



Community Health Improvement Plan

Hernando County

2014 Update



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Overview

This document is an update to the community health assessment (CHA) efforts of 2012 and community health improvement plan activities of 2012-2013. This update includes the following:

- Overview of 2012 CHA and CHIP Activities and 2013 CHIP Update
- Summary of 2014 CHIP Update Activities
 - CHIP Partnership Meetings
 - CHIP Update Survey
 - CHIP Update Focus Group
- 2014 Updated Goals, Strategies and Objectives
- Alignment of the 2014 Updated Goals, Strategies and Objectives with State and National Priorities
- Policy Implications of 2014 Updated Goals, Strategies and Objectives

Community health assessment (CHA) 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) conducted in 2012 CHA followed by the 2012 CHIP that resulted from this CHA. This presentation is followed by the 2013 CHIP update that more formally includes the alignment and policy implications for the goals, objectives and strategies. This update concludes with details on the updated goals, objectives and strategies of the 2014 CHIP and the processes required to generate the update.

2012 Key Community Health 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 (Table 1) 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. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
Aging population	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Higher insured population Larger volunteer pool Brings revenue to community
Cuts from the Legislature	<ul style="list-style-type: none"> Decrease in healthcare availability Unemployment More uninsured Effects on mental, physical health Less personal safety – more crime Domestic violence School funding reduced 	<ul style="list-style-type: none"> Depends on who you ask Reduced taxes More awareness of political and civic issues and Accountability
Reduction in population or slowing population growth	<ul style="list-style-type: none"> Loss of tax revenue Loss of support from the county Business failures, especially small business 	<ul style="list-style-type: none"> Increased employment competition Fewer sick people
Medicaid reform	<ul style="list-style-type: none"> Lower reimbursement (no cost-based for Health Department) 	<ul style="list-style-type: none"> Saves federal/state governments money Concentration on core public health

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
	Poorer dental outcomes Less access Fewer primary care providers	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 Similar to reduction in population Reductions specific to medical workforce not keeping pace with population	More education and re-training
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

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
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
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	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

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
	assisted suicide Financial burden to family Families moving in together Possible lowered awareness of elderly needs Lack of resources including medical/ nursing staffing	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 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	Awareness of political and civic issues Fresher ideas with new political leaders 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	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

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
	<p>Increased healthcare problems in community</p> <p>Increased hospital ER visits</p> <p>Inferior care or longer wait to receive care</p> <p>Possible increase in infant / child mortality</p> <p>Lack of services</p> <p>Overutilization of hospital emergency rooms</p> <p>Increase in cost for services</p>	<p>Job opportunities</p>
<p>Shortages of dentists</p>	<p>Limited dental care could potentially increase health care costs</p> <p>Lack of dental care available to patients</p> <p>Longer waiting time for appointments</p> <p>Harder to find dentists due to offices</p> <p>Reaching client capacity</p> <p>Could contribute to more severe mouth problems or other health conditions</p> <p>Overall poor health</p> <p>Overburdened dentist/dental staff</p> <p>Unaffordable care, due to high demand</p> <p>Barrier to care for under insured or uninsured clients</p> <p>Increased amount of untreated dental decay</p> <p>Lack of access to care for uninsured</p> <p>Increased dental emergencies</p>	<p>Expand Dental Services</p> <p>More opportunities for newly graduating dentists</p> <p>More bargaining opportunity for dentist salary</p> <p>More opportunities for dentist out of college</p> <p>Hernando CHD is poised to expand services</p> <p>Can improve reimbursement rates for Medicaid to encourage dentists to accept Medicaid clients</p> <p>More patient's for active dentists</p> <p>HD may see more clients</p>

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
	<p>Poor overall health</p> <p>Inferior care or longer wait to receive care</p> <p>Increase in dental carries</p> <p>Delay in obtaining oral health care</p> <p>Utilization of dentists outside Hernando County</p> <p>Decrease in new residents</p> <p>Increase in cost for services</p>	
Electronic health records	<p>May be expensive initially</p> <p>High maintenance cost</p> <p>Confidentiality breach</p> <p>Delays and accessibility issues if technology not available</p> <p>Large expense</p> <p>May have to try multiple systems before success</p> <p>Costs will rise</p> <p>Shortage of doctors or clinics</p> <p>Possibility of identity theft if security inadequate</p> <p>Access personal information w/o authorize</p>	<p>Efficiency</p> <p>Potential money savings over the long run</p> <p>A more efficient network to follow patients care</p> <p>Increased efficiency</p> <p>Increased patient safety</p> <p>Faster communication</p> <p>More technologically savvy workforce</p> <p>Will help to avoid repeating tests which will save money and make continuity of care easier</p> <p>Facilitates record keeping and makes transferring records easier between providers</p> <p>Shortage of doctors or clinics</p> <p>Possibility of identity theft if security inadequate</p> <p>Decrease in cost of services</p> <p>Automation of patient records</p> <p>Availability of medical information by another doctor when traveling / out of area</p>
Rising prices of everything (especially healthcare costs)	<p>Citizens may not seek the preventative care that they need which can over the long run increase the incidence of chronic disease</p> <p>People cannot afford to buy</p>	<p>New programs and new ways of thinking will have to be created to accommodate and meet the need of individuals, communities</p> <p>Strengthen community through streamlining services</p>

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
	<p>groceries or buy medications or other necessities</p> <p>Patients falling out of care.</p> <p>Increase on malnutrition, homeless families.</p> <p>Stress levels increase as well</p> <p>Concern for low income that barriers to health care, housing and food</p> <p>Clients cannot afford to take care of their families</p> <p>Decrease in availability of services, out pricing of services (less people can afford services)</p> <p>Increase on budget burdens at facilities</p> <p>Delay in obtaining medical care</p> <p>Increase in chronic diseases</p> <p>Decrease in life expectancy</p>	<p>Increased public assistance programs</p> <p>Possible competitive pricing may result</p> <p>Move out of area</p> <p>Change in family unit (more family members living in same home)</p>
Emerging infectious diseases	<p>Increase in health care costs</p> <p>Shortage of health care workers already – may not have enough trained health care workers to meet the demands of new infectious diseases</p> <p>Greater possibilities of being contaminated</p> <p>Less availability of medicine to treat diseases</p> <p>Overcrowded doctor offices and hospitals</p> <p>Healthcare demand rises beyond supply</p> <p>Shortages in medication</p> <p>Decrease in work force</p> <p>Will antibiotics continue to work?</p> <p>Anxiety</p> <p>Increased costs associated with</p>	<p>Potential for Public Health Leadership</p> <p>More revenue from pharmaceutical companies</p> <p>More revenue for doctors and hospitals</p> <p>Physicians and drug companies make more money</p> <p>Strengthen Public Health Infrastructure</p> <p>Encourages research for a cure</p> <p>Health departments providing care</p> <p>Need for research scientists increased</p>

Table 1. Forces of Change Assessment Results, Hernando County, 2012.

Forces	Threats	Opportunities
	healthcare Increased mortality Spread of diseases Pandemic risk 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 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.

2012 Hernando County Community Health Improvement Plan (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.

2012 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
- Crescent Clinic
- 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 Private Sector Groups
- Other Key Public Sector 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.

2013 Hernando County CHIP Update (Goals, Strategies and Objectives)

Update Overview

The focus of the 2013 update of the Hernando County Community Health Improvement Plan was to bring the plan into alignment with Public Health Accreditation Board standards for community health improvement planning. As such, the update includes the following components:

- An update to the goals, strategies and objectives to make them more consistent with the SMART format; that is the goals and strategies are tied to objectives that are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-sensitive.
- Identification for each strategy of potential key leads and partners for implementation.
- Potential performance indicators (or interim measures of success).
- Alignment of goals and objectives of local plan with state and national priorities.
- Potential policy implications or policy actions that may need to be taken for implementation.

Updated Goals, Strategies and Objectives

Table 2 represents the updates to the goals, objectives and strategies from the initial 2012 CHIP process as well as the addition of performance measures and potential key leads and partners. During the 2013 CHIP update process, the CHIP Steering Committee reformed and has grown to become the Community Health Improvement Planning Partnership (CHIPP). CHIPP activity was heavy since the inception of the CHIP in 2012 as the group multiple times to focus on implementation of strategies throughout 2012-13. The CHIPP has also been instrumental in the 2014 CHIP update as detailed in the next section of this document.

Table 2. Hernando County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
<p>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.</p>	<p>Objective 1.1: The community summit will be held by January 2013.</p> <p>Objective 1.2: By March 2013, the group of community partners convened at the community summit will identify and adopt a formal structure for the collaborative.</p>	<p><u>Strategy 1.A</u> 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.</p>	<ul style="list-style-type: none"> • Chamber-sponsored kick-off meetings held. • Number in attendance. • Number agreed to commit to move forward. 	<ul style="list-style-type: none"> • Hernando County Chamber of Commerce • Hernando County Health Department • Former members of the Hernando County Health Care Advisory Board
	<p>Objective 1.3: By May 2013, the community collaborative will be fully operational.</p>	<p><u>Strategy 1.B</u> 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.</p>	<ul style="list-style-type: none"> • Group formed. • Charter developed. • Number of partners participating. • Meetings scheduled. • Number of meetings held. • Number of projects completed. • Level of implementation of the CHIP. 	<ul style="list-style-type: none"> • 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

Table 2. Hernando County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 2 - Improve and expand central community health services information and referral resources for both consumers and providers.	Objective 2.1: 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.	<u>Strategy 2.A</u> Perform extensive inventory of all community health information and referral resources in Hernando County.	<ul style="list-style-type: none"> List of existing information and referral resources or tools. List of all community health service agencies that should be listed on any existing or to be developed information and referral resources or tools. 	<ul style="list-style-type: none"> Health Improvement Partnership United Way of Hernando County United Way 211 Provider (Hillsborough) Community health service providers
	Objective 2.2: 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.	<u>Strategy 2.B</u> 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.	<ul style="list-style-type: none"> List of current community health service agencies that are in resource databases. List of community health service agencies that need to be in databases. Targeted recruiting list divided among participants of Health Improvement Partnership for recruiting to participate in information and referral system. 	<ul style="list-style-type: none"> Community health service providers United Way of Hernando County United Way 211 Provider (Hillsborough) Health Improvement Partnership
	Objective 2.3: All identified critical community health services will update the major existing community health information and referral resources by August 2013.	<u>Strategy 2.C</u> Increase community awareness (for both consumers and providers) of major existing community health information referral and resources.	<ul style="list-style-type: none"> Number of marketing campaigns or outreach efforts conducted. Number and percent of resident population aware of the information and referral resource. Number and percent of community health service providers aware of information and referral resource. Increasing percent of providers who participate. Increasing number of users or requests for information and referral from system. Increase use of web-based system. 	<ul style="list-style-type: none"> Media United Way of Hernando County United Way 211 Provider (Hillsborough) Health Improvement Partnership Hernando County Chamber of Commerce Local government
	Objective 2.4: 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.			
	Objective 2.5: By September 2013, conduct a comprehensive community education campaign that educates on the community health information and referral resources available in Hernando County and how to use the system.			

2014 Hernando County CHIP Update

Overview of Update Processes

As previously discussed, the focus of the 2013 update of the Hernando County Community Health Improvement Plan was to bring the 2012 plan into alignment with Public Health Accreditation Board standards for community health improvement planning. As such, the 2013 update included the following components:

- An update to the goals, strategies and objectives to make them more consistent with the SMART format; that is the goals and strategies are tied to objectives that are **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-sensitive.
- Identification for each strategy of potential key leads and partners for implementation.
- Potential performance indicators (or interim measures of success).
- Alignment of goals and objectives of local plan with state and national priorities.
- Potential policy implications or policy actions that may need to be taken for implementation.

The 2014 CHIP update represents the first update based on progress made since the inception of the initial plan in 2012. The 2014 CHIP Update processes entailed three (3) critical components:

- CHIP Partnership Meetings
- CHIP Update Survey
- CHIP Update Focus Group

The input from each of these three critical components will be briefly summarized below.

CHIP Partnership Meetings

No fewer than six meetings of the Hernando Community Health Improvement Planning Partnership (CHIPP) or its Executive Committee were called in order to facilitate the review the community's performance of the implementation of the original 2012 CHIP and to develop the 2014 CHIP update. Each of these meetings is listed below along with key activities at or leading up to each meeting that contributed to the development of the 2014 CHIP update.

- August 27, 2013 – Full CHIPP Meeting
 - Progress reports on United Way 2-1-1 system support initiative.
 - Discussion on ongoing priority issues not addressed in original 2012 CHIP.
 - Mental health discussed as one of the most critical health issues in Hernando County.
- November 26, 2013 – Full CHIPP Meeting
 - Formal structure of the CHIPP finally established.
 - Additional discussions on priority issues.
 - Obesity discussed as an emerging issue of focus for the Florida Department of Health and its Surgeon General.
- January 28, 2014 – CHIPP Executive Committee Meeting
 - Report on state funding availability for implementation of CHIP in communities.
 - Discussion of potentially funded projects focused on nutrition, healthy weight and mental health issues.
- February 25, 2014 – Full CHIPP Meeting
 - Discussion on submission of work plan to state for funding available for implementation of CHIP priorities.

- Healthy weight and diabetes issues formally recommended for work plan and to be included in next CHIP update (2014).
- Mental health also mentioned as priority again but not included in funded workplan request.
- May 27, 2014 – Full CHIPP Meeting
 - Review of 2014 county health rankings.
 - Review of CHIP update survey conducted by WellFlorida Council (see Appendix).
 - Discussions on priority issues (in regular meeting and ensuing focus group).
 - Formal adoption of five goal areas for 2014 CHIP update:
 - Enhance and expand CHIPP participation (with focus altered to account for progress to date)
 - Enhance and expand use of United Way 2-1-1 system for local public health system and safety net referrals (with focus altered to account for progress to date)
 - Healthy weight for residents
 - Diabetes education
 - Facilitation of mental health summit
 - Authorized Executive Committee to meet to review/approve draft 2014 CHIP update.
- June 30, 2014 – Executive Committee Meeting
 - Review of 2014 CHIP update draft
 - Approval of 2014 CHIP update draft

2014 CHIP Update Survey

In order to facilitate discussion on progress made on the initial 2012 CHIP and the current priorities that may need to be included in the 2014 CHIP update, WellFlorida Council, the local health council serving Hernando County, designed and implemented a survey. This survey was distributed to nearly 100 individuals representing various partners in the local public health system that had participated in both CHA and CHIP activities during the past two years in Hernando County.

The full survey and all results can be seen in the Appendix; however, the key insights derived from the survey that most influenced discussion included the following:

- More than 75% of the respondents indicated that they believed the original Goal 1 of forming some sort of community partnership around health issues in Hernando County had been successfully implemented. This resulted in altering Goal 1 for the 2014 CHIP update to reflect enhancement and expansion of participation rather than initial development of the partnership.
- More than 75% of the respondents indicated that there was only very limited to some progress in achieving Goal 2, which was to improve and expand central community health services information and referral resources for both consumers and providers. Thus, this goal was largely preserved in the 2014 CHIP update with a continued focus on the United Way's 2-1-1 system.
- The vast majority of respondents (nearly 70% or more for both) indicated that lack of mental health services, especially for the low income, and obesity driving chronic diseases were more important now than when the CHA and CHIP processes were initiated in 2011-12.
- For the following issues, more than 60% of respondents scored the following issues an 8 or higher on a scale of 1 to 10 with 1 being not critical and 10 being most critical:
 - Obesity driving chronic diseases
 - Lack of diabetes education and other chronic disease self-management

- Lack of mental health services, especially for the low income population
- Lack of transportation
- Uncertainty of healthcare financing

These survey results along with regular and ongoing discussion during the CHIPP meetings largely resulted in healthy weight; diabetes education and mental health being added as key goal areas in the 2014 CHIP update.

CHIP Update Focus Group

While the CHIP Update was highly informative and discussion surrounding ultimately led to the selection of new priorities, a focus groups was held to reinforce the selection of the new goals, objectives and strategies for the 2014 update as well as to discuss some details for potential implementation of the key activities.

The results of these discussions are embedded throughout Tables 3, 4 and 5. However, Figure 1 does show the focus group questions instrument utilized to generate discussions during the focus group.

Figure 1. 2014 Hernando County CHIP Update Focus Group Questions.

**Hernando County Community Health Improvement Plan Update Questions
May 2014**

Prior to preparing yourself for the discussion session, please review the excerpts from the Hernando County Community Health Improvement Plan or keep handy when reviewing these questions.

1. How has the relevancy for the two Goal areas in the current CHIP changed? Are these goals more or less relevant than they were when they were identified as the major goals for the CHIP?
2. What are your thoughts on the community's progress on each of the key CHIP goals? How adequately have the strategies been addresses or achieved?
3. What are some other potential priorities that the community may want to consider? Are these priorities predominantly being generated by internal community need or are they being generated predominantly by forces and factors external to Hernando County?

Here is a list of other priorities that ranked highly during CHIP issue prioritization in 2012-13:

- Obesity driving chronic diseases.
- Lack of diabetes education and other chronic disease self-management.
- Lack of transportation.
- Uncertainty of healthcare financing.
- Lack of mental health services, especially for low income.
- Limited dental care access, especially for low income.
- Lack of specialty care for Medicaid and the uninsured.
- Inappropriate utilization of emergency rooms as a primary care source.
- Physician discontent with pace of changes in healthcare.
- The ratios of licensed physicians and dentists to residents are lower than state averages.
- Black resident mortality rates are substantially higher than those of white residents.
- Lack of county government funding to help support local health priorities.

Figure 1. 2014 Hernando County CHIP Update Focus Group Questions.

- Navigating the complex healthcare system is a challenge for all, especially for those with less education.
 - Overall apathy to addressing healthcare issues due to sense of issues being overwhelming.
 - Tobacco and smoking related illnesses.
4. How well do you feel the community is aware of or understands the CHIP? In what ways do you feel we could improve community awareness of the CHIP?
 5. In what ways do you feel the CHIP has impacted the community?
 6. Now I will ask some questions specific to certain issues and potential strategies and projects to address these issues:
 - a. To what extent do you believe the lack of nutrition education throughout the community affects obesity issues?
 - b. In what ways do you believe a technology-supported, community-based professional nutrition education would affect the community?
 - c. What critical resources and partnerships would need to be mobilized to create a technology-supported, community-based nutrition education program in Hernando County?
 - d. What would the role be for the CHIP Partnership in this program?
 - e. To what extent do you believe diabetes is a problem in Hernando County?
 - f. In what ways and how well do you believe community-based diabetes self-management education would address diabetes in Hernando County?
 - g. What resources and partnerships would need to be mobilized to create a community-based diabetes self-management education program in Hernando County?
 - h. What would the role of the CHIP Partnership be in this program?
 7. Has the CHIP Partnership sufficiently addressed the two goals in the current CHIP such that it can move on to additional goals? Why or why not? Should one or more of the current goals be dropped and other goals added or should other goals just be added to the two existing goals?
 8. What is (are) the most important issue(s) in Hernando County that the CHIP Partnership should address?
 9. Given the fact obesity is an epidemic causing much of the US, Florida and Hernando County's chronic disease burden, in what ways should the CHIP Partnership be involved in tackling obesity issues in Hernando County?

Updated Goals, Strategies and Objectives

Table 3 represents the updates to the goals, objectives and strategies from the 2014 CHIP update processes as detailed above. Additional sections also address the 2014 CHIP update's alignment with state and national policies as well as potential policy changes required for implementation of 2014 CHIP update strategies.

Table 3. Hernando County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2014 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
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.	Objective 1.1: By June 30, 2015, representatives from at least thirty (30) distinct community-based organizations, facilities or agencies will regularly attend the Hernando County Community Health Improvement Planning Partnership (CHIPP).	<u>Strategy 1.A</u> Implement a peer recruitment strategy whereby existing members are assigned targeted groups to recruit for membership on the CHIPP.	<ul style="list-style-type: none"> Number of CHIPP dues-paying members. Number of CHIPP members who attend at least 50% of the regularly scheduled meetings. Number of regularly scheduled meetings where there is a quorum to conduct official business (or a sufficient number of attendees for the meeting to be productive). 	<ul style="list-style-type: none"> Hernando CHIPP members Other agencies, facilities and organizations that have been identified as critical to the local public health system that are not yet CHIPP participants
	Objective 1.2: By June 30, 2015, the Hernando CHIPP will become a private, not-for-profit 501c-3 entity.	Objective 1.3: By June 30, 2015, complete a sustainability or business plan to identify ways and means to secure ongoing administrative support for the CHIPP.	<u>Strategy 1.B</u> Utilize volunteer support among current CHIPP members and their business contacts to process the 501c-3 application and to assist in the development of a sustainability or business plan.	<ul style="list-style-type: none"> IRS letter of 501c-3 determination acquired. Sustainability or business plan completed.
GOAL 2 - Expand and enhance central community health services information and referral resources for both consumers and providers, focusing on the existing United Way 2-1-1 system.	Objective 2.1: By June 30, 2015, at least 90% of all critically identified local public health system resources will have their updated information uploaded into the United Way's 2-1-1 system.	<u>Strategy 2.A</u> Create an educational campaign targeted at providers that promotes the importance of participating in the United Way 2-1-1 system and implement a peer recruitment strategy whereby CHIPP members are assigned targeted entities to recruit to update and maintain their information in the 2-1-1 system in conjunction with a regular mailout or email reminder message.	<ul style="list-style-type: none"> Number of local public health system or safety net providers listed in the 2-1-1 database. Percentage of local public health system or safety net providers listed in the 2-1-1 database. Number and percentage of providers who regularly update or review their information (at least annually) in the 2-1-1 database. Numbers of persons who received a referral to a local public health system or safety net partner. 	<ul style="list-style-type: none"> Community health service providers United Way of Hernando County United Way 2-1-1 Provider (Hillsborough) Health Improvement Partnership Residents
	Objective 2.2: By June 30, 2015, develop and conduct a comprehensive community education campaign that can be utilized in an ongoing fashion to educate the community on how the United Way's 2-1-1 system can be used to find information on health resources available in Hernando County.	<u>Strategy 2.B</u> Create a uniform educational message that can be distributed by all local public health system partners to their clients and through existing governmental or social services information and referral networks.	<ul style="list-style-type: none"> Numbers of persons who received a referral to a local public health system or safety net partner. Number of calls to the United Way 2-1-1 in need of a local public health system or safety net referral. 	<ul style="list-style-type: none"> Community health service providers United Way of Hernando County United Way 2-1-1 Provider (Hillsborough) Health Improvement Partnership Residents

Table 3. Hernando County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2014 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
			<ul style="list-style-type: none"> Numbers of persons who cited the uniform educational message as the reason they called the 2-1-1 system for a referral to a local public health system or safety net resource. 	
GOAL 3 – Increase the number of Hernando County residents living at their healthy weight.	Objective 3.1: By February 2015, the Department of Health in Hernando County in cooperation with community partners will implement a technology-supported professional nutrition education program that promotes healthy behaviors and impacts health outcomes such as obtaining a healthy weight at three local public libraries.	<p><u>Strategy 3.A</u> Develop or enhance existing technology-supported professional nutrition education systems, utilizing Community Health Improvement funding, for deployment into local settings, focusing on the county library system, that are readily accessible by Hernando County residents including:</p> <ul style="list-style-type: none"> Collaborate with partner agencies to implement an initiative that promotes healthy weight related behaviors. Garner support from the local CHIPP. Solicit partnership with the county library system. Create workplan. Create nutritional professional job description. Recruit nutritional professional. 	<ul style="list-style-type: none"> Number of nutrition education courses held/taught. Number of persons enrolled in nutrition education course or programs. Number of persons who successfully complete a course, class or program in nutritional education. Number of persons who achieve a healthy weight. Percentage of Hernando County population that achieves a healthy weight. Percentage of residents eating recommended portions of fruits and vegetables (from BRFSS). 	<ul style="list-style-type: none"> Hernando County Health Department Hernando County Library System Hernando County CHIPP Technology consultants
GOAL 4 – Reduce diabetes morbidity and mortality in Hernando County.	Objective 4.1: By February 2015, increase the percentage of Hernando County adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 43.2% to 47.0%.	<p><u>Strategy 4.A</u> Utilize an integrated community partnership to increase diabetes education and self-management education available in Hernando County including:</p> <ul style="list-style-type: none"> Promote diabetes self-management education to area residents and visitors. Garner support of local CHIPP. Work with Hernando Diabetes Alliance to establish an affordable plan that will reach the greatest number of residents on a consistent basis. Work with graphic designer/social media specialist to design promotional materials including establishing a 	<ul style="list-style-type: none"> Number of diabetes self-management education providers participating. Number of diabetes self-management education courses held/taught. Number of persons enrolled in diabetes self-management education course or programs. Number of persons who successfully complete a course, class or program in diabetes self-management education. Reduction in diabetes-related avoidable hospitalizations and physician visits among 	<ul style="list-style-type: none"> Hernando Diabetes Alliance Hernando County Health Department Physicians (for referrals to program) Persons or Family Members of Persons with Diabetes Providers of Diabetes Self-Management Education Classes, Courses and Programs Hernando County CHIPP Hospitals

Table 3. Hernando County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2014 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
		<p>means by which to evaluate the effectiveness of the media used.</p> <ul style="list-style-type: none"> Assess progress monthly and make modifications as needed. 	those who participate in diabetes self-management education classes, courses or programs.	
GOAL 5 – Increase the awareness of mental health issues and reduce the stigma of mental illness in Hernando County.	Objective 5.1: By June 30, 2015, the Hernando County Community Health Improvement Planning Partnership will facilitate the development of a comprehensive community Mental Health Summit.	<u>Strategy 5.A</u> Hold a comprehensive community Mental Health Summit that presents the pressing individual and systemic mental health issues in Hernando County; addresses community issues on the stigma of mental health; and prescribes community-based approaches to addressing the most pressing issues.	<ul style="list-style-type: none"> Number of Summit attendees. Number of persons with mental illness or whose families are affected by mental illness who attend. Number of mental health agencies/organizations that attend. Report on the proceedings of the Summit. Number of community-based systemic, programmatic or policy changes derived from the proceedings of the Summit. 	<ul style="list-style-type: none"> Hernando County CHIPP Mental health providers NAMI and other mental health advocacy groups Persons with mental illness Families of persons with mental illness Hospitals Law enforcement Department of Children and Families Veterans organizations Senior organizations Key private sector groups Key public sector groups

Alignment with State and National Priorities

The 2014 Hernando County Community Health Improvement Plan Update has been reviewed for alignment with the following state and national guidelines:

- Florida State Health Improvement Plan 2012-2015 (April 2012) from the Florida Department of Health
- Healthy People 2020 from the United States Department of Health and Human Services
- National Prevention Strategy – America’s Plan for Better Health and Wellness (June 2011) from the National Prevention Council

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment. Table 4 summarizes where the 2013 Hernando County CHIP Update objectives align with the various state and national standards.

Table 4. Hernando County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
<i>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.</i>			
Objective 1.1: By June 30, 2015, representatives from at least thirty (30) distinct community-based organizations, facilities or agencies will regularly attend the Hernando County Community Health Improvement Planning Partnership (CHIPP).	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 1.2: By June 30, 2015, the Hernando CHIPP will become a private, not-for-profit 501c-3 entity.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 1.3: By June 30, 2015, complete a sustainability or business plan to identify ways and means to secure ongoing administrative support for the CHIPP.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
<i>GOAL 2 - Expand and enhance central community health services information and referral resources for both consumers and providers, focusing on the existing United Way 2-1-1 system.</i>			
Objective 2.1: By June 30, 2015, at least 90% of all critically identified local public health system resources will have their updated information uploaded into the United Way's 2-1-1 system.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 2.2: By June 30, 2015, develop and conduct a comprehensive community education campaign that can be utilized in an ongoing fashion to educate the	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8;	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

Table 4. Hernando County CHIP Alignment with Healthy People 2020 (HP2020), Florida State Health Improvement Plan (FSHIP) and National Prevention Strategy (NPS).

Objective	HP2020	FSHIP	NPS
community on how the United Way's 2-1-1 system can be used to find information on health resources available in Hernando County.	HC/HIT-9; HC/HIT-13		
GOAL 3 – Increase the number of Hernando County residents living at their healthy weight.			
Objective 3.1: By February 2015, the Department of Health in Hernando County in cooperation with community partners will implement a technology-supported professional nutrition education program that promotes healthy behaviors and impacts health outcomes such as obtaining a healthy weight at three local public libraries.	Topic Area: Nutrition and Weight Status: Objective(s): NWS-8; NWS-9; NWS-10; NWS-11; NWS-14; NWS-15; NWS-16; NWS-17	Strategic Issue Area: Chronic Disease Prevention Goals CD1, Pg. 14; CD2, Pg. 15	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22
GOAL 4 – Reduce diabetes morbidity and mortality in Hernando County.			
Objective 4.1: By February 2015, increase the percentage of Hernando County adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 43.2% to 47.0%.	Topic Area: Diabetes Objective(s): D-2; D-3; D-5; D-6; D-13; D-14	Strategic Issue Area: Chronic Disease Prevention Goals: CD3 (CD3.1), Pg. 16	Strategic Direction(s): Clinical and Community Preventive Services, Pg. 18; Empowered People, Pg. 22; Priorities: Healthy Eating, Pg. 34
GOAL 5 – Increase the awareness of mental health issues and reduce the stigma of mental illness in Hernando County.			
Objective 5.1: By June 30, 2015, the Hernando County Community Health Improvement Planning Partnership will facilitate the development of a comprehensive community Mental Health Summit.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

Potential Policy Implications

Community health improvement activities and initiatives require both a mix of policy and non-policy changes to accomplish objectives. The Public Health Accreditation Board standards encourage communities to closely review their CHIP objectives and to determine possible policy changes that may need to be made in order to facilitate reaching the desired measurable objective. Table 5 catalogs for each objective in the 2014 Hernando County Community Health Improvement Plan Update the policy changes that may be required or should be considered in order to achieve the objective.

Table 5. Potential policy changes required to achieve objectives of Hernando County CHIP.

Objective	Potential Policy Change
<i>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.</i>	
Objective 1.1: By June 30, 2015, representatives from at least thirty (30) distinct community-based organizations, facilities or agencies will regularly attend the Hernando County Community Health Improvement Planning Partnership (CHIPP).	<ul style="list-style-type: none"> • Limited policy changes needed aside from policies of individual agencies to decide to send or allow representation of their agencies on the CHIPP.
Objective 1.2: By June 30, 2015, the Hernando CHIPP will become a private, not-for-profit 501c-3 entity.	<ul style="list-style-type: none"> • Articles of Incorporation needed. • More formal executive leadership may be required. • Voting and consensus-building measures policies will have to be formalized.
Objective 1.3: By June 30, 2015, complete a sustainability or business plan to identify ways and means to secure ongoing administrative support for the CHIPP.	<ul style="list-style-type: none"> • Limited policy changes needed.
<i>GOAL 2 - Improve and expand central community health services information and referral resources for both consumers and providers.</i>	
Objective 2.1: By June 30, 2015, at least 90% of all critically identified local public health system resources will have their updated information uploaded into the United Way's 2-1-1 system.	<ul style="list-style-type: none"> • Internal policies of individual agencies may need to be changed to allow for full participation in these systems and tools. • Local government policies for marketing health and social services may need to be changed to allow for enhanced participation by local government in this system. • United Way policies may need to be changed to encourage as much participation as possible by community health agencies. • Individual agencies will have to change their policies and procedures for participating in information and referral systems such as United Way 2-1-1. • Health Improvement Planning Partnership will need to have policies or memoranda of agreement in place that will allow for peer recruiting or mentoring to ensure that all services enroll and continue to update their information within the information and referral tools.
Objective 2.2: By June 30, 2015, develop and conduct a comprehensive community education campaign that can be utilized in an ongoing fashion to educate the community on how the United Way's 2-1-1 system can be used to find information on health resources available in Hernando County.	<ul style="list-style-type: none"> • Among participating (and potentially competing agencies), internal policies will have to be developed to the extent of message development, sharing and communication regarding use of the resources and tools. • In order to support long-term, reimbursement policies of third-party health insurance providers may have to change. • Policies regarding to what extent United Way will allow or control how outside parties to market its resource (for the good of the community) may need to be addressed.

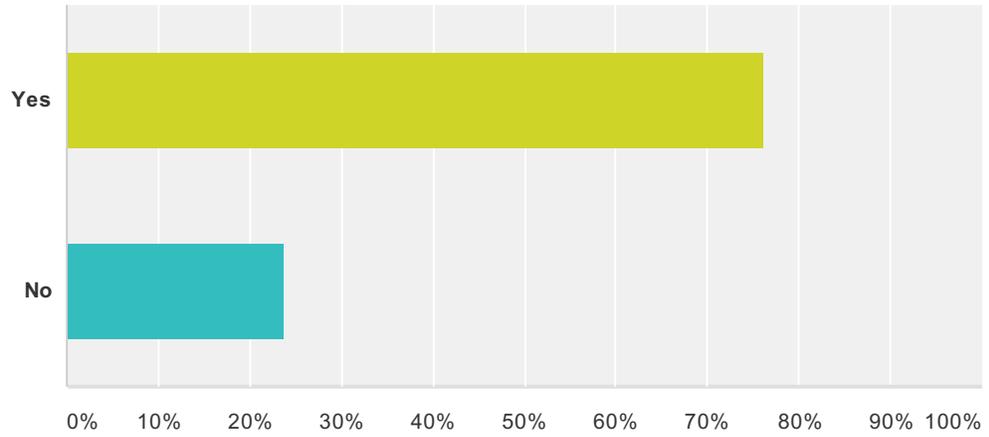
Table 5. Potential policy changes required to achieve objectives of Hernando County CHIP.

Objective	Potential Policy Change
GOAL 3 – Increase the number of Hernando County residents living at their healthy weight.	
Objective 3.1: By February 2015, the Department of Health in Hernando County in cooperation with community partners will implement a technology-supported professional nutrition education program that promotes healthy behaviors and impacts health outcomes such as obtaining a healthy weight at three local public libraries.	<ul style="list-style-type: none"> • Policies of local sites and partners may have to be altered to allow for participation from outside parties. • Memoranda of agreement from potentially competing partners will have to be secured.
GOAL 4 – Reduce diabetes morbidity and mortality in Hernando County.	
Objective 4.1: By February 2015, increase the percentage of Hernando County adults with diagnosed diabetes that have ever taken a course or class in how to manage their diabetes from 43.2% to 47.0%.	<ul style="list-style-type: none"> • Referral protocols may have to be changed for providers that may refer persons to such a service. • In order to support long-term, reimbursement policies of third-party health insurance providers may have to change. • Memoranda of agreement from potentially competing partners will have to be secured.
GOAL 5 – Increase the awareness of mental health issues and reduce the stigma of mental illness in Hernando County.	
Objective 5.1: By June 30, 2015, the Hernando County Community Health Improvement Planning Partnership will facilitate the development of a comprehensive community Mental Health Summit.	<ul style="list-style-type: none"> • To facilitate the Summit, limited if any policy changes would be required. • To implement recommendations of Summit, required policy changes could be vast.

Appendix

Q1 Are you currently a member of the Hernando County Community Health Improvement Plan Partnership?

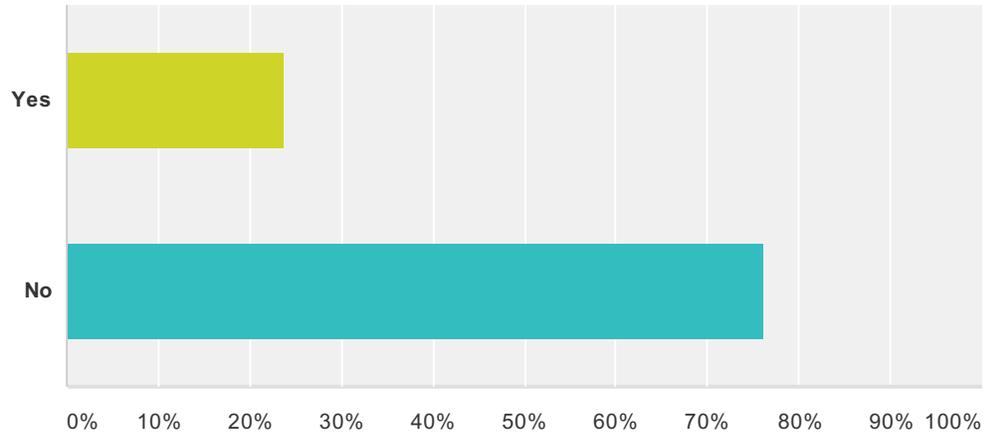
Answered: 21 Skipped: 0



Answer Choices	Responses	
Yes	76.19%	16
No	23.81%	5
Total		21

Q2 Are you currently a member of the Board of Directors of the Nature Coast Community Health Center?

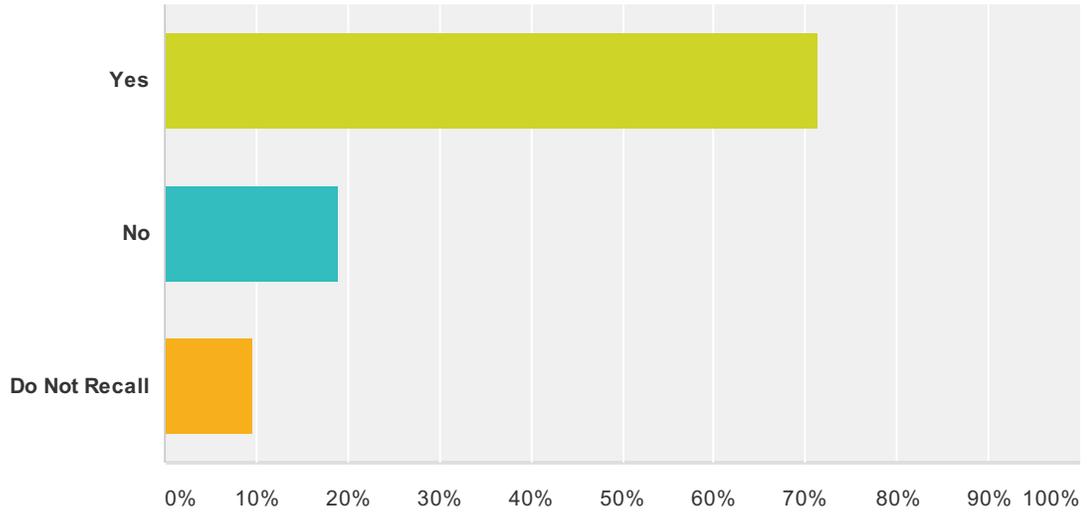
Answered: 21 Skipped: 0



Answer Choices	Responses	
Yes	23.81%	5
No	76.19%	16
Total		21

Q3 In 2012-2013, did you participate in any community forums, focus groups or surveys as part of the development of the Hernando County Community Health Assessment and/or the Community Health Improvement Plan?

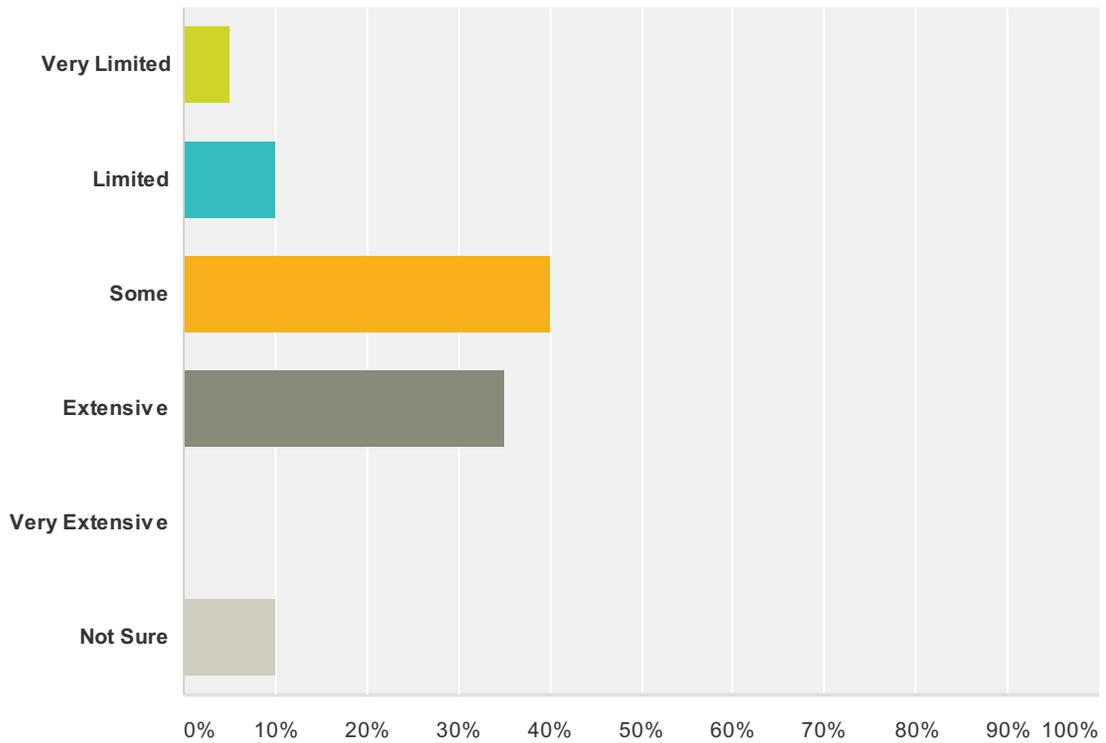
Answered: 21 Skipped: 0



Answer Choices	Responses	
Yes	71.43%	15
No	19.05%	4
Do Not Recall	9.52%	2
Total		21

Q4 Please read GOAL 1 below from the CHIP. 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. As of today, how would your rate the extent to which GOAL 1 has been achieved (choose only one)?

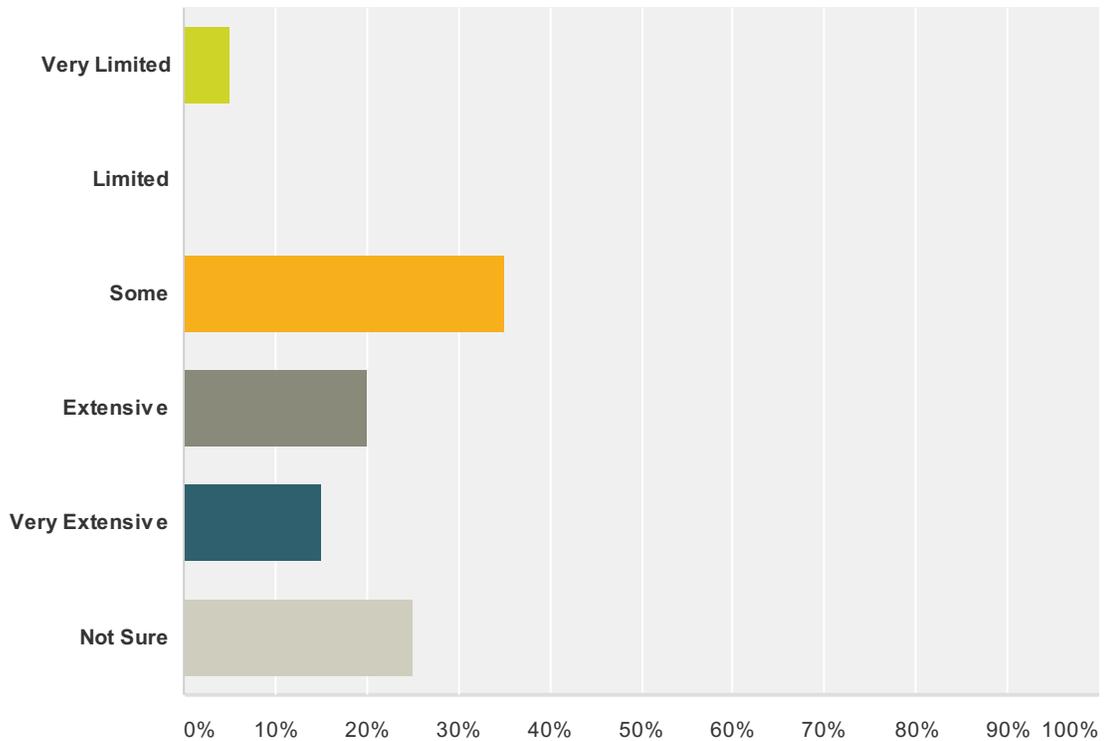
Answered: 20 Skipped: 1



Answer Choices	Responses	Count
Very Limited	5.00%	1
Limited	10.00%	2
Some	40.00%	8
Extensive	35.00%	7
Very Extensive	0.00%	0
Not Sure	10.00%	2
Total		20

Q5 Please read Strategy 1.1 (related to GOAL 1) and its objective(s) below. 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 workshop 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. Objective 1.1.1: The community workshop will be held by January 2013. As of today, how would your rate the extent to which Strategy 1.1 (for GOAL 1) has been achieved (choose only one)?

Answered: 20 Skipped: 1



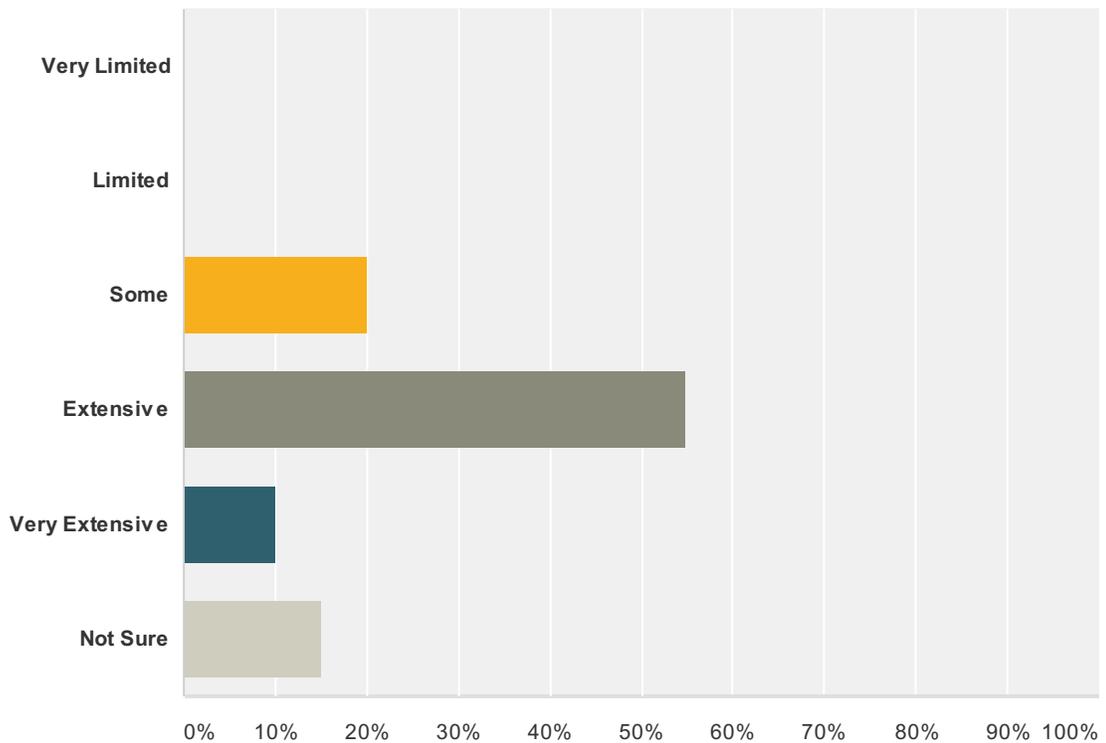
Answer Choices	Responses
Very Limited	5.00% 1
Limited	0.00% 0

2014 Hernando County CHIP Update Survey

Some	35.00%	7
Extensive	20.00%	4
Very Extensive	15.00%	3
Not Sure	25.00%	5
Total		20

**Q6 Please read Strategy 1.2 (related to GOAL 1) and its objective(s) below.
 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 workshop will identify and adopt a formal structure for the collaborative. Objective 1.2.2: By May 2013, the community collaborative will be fully operational. As of today, how would you rate the extent to which Strategy 1.2 (for GOAL 1) has been achieved (choose only one)?**

Answered: 20 Skipped: 1



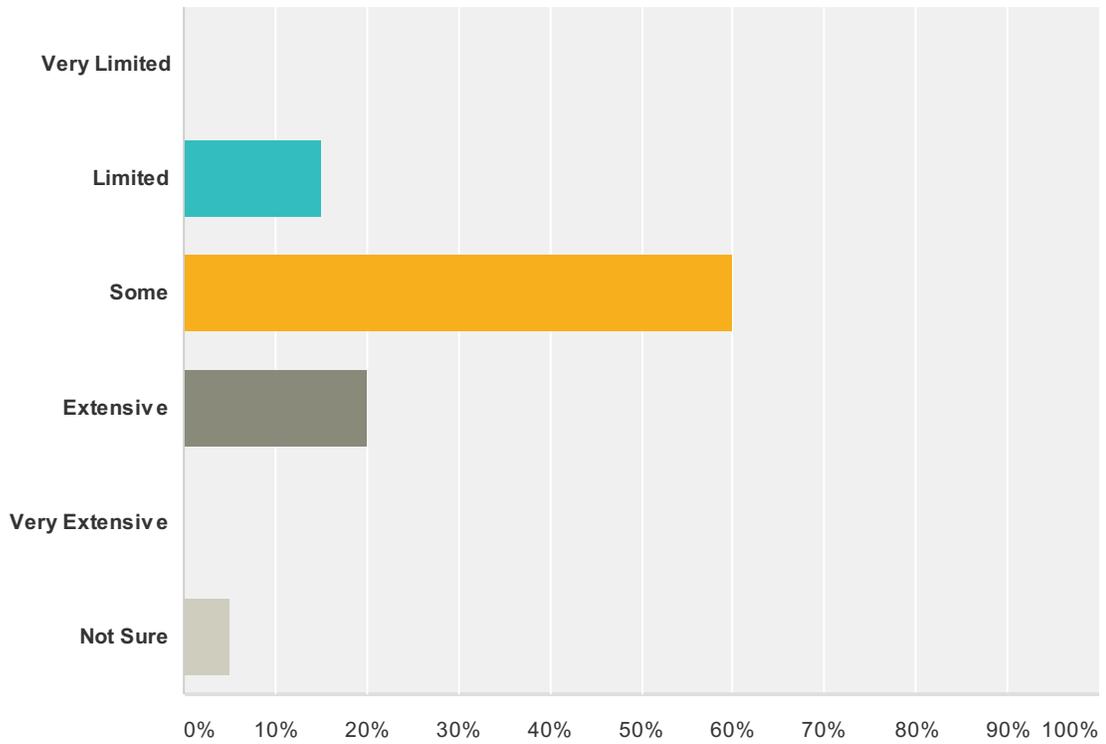
Answer Choices	Responses
Very Limited	0.00% 0
Limited	0.00% 0

2014 Hernando County CHIP Update Survey

Some	20.00%	4
Extensive	55.00%	11
Very Extensive	10.00%	2
Not Sure	15.00%	3
Total		20

Q7 Please read GOAL 2 below from the CHIP. GOAL 2 Improve and expand central community health services information and referral resources for both consumers and providers. As of today, how would you rate the extent to which GOAL 2 has been achieved (choose only one)?

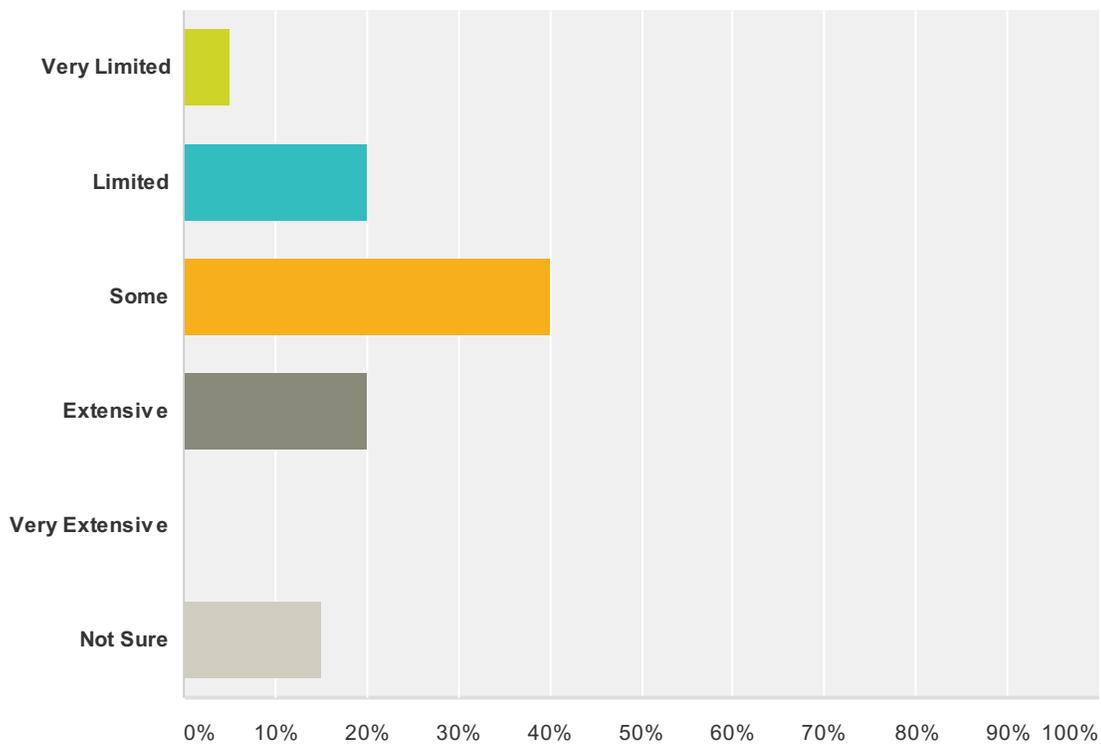
Answered: 20 Skipped: 1



Answer Choices	Responses
Very Limited	0.00% 0
Limited	15.00% 3
Some	60.00% 12
Extensive	20.00% 4
Very Extensive	0.00% 0
Not Sure	5.00% 1
Total	20

**Q8 Please read Strategy 2.1 (related to GOAL 2) and its objective(s) below.
 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. As of today, how would you rate the extent to which Strategy 2.1 (for GOAL 2) has been achieved (choose only one)?**

Answered: 20 Skipped: 1



Answer Choices	Responses	Count
Very Limited	5.00%	1
Limited	20.00%	4
Some	40.00%	8
Extensive	20.00%	4
Very Extensive	0.00%	0

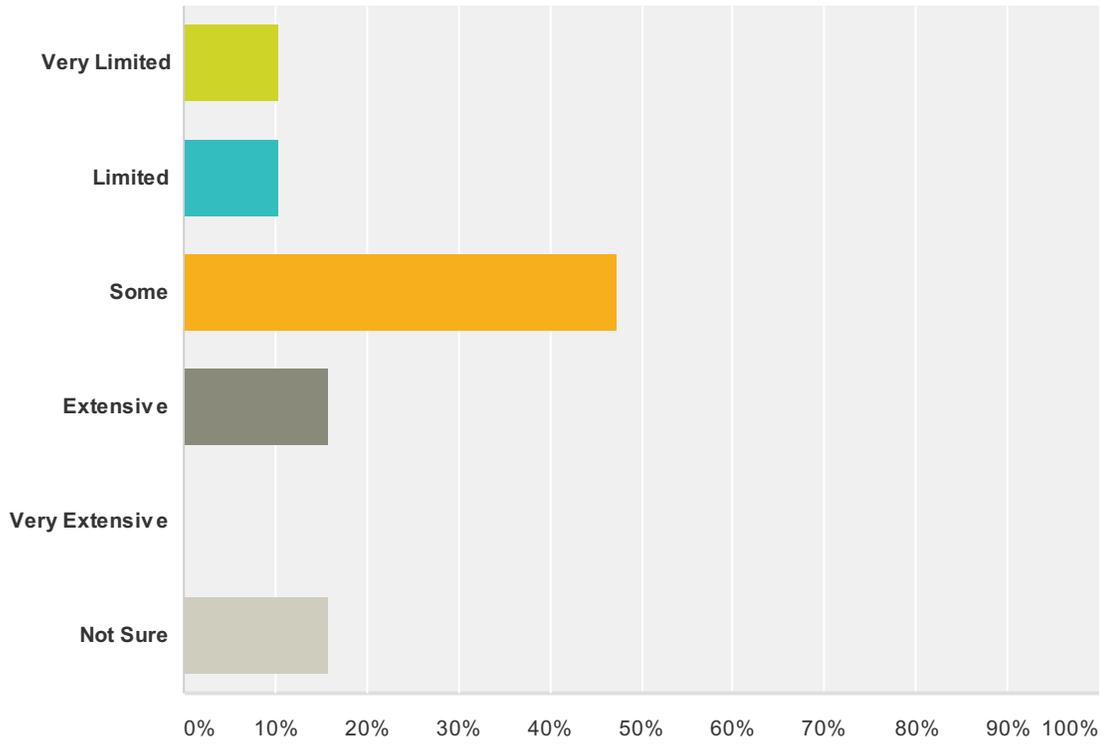
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Not Sure	15.00%	3
Total		20

Q9 Please read Strategy 2.2 (related to GOAL 2) and its objective(s) below. 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. As of today, how would you rate the extent to which Strategy 2.2 (for GOAL 2) has been achieved (choose only one)?

Answered: 19 Skipped: 2

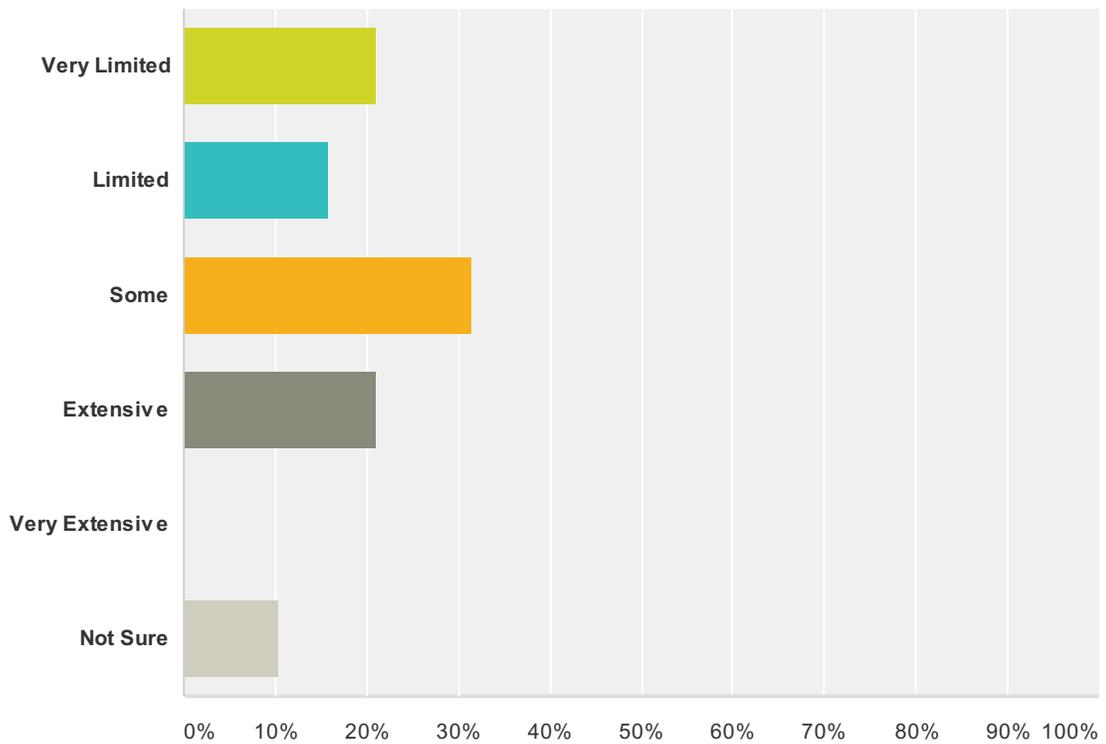
2014 Hernando County CHIP Update Survey



Answer Choices	Responses	
Very Limited	10.53%	2
Limited	10.53%	2
Some	47.37%	9
Extensive	15.79%	3
Very Extensive	0.00%	0
Not Sure	15.79%	3
Total		19

**Q10 Please read Strategy 2.3 (related to GOAL 2) and its objective(s) below.
 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. As of today, how would your rate the extent to which Strategy 2.3 (for GOAL 2) has been achieved (choose only one)?**

Answered: 19 Skipped: 2



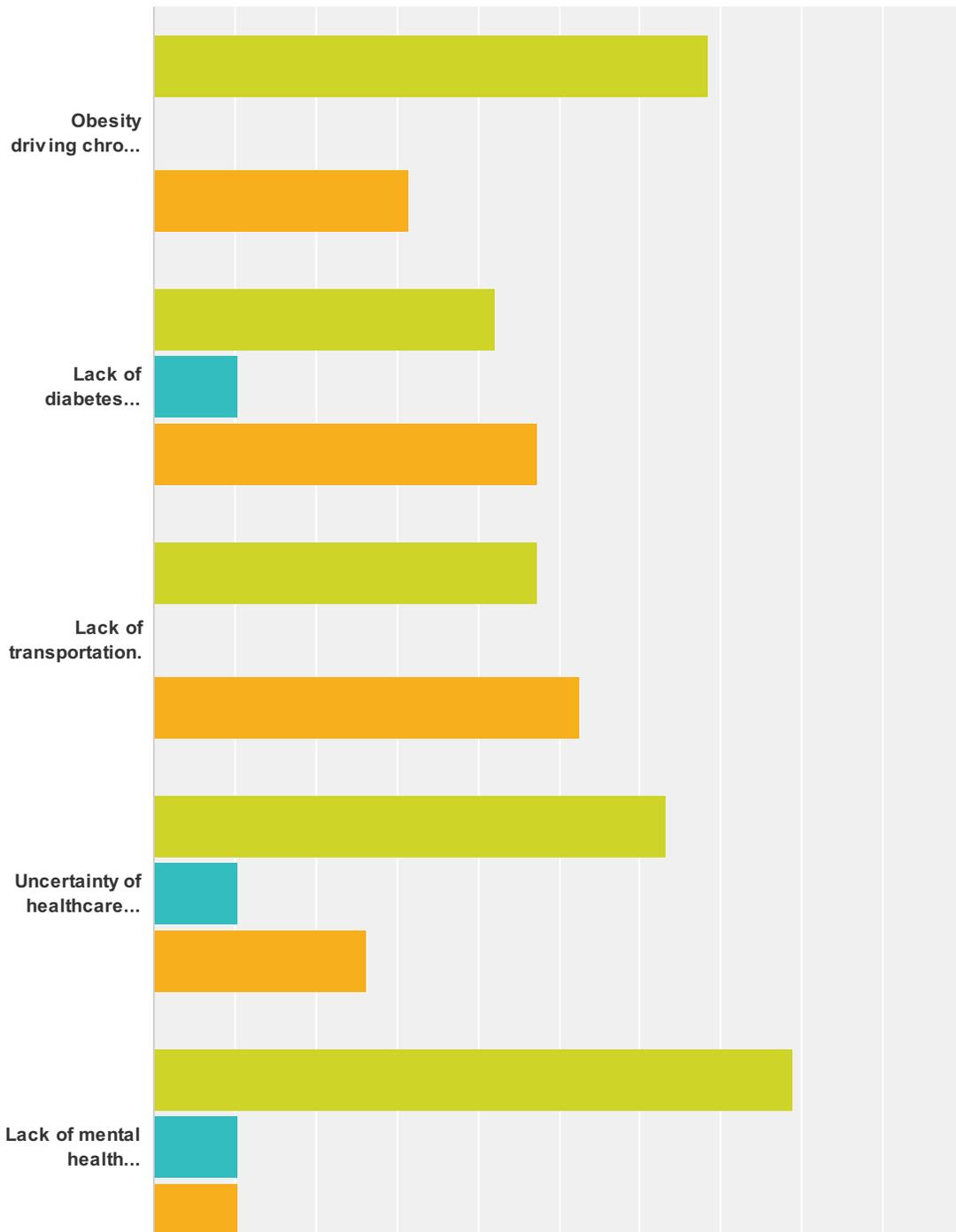
Answer Choices	Responses
Very Limited	21.05% 4
Limited	15.79% 3
Some	31.58% 6
Extensive	21.05% 4

2014 Hernando County CHIP Update Survey

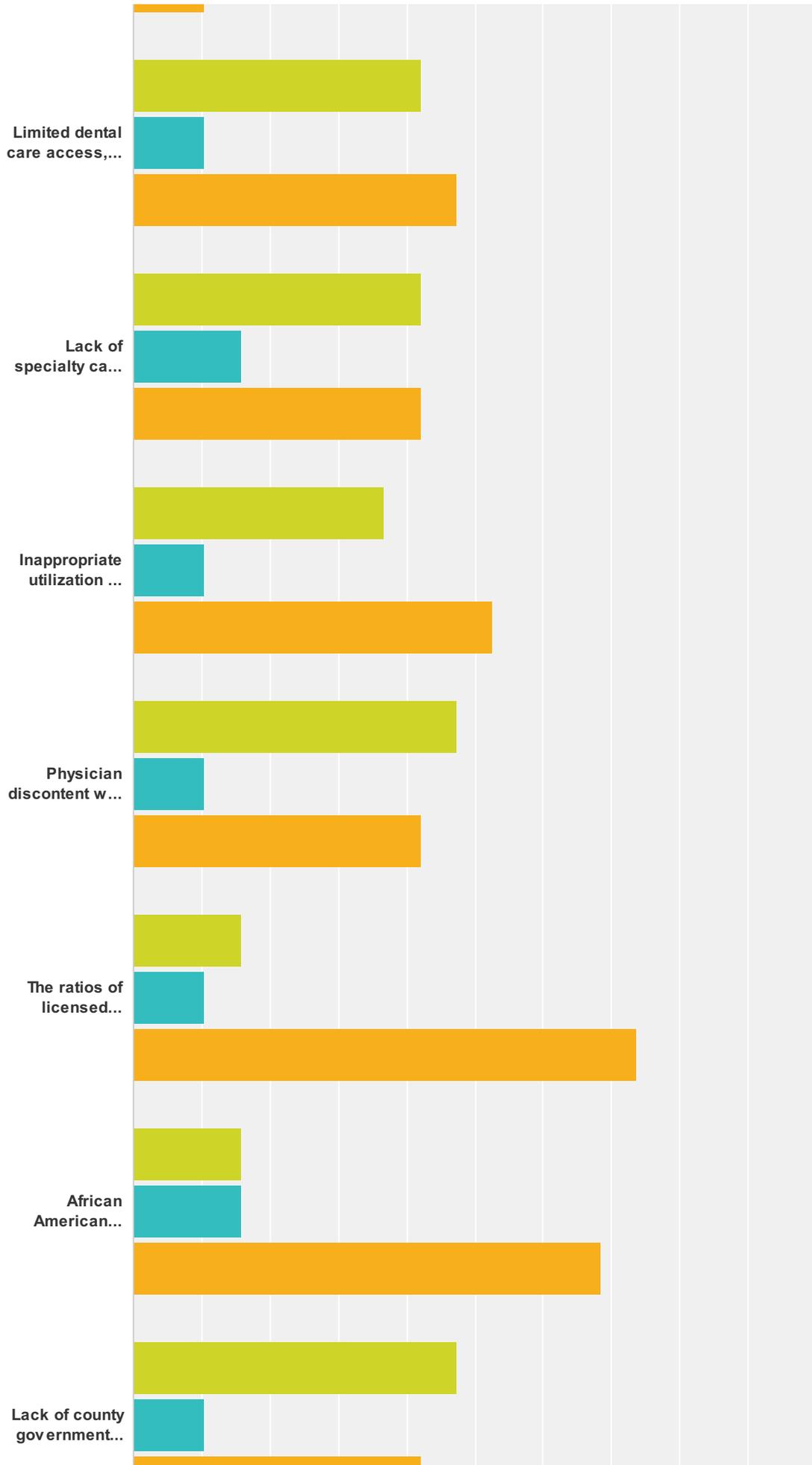
Very Extensive	0.00%	0
Not Sure	10.53%	2
Total		19

Q11 Now we would like your opinion on some key health issues in Hernando County that were identified during Community Health Assessment and Community Health Improvement Planning studies over the last two years. For each issue, please indicate whether over the past year the issue has become more important, less important or stayed the same in Hernando County.

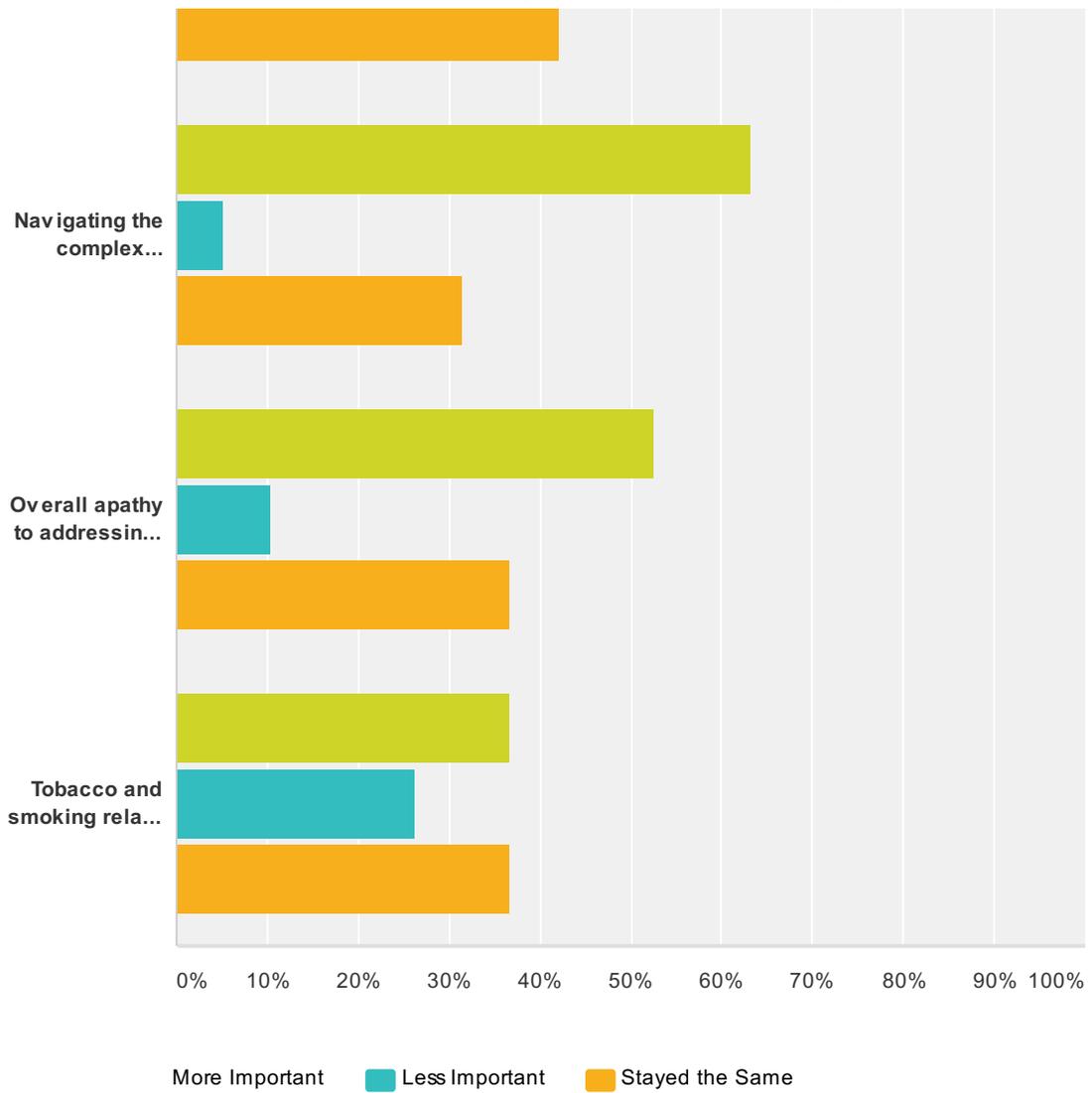
Answered: 19 Skipped: 2



2014 Hernando County CHIP Update Survey



2014 Hernando County CHIP Update Survey



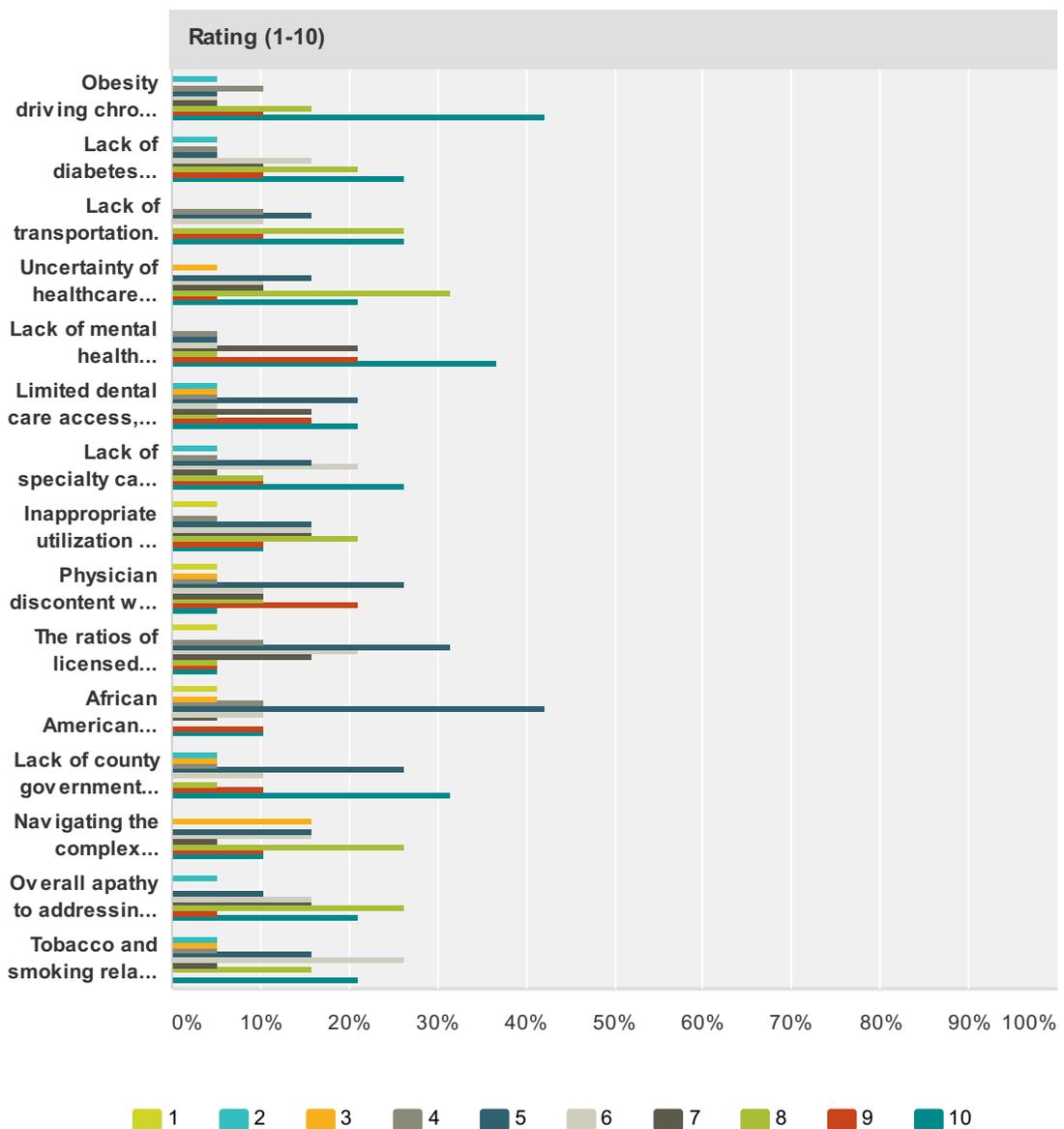
	More Important	Less Important	Stayed the Same	Total
Obesity driving chronic diseases.	68.42% 13	0.00% 0	31.58% 6	19
Lack of diabetes education and other chronic disease self-management.	42.11% 8	10.53% 2	47.37% 9	19
Lack of transportation.	47.37% 9	0.00% 0	52.63% 10	19
Uncertainty of healthcare financing.	63.16% 12	10.53% 2	26.32% 5	19
Lack of mental health services, especially for low income.	78.95% 15	10.53% 2	10.53% 2	19
Limited dental care access, especially for low income.	42.11% 8	10.53% 2	47.37% 9	19
Lack of specialty care for Medicaid and the uninsured.	42.11% 8	15.79% 3	42.11% 8	19
Inappropriate utilization of emergency rooms as a primary care source.	36.84% 7	10.53% 2	52.63% 10	19
Physician discontent with pace of changes in healthcare	47.37%	10.53%	42.11%	

2014 Hernando County CHIP Update Survey

Highly or extremely dissatisfied with pace of change in healthcare.	71.87% 9	10.53% 2	7.111% 8	19
The ratios of licensed physicians and dentists to residents are lower than state averages.	15.79% 3	10.53% 2	73.68% 14	19
African American resident mortality rates are substantially higher than those of White residents.	15.79% 3	15.79% 3	68.42% 13	19
Lack of county government funding to help support local health priorities.	47.37% 9	10.53% 2	42.11% 8	19
Navigating the complex healthcare system is a challenge for all, especially for those with less education.	63.16% 12	5.26% 1	31.58% 6	19
Overall apathy to addressing healthcare issues due to sense of issues being overwhelming.	52.63% 10	10.53% 2	36.84% 7	19
Tobacco and smoking related illnesses.	36.84% 7	26.32% 5	36.84% 7	19

Q12 For the final question, we would like your opinion regarding the same key health issues in Hernando County from the previous question. For each issue, please rate on a scale of 1 to 10 (with 1 being "not important" and 10 being "highly important") how important you feel this issue will be in Hernando County in the next 1-3 years. Again EACH issue is rated on a scale from 1 (not important) to 10 (highly important).

Answered: 19 Skipped: 2



Rating (1-10)											
	1	2	3	4	5	6	7	8	9	10	Total

2014 Hernando County CHIP Update Survey

Obesity driving chronic diseases.	0.00% 0	5.26% 1	0.00% 0	10.53% 2	5.26% 1	5.26% 1	5.26% 1	15.79% 3	10.53% 2	42.11% 8	19
Lack of diabetes education and other chronic disease self-management.	0.00% 0	5.26% 1	0.00% 0	5.26% 1	5.26% 1	15.79% 3	10.53% 2	21.05% 4	10.53% 2	26.32% 5	19
Lack of transportation.	0.00% 0	0.00% 0	0.00% 0	10.53% 2	15.79% 3	10.53% 2	0.00% 0	26.32% 5	10.53% 2	26.32% 5	19
Uncertainty of healthcare financing.	0.00% 0	0.00% 0	5.26% 1	0.00% 0	15.79% 3	10.53% 2	10.53% 2	31.58% 6	5.26% 1	21.05% 4	19
Lack of mental health services, especially for low income.	0.00% 0	0.00% 0	0.00% 0	5.26% 1	5.26% 1	5.26% 1	21.05% 4	5.26% 1	21.05% 4	36.84% 7	19
Limited dental care access, especially for low income.	0.00% 0	5.26% 1	5.26% 1	5.26% 1	21.05% 4	5.26% 1	15.79% 3	5.26% 1	15.79% 3	21.05% 4	19
Lack of specialty care for Medicaid and the uninsured.	0.00% 0	5.26% 1	0.00% 0	5.26% 1	15.79% 3	21.05% 4	5.26% 1	10.53% 2	10.53% 2	26.32% 5	19
Inappropriate utilization of emergency rooms as a primary care source.	5.26% 1	0.00% 0	0.00% 0	5.26% 1	15.79% 3	15.79% 3	15.79% 3	21.05% 4	10.53% 2	10.53% 2	19
Physician discontent with pace of changes in healthcare.	5.26% 1	0.00% 0	5.26% 1	5.26% 1	26.32% 5	10.53% 2	10.53% 2	10.53% 2	21.05% 4	5.26% 1	19
The ratios of licensed physicians and dentists to residents are lower than state averages.	5.26% 1	0.00% 0	0.00% 0	10.53% 2	31.58% 6	21.05% 4	15.79% 3	5.26% 1	5.26% 1	5.26% 1	19
African American resident mortality rates are substantially higher than those of White residents.	5.26% 1	0.00% 0	5.26% 1	10.53% 2	42.11% 8	10.53% 2	5.26% 1	0.00% 0	10.53% 2	10.53% 2	19

2014 Hernando County CHIP Update Survey

Lack of county government funding to help support local health priorities.	0.00% 0	5.26% 1	5.26% 1	5.26% 1	26.32% 5	10.53% 2	0.00% 0	5.26% 1	10.53% 2	31.58% 6	19
Navigating the complex healthcare system is a challenge for all, especially for those with less education.	0.00% 0	0.00% 0	15.79% 3	0.00% 0	15.79% 3	15.79% 3	5.26% 1	26.32% 5	10.53% 2	10.53% 2	19
Overall apathy to addressing healthcare issues due to sense of issues being overwhelming.	0.00% 0	5.26% 1	0.00% 0	0.00% 0	10.53% 2	15.79% 3	15.79% 3	26.32% 5	5.26% 1	21.05% 4	19
Tobacco and smoking related illnesses.	0.00% 0	5.26% 1	5.26% 1	5.26% 1	15.79% 3	26.32% 5	5.26% 1	15.79% 3	0.00% 0	21.05% 4	19