates; 26.7% do not offer health insurance, and 15.6% responded that they are the sole proprietor and do not have health insurance.

In response to the question, “*What can the community do to help improve the health of your patients and others in the community*”, those responding to the providers survey cited the top five (5) recommendations as 1) Increase access to primary medical services, 2) focus on issues of the indigent and uninsured, 3) provide education for residents on services available, 4) increase access to mental health services, and 5) increase outreach/health education programs.

Access to Care

Many Access to Care issues are a result of socioeconomic factors. These factors are the most difficult to affect change within a community. Another key factor that impacts this element is that the poverty levels, 56.4% residents between the ages of 0 – 18 years old in 2014, were eligible for Medicaid according to the Community Health Assessment (CHA).

The rates of county physicians to population are also low. The CHA cites OB/GYN's at 4.9%/100,000 residents and Pediatricians at 7.8%/100,000. Along these same lines, residents expressed concern over the lack of specialty medical care available within the County requiring them to travel outside of our community to obtain these services. This in turn creates transportation issues that are not readily available within the community.

Due to the low number of practicing physicians in relation to our population (141,236 - 2010 Census) identified in the CHA, the State has identified Citrus County as an *Area of Critical Need*. The current population estimate is 143,621 (July 1, 2016 Population estimates). There are two (2) sections of Florida Statutes that relate to this identifier – Section 458.315 F.S. identifies the types of facilities that are eligible to be identified as an approved facility, and Section 766.1115 F. S. deals with the facility contract with DOH. There is an application process through the State to be considered a designated facility. The approved facilities list has a note at the end that reads:

“NOTE: The County Health Departments specifically listed above are currently employing limited license holders. Pursuant to Code 64B8-2.001(4), Florida Administrative Code, the Board defines the “areas of critical needs,” “areas of critical medical need”, and “medically underserved areas” as used in Sections 458.315(1)(d), F.S., respectively, shall include but not be limited to the following:

*Areas designated by the Department of Health and Human Services as health professional shortage areas;
State mental institutions;
State institutions for the mentally retarded or State prison;
ALL State Department of Health facilities and County Health Departments are approved to employ limited license & temporary certificate holders.*

Revised 7/19/17”



The following Citrus County facilities are currently shown as approved on the facilities listing dated 07/19/2017:

FACILITY NAME	FACILITY ADDRESS	PHONE #	DATE APPROVED	METHOD OF APPROVAL
Citrus County Health Department	3700 W. Sovereign Path, Lecanto, FL 34461-8071	352-527-0068		CHD
Nature Coast Ministries	838 N. Citrus Avenue, Crystal River, FL 34429	352-563-1860	06/12/12	SSG
Eihab H. Tawfik, MD, PA DBA Christ Medical Center	7562 W. Gulf to Lake Hwy. Crystal River, FL 34429		04/01/15	SSG
Access Health Care Physicians, LLC	92 Cypress Boulevard West Homosassa, FL 34446		09/24/15	SSG
Prime Care Doctors, LLC	9030 W. Ft. Island Trail, Suite 1, Crystal River, FL 34429	352-796-9994	12/09/15	SSG
Idicula Medical Associates, MD, PA	8281 S. Suncoast Boulevard Homosassa, FL	352-596-4663	1/12/16	SSG
Access Health Care Physicians, LLC	401 N Central Avenue, 1903 W. Highway 44, Inverness, FL 34453	352-796-9994	02/11/16	SSG
Quick Care Med	1907 W Highway 44 Inverness, FL 34453	352-344-2273	05/16/16	SSG
Quick Care Med, PL	3956 S. Suncoast Blvd., Homosassa, FL 34448	352-628-0911	05/24/16	SSG
Access Healthcare Physicians, LLC	9030 W. Ft. Island Trail, Crystal River, FL 34429	352-228-8906	1/13/17	SSG
Primecare Doctors, LLC	9030 W. Ft. Island Trail, Suite 1, Crystal River, FL 34429	352-796-9994	02/22/17	SSG
Access Health Care Physicians, LLC	8365 S. Suncoast Boulevard, Homosassa, FL 34446	352-382-0258	06/14/17	SSG

According to the Florida Department of Health's (FDOH) 2016 Physician Workforce Annual Report, APPENDIX A: Physician Workforce Specialty Group Counts by County there are 245 total physicians in Citrus County, which represents a 7.46% change from the 2008-2009 information. This report shows that there are 10.1-20.0 physicians per 10,000 population (Figure 7) and 30.1%-50% of the licensed, practicing physicians are primary care physicians (Figure 8). It should also be noted that 15.1%-25.0% of the physicians surveyed are planning to retire in the next five (5) years (Figure 20) and that the majority of the physicians in the State are generally located within the highly populated counties/urban areas.

The FDOH Volunteer Health Care Provider Program improves access to medical care. There are four (4) sites in Citrus County in this program:

- We Care of Citrus County
- Citrus County Family Resource Center
- Nature Coast Ministries, DBA Nature Coast Ministries Dental Clinic
- Nature Coast Baptist Association Dental Unit

Under this program, the FDOH-Citrus *We Care Program* has historically been able to provide substantial services to our uninsured residents. However, due largely to the fact that we no longer have a not-for-profit hospital, the program has had difficulty in providing sufficient diagnostic services to the uninsured to enable them to proceed with the needed care. DOH-Citrus is working on remedying this deficiency with assistance through the Citrus County Community Charitable Foundation Inc. (CCCCF) and other partners.

Dental care has been an ongoing issue in Citrus County, resulting in high rates of preventable oral health emergency department visits (2014 11.5/100,000) due to socioeconomic issues. At this time, Langley Medical Services, our local FQHC, has a dental program and also has a mobile dental unit, as well as a mobile medical unit that enables them to provide services to remote and varying areas. Nature Coast Ministries is also recognized as a *Facility Approved as an Area of Critical Need* (7/13/17) and operates a free dental clinic providing for fillings and extractions only by appointment. The Florida Baptist Convention mobile dental unit has provided services to our low income residents periodically through the DOH Volunteer Health Care Provider Program. Through our School Health program, DOH-Citrus provides screening and sealants free of charge.

The local governing body (Board of County Commissioners) has a Transit Services Division that includes their door to door services which requires advanced scheduling and fees. This service also provides some transportation services to and from Gainesville, FL to visit the Veterans Hospital in that city. Their Orange Line Bus service uses deviated fixed route transportation with designated bus stops for pick up. This service also has a fee schedule ranging from \$1.00 per use fee to \$35.00 monthly pass and also includes free services for those residents that are considered transportation disadvantaged and meet the following categories: children 12 and under, seniors 60 and older; are covered under Medicare, disabled and Honorably Discharged Veterans with proof thereof and completion and approval of an application.



Citrus County has a Veteran's Clinic located in the central part of the county, operating under the Citrus County Board of County Commissioners and the North Florida/South Georgia Veterans Health System. This office provides general medical services including smoking cessation, nursing, phlebotomy, psychiatry, psychology, wound care, etc. In addition, patients also have access to specialty care and education via Telehealth.



Goal Area 1:

ACCESS TO CARE SUB-COMMITTEE

Goals: Provide all residents in Citrus County with quality, comprehensive, and affordable health care.			
Strategies: 1.1.a. Increase the capacity of Citrus County to provide healthcare to uninsured and underinsured adults.			
Objective(s):			
1.1: Increase percentage of adults in Citrus County who have a regular source of health care			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Explore options to establish a "Citrus County Cares" network/pool of specialists willing to share the burden of providing free/reduced cost care for the uninsured.	1. DOH – Citrus	1. Florida Department of Health in Citrus County/We Care Program position funding.	Short Term - By December 30, 2017 – hire person to lead the program and develop partnerships with local diagnostic facilities and physicians to perform these tests. By January 2018 – Expand the local volunteer physicians participating in the program by 25%. (Currently at 16) Long Term - By January 2019 – Expansion of the participating physicians by an additional 50%. Prepare a detailed report for submittal to the CHIP Partnership identifying strengths, weaknesses and Action Plan for the coming year.
Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> 1) The hiring of staff to lead the We Care Program on board by December 30, 2017. 2) Ability to provide diagnostics through partnerships with the local hospitals and/or other specialists to facilitate the needs of the uninsured/underinsured citizens, and have sufficient numbers of participating physicians to handle the cases.			
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> 1) Employee on board and trained; Development of partnerships with diagnostic physicians/facilities within 9 months. 2) Expansion of participating physicians by 50% (32) by January 2019; Detailed report and Action Plan submitted to the CHIP Partnership. 3) Continued expansion of program to meet the needs of the uninsured citizens and provide the required quarterly and annual reports to the Coalition and the CHIP Partnership.			



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>2. Explore fund raising opportunities to fund cancer screenings and diagnostics for uninsured and underinsured.</p>	<p>Citrus Aid and 21st Century C.A.R.E. foundations</p>	<p>Hospitals, Chamber, CHIP, Community Leaders, Media, etc. CCCCCF Foundation; United Way.</p>	<p>1. Short Term – By June 30, 2017 compile a list of available funding opportunities. By December 30, 2017 have grants prepared for submittal to the CHIP Partnership for approval.</p> <p>Long Term - By March 2018, have recruited partners to participate in the Free Clinics and obtain their commitments and needs in writing.</p> <p>2. Apply for grants annually and/or as they often as they are offered.</p>
<p>Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> Ability to provide cancer screenings and diagnostics for uninsured and underinsured citizens.</p>			
<p>Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Listing of funding opportunities and applications provided to the CHIP Partnership for letters of support; status report updates to be provided to CHIP Partnership; Client surveys to determine additional needs and satisfaction of program.</p>			



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>3. Expansion of the use of the mobile medical unit in Citrus County through partnerships.</p>	<p>Langley Health Services</p>	<p>Langley Health Services staff and mobile medical unit.</p>	<p>Short Term: By June 30, 2017 development of a minimum of four (4) additional Citrus County partnerships to stage the mobile medical unit at their location for the underserved/underinsured citizens.</p>
<p>Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> Identify & coordinate schedules with 4 new partners by June 2017. Number of clients using the service continues to increase; Use of surveys to identify additional needs.</p>			
<p>Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Increased total number of days scheduled in Citrus County and total clients served monthly.</p>			



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>4. Develop partnership with the Citrus County Medical Society.</p>	<p>21st Century Oncology Center – initial contact and coordination of meeting with the Board.</p> <p>DOH – Citrus – Lead discussion with the Citrus County Medical Society at their regularly scheduled Board meeting.</p>	<p>Helen Greene/21st Century Oncology Center will coordinate.</p> <p>Doctor Poirier will lead discussions for DOH-Citrus.</p> <p>Meetings take place monthly in the evening.</p>	<p>March 28, 2017 for Initial meeting.</p> <p>Follow up meetings to take place as needed.</p>
<p>Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> Initial meeting to be scheduled in March 2017 with subsequent meetings as needed. Written report of success to be provided to the CHIP Partnership and a determination of goals and benchmarks to be prepared.</p>			
<p>Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Following initial meeting, identification of the benefits to working together to meet the access to care needs of our citizens. Said benefits will be used to determine our benchmarks and goals.</p>			



ACCESS TO CARE SUB-COMMITTEE

Goal Area 2:

Goals: Public education and outreach

Strategies: 1.1.a. Provide public education through development of outreach materials and projects.

Objective(s): To provide easy to use and understandable outreach materials for all citizens community-wide.

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>1. Public Outreach project to educate on the proper use of clinical facilities. (Traffic Light ad prepared by Citrus County ACO) and other appropriate tools.</p>	<p>DOH – Citrus Langley Medical Services EMS Local hospitals Local physicians BOCC/Transportation Services</p>	<p>Funding to have flyers professionally printed for distribution; surveys prepared and distributed.</p> <p>Partners willing to distribute and display the posters.</p>	<p>Short Term - By June 30, 2017 obtain approval from Citrus County ACO to use the poster that they created; print posters for distribution. Identification of other means of distribution, etc.</p> <p>By December 30, 2017 have distributed/posted the posters throughout the County together with a list of all locations that have received the posters for display.</p> <p>Long Term - By December 30, 2018 surveys to be conducted and data to be collected to determine success of program by reduction of use of Emergency Departments for issues that can be taken care of by Primary Care and Urgent Care physicians. Reports to be provided to the CHIP Partnership.</p>

Evidence of Success (*How will you know that you are making progress? What are your benchmarks?*) Obtain approval from the Citrus County ACO to use the poster and printing of same. Record of where the posters have been delivered and how many distributed by June 30, 2017

Evaluation Process (*How will you determine that the goal has been reached? What are your measures?*) Data from completed surveys to provide information regarding status of improvement to use of proper medical care services. This data will be used to provide findings and make recommendations to the CHIP Partnership for continuation/expansion of the program.



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>2. Develop a system to combine the many overarching resource lists into an electronic system that is reviewed on a biennial basis to ensure completeness and correctness.</p> <p>The final, verified information will be submitted to the United Way for inclusion in their 211 system updates.</p>	<p>Meghan Drake (7 Rivers Medical Center) and Janora Wade (DOH-Citrus) to work with volunteers from the BOCC/RSVP program and the High Schools to coordinate and review the process.</p>	<p>Existing materials/resource lists to be provided for inclusion in project. Database created.</p>	<p>Short Term – By June 30, 2017 an Action Plan to be developed and submitted to CHIP Partnership.</p> <p>By December 30, 2017 the completed databases will be provided to the CHIP Partnership; United Way for inclusion and update to their 211 system.</p> <p>Long Term – The database to be reviewed biennially to ensure accuracy. Updates to be provided to CHIP Partnership and United Way.</p>
<p>Evidence of Success (<i>How will you know that you are making progress? What are your benchmarks?/</i>) Existing resources collected and entered into database eliminating duplications and making corrections as needed.</p>			
<p>Evaluation Process (<i>How will you determine that the goal has been reached? What are your measures?/</i>) Multi-purpose resource document created and maintained; Update of available local information in the 211 system; tracking of number and types of human services calls received through 211.</p>			



ACCESS TO CARE SUB-COMMITTEE

Strategy 1.1.b: Develop non-traditional programs to meet the health care needs of the uninsured and underinsured.

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Continue to build partnership with Langley Health Services to include shared outreach opportunities.	DOH - Citrus	Coordination of outreach materials that can be shared for programs. E.G. AHEC ads, etc.	Short Term – By June 30, 2017 develop a plan to coordinate outreach opportunities to mutually benefit all of our citizens/clients. Long Term – By June 30, 2019 co-develop an annual work plan to address unmet needs.

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)* By June 30, 2017 prepare and submit a list of outreach opportunities that were mutually agreed on to the CHIP Partnership biennially along with a list of unmet needs/obstacles as identified. By June 30, 2019, have a mutually agreed upon annual work plan prepared and submitted to the CHIP Partnership.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)* Documents submitted to CHIP Partnership for review and determination of goal achievement. In addition, any new suggestions/areas of need that are identified shall be addressed by the CHIP Partnership.



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>2. Identify other mobile health services in the area/region and develop partnerships to bring their services to our County</p>	<p>DOH – Citrus</p>	<p>1. DOH Volunteer Health Services 2. Florida Association of Free Clinics 3. Mobile Mammogram bus 4. Regional DOH Offices</p>	<p>Short Term – By June 30, 2017 have contacted the various groups and obtained the information needed to develop a schedule of locations and dates that the mobile services will be available through the calendar year.</p> <p>Long Term - Continued reviews by CHIP Partnership to ensure that program(s) are successful.</p>
<p>Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks? By June 30, 2017 determine what alternative mobile medical/dental units/resources are available to provide needed services and report to CHIP Partnership.</i></p>			
<p>Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?) How many clients use the various mobile services and how often. Survey's to be conducted to determine additional needs and overall client satisfaction.</i></p>			



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when?</i> <i>Month/day/yr</i>
<p>3. Identify and coordinate health services that can be done through ministry at local churches to raise awareness of risks for heart disease and strokes; education and prevention.</p>	<p>DOH – Citrus – Lead Local congregations; local partners</p>	<p>Heart Health Plus/Million Hearts 100 Congregations initiative.</p>	<p>Short Term - By June 30, 2017 have completed</p> <ul style="list-style-type: none"> • a local community event at a minimum of 2 churches; • Coordinated with local church • Distributed health information using health equity data; • Developed 3 community organizations/partners <p>By December 30, 2017 have enlisted at least 2 additional churches to participate in the program through June 30, 2018.</p> <p>Long Term – By June 30, 2018 develop an Action Plan to continue building this program until all interested local churches are participating. Action Plan to be submitted to the CHIP Partnership.</p> <p>By December 30, 2018 and annually thereafter, prepare a written report for submittal to the CHIP Partnership identifying strengths and weaknesses, methods to overcome hurdles, total number of participants, etc.</p>
<p>Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> # of blood pressure wallet cards distributed; # of interactions with faith based organization; # of members within congregation; # of pulpit messages reached; # of community partnerships developed.</p>			
<p>Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> # Of DPP Referrals; # of DSME Referrals; # of TFF Referrals; # of pre-diabetes risk tests taken.</p>			



ACCESS TO CARE SUB-COMMITTEE

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<p>4. Develop a plan to coordinate an annual Free Clinic Event in Citrus County.</p>	<p>DOH – Citrus - Lead</p>	<p>Volunteer physicians and support staff; materials needed; identification of location; chairs, etc.; donations of water, fruit and/or other food for volunteers; identification of DOH Staff roles; media outreach; communications during the event.</p> <p>Annual Free Clinic in Marion County</p> <p>RAM – Rural Area Medical – group that provided free clinic in Manatee County</p> <p>Hernando County Free Clinic</p>	<p>Short Term – By June 30, 2017 development of a detailed action plan to hold an Annual Free Clinic to be submitted to the CHIP Partnership.</p> <p>By December 30, 2017 obtain written commitments for participating in the Free Clinic from all entities.</p> <p>Long Term – By June 30, 2018, the 1st Annual Free Clinic shall be held.</p> <p>(NOTE: May be preferable to hold clinic before Tourist/Snowbird season to ensure that we are reaching the maximum number of citizens without excluding large number of others. Also a lot of community events held in the Fall and several holidays to work around)</p>
<p>Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> Communication and coordination of needs to be identified in Action Plan; Free Clinic scheduled and advertised.</p>			
<p>Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Short Term – Action Plan submitted and reviewed/approved by CHIP Partnership; Long Term – Use of client surveys during the event and completion of After Action Report (AAR) to identify any issues to be corrected moving forward.</p>			



Obesity

The Community Health Assessment 2015 (CHA) identifies adult obesity as a major problem in Citrus County citing 28.5% in 2013, which was slightly higher than the State. Table 137 of the Technical Appendix shows that 34.2% of our adults are overweight, and 62.6% of the adults are either overweight or obese. This total is also represented in the 2016 Health Rankings as well as representative of the State and national percentages. Being overweight and/or obese leads to other chronic diseases such as, diabetes and chronic heart disease. Major barriers to correcting this problem were cited as the costs to purchase healthy foods and gym facility memberships. Table 144 of the CHA identifies the total number of recreation and fitness facilities in Citrus County as 6 resulting in a 4.2 % establishment rate per 100,000 population. What this does not take into account is the vast number of facilities available countywide that are no cost/low cost and meets the needs of those of all abilities. This would include both active and passive recreational sites including, but not limited to walking, hiking and biking trails, bird watching and kayaking trails; local, community and State parks and swimming pools and other public bathing facilities.



The *Healthiest Weight and Lifestyle Sub-committee* also looked at childhood obesity rates as an important element in this category. Childhood obesity is tracked through the Citrus County School Board, and BMI letters are sent to all parents/guardians of the students in the 1st, 3rd, and 6th grades that are either above or below the recognized standards. In addition, the Women, Infants and Children (WIC) program administered through the DOH-Citrus tracks the overweight and obese numbers of those children in the program on a monthly basis for 2 to 5 year olds.



It has been determined that the BMI letters that are sent home from the schools are not clearly understood by the parents. These letters are being rewritten in an effort to better communicate the importance of maintaining a healthy weight and reducing the number of letters sent annually is the goal to determine success.

The DOH-Citrus, Community Health Section has established an aggressive education program to develop healthy eating and exercise practices for all ages. These programs include teaching the youngest residents, preschool and elementary school aged children the importance of healthy eating and physical activity habits. As these students learn, they take the lessons home to their parents, siblings and other family members. These programs include, but are not limited to *Fit Kid Kits* distributed to day care facilities to emphasize the importance of physical activity in our daily lives and *My Plate* programming for portion control.

DOH-Citrus is also participating in the DOH heart health initiative, *100 Congregations for a Million Hearts* in an effort to reduce health disparities. This program connects healthy eating habits that can result in lower blood pressure readings, diabetes rates and maintaining a healthy weight with local congregations through education, testing and pulpit messaging. *Fitness in Citrus* is an annual community-wide exercise challenge that lasts for six (6) weeks. This year, 640 participants comprised 66 teams. Survey findings show that personal benefits included weight loss, lower cholesterol, lower blood pressure and lower risk for heart attacks.

Goal Area 1

Goals: Promote Lifestyle Change Through Healthier Eating			
Strategies: Education			
Objective(s):			
1. Reach out to the citizens of Citrus County through <u>community events and through education system</u> .			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr.</i>
1. Education and outreach on healthy eating	DOH-Citrus [Carmen Hernandez]; Citrus County School Board [Kelly Niblett]	1. Initially, use existing resources and materials. Funding will be needed to develop programming and materials for future calendar years. Participants and volunteers are needed to prepare for and participate in events. When possible, coordinate with other community events.	1. At least 1 event per quarter for a total of 4 by the end of 2017; for succeeding years, equal or better that rate
2. Develop survey to be distributed to the public during outreach and educational events to identify needs of the citizens as well as suggestions to making the education more meaningful to them.	DOH-Citrus [Carmen Hernandez]; Citrus County School Board [Kelly Niblett]; Healthiest Weight and Lifestyle Committee members	2. Funding to be secured for printing surveys	2. December 2017
Evidence of Success: <i>(How will you know that you are making progress? What are your benchmarks?)</i>			
1. Providing educational events with follow-up survey			
Evaluation Process: <i>(How will you determine that the goal has been reached? What are your measures?)</i>			
1. No base line. Positive feedback on survey			



- PROGRESS:** 1) Carmen Hernandez and her DOH-Citrus team supplied information for *Fitness in Citrus* to distribute in February to team leaders, representing 640 fitness challenge participants.
- 2) DOH-Citrus had information tables and provided health-related information including tobacco cessation at the Manatee Festival in January and the Strawberry Festival in March.
- 3) DOH-Citrus conducted “Eat My Plate” classes and other healthy eating education with students at Forest Ridge Elementary.
- 4) At the Withlacoochee Regional Electric cooperative employee health fair DOH-Citrus provided information on healthy eating habits and tobacco cessation; partnering organization 21st Century Oncology provided information on the benefits of using sunscreen and getting skin cancer screening..
- 5) DOH-Citrus provided health-related information for patients at Nature Coast Physical Therapy.
- 6) DOH-Citrus provided health-related information for MOPS / Mothers of Preschoolers on how to get kids eating healthy meals.
- 7) DOH-Citrus had a table at the May 26 Rock the Park event in Whispering Pines Park, with activities for both kids and adults.
- 8) DOH-Citrus will participate in a “back to school” health fair at the Church Without Walls on August 6, with information on healthy eating and other health-related information.

The events and locations for activities in this goal area in the first six months of 2017 were chosen for either the potential for widespread awareness [Festivals] or targeted for specific actions and populations [adults at an employee health fair or in a physician office; children and adults in child-centered locations including schools and activities. No formal surveys were done at these events regarding effectiveness of the messaging.



Goal Area 1

Goals: Promote Lifestyle Change Through Healthier Eating			
Strategies: Education			
Objective(s):			
2. Develop an updated BMI letter for parents of overweight or underweight students in 1 st , 3 rd and 6 th grades. The information must be easily understandable and include resource information and clear directions for parental actions.			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
2A -- Improved parental response rate as evidenced by increased completed BMI referrals	Citrus County School Board [Pam Carnevale]; DOH-Citrus [Raquel Gonzalez] and Healthiest Weight and Lifestyle committee members [Rebecca Martin]	2-A. Use resources from the Citrus County School Board, its health advisory committee, DOH-Citrus and the Healthiest Weight and Lifestyle committee for letter development and changes. Funding is required for reproduction and mailing for current cycle as well as future mailings. Time required for preparation and distribution of letter, processing returns, and analyzing data.	2A -- June 30, 2017 for completed BMI revision for testing with parents. Distribute the revised letter beginning in August 2017 school cycle.
2B -- Decreased number of <u>BMI</u> letters mailed during the 2018-2019 and 2019-2020 school years.	Citrus County School Board [Pam Carnevale]	2-B. Same resource needs as current cycle.	2B -- End of school year 2019 and 2020 respectively
Evidence of Success: <i>(How will you know that you are making progress? What are your benchmarks?)</i>			
2. Improved parental response rate as evidenced by increased completed BMI referrals. Response rate goal is 35% (10% increase)			
Evaluation Process: <i>(How will you determine that the goal has been reached? What are your measures?)</i>			
2. A decreased number of BMI letters by 10% (618 letters)			
PROGRESS: For several months during the Spring and early Summer, Pam Carnevale received input from the School Health Advisory Committee members, Healthiest Weight and Lifestyle committee members and parents on the BMI letter, particularly regarding changes to presentation of the food information and the resource list. She distributed a revised draft to committee members before school started in August, and posted the revised letter for use in the 2017 – 2018 school year.			



Goal Area 1

Goals: Promote Lifestyle Change Through Healthier Eating			
Strategies: Education			
Objective(s):			
1. Reach out to the citizens of Citrus County through community events and through education system.			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
3. <u>100 Congregations for a Million Hearts</u> : program targeting Black and Hispanic populations through faith communities to encourage lowering BP, improving heart health, and therefore improving health	3. DOH-Citrus [Carmen Hernandez and Janora Wade]	A) Pastor Doug Alexander for African American churches, and Our Lady of Grace/Beverly Hills for Hispanic churches. B) Staff to develop materials to be used for pulpit messages, meet with church advocates to develop programming and materials to be distributed to the congregation, community partners to participate in educational events and meetings; funding to develop and/or purchase materials. C) Development of survey to be used to track successes following each event. D) Future additional resources to be determined based on program requirements.	March through June 2017 for pilot program; develop survey and set dates Ongoing program with additional churches to occur July 2017 through June 2018
Evidence of Success: <i>(How will you know that you are making progress? What are your benchmarks?)</i>			
3. Positive change on participant surveys regarding attitudes about food and dietary changes, and self-reports about behavior change and health improvement			
Evaluation Process: <i>(How will you determine that the goal has been reached? What are your measures?)</i>			
1. Participant surveys – DOH-Citrus to prepare surveys and analyze success rates			
PROGRESS: DOH-Citrus staff met with ethnic churches in June.			
<ul style="list-style-type: none"> On August 6, in combination with the Back to School event at Church Without Walls, DOH-Citrus will have adult-targeted information and screenings. Information will include ethnically compatible, healthier substitutes for favorite family meals. Screening will include BPs. On August 17, DOH-Citrus staff will do a similar program for the Spanish-American Club for Our Lady of Grace Church. DOH-Citrus staff will connect with other African-American and Hispanic churches about taking the program to their congregations. 			



Goal Area 2

Goals: Promote Improvement Through Physical Activity			
Strategies: Physical Activities			
Objective(s): 1. Move toward a healthier weight and lifestyle through physical activity			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Support <i>Fitness in Citrus</i> Community-Wide Fitness Challenge	1. Healthiest Weight and Lifestyle team members, including Challenge founder and director Rebecca Martin, with Challenge team leaders	Minimal external resources needed. Healthiest Weight and Lifestyle committee members to help publicize and recruit teams. Challenge director collects weekly scores, packages for newspaper publication, solicits end-of-challenge evaluations, develops final report and submits to newspaper for publication.	The 2017 Challenge ran from February 6, to March 19. The 2018 Challenge will be run in February and March, dates TBD. Team recruitment will begin in December 2017. Weekly cumulative scores will appear in the Citrus County Chronicle. The final report based on participant assessments / program evaluations will run in the paper by May. Continue to run Fitness in Citrus annually.
Evidence of Success: <i>(How will you know that you are making progress? What are your benchmarks?)</i> For the 2018 Challenge, at least maintain the participation gains from 2017. A stretch goal would be increasing by another 5%.			
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Final team registration and confirmation of number participating by the beginning of <i>Fitness in Citrus</i> 2018			
Progress: The 2017 Challenge recruitment goal of a 10% increase [would have been 542 participants] was surpassed. There were 66 teams comprising 640 participants. <ul style="list-style-type: none"> • Wrap-up survey and program evaluation results were made available to team leaders in May, and the Chronicle featured a story about the 2017 <i>Fitness in Citrus</i> in its May 9 edition. This project is complete for 2017. • Recruitment for the <i>Fitness in Citrus – Community-Wide Fitness Challenge 2018</i> will begin in December 2017. 			



Goal Area 2			
Strategies: Physical Activities			
Objective(s): 1. Move toward a healthier weight and lifestyle through physical activity			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
2. <u>Fit Kids</u> and <u>Fit Adults</u> Activities	DOH-Citrus [Carmen Hernandez]; YMCA of the Suncoast [Joanna Castle]	Funding through DOH-Citrus – more funding needed to purchase “My Plates”. Time and staff resources through DOH-Citrus and participating daycare locations, plus participation of community partners	At least 1 event for kids and adults per quarter for a total of 4 by the end of 2017. For succeeding years, equal or better this rate.
Evidence of Success: <i>(How will you know that you are making progress? What are your benchmarks?)</i> Achieve at least a 10% increase in participating daycares annually There is no base benchmark; 2017 participation will be used as this benchmark measure.			
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Number of participants in events and interest to continue. Follow-up visits to daycares are conducted to ensure best practices are continued			
<p>Progress: The DOH-Citrus team conducted three reading and educational sessions at Episcopal Children’s Services, a Head Start provider. They worked with Kings Bay Rotary Club to procure books on healthy eating, exercising, and teambuilding (anti-bullying), and left a book with each child. Each child also received a jump rope. The adults each received a “green plate” showing MyPlate food groups and portions, plus a double-entry handout on physical health/financial health. Follow-up visits will be scheduled.</p> <p>Over the Summer of 2017, the DOH-Citrus team staged a “My Plate Rocket Game” at four Boys and Girls Club locations around the county. They have been invited back to conduct additional classes on a continuing basis.</p> <p>The DOH-Citrus team is in ongoing talks with DCF regarding access to children in foster homes for sessions on healthy weight and lifestyle through physical activity and good eating.</p> <p>On September 30, the DOH-Citrus team will conduct the annual 5K race for children and allied events in Whispering Pines Park in Inverness. In addition to the race, there will be health fair activities and screenings for adults.</p> <p>A stretch goal is to sign on three more daycare locations before the end of 2017. Major issue is complex daycare operator requirements.</p>			



Goals: Physical Activity			
Strategies: Promote use of existing low cost/no cost opportunities in physical activity.			
Objective(s): To educate our citizens and visitors on the many opportunities for physical activity at all levels of ability countywide.			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it? DOH-</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Identify low-cost/no-cost locations for various types of physical activities.	Citrus County Department of Systems Management, GIS Division. City of Inverness, City of Crystal River	Staff to develop listing of sites, coordination of GIS expertise.	June 30, 2018
2. Coordinate/create GIS interactive mapping for online use	DOH-Citrus; Citrus County Department of Systems Management, GIS Division	To be determined.	December 2018
3. Develop hard copy tool(s)	DOH-Citrus	Staff to develop layout, funding to reproduce for distribution.	June 30, 2019
4. User survey(s) to be developed to ensure that their expectations are being met both online and hard copy.	DOH- Citrus	DOH - Citrus	Prior to the document/resource going live. December 2018/June 30, 2019
Evidence of Success <i>(How will you know that you are making progress? What are your benchmarks?)</i> Progress to be reported quarterly to the CHIP Partnership.			
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i> Completion of the measures by the timeline(s) identified. Once project(s) are completed, surveys will be available to all users.			



Goals: Physical Activity

Strategies: Promote use of existing low-cost/no-cost opportunities in physical activity.

Objective(s): To educate our citizens and visitors on the many opportunities for physical activity at all levels of ability countywide.

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Develop an aggressive outreach project to educate the citizens and visitors about opportunities for no-cost/low-cost physical activities	DOH-Citrus, BOCC, City of Inverness, City of Crystal River	Staff to develop listing of sites; funding to reproduce pamphlets and other outreach materials in sufficient numbers to make available to the TDC, local hotels, motels, etc.	June 30, 2018
2. User survey(s) to be developed to ensure that their expectations are being met both online and hard copy.	DOH- Citrus, BOCC, City of Inverness, City of Crystal River	Staff to develop layout, funding to reproduce for distribution.	September 30, 2018

Evidence of Success *(How will you know that you are making progress? What are your benchmarks?)*
 Survey results to be reviewed and analyzed to develop a baseline of 50% of the users found the document useful and led to a level of physical activity suitable for their abilities and needs. Survey should also allow for input of reasonable recommendations of improvement(s) needed.

Evaluation Process *(How will you determine that the goal has been reached? What are your measures?)*
 Completion of the measures by the timeline identified. Surveys to be analyzed for rating of the facilities and user needs.



Access to Healthy Foods

Directly tied to obesity, the additional costs associated with the purchase of healthy foods has been cited in the CHA as a barrier. Table 143 of the CHA shows that while no census tracts have high healthy food access, 15.0% of our low income population has low access. By comparison, 22.3% of our population has no healthy food outlets.

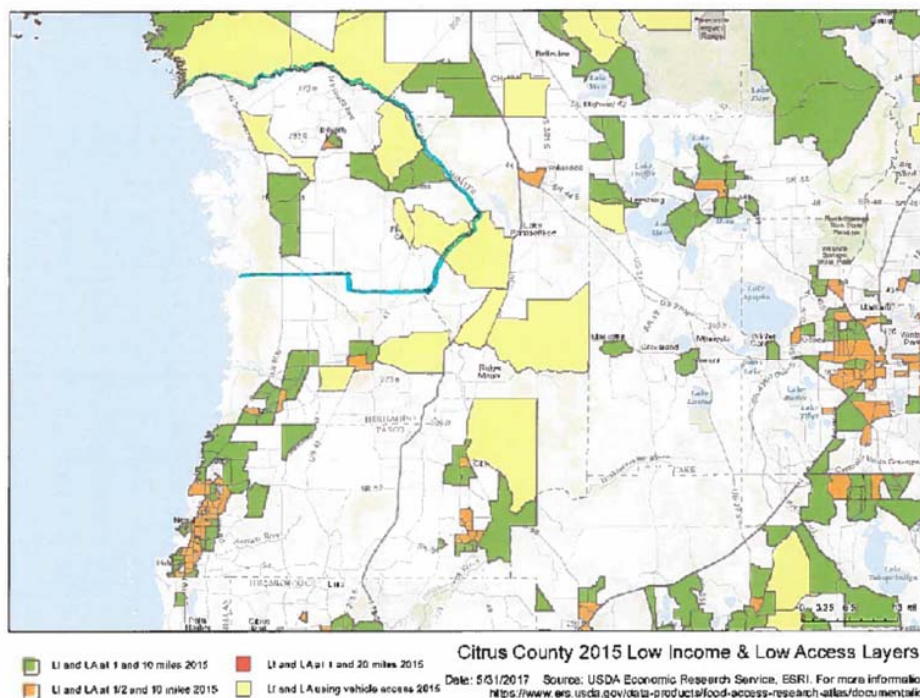
Additional findings conclude that 67.3% of our population has moderate healthy food access, and we have 0.0 % of our population with high healthy food access.

The *Community Food Bank of Citrus County* is a not-for-profit organization that redistributes foods obtained from local sources as well as *Feeding America Tampa Bay*. The Food Bank has a contract with Feeding America Tampa Bay for the transfer of food and groceries from both local stores and Feeding America Tampa Bay to 43 agencies across Citrus County.

The Food Bank offers a variety of groceries, including but not limited to, fresh produce, dairy, eggs, bread, both frozen and canned products. In addition, they distribute non-food items such as paper products, baby diapers, medical supplies, and personal hygiene products.

The *Path Farm & Co-op* is operated as a work program for their rescue mission for the homeless in our community. They grow pesticide free seasonal vegetables and are available for co-op pick up weekly at the Hernando Farmers Market.

The *New Church Without Walls* distributes free food to anyone that is in need through the Farm Share program as often as they receive the donations. The *Farm Share* food bank program receives donated fresh fruits and vegetables directly from Florida farmers for distribution to areas of need with no pass through costs to community groups.



Goal Area 1: Access to Healthy Foods

<p>Goals: Improve access to healthy foods among low income residents by addressing the key modifiable barriers identified through the community health assessment.</p>			
<p>Strategies: Work with local food pantries and farmers to increase the access, availability, and preparation of healthy foods.</p>			
<p>Objective(s):</p> <ol style="list-style-type: none"> 1. Increase the proportion of lower income residents who have access to healthy foods. 2. Provide education to shop, read labels, and prepare foods in a healthy way. 			
<p>Tasks/Action Steps <i>What will be done?</i></p>	<p>Responsibilities <i>Who will do it?</i></p>	<p>Resources <i>Funding/time/people/materials</i></p>	<p>Timeline <i>By when? Month/day/yr</i></p>
<p>1a. GIS map areas in the county with residents that are =150% or below the poverty level overlaid with location of food vendors/pantries.</p> <p>1b. Increase by 15% the number of low income residents that are within a 10-mile radius of a food vendor/pantry.</p> <p>2. Create and demonstrate cookbooks that are geared to the foods available at the pantries in the community.</p>	<p>1a. DOH-Citrus/Community Food Bank of Citrus County</p> <p>1.b CHIP Food Subcommittee</p> <p>2. DOH-Citrus/IFAS/CC Community Services/ Community Food Bank of Citrus County</p>	<p>1a. Citrus County Department of Systems Management, GIS Division</p> <p>1.b. Citrus County Department of Systems Management, GIS Division & Planning Division; Community Food Bank of Citrus County</p> <p>2. DOH-Citrus/IFAS/Citrus County Department of Community Services/ Community Food Bank of Citrus County</p>	<p>1a. 12/31/2017</p> <p>1.b. 12/31/2018</p> <p>2. 12/31/17</p>
<p>Evidence of Success: Created GIS map. Create cookbooks and have health fairs with nutrition education and cooking demonstrations within designated food desert areas. Influence and educate policy makers to plan community expansion that includes availability of healthy foods within the local community.</p>			



Florida Healthy Babies

The Florida Healthy Babies initiative began in early 2016 to address health disparities relating to infant mortality rates statewide. The leading causes of infant mortality examples are:

- birth defects caused by unhealthy behaviors such as smoking, drinking, and obesity, preterm birth related to smoking or late prenatal care,
- maternal complications such as hypertension, mental health, pregnancy spacing,
- Sudden Infant Death due to unsafe sleep environment or position,
- Diarrhea and pneumonia from a lack of sanitation or not exclusively breastfeeding,
- Injuries due to an unsafe environment or car seats not properly installed.

The Community Health Assessment (CHA) identifies that in 2014 there were a total of 1,016 births in Citrus County (Table 105) with the total number of infant deaths for that year as 7. (Table 107) The total infant death rate for this year was 6.9, slightly higher than the State rate of 6.0. (Table 108)

The total *low birthweight* births in 2014 was 91 or 9.0%, which was higher than the State rate of 8.7%. (Tables 109 & 110). Eleven (11) births were considered as *very low birthweight*, or 1.1%. During this same timeframe, 70 of the total birth mothers received late prenatal care (3rd trimester/ no prenatal care) representing a rate of 6.9%. This rate is higher than the State rate for this time period of 4.8.

The Florida Healthy Babies of Citrus County is a local partnership that is committed to reducing local disparities in infant mortality through community action planning and is in the second year of their programming.



Goal Area 1: Protect and Promote Breastfeeding

Goals: Increase breastfeeding rates in Citrus County			
Strategies: <ul style="list-style-type: none"> • Improve access to certified lactation specialists in Citrus County • Increase the number of Citrus County worksites with breast-feeding friendly worksite policies 			
Objective(s): <ol style="list-style-type: none"> 1. Increase the number of Certified Lactation Consultants (CLCs) and/or Internationally Board Certified Lactation Consultants (IBCLCs) available in the community. 2. Assess worksite policies for breastfeeding mothers and available community spaces for breastfeeding. 			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
1. Breastfeeding initiation data collection from OBs/hospitals/doulas (intent, try, exclusive at discharge)	1. Cindy Floyd-CMH; Becki Neely-Seven Rivers	1. IBCLC FDOH Citrus	1. May 30, 2017
2. Determine a list of CLCs/IBCLCs in Citrus County	2. Becki Neeley, Chandra Haimbaugh	2. FHB funds	2. May 30, 2017
3. List of breastfeeding education providers for Citrus County	3. Becki Neely		3. May 30, 2017
4. ID businesses with more than 50 employees to assess breastfeeding policies. Half private and the school systems. (percentage of total businesses)	4. Maret Wachira		4. May 30, 2017
Evidence of Success We will monitor how many women who give birth in the county report an interaction with a CLC or IBCLC around the time of delivery.			
Evaluation Process Monthly review number of interactions with IBCLC. Monitor breast feeding initiation rates.			



Goal Area 2: Information Sharing

Strategies:

- Identify evidence-based health messaging models or health communication tools for prenatal and post-partum women.
- Develop a social media marketing campaign.

Objective(s):

1. Develop a list of 5 evidence-based health messaging or communication modes for prenatal and post-partum women.
2. Identify 10 social media partners to promote the health messaging or communication modes we identify.

Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<ol style="list-style-type: none"> 1. Promote use of post-partum depression screenings with providers 2. Outreach to physicians (send invite to Blaire) 3. Develop Twitter flight plan that includes breastfeeding, preconception/prenatal care, and contraception information. 	<ol style="list-style-type: none"> 1. Janora Wade 2. Blaire Peterson 3. Kelli Curl, Maret Wachira, Cindy Floyd 	<ol style="list-style-type: none"> 1. Mental Health and Substance Abuse Sub-Committee of Citrus Health Improvement Partnership 2. FDOH Citrus IBCLC 	<ol style="list-style-type: none"> 1. May 30, 2017 2. May 30, 2017 3. April 30, 2017

Evidence of Success Launch of DOH twitter.

Evaluation Process Monitor number of retweets of DOH Citrus



Goal Area 3: Baby Boxes

Goal: Develop a plan for implementation of baby boxes in Citrus County.			
Strategies:			
<ul style="list-style-type: none"> Assess medical provider support for project to distribute baby boxes to Citrus County mothers. Create a public communication campaign to promote Baby Box program. 			
Objective(s):			
<ol style="list-style-type: none"> Create an assessment tool for provider support by December 31, 2016. Meet with all pediatric and OB/GYN providers using the tool generated by June 30, 2017. 			
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/time/people/materials</i>	Timeline <i>By when? Month/day/yr</i>
<ol style="list-style-type: none"> Develop a communication plan to generate support for Baby Box program in county residents. Develop baby box eligibility requirements Create syllabus for baby boxes 	<ol style="list-style-type: none"> Kelli Curl, Janora Wade, Maret Wachira Janora Wade Maret Wachira 	<ol style="list-style-type: none"> Twitter, community partner's social media FHB Committee FHB Committee 	<ol style="list-style-type: none"> May 31, 2017 May 30, 2017 March 20, 2017



Evidence of Success DOH-Citrus IBCLC will make initial contact with area OB/GYNs regarding Baby Box program. New families in Citrus will receive a Baby Box

Evaluation Process Monitor monthly number of Baby Boxes distributed



Mental Health and Substance Abuse

Citizens and other participants in the development of the CHA identified mental health and substance abuse as a major issue, citing the need for expanded services in these areas. While hospitalizations are lower than the State rate, the use of the emergency department for these issues is higher – 79.3 per 1,000 population for Citrus County vs. 67.3 for the State.

The results of the citizen survey showed that drug use was the 3rd most important factor that affects the health of our community, noting also that alcohol and drug abuse is the #1 health behavior problem; Drug abuse and alcohol abuse access to care for these health problems were ranked as the #2 and #3 biggest problems in Citrus County respectively. However, when asked how confident the citizens were that the community can make a substantial impact on these issues, they dropped to #5 (drug abuse) #6 (alcohol abuse) and #8 (mental illness) (Figures 18, 19 and 20).

The providers responding to their survey indicated that the availability of alcohol abuse treatment (53.3%), substance abuse treatment (60.0%), and behavior health interventions (63.3%) were rated as poor.

In 2014 in Citrus County, 1,169 persons were hospitalized; 67 were 17 years old and younger and 1,102 were 18 and over (Table 99). During this same year, the total number of emergency department visits for mental health reasons was 11,274. Of this total, 330 persons were 17 years old or younger and 10,944 were 18 and older (Table 100).

Statistics show that in 2013 there were 1,171 involuntary Baker Act cases initiated representing a rate per 100,000 persons of 825.3. This rate is nearly equal to the 2013 State rate of 889.0.



Behavioral Health Subcommittee of the Citrus Health Improvement Partnership

Goal: Whereas Citrus County is critically underfunded for behavioral health services, we will determine the principal needs of the community and the most effective ways to utilize funding in order to address those needs.

Objectives:

1. Conduct a research project that features a critical analysis of the accessibility barriers to behavioral health services in Citrus County.
2. Use the data collected to determine what the greatest needs of the community are and recommend the most effective ways to address those needs with regard to the funding that is available to the county.

Tasks/Action Steps

We will identify and then schedule appointments with:

1. Sources who refer people to behavioral health services in the county
2. Providers of behavioral health services in the county
3. County residents who cannot access services or who need but do not continue to be served

Responsibilities

Affinity Counseling will hold in-depth guided discussions with those identified above and compile aggregate data to show:

1. The priorities of use versus need, and barriers and gaps in regard to referrals
2. The current availability of services as well as gaps in services, and barriers to the delivery of services
3. The types of services needed, and the preferences for levels of care

Resources

It is estimated that \$15,000.00 will be needed to conduct this research, which may be funded through a combination of gifts and grants that will be sought from a variety of potential sources.

Timeline

Depending upon the receipt of required funding, we hope to complete the project by December 31, 2017, or sooner.





Community Health Improvement Partnership

<u>Participant's Name</u>	<u>Affiliation</u>
Jane Bedford	Nature Coast Emergency Medical Services
Stephanie Bell	Pregnancy & Life Center
Steve Blank	The Centers
Melissa Bowermaster	Jessie's Place
Pam Carnevale	Citrus County School Board
Scott Cook	Devereux Florida
Chuck Dixon	Citrus County School Board
Meghan Drake	Seven Rivers Hospital
Helen Greene	21 st Century Oncology
Rebecca Hallman	Langley Health Services
Yvonne Hess	Affinity Counseling
Rachel Jones	Anti-Drug Coalition
Laurie Keefe-Cecere	Tree of Life Counseling
Nancy Kennedy	Citrus County Chronicle
Anthony Kopka	Daystar Life Center
Kristy Lindke	Mid-Florida Homeless Coalition
Debra LoCicero	The Centers
Rebecca Martin	Community Member
Cara Meeks	Staywell Health/Community Alliance
Katie Myers	Citrus Memorial Hospital
Mike Orlito	Small Business Center
Jan Peckne	Nature Coast Ministries
Toby Phillips	Citrus County Board of County Commissioners
Roger Ross	Community Food Bank
Mark Solomon	The Centers
Renea Teaster	Community Alliance & Anti-Drug Coalition
Sheena Thompson	Gulf Coast North AHEC
Lynne West	Suicide Prevention
Whitney Whitt	Langley Health Center
Becky Williams	Langley Health Services
Karen Fenton	Brashear's Pharmacy



CHIP Sub-Committees

Access To Care

Participant's Name

Affiliation

Jane Bedford	Nature Coast Emergency Medical Services
Meghan Drake	Seven Rivers Hospital
Helen Greene	21 st Century Oncology
Cara Meeks	Staywell Health
Janora Wade	Florida Department of Health in Citrus County
Becky Williams	Langley Health Services
Nancy Witty, Facilitator	Florida Department of Health in Citrus County

Availability of Healthy Foods

Cindy DeVine	Pregnancy & Family Life Center
Janice Hale	Citrus County Board of County Commissioners
Roger Ross	Citrus County Community Food Bank
Diane Toto	We Care Food Pantry
Ernesto "Tito" Rubio, Facilitator	Florida Department of Health in Citrus County

Florida Healthy Babies

Melissa Tomes	Healthy Families
Marty Fugua	Department of Children & Families
Margaret Henry	Seven Rivers Regional Medical Center
Jane Bedford	Nature Coast EMS
Christine Terrasi	Pregnancy & Family Life Center
Dee Dixon	Healthy Families
Scott Cook	Devereux Kids
Betsy Schwartz	Birth in the Know
Debra LoCicero	The Centers
Krista Fouke	Seven Rivers Regional Medical Center
Myrna Mathews	DOH-Citrus = Healthy Start Program
Barbara Wood	DOH-Citrus – Healthy Start Program
Carmen Hernandez	DOH-Citrus – Community Health
Kelli Curl	Florida Department of Health in Citrus County
Janora Wade, Facilitator	Florida Department of Health in Citrus County

Healthy Lifestyles

Pam Carnevale	Citrus County School Board
Carmen Hernandez	Florida Department of Health in Citrus County
Rebecca Martin	Citizen
Merton "Jim" Rashley, Facilitator	Florida Department of Health in Citrus County



Behavioral Health (Mental Health and Substance Abuse)

Steve Blank	The Centers
Melissa Bowermaster	Jessie's Place
Marilyn Booth	NAMI Citrus
Scott Cook	Devereux Florida
Sheri Goodwin	Lutheran Services Florida
Tomas Gonzales	Citrus County School Board
Lesley Hersey	Langley Health Systems
Yvonne Hess	Affinity Counseling
Deborah Jenks	The Centers
Laurie Keefe-Cecere	Tree of Life Counseling Center
Anthony Kopka	Daystar Life Center
Deborah A. Martin	D.A.M., Inc.
Glenna McManigell	NAMI Citrus
Mike Orlito	Community
Renea Teaster	Anti-Drug Coalition
Gloria Tucci	The Centers
Dr. John Grace	Citrus County Medical Society
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DOH – Citrus Staff

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<p>Mission: Develop a community health improvement plan (CHIP) to address public health problems as identified in the Citrus County Community Health Assessment 2015 through a community driven process that includes engagement of community partners and local public health system partners.</p>	
<p>Vision: Being one of the top 10 healthiest counties in the state of Florida as measured by Robert Wood Johnson Foundation.</p>	
<p>Primary Functions: To Develop a CHIP Implementation Plan that includes:</p> <ol style="list-style-type: none"> 1) Goals and measureable objectives, 2) Identified evidence based strategies, 3) Create a timeline, and performance measures short term (one to two years) and Intermediate term (two to four years) 4) Identification of a lead person/organization to address each health priority. 5) Determine a process for monitoring progress on implementation 6) Distribution throughout the community. 	
<p>Scope of Work: A monthly meeting is held by the Citrus Health Improvement Partnership (CHIP) which will be documented using an agenda, meeting minutes, and progress reports. Said meetings may be held in person, via webcast, GoTo Meeting, etc. A quorum of 8 community partners is required for all general meetings, and the following will be reviewed during the meetings:</p> <ol style="list-style-type: none"> 1) Progress toward completion of goals, objectives and strategies. 2) Practices that result in improved performance for reducing the negative impacts of areas identified for improvement. 3) Quality of community engagement. 	
<p>Interdependencies:</p> <ol style="list-style-type: none"> 1) Citrus County Community Health Assessment 2) Public Health Accreditation Board (PHAB) Measures and Standards 1.5 3) Florida Department of Health State Health Improvement Plan (SHIP) 	
<p>Membership/Roles:</p> <ol style="list-style-type: none"> 1) Citrus County CHIP is comprised of community partners dedicated to improving the overall health of our community. The core CHIP group (Steering Committee) shall be limited to a maximum number of members 25 including the Citrus County Public Health Officer. Additional members shall be recruited to participate in Sub-Committees in which they have a vested interest, are a stakeholder, and/or have other assets to bring to the table. 2) The Citrus County CHIP shall elect a Chairman to lead the meetings and provide direction to ensure that the process continues to move forward toward the identified goals within the prescribed timeframes; a Co-Chairman to assume the duties of the Chair in the event the Chairman is unavailable; and a Recording Secretary to take and distribute the minutes of all meetings. 	
<p>Meeting Schedule and Process:</p> <ol style="list-style-type: none"> 1) Monthly meetings (or as needed) will be held to monitor implementation of CHIP, Strategic Plan, and QI Plan/Projects. 2) Perform annual evaluation to inform planning for subsequent year. 3) Activities outside monthly CHIP meetings will include ongoing email and/or phone communication to review and monitor plan/project status. 	<p>Measures of Success:</p> <ol style="list-style-type: none"> 1) % objectives met (Includes CHIP, strategic plan, & QI Projects) 2) % objectives/projects that resulted in improved results 3) % objectives/projects sustainable in terms of structures, processes, and policies 4) %objectives/projects with favorable results that are adopted by peers
<p>Deliverables: The CHIP Team will develop documents including monthly meeting minutes, scorecard for reporting on status and results of plans/projects, and annual evaluation which will be posted via the DOH dedicated site by staff. The Community Health Improvement Plan (CHIP) shall be made available to the general public for their review and comments prior to finalization and submittal to the Florida Department of Health.</p>	