HERNANDO COUNTY

NEEDS ASSESSMENT FY 2016

Contents

Introduction to Community Health Needs Assessments

THE HERNANDO COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS

The Hernando County Community Health Assessment process was launched in March of 2016, continuing a long standing commitment to community health assessments. The purpose of the community health needs assessment is to uncover or substantiate the health needs and health issues in Hernando County. The Florida Department of Health in Hernando County has historically played the lead role in the development of the community health needs assessments in collaboration with the Community Health Improvement Planning Partnership (CHIPP). Hernando County Community Health Needs Assessment Steering Committee members (steering committee) were recruited by Florida Department of Health staff and CHIPP partners. The steering committee participated in all elements of the Community Health Needs Assessment. A list of steering committee members can be found in the appendix.

The Florida Department of Health in Hernando County engaged the services of WellFlorida Council to complete the assessment. WellFlorida Council is the statutorily designated (F.S. 408.033) local health council that serves Hernando County along with 15 other north central Florida counties. The mission of WellFlorida Council is to forge partnerships in planning, research and service that build healthier communities. WellFlorida achieves this mission by providing communities the insights, tools and services necessary to identify their most pressing issues (e.g. community health assessments and community health improvement plans) and to design and implement approaches to overcoming those issues.

The comprehensive health needs assessment effort is based on a nationally recognized model and best practice for completing needs assessments and improvement plans called Mobilizing for Action through Planning and Partnerships (MAPP). The MAPP tool was developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). NACCHO and the CDC's vision for implementing MAPP is "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action."

At the heart of the MAPP process are the following core MAPP assessments:

- Community Health Status Assessment (CHSA)
- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)

These four MAPP assessments work in concert to identify common themes and considerations in order to hone in on the key community health needs. These MAPP assessments are fully integrated into the 2016 Hernando County Community Health Needs Assessment.

METHODOLOGY

Generally, the health of a community is measured by the physical, mental, environmental and social well-being of its residents. Due to the complex determinants of health, the Community Health Needs Assessment is driven by both quantitative and qualitative data collecting and analysis from both primary and secondary data sources. In order to make the data and analysis most meaningful to the reader, this report has been separated into multiple components

- Executive Summary: Community Health Status Assessment
- Community Themes and Strengths Assessment
    - Business Leader Survey Analysis
    - Community Member Survey Analysis
    - Provider Survey Analysis
- Forces of Change Assessment
- Local Public Health System Assessment
- Key Findings
- Appendix
    - Survey Materials
    - Local Public Health System Assessment Report: Public Health Performance Standards Report Format
    - Steering Committee Members List

The Executive Summary provides a narrative summary of the data presented in the Technical Appendix which includes analysis of social determinants of health, community health status, and health system assessment. Social determinants of health include socioeconomic demographics, poverty rates, population demographics, uninsured population estimates and educational attainment levels and the like. The community health status assessment includes factors such as County Health Rankings, CDC's Behavioral Risk Factor Surveillance Survey, and hospital utilization data. Health system assessment includes data on insurance coverage (public and private), Medicaid eligibility, health care expenditures by payor source, hospital utilization data, and physician supply rate and health professional shortage areas.

The Community Themes and Strengths Assessment component represents the core of the community's input or perspective into the health needs of the community. In order to determine the community's perspectives on priority community health issues and quality of life issues related to healthcare, surveys were used with three populations: Business Leaders, Community Members, and Providers. The Steering Committee worked with WellFlorida Council to determine survey questions. Detailed analysis of survey responses will be included in the Community Themes and Strengths Assessment component.

The Forces of Change Assessment component summaries the findings from the Forces of Change Assessment. The purpose of the Forces of Change Assessment is to identify 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 community to improve health outcomes. The Forces of Change Assessment was completed on June 29, 2016

with the Hernando County Community Health Needs Assessment Steering Committee and other invited community leaders.

The Local Public Health System Assessment (LPHSA) was completed in two sessions on July 13 (with steering committee members) and July 14, 2016 (with Florida Department of Health in Hernando County staff). The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services (as defined by the National Association of County and City Health Officials and the Centers for Disease Control) being provided to our community?"

The Key Findings component serves as a summary of the key findings from each of the above components. Recommendations for addressing the identified needs will also be summarized in the Key Finding section.

Executive Summary: Community Health Status Assessment

INTRODUCTION

The *Executive Summary: Community Health Status Assessment* highlights key findings from the *Hernando County Technical Report.* The assessment data was prepared by WellFlorida Council, Inc., using a diverse number of sources including the Office of Vital Statistics, the U.S. Census Bureau, the Florida Geographic Library, and a variety of health and county ranking sites from respected institutions across the United States and Florida.

A health needs assessment is a process of systematically gathering and analyzing data relevant to the health and well-being of a community. Such data can help to identify unmet needs as well as emerging needs. Data from this report can be used to explore and understand the health needs of Hernando County as a whole, as well as in terms of specific demographic, socioeconomic, and geographic subsets. The following summary is

- Demographics and Socioeconomics
- Mortality and Morbidity
- Behavioral Risk Factors
- Maternal Health
- Health Care Access and Utilization
- Mental Health

Many of the data tables in the technical report contain standardized rates for the purpose of comparing Hernando County and its individual zip code tabulation areas to the state of Florida as a whole. It is advisable to interpret these rates with caution when incidence rates are low (the number of new cases are small. Small variations from year to year can result in substantial shifts in the standardized rates. The data presented in this summary include references to specific tables in the report so that users can see the numbers and the rates in context.

DEMOGRAPHICS AND SOCIOECONOMICS

As population dynamics change over time, so do the health and healthcare needs of communities. It is therefore important to periodically review key demographic and socioeconomic indicators to understand current health issues and anticipate future health needs. The Hernando County Needs Assessment Technical Report includes data on current population numbers and distribution by age, gender, and racial group by geographic region. It also provides statistics on education, income, and poverty status. It is important to note that these indicators can significantly affect populations through a variety of mechanisms including material deprivation, psychosocial stress, barriers to health care access, and the distribution of various specific risk factors for acute and/or chronic illness. Noted below are some of the key findings from the Hernando County's demographic and socioeconomic profile.

POPULATION

According to the most recent United States Census data, Hernando County has a larger proportion of older residents than the state of Florida as a whole. While in Florida, 17.3 percent of the total population are aged 65 and above, in Hernando county seniors constitute almost 26 percent of the population (Table 10). This is important as the healthcare needs of older residents tend to be more intensive and more expensive than they are for younger residents. The figure below draws on data from Table 10 and illustrates the age distribution of Hernando County residents in comparison to the state of Florida.

FIGURE 1: POPULATION BY AGE GROUPS, 2010
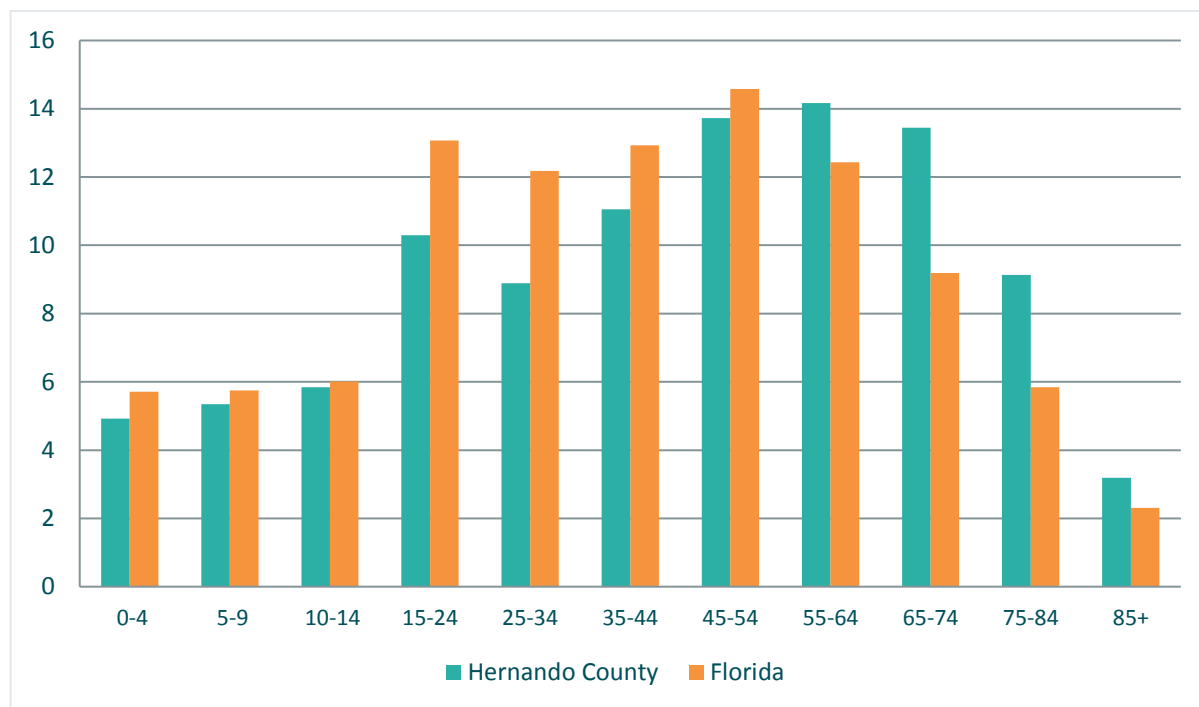
More recent data from the American Community Survey estimates the population characteristics for Hernando County and Florida for 2014. They include an increase in the elderly population in Hernando County to 27.6 percent, and an increase in the elderly population in Florida to 19.7 percent.

GENDER, RACE, AND ETHNICITY

Overall, life expectancy in Hernando County is lower than for the state of Florida. Looking at 2009 data from University of Washington, Institute for Health Metrics and Evaluation, male Floridians, without regard for racial classification, have an average life expectancy of 76.2 years, whereas in Hernando County, the average life expectancy for males is 74 years. At the same time, there is a racial disparity in life expectancy between White males and Black males in Hernando County. While the White male population has an average life expectancy of 74.3 years, Black males have an average life expectancy of 68.3 years. A similar disparity exists at the state level as well (Table 3).

Life Expectancy by Gender
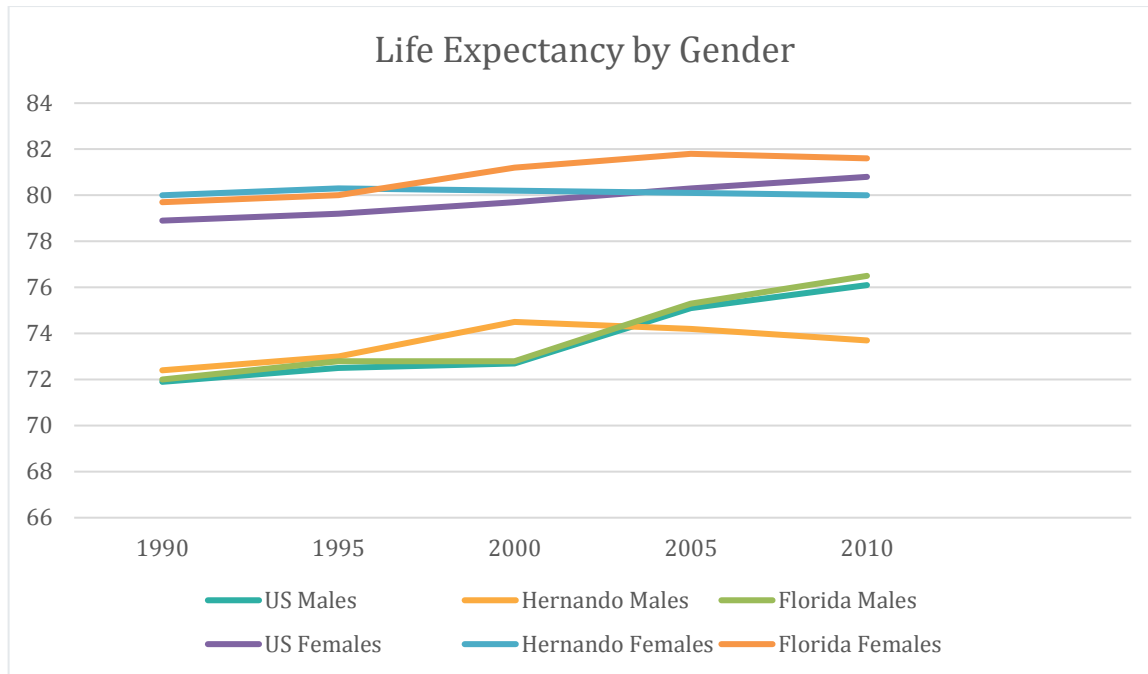
Using the same data, among females in Hernando County without regard to racial classification, the average life expectancy is 80.7 years, compared to 82.1 years for the state as a whole, and as with the male population, there is a noticeable disparity in life expectancy between White females and Black females. While the average life expectancy for White females is 80.9 years in Hernando County, it is only 76.5 for Black females. Again, a similar pattern exists for the state of Florida (Table 4).

ECONOMIC CHARACTERISTICS

Poverty

According data from the US Census Bureau, Small Area Income and Poverty Estimates, the poverty rate for all individuals was lower in Hernando County than the state of Florida in 2014. While the state rate was 16.6 percent, the rate in the county was 15.3 percent. With regard to children living in poverty, the rates for Hernando County and the state of Florida were comparable, 24.4 and 24.2 percent, respectively (Table 36). The figure below uses data from table 36 and depicts changes in the poverty rate for Hernando County and the state from 2010 to 2014 (Table 36).
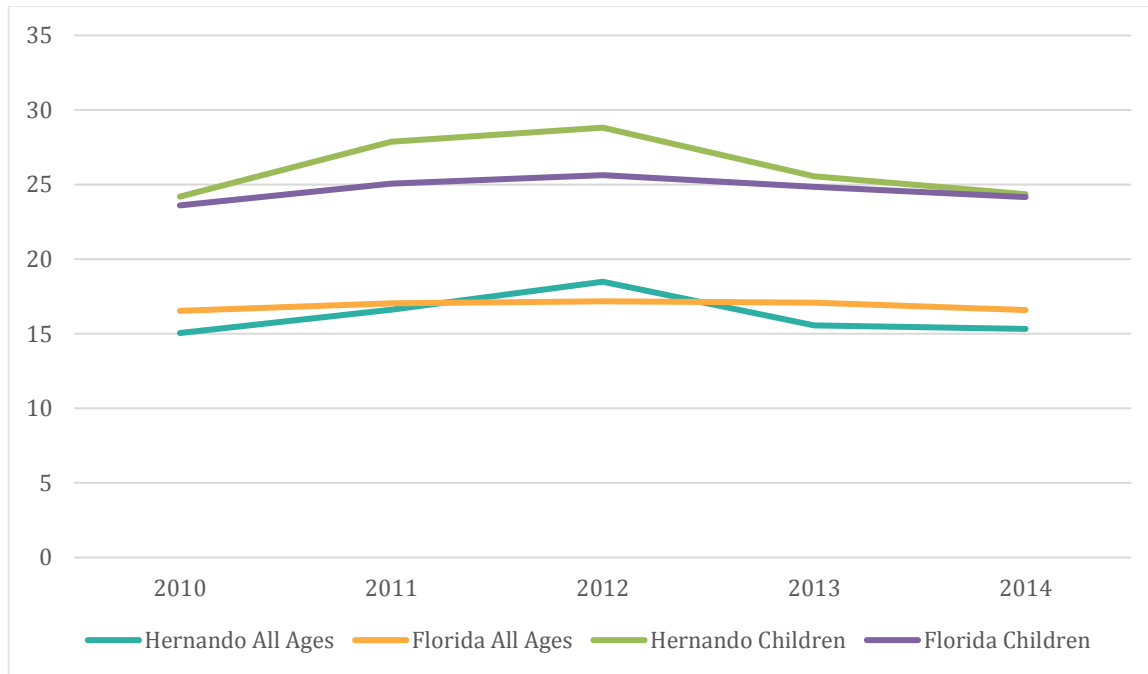
As with many other demographic and socioeconomic variables, poverty rates vary geographically throughout Hernando County. The Hernando County technical report includes information about poverty by zip code tabulation areas, ZCTA. According to data from the Census Bureau's American Community Survey, the ZCTA with the largest percent of people living in poverty was Brooksville (34601) at 25.6 percent, followed by Brooksville (34602) at 23.2 percent. ZCTA's in Hernando County with the lowest percentage of people living in poverty were Brooksville (34613) and Brooksville (34614), at 10.1 and 10.9 percent, respectively.

Poverty affects females and people of color disproportionately throughout the state of Florida and Hernando County. While the ACS data indicate that 15.4 percent of males in the county were living in poverty, 16.7 percent of females were living in poverty. These percentages are comparable with state level percentages (Table 41). At the same time, there is a larger disparity between racial categories with an estimated 14.3 percent of Whites living in poverty and 40.5 percent of Blacks living in poverty (Table 42).

Income

Income levels in Hernando County a lower than the state of Florida. Looking again at ACS data, the median household income in Hernando County is estimated to be 40,457 dollars in comparison to Florida's 47,212 dollars. There are also disparities in median household income within racial groups at the county and state levels. These differences are depicted in the figure below using data from (Table 45).

Median Household Income, 2010-2014
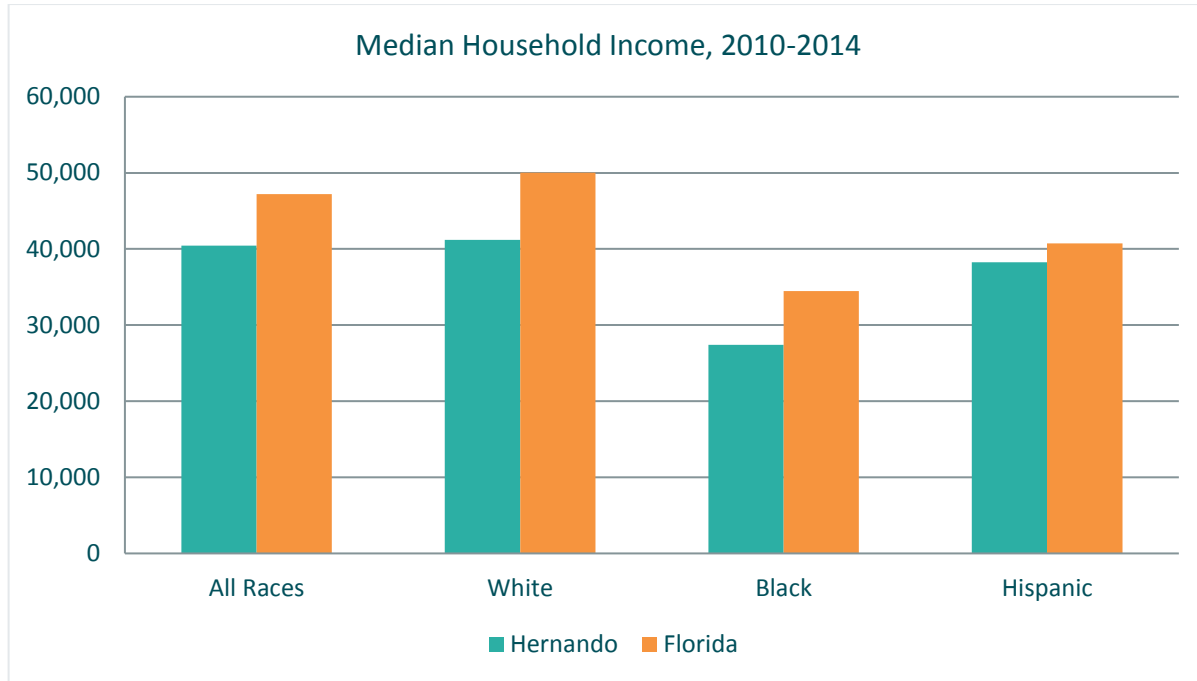
The pattern in the distribution of per capita income in Hernando County and the state is similar to that of median household income with a Hernando County estimate of 21,245 dollars in comparison to 26,499 dollars at the state level. Also, similar racial disparities exists in per capita income at the county and state levels as can be see, in the figure below (Table 48).

Per Capita Income, 2010-2014
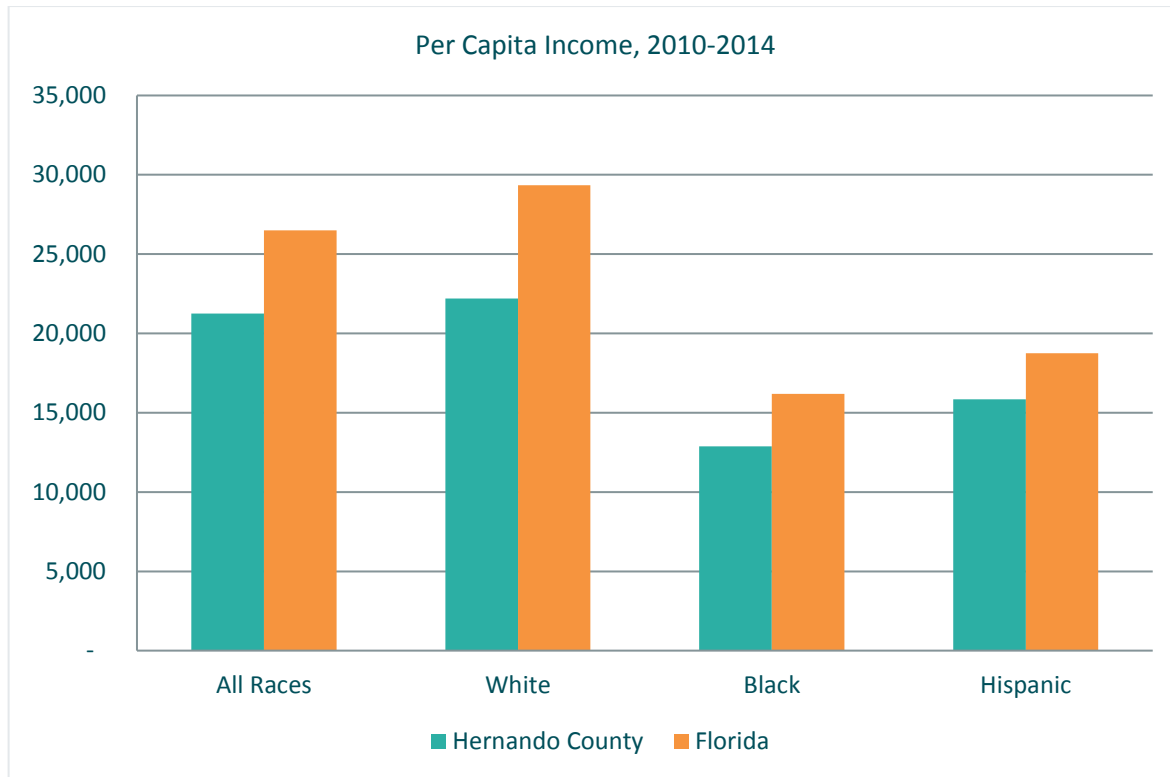
EMPLOYMENT

Recent data on employment in Hernando County and the state of Florida are derived from the Florida Research and Economic database. While the unemployment rate in Hernando County has been higher than the state rate, it follows the same path as the state and has been declining for a number of years. In 2015, the unemployment rate in Hernando County was 6.8 percent compared to Florida with an overall rate of 5.4 percent. It is noteworthy that recent unemployment rates for the county and the state are the lowest they have been since just before the Great Recession of 2008-2009. The recent history of unemployment in Hernando County and the state can be seen in the figure below (Table 55).

FIGURE 6: UNEMPLOYMENT RATES, 204 – 2015

Unemployment Rates, 2004-2015
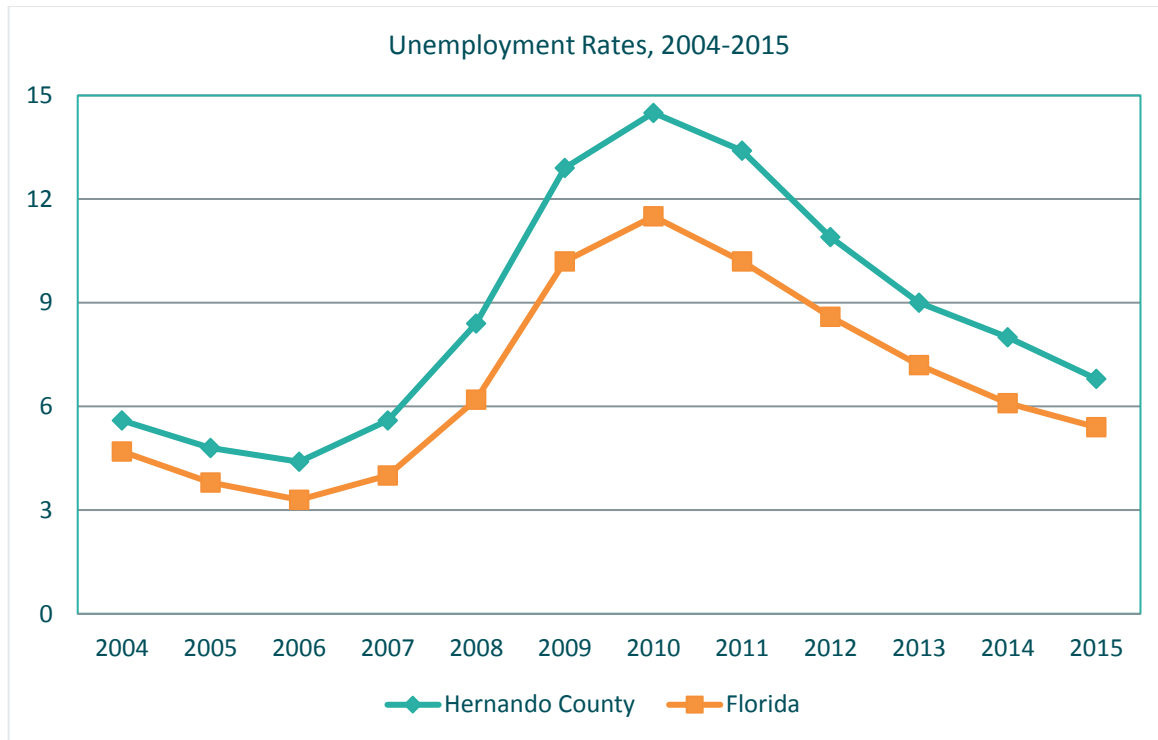
MORTALITY AND MORBIDITY

Disease and death rates are the most direct measures of health and well-being in a community. In Hernando County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. As previously noted, certain demographic and socioeconomic indicators can reveal how, why, and to what extent certain chronic health problems affect communities. While Hernando County is similar to Florida, a number of disparities exist. Noted below are some key facts and trends of the mortality and morbidity rates in Hernando County.

COUNTY HEALTH RANKINGS

The County Health Rankings are a key component of the Mobilizing Action Toward Community Health (MATCH) collaboration project between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Counties receive a rank relative to the health of other counties in the state. Counties having high ranks, e.g. 1 or 2, are considered to be the "healthiest". Health is viewed as a multifactorial construct. Counties are ranked relative to the health of other counties in the same state on the following summary measures:

I. Health Outcomes--rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.
II. Health Factors--rankings are based on weighted scores of four types of factors:
    a. Health behaviors (7 measures)
    b. Clinical care (5 measures)
    c. Social and economic (7 measures)
    d. Physical environment (5 measures)

The Rankings are currently available for 2016. In the year 2016, out of 67 counties in the state, Hernando County ranked 36 for health factors and 43 for health outcomes. While Hernando is close to the 60th percentile in the state for health behaviors and clinical care, it was below the 25th percentile for mortality/length of life, and physical environment.

FIGURE 7: COUNTY HEALTH RANKINGS BY CATEGORY FOR HERNANDO COUNTY, 2010 - 2016

	2010	2011	2012	2013	2014	2015	2016
HEALTH OUTCOMES	39	41	43	48	50	52	43
Mortality/Length of Life	34	33	39	47	47	52	51
Morbidity/Quality of Life	43	52	47	51	54	55	36
HEALTH FACTORS	27	29	34	33	35	33	36
Health Behavior	28	26	28	25	29	27	27
Clinical Care	18	22	28	26	27	27	27
Social & Economic Factors	43	40	45	49	48	47	44
Physical Environment	40	21	39	33	27	32	51

CAUSES OF DEATH

Data in the technical appendix are reported in the form of crude and age-adjusted death rates. Crude rates are used to report the overall burden of disease in the total population irrespective of age, whereas age-adjusted rates are the most common utilized for public health data and are used to compare rates of health events affected by confounding factors in a population over time.

In terms of overall mortality, the age-adjusted death rate from all causes is higher in Hernando County than it is at the state level, 758.9 as compared to 683.5 per 100,000, respectively (Table 69). The figure below shows the trends in the age-adjusted mortality rate for Hernando County and Florida over time.

Age Adjusted Death Rates for All Causes per 100,000 Population By Race
2005-2014
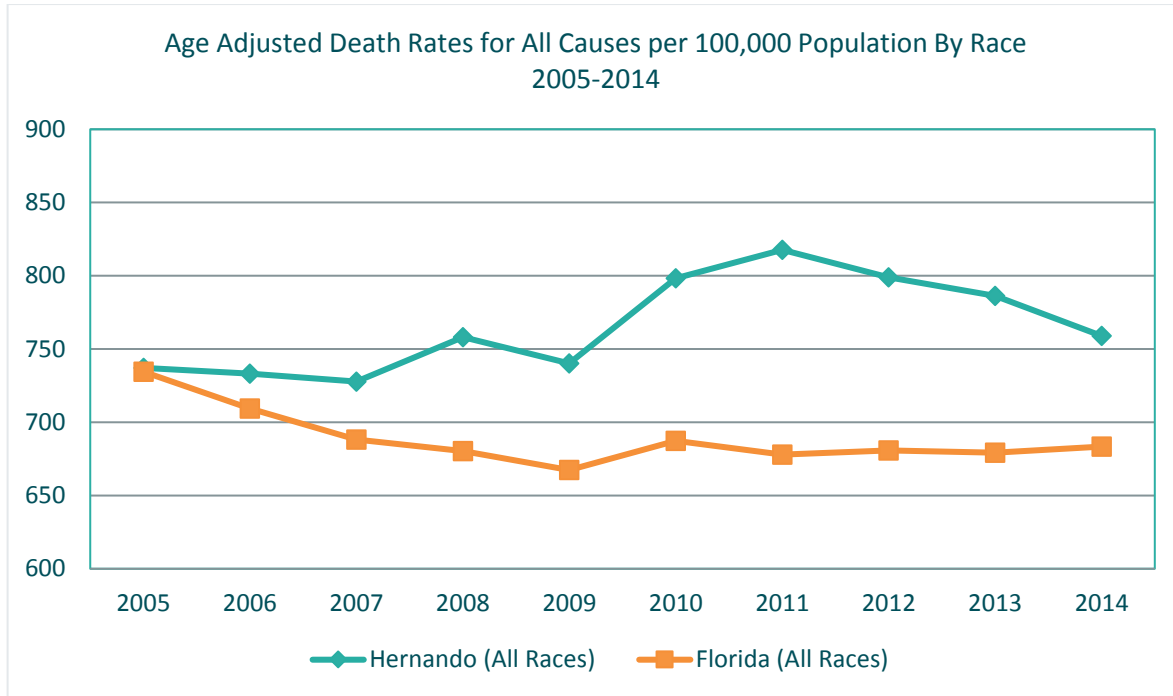
The top five (5) leading causes of death, for all races and ethnicities, in Hernando County are 1) Cancer, 2) Heart Disease, 3) Chronic Lower Respiratory Disease (CLRD), 4) Unintentional Injuries, and 5) Stroke (compared to the top 5 leading causes of death, for all races and ethnicities, in the state of Florida: 1) Heart Disease, 2) Cancer, 3) CLRD, 4) Stroke, and 5) Unintentional Injuries. Other highly ranked causes of death, for all races and ethnicities in Hernando County include Diabetes, Alzheimer 's disease, Liver Disease, and Suicide.

FIGURE 9: AGE-ADJUSTED DEATH RATES FOR CANCER, 2005 - 2014

Age Adjusted Death Rates for Cancer per 100,000 Population,
2005 - 2014
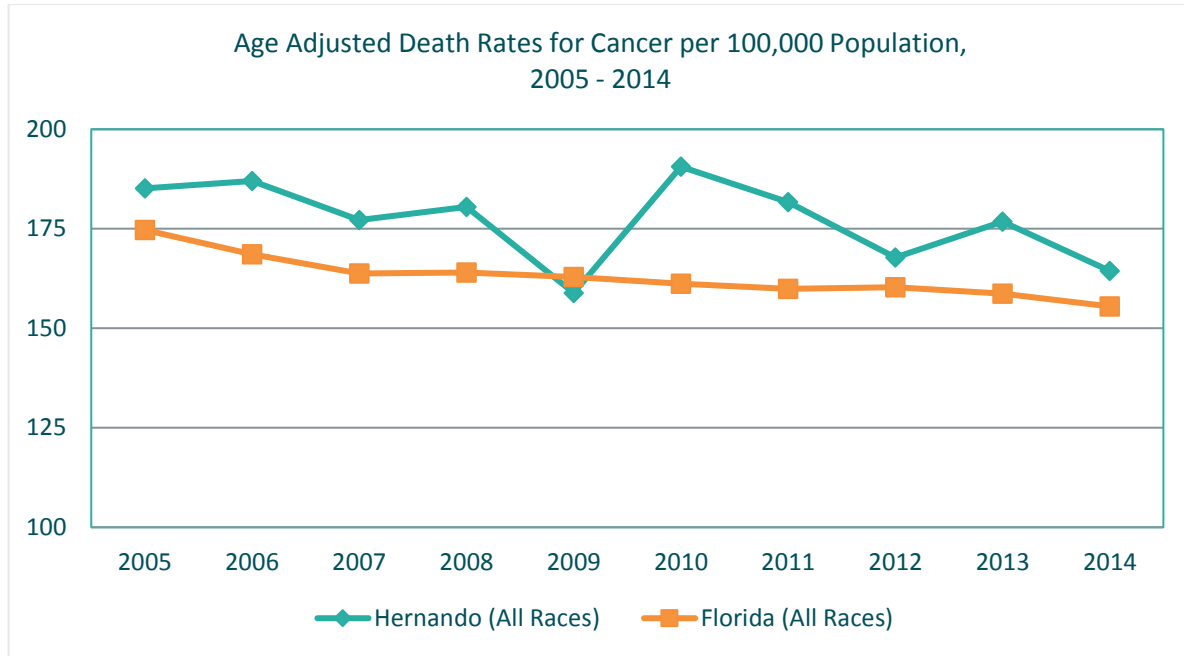
Age Adjusted Death Rates for Heart Disease per 100,000 Population By Race
2005-2014

Legend: Hernando (All Races), Florida (All Races)
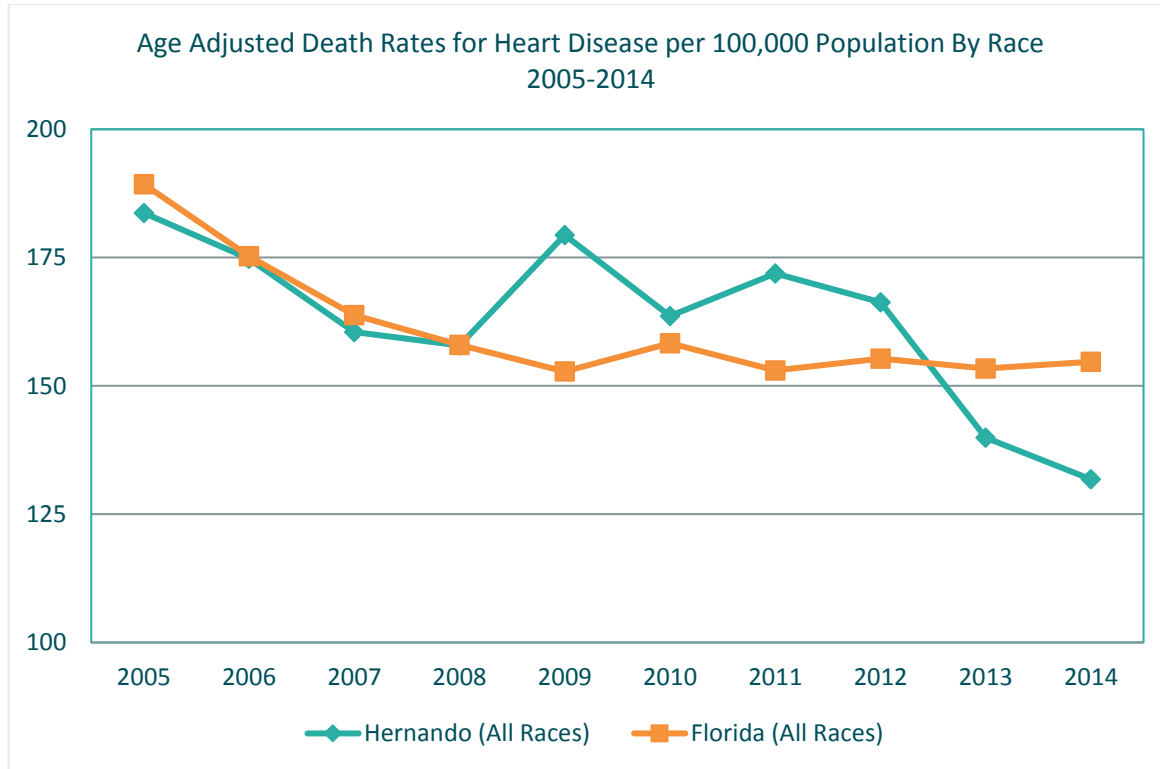
FIGURE 11: AGE-ADJUSTED DEATH RATES FOR CLRD, 2005 – 2014

Age Adjusted Death Rates for CLRD per 100,000 Population By Race 2005-2014
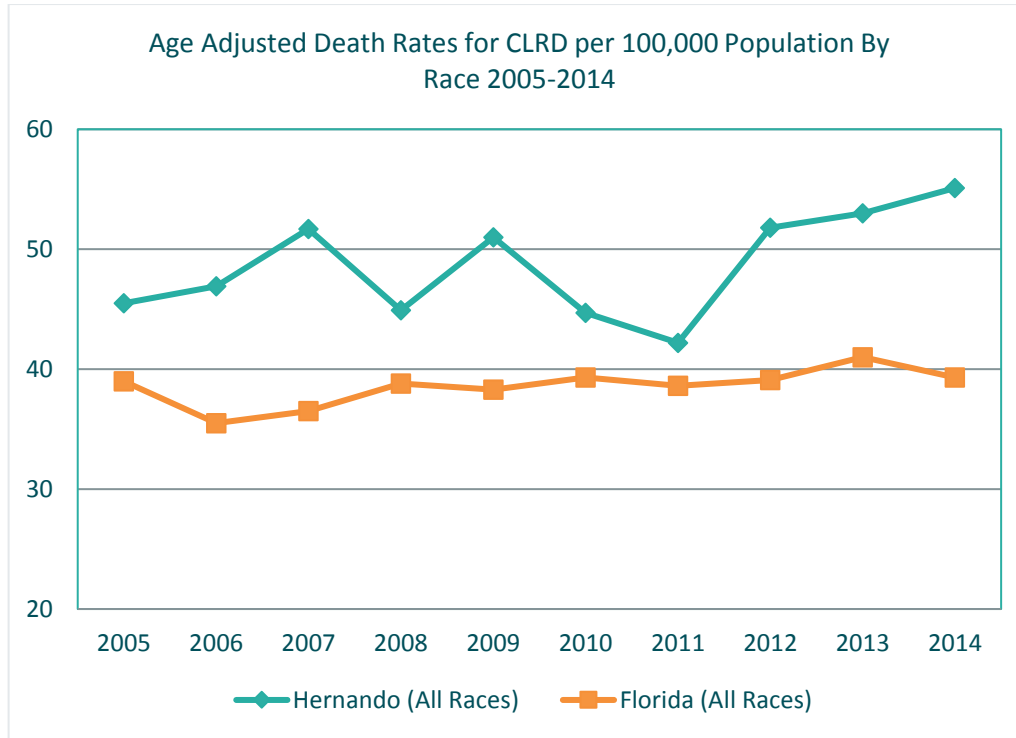
FIGURE 12: AGE-ADJUSTED DEATH RATES FOR STROKE, 2005 – 2014

Age Adjusted Death Rates for Unintentional Injuries per 100,000 Population By Race 2005-2014

Legend: Hernando (All Races), Florida (All Races)
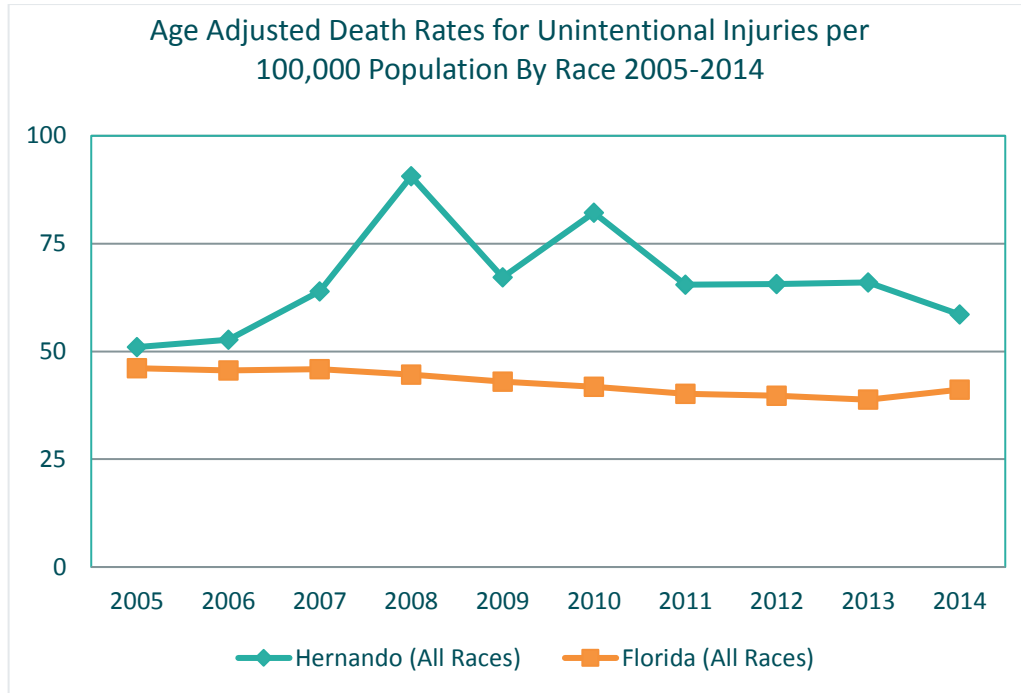
FIGURE 13: AGE-ADJUSTED DEATH RATES FOR UNINTENTIONAL INJURIES, 2005 – 2014

Age Adjusted Death Rates for Unintentional Injuries per 100,000 Population By Race 2005-2014
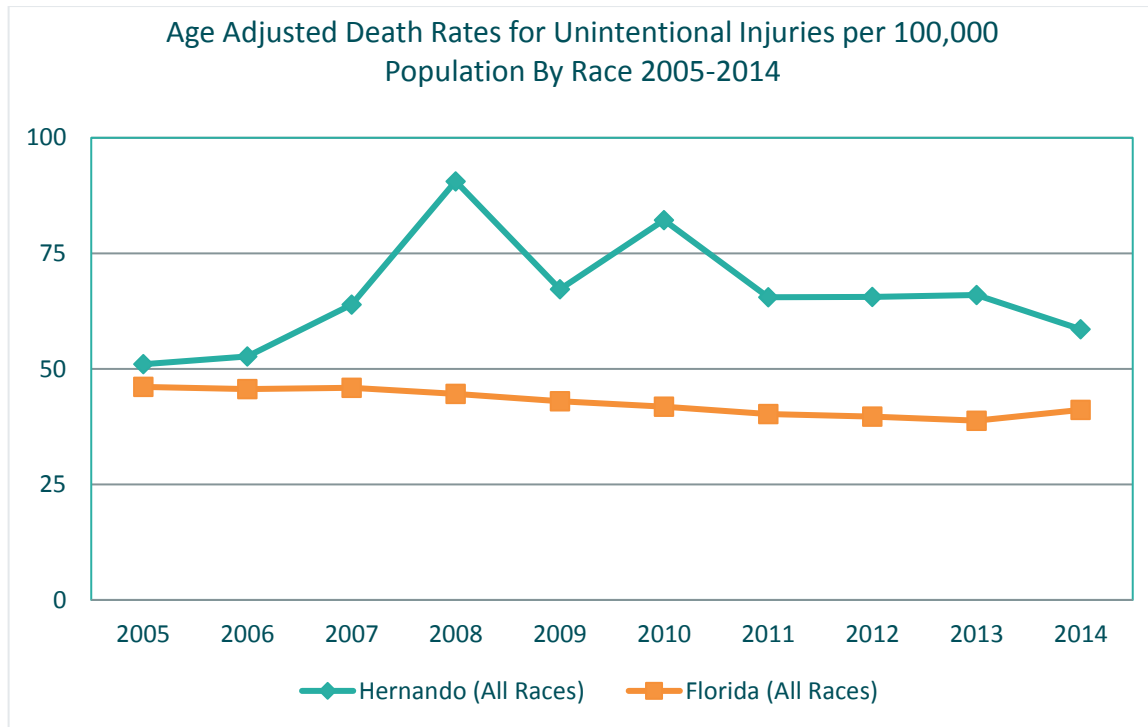
Age-adjusted death rates vary by racial classification in Hernando County and Florida as well. Hernando County Whites have age-adjusted mortality rates than Florida for Cancer, Chronic Lower Respiratory Disease, and Unintentional injuries. Hernando County Blacks have age-adjusted death rates that are higher than the state rates for Chronic Lower Respiratory Disease, and Unintentional Injuries. The Black population in Hernando County has a lower age-adjusted death rate from all causes than the White population, 695.9 and 798.3, respectively. The county's Black population has a lower age-adjusted death rate than the White population for the top five leading causes of death except for Stroke with a rate of 54.9 in comparison to 37.5 for Whites, a difference of 68.3 percent (Table 73).

BEHAVIORAL RISK FACTORS

Florida Department of Health conducts the Behavioral Risk Factor Surveillance System (BRFSS) with financial and technical assistance from the Centers for Disease Control and Prevention (CDC). This state-based telephone surveillance system collects self-reported data on individual risk behaviors and preventive health practices related to the leading causes of morbidity and mortality in the United States. The most recent data available for Hernando County is for 2013.

Below are some highlights from the BRFSS data (See Table 136 for full details):

Immunizations: The data on immunization in Hernando County indicate that Flu vaccination rates have declined since 2010 by 7.9 percent for all adults and by 8.1 percent for adults over the age of

65. However, Flu vaccination rates in Hernando County are higher than they are for the state of Florida.

HIV/AIDS: While the percentage of adults that have ever been screened for HIV in Florida has increased by 4.5 percent since 2010, the percentage in Hernando County has decreased by 18.2 percent over the same period of time.

Tobacco Use: In 2013 an estimated 19.5 percent of Hernando County adults reported being current smoker, an increase of 8.9 percent since 2010 when only 17.9 percent reported being current smokers. Meanwhile in the state as a whole the percentage of adult smokers declined by 1.8 percent from 17.1 to 16.8. Additionally, while the percentage of Florida adults who reported never having been a smoker increased by 3.8 percent from 53 to 55 percent. However, the percent of Hernando adults who reported never being a smoker decreased by 25.4 percent from 47.6 in 2010 to 35.5 in 2013.

Cancer Screenings: While the percentage of adults in Florida who have been screened for colorectal Cancer has been declining for the past several years it has been increasing in Hernando County. For instance, the percentage of adults 50+ who had received a blood stool test during the previous year almost doubled from 13.9 to 26.5 percent. At the same time, screenings for breast and cervical Cancer in Hernando declined from 2010 to 2013. Most recently, only 36.6 percent of women 18+ reported having a PAP test during the previous year, a decrease of 26.9 percent since 2010. Overall screening rates for breast and cervical Cancer were down throughout the state.

Diabetes: The percentage of adults that have been diagnosed with Diabetes in Hernando County as well as Florida, Hernando County compares favorably to the state in several key areas. For instance, while the percentage of adults with Diabetes in Florida who self-monitor their blood glucose, who have received at least two HbA1C tests during the previous year, and who have had at least one foot exam and eye exam have decreased, the percentage of adults with Diabetes in Hernando County engaging in these health behaviors has increased.

MATERNAL HEALTH

Between 2005 and 2014 there were 15,314 births in Hernando County (Table 104) and during that same time period there were 105 infant deaths (Table 106). It is important to note that the actual numbers in any given year are small, thus the rates of infant death can vary substantially from year to year. Infant mortality rates by race/ethnicity for Hernando County and Florida can be seen in the figure.

FIGURE 14: INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS, BY RACE, 2005 - 2014

Infant Mortality Rates Per 1,000 Live Births
By Race 2005-2014

Legend: Hernando (All), Hernando (Black), Hernando (White), Hernando (Hispanic), Florida (All), Florida (Black), Florida (White), Florida (Hispanic)
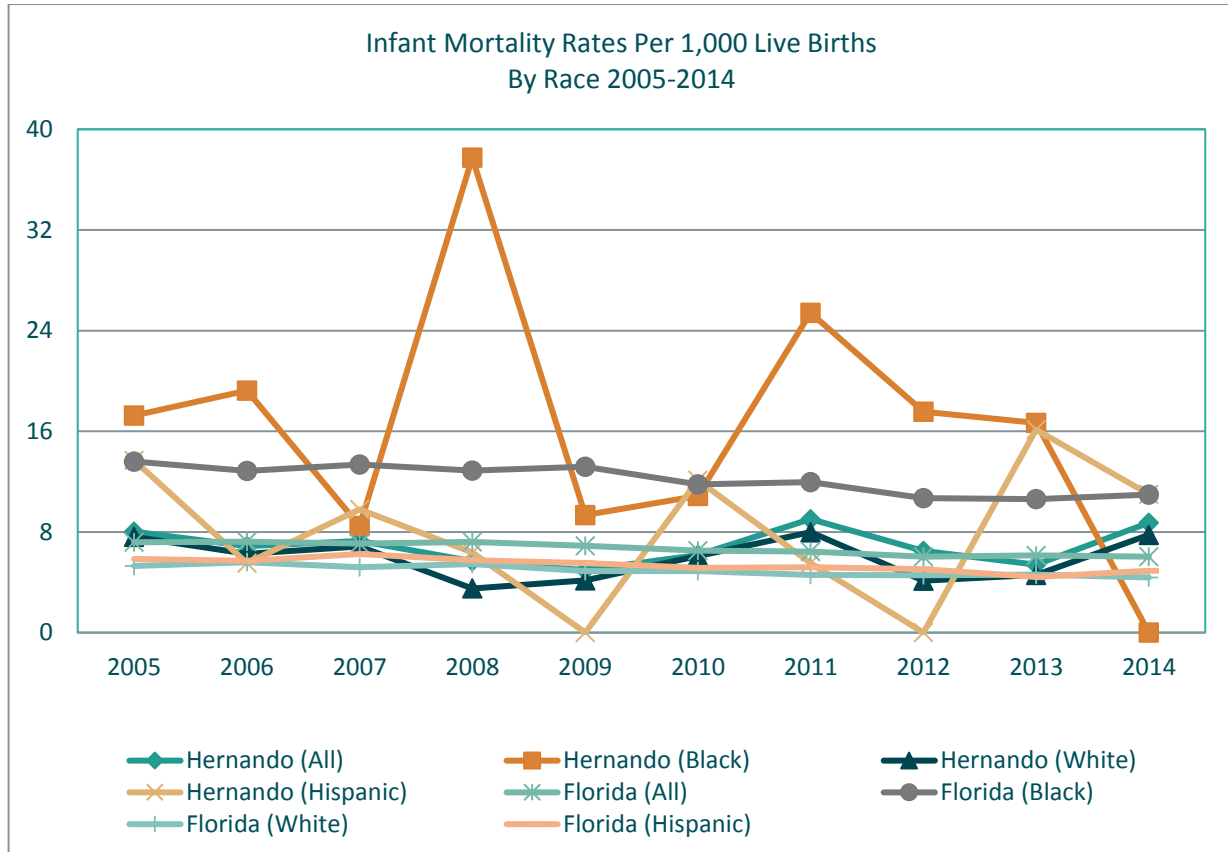
Births

Year by year the Black population in Hernando County tends to have the highest birth rate and the White population tends to have the lowest birth rate with the Hispanic population typically between the two (Table 105).

Infant Deaths

The highest number of infant deaths in Hernando County (14 total) occurred in 2011. The lowest number of infant deaths (8 total) occurred in 2009 and in 2013 (Table 106). Year after year, the Black population has the highest infant mortality rate (Table 107). However, it should be remembered that when raw numbers are low they can have a high impact on the standardized rates. In this case, the rates can be used to compare groups within a population but they cannot be used to characterize the problem.

Low Birthweight (LBW)

Significantly related to infant deaths are Low Birth Weight (LBW) births. In 2014, there were 126 Low Birth Weight (LBW) infants in Hernando County. Again, while the actual numbers are highest among Whites, the

percentage of LBW infants is highest among Blacks at 10.5 percent, followed by Hispanics at 10.4 percent, and Whites at 8.4 percent. These numbers resemble the pattern for Florida for the state of Florida as a whole (Table 109).

FIGURE 15: PERCENT OF LOW BIRTHWEIGHT BIRTHS, 2005 – 2014

Percent of Births That Are Low Birthweight
By Race 2005-2014

Legend: Hernando (All), Hernando (Black), Hernando (White), Hernando (Hispanic), Florida (All), Florida (Black), Florida (White), Florida (Hispanic)
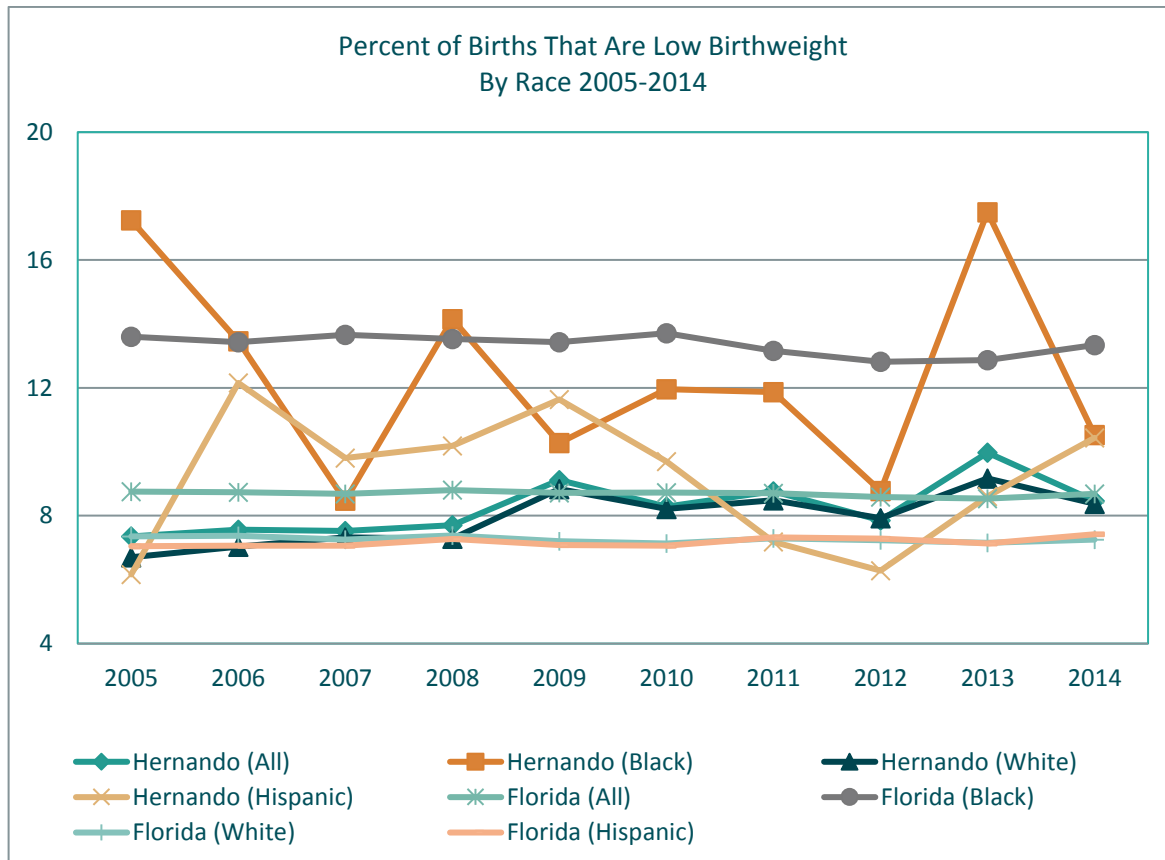
HEALTH CARE ACCESS AND UTILIZATION

Although health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain a quality of life and minimize premature death and disability. It is therefore useful to consider insurance coverage and health care access in a community health needs assessment. The Hernando County Technical Report includes data on insurance coverage, both public and private, Medicaid eligibility, and health care expenditures by payor source. Key findings from these data sets are presented below.

Shortage Areas

Shortage areas are primarily defined by three (3) categories: primary care, dental health, and mental health. The score of shortage areas is calculated using the following four key factors: Population-to-Primary Care

Physician Ratio, Percent of Population with Incomes below 100.0 percent of the Poverty level, Infant Mortality Rate or Low Birth Weight Rate (whichever scores higher), and Travel Time or Distance to nearest available source of care (whichever scores higher). The maximum score that a facility can receive is 26, and the higher the score the lower the access and utilization of the healthcare facility (Table 144 in appendix).

FIGURE 15: HPSA SHORTAGE AREAS AND MUA BY TYPE AND SCORE, 2016

Type	Name	HPSA Designation Last Updated Date	Score *
Dental			
HPSA Population	Low Income - Hernando County	12/14/2015	13
Correctional Facility	Hernando Correctional Institution	8/29/2013	6
Comprehensive Health Center	Nature Coast Community Health Center	9/30/2005	2
Single County	Hernando County	12/20/1996	
Mental Health			
HPSA Population	Low Income - Hernando County	5/10/2012	16
Comprehensive Health Center	Nature Coast Community Health Center	9/30/2005	15
Sinl	Hernando County	5/10/2002	
Primary Medical Care			
HPSA Population	Low Income - Hernando County	5/10/2012	16
Comprehensive Health Center	Nature Coast Community Health Center	5/13/2014	5
Single County	Hernando County	5/10/2012	
Type	Name	MUA/P Designation Date - MUA/P Update Date	Index of Medical Underservice Score
Medically Underserved Area			
Medically Underserved Area	Low Income - Hernando County	02/26/2002 - 03/12/2007	47.1

Uninsured

In 2014, individuals in Hernando County without health insurance constituted 10.2 percent of the total county population. Like the state of Florida as a whole, the percentage of uninsured individuals is the lowest

it has been since the passage of the Patient Protection and Affordable Care Act (PPACA) in 2009. The figure below shows the trends in health insurance coverage for Hernando County and Florida (Table 52).
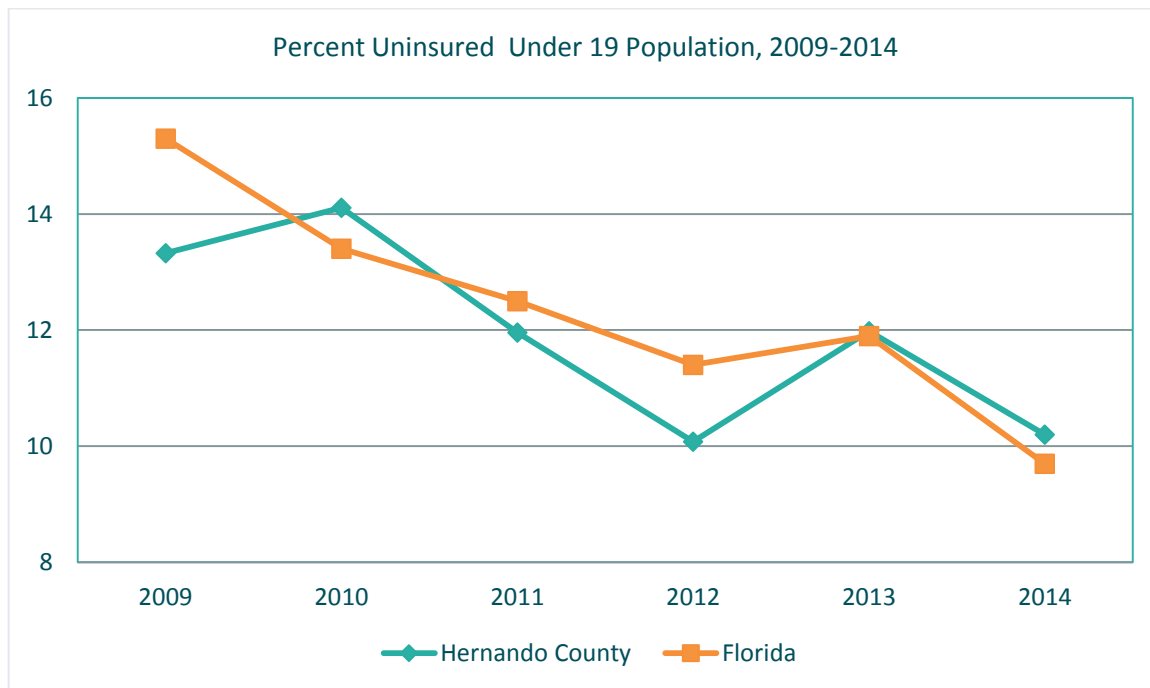
Medicaid

In 2014 approximately 20 percent of Hernando County residents were eligible to receive Medicaid benefits, which is comparable to the state at 19.3 percent. The highest concentration of individuals eligible to receive Medicaid in the County is the Brooksville (34601) ZCTA, whereas the lowest concentration of individuals who are eligible to receive Medicaid benefits are located in the Spring Hill (34607) ZCTA (Table 147).

Physician Availability

In fiscal year 2014-15 the rate of all physicians in Hernando County was 133.7 per 100,000 residents, which was down from the year before rate of 177.2. However, as the figure below demonstrates the rates for various types of physicians in the county have been relatively steady in recent years (Tables 152 and 155).

FIGURE 12: PHYSICIAN RATE PER 100,000 POPULATION, 2009 - 2015

Selected Physicians Rate Per 100,000 Population, 2009-2015

Legend: Family Practice Physicians, Internists, OB/GYN, Dentists, Pediatricians, All Physicians
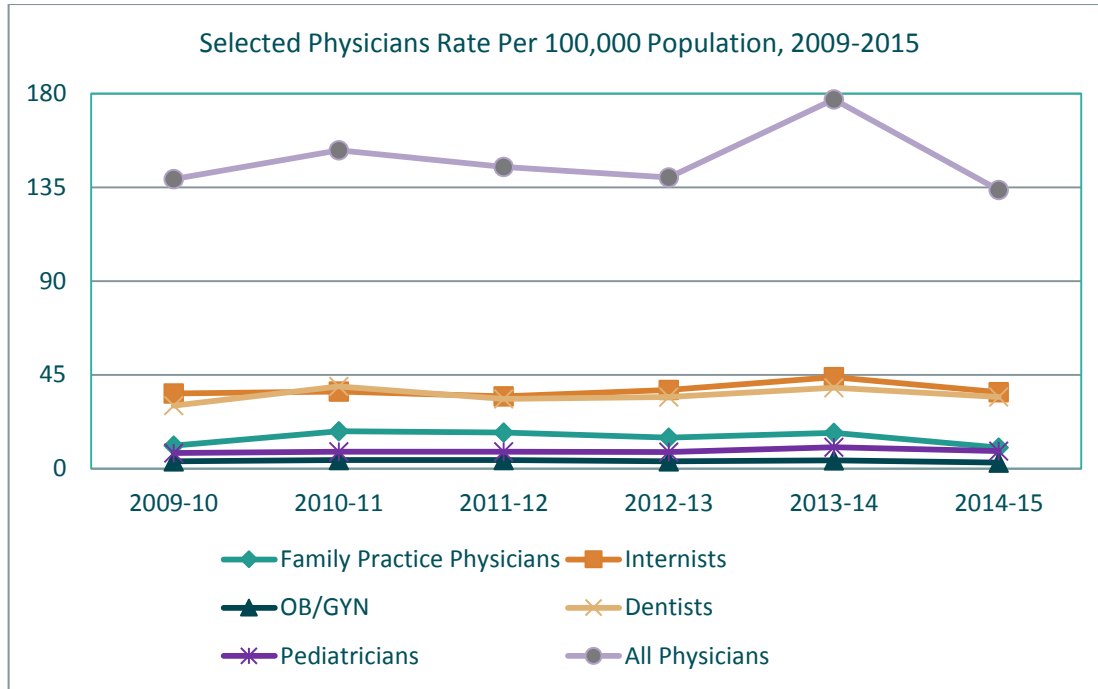
Hospitalization

In recent years, Hernando County residents have had a higher rate of hospitalization than residents in the state as a whole. This is depicted in the figure below (Table 158). In 2013, the majority of these hospitalizations were paid for by Medicare, 57.3 percent, followed by Private Insurance, 17.3 percent, and Medicaid, 16.5 percent.

All Hospitalizations
Rate Per 1,000 Population,
2010 - 2014

Avoidable Hospitalization

Hernando County has also had a higher rate of avoidable hospitalizations in recent years. The main payment sources for these hospitalizations (for 2014) included Medicaid, 29.9 percent, Medicare, 25.5 percent, and private insurance, 23.4 percent (Table 164).

FIGURE 14: AVOIDABLE HOSPITALIZATIONS RATES PER 1,000 POPULATION, 2010 -2014

Avoidable Hospitalizations
Rate Per 1,000 Population,
2010 - 2014

Hernando County   Florida
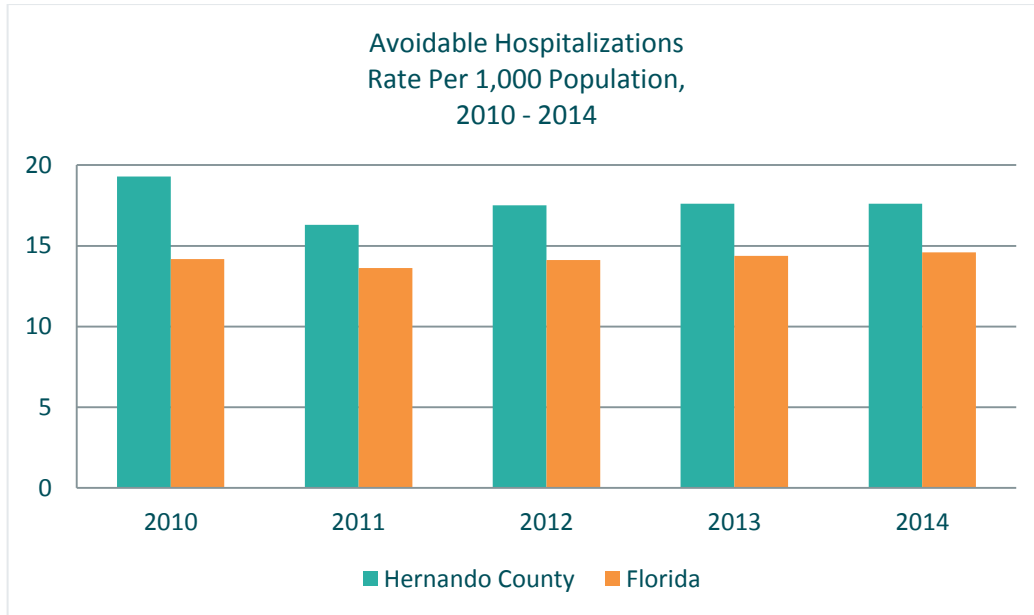
The leading causes of avoidable hospitalization in Hernando County in 2014 were (Table 165):

1. Dehydration – volume depletion
2. Cellulitis
3. Chronic Obstructive Pulmonary Disease
4. Asthma
5. Kidney/urinary infection

MENTAL HEALTH

Reviewing hospital discharge data is one method of gauging the mental health status of a community. The National Institute of Mental Health estimates that approximately one in four adults in the United States suffers from a diagnosable mental illness in a given year. Common mental health issues such as anxiety and depression are associated with a variety of other public health issues including substance abuse, domestic violence and suicide.

In recent years the rate of hospitalizations for mental health reasons has been increasing and in 2012 it surpassed the rate for the state of Florida. This trend can be observed in the figure below.

Mental Health Hospitalizations
Rate Per 1,000 Population,
2010 - 2014

As with hospitalizations in general for mental health reasons, the rate of emergency department visits has increased in recent years, again surpassing the rate for the state of Florida in 2012. Taken together, the trends in these data may indicate an emerging need in the county.

Mental Health ED Visits Rate Per 1,000 Population, 2010 - 2014
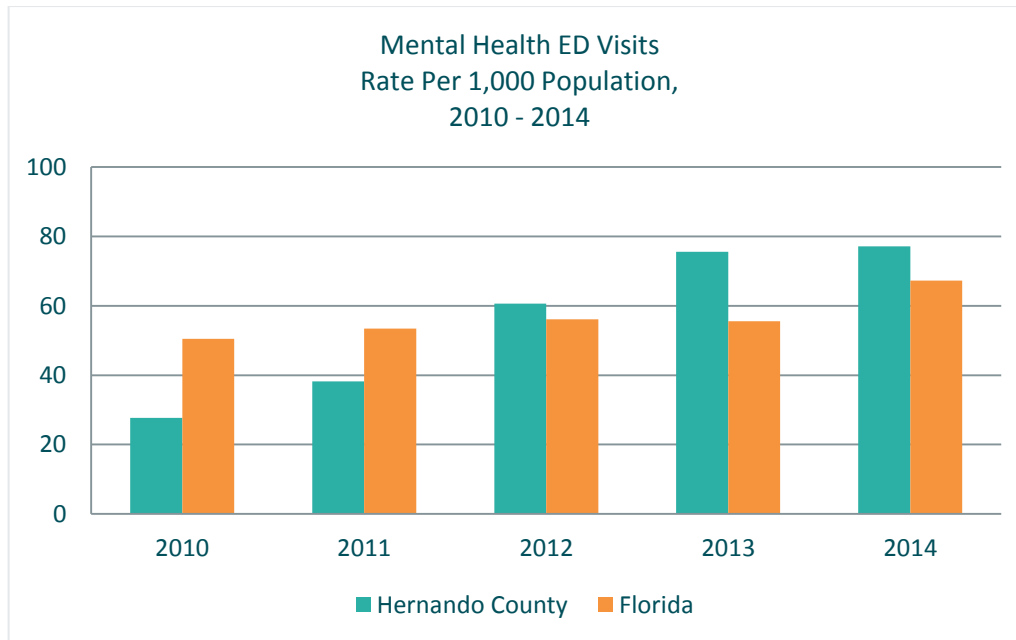
SUMMARY

In summary, the Hernando County Needs Assessment Technical Report reveals the need for further in-depth exploration of social, environmental, and health care factors in order to improve health outcomes. As the county continues to grow, disparities exist between White and Black populations as well as people at various points on the socioeconomic spectrum. Less income and lower social status contributes in some cases to increased psychological and emotional stress, riskier behaviors, and less access to health care and this is reflected throughout the Technical Report. Cancer is the leading cause of death in Hernando County and recent BRFSS data suggests that the percentage of people who have ever smoked cigarettes, and those who are currently smokers are on the rise. The Black population experiences a greater rate of Low Birth Weight and infant deaths in Hernando County as well as the state of Florida. A deeper investigation of the specific social and environmental factors that contribute to racial disparities in maternal and child health in Hernando County is warranted. Based upon hospital data, mental health appears to be an emergent issue that warrants the attention of public health stakeholders.

Community Themes and Strengths Assessment

Quantitative data from a vast array of secondary or administrative data sets can only describe part of a community's core health needs and health issues. A community's perspective of health and the healthcare experience are essential to fully understanding a community's health.

The Community Themes and Strengths Assessment answers the questions: "How is the quality of life perceived in your community?" What factors define a healthy community?" and "What are the most important health problems in your community?" This assessment results in a strong understanding of community issues, concerns, and perceptions about quality of life from the lens of community members, business leaders, and providers.

COMMUNITY HEALTH SURVEYS

METHODOLOGY

Three similar though slightly different surveys were developed to query individuals about community health issues and healthcare systems perspectives: community member survey, provider survey, and business leader survey. For the purpose of this assessment, community members were defined as any person that works, resides, or receives healthcare services in Hernando County. Providers was an all-encompassing term that included a wide range of healthcare professionals that offer healthcare services or play a role in delivering care (e.g., physicians, substance abuse/mental health counselors, dentists, advanced registered nurse practitioners, etc.); whereas, business leaders were defined as any person that operates and/or manages a business. Responses from individuals who did not meet the aforementioned criteria were not collected for data analysis.

A convenience sampling approach (respondents are selected based on accessibility and willingness to participate) was utilized for all three surveys. The Hernando County CHA Steering Committee assisted with the distribution of each respective survey through their organizations and by linking WellFlorida with key stakeholders and community partners who were eligible to participate.

In total, there were 493 respondents to the various surveys: 370 community members, 51 providers and 72 business leaders. The survey instruments employed for community members, providers and business leaders can be seen in the Technical Appendix which accompanies this document.

Demographics	Community Members		Providers		Business Leaders	
	Number	Percent	Number	Percent	Number	Percent
Age Group						
0-17	1	.30	0	0	0	0
18-24	13	3.6	0	0	0	0
25-29	16	4.4	0	0	2	2.8
30-39	63	17.5	10	21.7	5	7.0
40-49	65	18.1	12	26.1	19	26.8
50-59	103	28.6	9	19.6	27	38.0
60-69	67	18.6	11	23.9	12	17.0
70-79	23	6.4	2	4.4	3	4.2
80 or older	5	1.4	0	0	0	0
Preferred not to answer	4	1.1	2	4.4	3	4.2
Gender						
Male	76	21.2	17	37.0	27	37.5
Female	274	76.5	27	58.7	44	61.1
Transgender	1	.3	0	0	0	0
Other	1	.3	1	2.2	0	0
Preferred not to answer	6	1.7	1	2.2	1	1.4
Race/Ethnic Group						
Asian Pacific Islander	2	.6	2	4.4	1	1.4
Black or African American (Non-Hispanic)	18	5.0	3	6.5	0	0
American Indian/ Alaskan Native	0	0	0	0	1	1.4
White (Non-Hispanic)	283	78.8	29	63.0	62	87.3
Hispanic/ Latino	34	9.5	5	10.9	3	4.2
Multiracial/ Multiethnic	4	1.1	0	0	1	1.4
Other	4	1.1	2	4.4	1	1.4
Preferred not to answer	14	3.9	5	10.9	2	2.8

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

Figures 18 through 23 summarize the over-arching questions that were asked of all three groups: community members, providers and business leaders. In general, the top four leading responses for each question of three groups is presented. Questions regarding the following topics are included in the analysis:

- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Rating of community and individual health
- Reasons why obesity is a public health issues
- Likelihood to participate in community events/programs/resources

Each Figure shows the total number of overall respondents (community members - 370; providers - 51; and business leaders - 72) and the percentage of each type of respondent that indicated the given response for a question.

Some noteworthy observations from the Tables include:
- Most important factors that define a healthy community
- Behaviors with the greatest negative impact on overall health
- Most important health problems in the community
- Rating of community and individual health
- Reasons why obesity is a public health issues
- Likelihood to participate in community events/programs/resources

"In the following list, what do you think are the three most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices."

FIGURE 18: MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Factor	Community Members (n=370)	Providers (n=51)	Business Leaders (n=72)
1	Access to healthcare (54.4)	Access to healthcare (76.1)	Access to healthcare (48.6)
2	Job opportunities for all levels of education (35.6)	Healthy behaviors and healthy lifestyles (43.5)	Healthy economy (38.9)
3	Healthy behaviors and healthy lifestyles (27.8)	Job opportunities for all levels of education (39.1)	Job opportunities for all levels of education (37.5)
4	Affordable goods/services (23.3)	Low crime/safe neighborhoods (21.7)	Healthy behaviors and healthy lifestyles (30.6)

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016. Prepared   by: WellFlorida Council, 2016.

"In the list below, please identify the three behaviors that you believe have the greatest negative impact on overall health of people in Alachua County. Please select three (3) choices."

FIGURE 19: BEHAVIORS WITH GREATEST NEGATIVE IMPACT ON OVERALL HEALTH, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Factor	Community Members (n=370)	Providers (n=51)	Business Leaders (n=72)
1	Drug abuse (62.5)	Drug abuse (78.3)	Drug abuse (65.3)
2	Alcohol abuse (36.4)	Alcohol abuse (41.3)	Alcohol abuse (31.9)
3	Violence (27.5)	Not using health care services appropriately (26.1)	Dropping out of school (30.6)
4	Distracted driving (25.3)	Tobacco use (21.7)	Eating unhealthy foods/drinks (27.8)

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

"In the following list, what do you think are the five most important "Health Problems" (those problems which have the greatest impact on overall community health) in Alachua County? Please select five (5) choices."

FIGURE 20: MOST IMPORTANT HEALTH PROBLEMS IN A COMMUNITY, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Factor	Community Members (n=370)	Providers (n=51)	Business Leaders (n=72)
1	Substance abuse/drug abuse (57.2)	Substance abuse/drug abuse (76.1)	Substance abuse/drug abuse (58.3)
2	Mental health problems (47.2)	Mental health problems (65.2)	Obesity (54.2)
3	Access to primary care (36.1)	Access to primary care (41.3)	Mental health problems (52.8)
4	Obesity (35.0)	Obesity (37.0)	Access to primary care (31.9)
5	Access to healthy food (30.6)	*Access to healthy food *Child abuse/neglect *Heart disease and stroke (23.9)	Stress (29.2)

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

"How would you rate the overall health of Hernando County residents?" AND "How would you rate your personal health?"

FIGURE 21: RATE THE OVERALL HEALTH OF HERNANDO COUNTY RESIDENTS, TOTAL NUMBER OF EACH TYPE OF RESPONDENT AND PERCENT OF EACH TYPE OF RESPONDENT, 2016

Rating	Community Members (n=370)		Providers (n=51)		Business Leaders (n=72)	
	Community (%)	Individual (%)	Community (%)	Individual (%)	Community (%)	Individual (%)
Very unhealthy	6.1	1.7	17.4	2.2	4.2	0
Unhealthy	33.3	11.7	54.5	4.4	34.7	2.8
Somewhat healthy	53.1	42.8	28.3	17.8	56.9	37.5
Healthy	7.2	37.2	0	42.2	4.2	44.4
Very healthy	.3	6.7	0	24.4	0	15.3
Preferred not to answer	0	0	0	8.9	0	0

Source: Community Health Survey of Community Members, Providers and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

"A major health problem in Florida is obesity. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, minor or not a reason at all for the obesity problem."

FIGURE 22: REASONS WHY OBESITY IS A PUBLIC HEALTH ISSUE, BY TYPE OF RESPONDENT 2016

Reason	Community Members (n=370)	Business Leaders (n=72)
Major reason	▪ Fast food is inexpensive and easy to find ▪ People spend too much time in front of TV, video games, and computer screens ▪ Healthy foods are expensive ▪ People don't want to change	▪ People spend too much time in front of TV, video games, and computer screens ▪ Fast food is inexpensive and easy to find ▪ People don't want to change ▪ People don't understand the serious health effects of obesity
Minor reason	▪ People don't have enough information about what's in their food ▪ People don't know how to control their weight ▪ People don't want to discuss this issue with their doctor ▪ There is too much advertising of unhealthy foods	▪ Fresh food is difficult to obtain ▪ There is too much advertising of unhealthy foods ▪ There is too much unhealthy food and drinks for sale in schools ▪ People don't know how to control their weight
Not a reason at all	▪ People like a full-bodied appearance ▪ There are not enough places for people to be physically active outdoors	▪ People like a full-bodied appearance ▪ There are not enough places for people to be physically active outdoors

Source: Community Health Survey of Community Members and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

** Hernando County Providers were not asked the question seen above. Commonly reported responses for both business leaders and community members are documented in the figure above.)

"For each of the following activities, please rate your likelihood to participate on a scale from High Unlikely to Highly Likely."

FIGURE 23: LIKELIHOOD TO PARTICIPATE IN COMMUNITY EVENTS/PROGRAMS/RESOURCES, BY TYPE OF RESPONDENT, 2016

Likelihood to participate in Activity	Community Members (n=370)	Business Leaders (n=72)
Highly Likely	▪ Use low-cost exercise options ▪ Use nature trails	▪ Use nature trails ▪ Use low-cost exercise options
Likely	▪ Community organized biking/walking/jogging ▪ Attend healthy cooking and/or nutrition classes	▪ Community organized biking/walking/jogging ▪ Participate in a community weight loss challenge
Neither Unlikely or Likely	▪ Participate in a diabetes educational empowerment program ▪ Participate in a diabetes self-management program	▪ Participate in a diabetes self-management program
Unlikely	▪ Participate in a community weight loss challenge	▪ Attend healthy cooking and/or nutrition classes
Highly Unlikely	▪ Visit Facebook pages or other social media concerning healthy eating and exercise	▪ Visit Facebook pages or other social media concerning healthy eating and exercise

Source: Community Health Survey of Community Members and Business Leaders, 2016. Prepared by: WellFlorida Council, 2016.

** Hernando County Providers were not asked the item seen above. Commonly reported responses for both business leaders and community members are documented in figure above.)

Forces of Change Assessment

METHODS

One of the main elements of the MAPP needs assessment process includes a Forces of Change Assessment (FCA). 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 community to improve health outcomes.

- *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.

In June 2016, the Hernando Steering Committee team convened a group of several community leaders to participate in this Forces of Change Assessment. Prior to the meeting, WellFlorida Council distributed a forces of change brainstorming tool as well as a threats and opportunities worksheet and encouraged invitees to the meeting to begin to brainstorm the possible forces that may hinder or help the community in its quest for community health improvement. The tool used to conduct this activity can be found in Appendix C. The *Forces of Change for Hernando County* table on the following pages summarizes the forces of change identified for Hernando County and possible opportunities and/or threats that may need to be considered in any strategic planning process resulting from this MAPP assessment.

Forces Of Change For Hernando County - FACTORS *(Prepared by WellFlorida Council – June 2016)*			
	FACTORS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Socio-economic	Increasing homeless population	T: *overuse of ER, limited mental health services, property crime*	O: *opportunities to identify gaps and address issues, such as create programs to address the needs of the homeless community. Opportunity to collaborate with existing organizations to address needs of the homeless community.*
	Limited post-secondary education	T: *poor or unhealthy lifestyle behaviors, increasing crime, unemployment,*	O: *trade and vocational programs, develop job-related skills acquisition programs, leverage opportunities for distance education*
	Unemployment	T: increased crime, substance abuse, poverty, homelessness, increased domestic violence and child abuse	O: return to school, community job board (possibility), volunteer labor, new beginnings, child care
	Lack of education related to access to services	T: delay in seeking care	O: education, promotion of health care services on diverse formats (e.g., social media)
Social	Large senior population	T: healthcare, vulnerable to crime, vehicular accidents	O: disposable income, wisdom, volunteer, extended family, more experienced workforce, enriched community
	Seasonal population	T: *job competition, increase in vehicular accidents, spread of communicable diseases (e.g., Zika, Ebola, etc.)*	O: *creates services, diversity*
	Increasing crime rates	T: *community safety, rates could affect community/economic growth*	O: *opportunities to reduce crime through community groups, faith-based organizations, neighborhood watch*
	High substance abuse population	T: crime, death, infant mortality, child welfare	O: FDLRS—linking people to services,

		involvement (foster care), poverty, unemployment, FDLRS referrals	national attention, decriminalization may direct more funds to treatment
	Large number of single mother households	T: stress, abuse, strain on resources, repeating the cycle, increasing crime of children, poverty, grandparents raising children	O: overcoming stereotypes, resilience, support groups, Healthy Start, programs, community resources, crisis center
	Large population without benefits	T: *delay in seeking healthcare services, poor health outcomes, expensive out-of-pocket costs*	O: *expansion of health coverage plans for the uninsured, underinsured, and indigent*
Enviro	Nature coast environment (e.g., springs)	T: *eco-tourism, safety, increasing vulnerability to hurricanes and flooding*	O: *recreation, promotion of physical activity, eco-tourism*
Economic	Population growth	T: *infrastructure, strain on resources, crime, large unskilled population*	O: *gaining more skilled population, attract different jobs, strengthens economy, potential for more active citizens with more community involvement*
	Lack of affordable housing	T: *funding, increased crime and violence*	O: *funding, income-based affordable housing, inclusionary zoning*
	Lack of Spanish speaking providers (mental health)	T: *disconnect to populations, individuals unable to obtain healthcare*	O: *education, recruitment, telemedicine, interpreters*
	Shortage of psychiatrists	T: *mental illness increases, disconnect to populations, individuals unable to obtain healthcare*	O: *telepsychiatry, collaborative care (mental health specialists provide consultation to other health care providers)*
	Lack of low income housing	T: *crime, violence*	O: *funding, income-based housing*
	High concentration of service industry jobs	T: *job competitiveness, job security, demanding work schedules, safety and health*	O: *job opportunity, networking, flexibility*
	High population without benefits	T: disconnected from healthcare settings, delay	O: development of new programs and initiatives

		in seeking care	
Economic/Gov't	Inability for public systems to communicate	T: duplication of services, not receiving services at all, lack of knowledge	O: one-stop shop (211 call system), CHIP
	Need for engagement among private and public sectors	T: *increased competition*	O: *partnership, collaboration, coordination of services, knowledge and awareness of available programs*
	Lack of support for transitional and mental health	T: *job security, poor health outcomes*	O: *establish transitional programs, housing opportunities, job creation*
Gov't	Lack of transportation	T: unemployment, lack of access, hypothermia, pedestrian safety	O: Uber, increased physical activity and exercise, more expendable capital
	Affordable Care Act	T: *community members without coverage, prolonging illnesses, misuse of ED and hospital; lack of preventive care access*	O: *opportunities to advocate for expanded Medicaid, educate on availability of safety net services*
	Legislation	T: *difficulties enacting and enforcing health-related policies*	O: *health reform, political support for prevention programs and interventions*
Scientific/Tech	Infant mortality rates are high	T: *reduced population growth, fertility reduction, post-partum depression*	O: *home visiting programs, establish more prenatal care programs, education, family planning*

Forces Of Change For Hernando County - TRENDS			
(Prepared by WellFlorida Council – June 2016)			
	TRENDS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social	Increasing obesity rates	T: *mixed messages, comorbidities, increased healthcare cost, pre-term birth, lifestyle, farms becoming industrialized, stigma*	O: *changing infrastructure of communities (design), more health information related to healthy lifestyles, incentivizing healthy behaviors, nutrition education, physical activity in schools and workplaces, companies promoting wellness, addressing the stigma related to obesity/overweight status, migrating away from BMI*
	Aging population	T: *strain on existing resources*	O: *more experienced workforce, enriched community*
	Increasing high school drop-out rates	T: *unemployment, lack of education, poverty, abuse, homelessness, substance abuse, drop in higher education, lack of workforce, crime activity, repeating the cycle, risky behaviors*	O: *GED, Nature Coast at Central High School, Sun Tech, expansion of OJT, career readiness—My Career Shines*
	Increasing homeless population	T: *overuse of ER, law enforcement, crime, mental health resources*	O: *opportunities to identify gaps and address issues, such as creation of programs to address the needs of the homeless population. Opportunity to collaborate with existing organizations to address needs of the homeless community*
	Increasing single-parent household	T: *difficulties in receiving healthcare, childcare, preventive healthcare not priority*	O: *developing health interventions specifically targeting single-parent households*
	Population growth	T: *strain on resources, space, health system*	O: *strengthens economy; potential for more active citizens with more community involvement; opportunity to develop healthier communities*
	Increased Spanish speaking population	T: *demand for Spanish speaking providers*	O: *bi-lingual providers (healthcare)*
	Increasing drug abuse (easy access to drugs)	T: *safety, crime and violence*	O: *drug and alcohol abuse prevention programs, AA/NA, treatment programs*

			collaboration between law enforcement
	Lack of extended family	T: *job loss*	O: *opportunities to expand child care programs, affordable child care/ day care*
	Increasing unemployment	T: *social exclusion, financial constraints, lack of professional skills*	O: *emergence of leadership and vocational education and training, partnerships with local gov't, NGO's, public and private institutions*
Social/Econ	Inappropriate use of ER (mental health)	T: *financial burden on hospitals regarding uninsured, reduction in chronic disease management, increase in permanent complications and comorbidities*	O: *opportunities to educate on appropriate use, advocate for prescription assistance; collaboration across healthcare continuum; chronic disease management education*
	Lack of juvenile facilities for Baker Act	T: young population is taken out their community, transportation, burden on family	O: more facilities and services, prevention
	Lack of insurance providers	T: *out-of-pocket expenses, delayed care, morbidity/mortality, health disparities*	O: *healthcare payment reform*
	Lack of trauma informed providers	T: *mental illness increases, domestic violence, uninformed community and local criminal justice system*	O: *establish trauma-informed care programs that provide culturally and linguistically competent services, develop trauma-related job opportunities*
Social/Gov't	Political stratification	T: polarizes people, lack of communication, shuts people off, less productive, impacts organizations, increased stress levels	O: well-informed
	Mass-casualty (violence)	T: *increasing crime, increasing death rates*	O: *gun reform, active shooter trainings and drills*
	Undocumented population	T: fear of government, disease surveillance, poverty, limited job opportunities, human trafficking,	O: education, citizenship, community-oriented
	Increased number of fraud, income tax fraud and identity theft	T: *financial ramifications, violent crime, anxiety, emotional volatility*	O: *identity fraud protection, education, utilizing encryption on computer systems*
Econ	Health care reform (high deductibles)	T: *costly co-pays and out-of-pocket expenses, unanticipated medical costs*	O: *lower monthly premiums, affordable health coverage plans*
	Large population that does not	T: *reduced QOL due to lack of opportunities to grow*	O: *opportunities for businesses to expand, offer alternative/unique*

	quality for unemployment		*employment options; bring new business to area due to rich workforce base*
Econ/Enviro	Improvement of the housing market	T: *influx to the market, space issues, overexpansion; environmental issues; burden on local natural resources*	O: *more places for people to live and contribute to the local economy*
	Increased cost of rent	T: *poverty, crime*	O: *subsidized housing, affordable housing options*
Enviro	Increasing worldwide temperatures	T: threats to the environment, agriculture, tourism, extreme temperatures can lead to health issues, natural disasters threaten safety and livelihoods	O: opportunities to educate on the importance of the environment, conservation, sustainability
Technology	Increased social media use	T: privacy, security concerns, health misinformation, everyone has an opinion, information overload, lack of effective communication	O: increased connectivity, access and influence in communities, promotion of health causes and safety information, awareness, emergency alerts
	Increased technology use	T: misuse, overuse of technology, distracted driving, interpersonal isolation	O: increased access, connectivity, ease and efficiency of services

Forces Of Change For Hernando County - EVENTS *(Prepared by WellFlorida Council – June 2016)*			
	EVENTS	**THREATS POSED**	**OPPORTUNITIES CREATED**
Social/Enviro	Bullying	T: suicide, depression, isolation, dropping out of school, substance abuse, self-medication, bullying others, violence	O: empowerment, awareness, education, support groups
	Oak Hill started an OB	T: doesn't have a NICU	O: gives patients a choice, partnerships
	Opening of drop-in centers	T: sustainability, new needs may arise, community pushback	O: more resources are available, less poverty
	FQHC going away from the health department	T: not knowing who is taking over, delivery of healthcare, communication changes, possible unemployment	O: re-focus on public health, new partnerships
	Terrorism	T: public safety, chaos, institutionalized racism; fear causing reaction and less informed decisions, death, less unity, trauma	O: opportunities for unity, solidarity, education; institution of collaborative policies and all levels of infrastructure, stricter policies, increased unity
	Immigration from Latin America	T: *job competition, terrorism and crime*	O: *more opportunities, avenue for cheap labor, diversity*
	Refugee immigration	T: *strain on infrastructure, population growth*	O: *provide cheap labor, population growth, generally motivated to work*
	Parents opting for home schooling	T: *socialization, financial constraints, time consuming*	O: *educational liberty, religious freedom, close family ties, flexible schedules, emotional stability*
	Parents electing not to do vaccinations	T: *vaccines can cause serious and sometimes fatal side effects, mandatory vaccines infringe upon constitutionally protected religious freedoms, mortality*	O: *parent education, inform parents of minimal (if any) risks of vaccinating children*

Gov't	Elections (state and national)	T: divides population, uncertainty (with programs), impacts funding, change in leadership	O: change in initiatives, expanded care, education, more funding
Tech	Technology crash	T: *cyber-attacks, identity theft*	O: *strict cyber preparedness policies, cybersecurity trainings and workshops*
	High influx of truancy (vaccinations)	T: *child being retained*	O: *home-schooling, distance learning (online/virtual learning)*
Enviro	Natural disasters (hurricanes)	T: *public safety, access to basic needs, injuries, death*	O: *opportunities to educate on hurricane safety, emergency and disaster preparedness*
	Zika virus	T: *illness/disease, stress on infrastructure, panic*	O: *opportunities for education on prevention, containment and prevention efforts for local health officials, research*

Local Public Health System Assessment

METHODOLOGY

The National Public Health Performance Standards Program (NPHPSP) assessments are intended to help users answer such questions as "What are the activities and capacities of our public health system?" and "How well are we providing the Essential Pubic Health Services in our jurisdiction?" The dialogue that occurs in answering these questions can help identify strengths and weaknesses and determine opportunities for improvement.

The NPHPSP is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPSP assessment instruments give guidance to state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private, and voluntary entities that contribute to public health within the community.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instrument are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Local Public Health Governance Performance Assessment Instrument.

All NPHPSP assessment instruments are constructed using the Essential Public Health Services (ES) as a framework. The 10 Essential Public Health Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services
- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

Within the Local Instrument, each ES includes between 2 and 5 model standards that describe the key aspects of an optimally performing public health system. Each model standard is followed by assessment questions that serve as measures of performance. Responses to these questions should indicate how well

the model standard is being met. The model standard portrays the highest level of performance or 'gold standard.' During the facilitation of the LPHSA, respondents, who represent public health system partners, vote on how well the local public health system meets the model standard. The scoring guidance includes:

- No Activity: 0% or absolutely no activity
- Minimal Activity: Greater than zero, but no more than 25% of the activity described within the question is met within the local public health system
- Moderate Activity: Greater than 25%, but no more than 50% of the activity described within the question is met within the local public health system
- Significant Activity: Greater than 50%, but no more than 75% of the activity described within the question is met within the local public health system
- Optimal Activity: Greater than 75% of the activity described within the question is met within the local public health system

The Hernando County LPHSA was facilitated on two separate days: July 13 and July 14, 2016. The LPHSA facilitated on July 13th focused on the Essential Services that are typically the purview of the broader community. These Essential Services are:

- ES 1 - Monitor Health Status to Identify Community Health Problems
- ES 3 – Inform, Educate, and Empower People about Health Issues
- ES 4 – Mobilize Community Partnerships to Identify and Solve Health Problems
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 7 – Link People to Needed Personal Health Services and Assure the Provision of Healthcare when Otherwise Unavailable
- ES 9 – Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

The Hernando County Steering Committee convened a group of community leaders to complete the LPHSA for ES 1, ES 3, ES 4, ES 5, ES 7 and ES 9.

The LPHSA facilitated on July 14th focused on the Essential Services that are typically the purview of the local health department. These Essential Services are:

- ES 2 – Diagnose and Investigate Health Problems and Health Hazards
- ES 5 – Develop Policies and Plans that Support Individual and Community Health Efforts
- ES 6 – Enforce Laws and Regulations that Protect Health and Ensure Safety
- ES 8 – Assure a Competent Public and Personal Healthcare Workforce
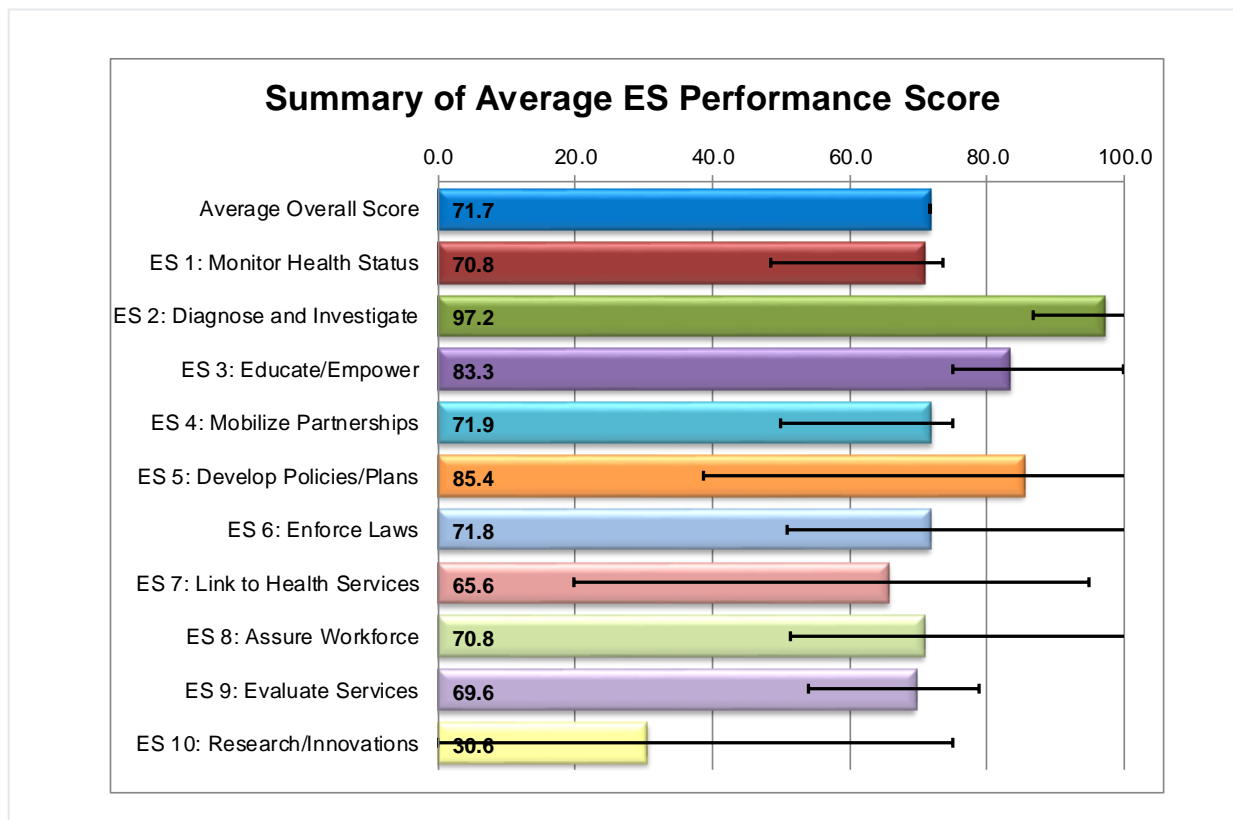- ES 10 – Research for New Insights and Innovative Solutions to Health Problems

The Florida Department of Health in Hernando County convened a group to complete the LPHSA for ES 2, ES 5, ES 6, ES 8, and ES 10.

OBSERVATIONS

Based on the self-assessment of the cross-sectional group representing the local public health system partners, the Essential Services that received the lowest scores were ES 7 and ES 10; while the Essential Services that received the highest scores were ES 2 and ES 5. It is important to note that 9 Essential Services received scores above 50%, meaning the Hernando local public health system is providing at least Significant Activity on each of the Essential Services with the exception of ES 10.

The figure below represents the summary of average performance scores per Essential Service. For a more detailed examination of the LPHSA scores, please review the full report found in the Technical Appendix. The full report includes scores for each model standard question related to each Essential Service. The Essential Service score seen below in the figure is the calculated average of model standard questions scores.

FIGURE 24: SUMMARY OF AVERAGE ESSENTIAL PUBLICH HEALTH SERVICE PERFORMANCE SCORES

Summary of Average ES Performance Score

Essential Service	Score
Average Overall Score	71.7
ES 1: Monitor Health Status	70.8
ES 2: Diagnose and Investigate	97.2
ES 3: Educate/Empower	83.3
ES 4: Mobilize Partnerships	71.9
ES 5: Develop Policies/Plans	85.4
ES 6: Enforce Laws	71.8
ES 7: Link to Health Services	65.6
ES 8: Assure Workforce	70.8
ES 9: Evaluate Services	69.6
ES 10: Research/Innovations	30.6

ESSENTIAL SERVICE 10: RESEARCH FOR NEW INSIGHTS AND INNOVATIVE SOLUTIONS TO HEALTH PROBLEMS

Essential Service 10 is the one essential service that Hernando County's local public health system scored with no more than 50% of the activity described in the model standard as being met. Hernando County is not located near a major university or research center. As such, it is rare for the Hernando County local public health system to foster innovation, connect academically and build upon internal research capacity. To improve on this level of activity, the local public health system in Hernando County may:

• Consider building relationships with the University of South Florida in Tampa and/or University of Florida in Gainesville

• Invite research institutions to consider Hernando County as a rural site for pilot testing research and implementation of new programs

Intersecting Themes and Key Considerations

This section is divided into three parts. First, the Intersecting Themes and Key considerations are summarized in order to identify the key health needs and issues in Hernando County. Second, this section provides links to major national databases of community health improvement best practices that will be critical resources to identifying proven effective programs and interventions that could be implemented in Hernando County. Third, a discussion follows on community health improvement planning in general and some specific structural recommendations regarding the community health improvement planning infrastructure in Hernando County.

INTERSECTING THEMES AND KEY CONSIDERATIONS

Presented below are the intersecting themes, which, in essence, comprise an overview of the major health needs/issues in Hernando County. Following the intersecting themes are the key considerations which are the potential strategic areas of opportunity identified as a result of the community health needs assessment.

INTERSECTING THEMES/HEALTH NEEDS AND ISSUES

- Social Determinants (identified in the Community Health Status Assessment and Forces of Change Assessment)
    - Lower Income than Florida
    - Higher Poverty than Florida
    - Lower Educational Attainment than Florida
    - Unemployment Rates Higher than Florida
    - Racial Disparities (Black/African Americans fare worse than white counterparts)
    - Transportation Barriers
- Health Status Measures (identified in the Community Health Status Assessment, Forces of Change Assessment, and Community Themes and Strengths Assessment)
    - Over All Age-Adjusted Death Rate Higher than Florida
    - Top Causes of Death Rates Higher than Florida:
        - Cancer
        - Chronic Lower Respiratory Disease
        - Unintentional Injury
    - Low Physician Rates
        - Access to Primary Care and Specialty Care
    - Hospitalization Rates Higher than Florida
    - Avoidable Emergency Department Rates Higher than Florida
    - Mental Health and Substance Abuse Hospitalization Rates Higher than Florida (inappropriate use of Hospitals)

- Lower Life Expectancy than Florida
- Access to Mental Health Care
- Drug and Alcohol Abuse and Access to Treatment
- Obesity Increasing
- Lack of Exercise/Physical Activity

KEY CONSIDERATIONS

- Promote a culture of community health as a system of many diverse partners and systems
- Foster a unifying community organizing principle and capacity building system around shared outcomes and measures
- Create a core system of metrics to monitor the performance of a community health system and to inform collective and individual entity investment in community health
- Develop resource availability and appropriate utilization education programs
- Enhance or create preventive programs, services and resources to address behaviors that lead to or exacerbate chronic diseases
- Enhance or create programs to more effectively and efficiently manage chronic diseases
- Enhance or create programs to address obesity and promote attainment of a healthy weight
- Create initiatives to increase the availability of primary, specialty, dental and mental health professionals and services
- Consider programs to address root causes (social determinants of health)

INTERVENTIONS: GENERAL APPROACHES AND SPECIFIC OPPORTUNITIES

Prior to any type of prioritization of interventions and activities to address critical health needs and issues in Hernando County, community partners should review existing databases of evidence-based and promising practices. These resources have been designed to catalogue the best practices for addressing countless key community health issues. Each of these resources is designed a bit differently, but at the core, either provides a comprehensive and regularly updated list of promising and evidence-based practices or have an interface that allows partners to identify best practices based on the issue, type of intervention or target population. In general, these databases should be consulted prior to any type of intervention identification or prioritization with the community. Presented below are five of the most frequently utilized and widely respected databases of practices for improving community health.

- Center for Disease Control and Prevention Community Health Improvement Navigator
  http://wwwn.cdc.gov/chidatabase
- County Health Rankings Policy Database – University of Wisconsin Population Health Institute and Robert Wood Johnson Foundation
  http://www.countyhealthrankings.org/policies/

- The Community Guide – U.S. Department of Health and Human Services, Community Prevention Services Task Force
    http://www.thecommunityguide.org/index.html
- Healthy People 2020 Evidence-Based Resources – U.S. Department of Health and Human Services
    https://www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources
- Community Tool Box – The University of Kansa KU Work Group for Community Health and Development
    http://ctb.ku.edu/en/databases-best-practices

One key feature of each of these resources is to qualify the quality of the evidence upon which these practices are deemed best practices. When reviewing practices at these sites, one must keep in mind the following qualifiers for the quality of and the type of evidence upon which the intervention is based:

Case-Control Study: A case-control study identifies all incident cases that develop the outcome of interest and compares their exposure history with the exposure history of controls sampled at random from everyone within the cohort who is still at risk for developing the outcome of interest.

Cohort Study: A cohort study is a clinical research study in which people who presently have a certain condition or receive a particular treatment are followed over time and compared with another group of people who are not affected by the condition. May or may not determine an evidence-based practice.

Cross-Sectional or Prevalence Study: A cross-sectional or prevalence study is a study that examines how often or how frequently a disease or condition occurs in a group of people. Prevalence is calculated by dividing the number of people who have the disease or condition by the total number of people in the group. May or may not determine an evidence-based practice.

Effective Practice: A program that has been scientifically evaluated and has quantitative measures of improvement but those measures are not statistically significant.

Evidence-Based: The study is of peer review quality and presents statistically significant results in a scientific manner. The intervention may be categorized simply as "evidence-based" or as "low", "moderate" or "strong" depending on the strength of the statistical significance.

Evidence-Based (Low or Suggestive): While there are no systematic experimental or quasi-experimental evaluations, the evidence includes non-experimental or qualitative support for an association between the innovation and targeted healthcare outcomes or processes, or structures in the case of healthcare policy innovations.

Evidence-Based (Moderate): While there are no randomized, controlled experiments, the evidence includes at least one systematic evaluation of the impact of the innovation using a quasi-experimental design, which could include the non-random assignment of individuals to comparison groups, before-and-after comparisons in one group, and/or comparisons with a historical baseline or control. The results of the evaluation(s) show consistent direct or indirect evidence of the effectiveness of the innovation in improving targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy

innovations. However, the strength of the evidence is limited by the size, quality, or generalizability of the evaluations, and thus alternative explanations cannot be ruled out.

Evidence-Based (Strong): The evidence is based on one or more evaluations using experimental designs based on random allocation of individuals or groups of individuals (e.g. medical practices or hospital units) to comparison groups. The results of the evaluation(s) show consistent direct evidence of the effectiveness of the innovation in improving the targeted healthcare outcomes and/or processes, or structures in the case of healthcare policy innovations.

Evidence of Ineffectiveness: Strategies with this rating are not good investments. These strategies have been tested in many robust studies with consistently negative and sometimes harmful results.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Expert Opinion: Strategies with this rating are recommended by credible, impartial experts but have limited research documenting effects; further research, often with stronger designs, is needed to confirm effects.

Experimental Study: An experimental study is a type of evaluation that seeks to determine whether a program or intervention had the intended causal effect on program participants.

Individual Study: Scientific evaluation of the efficacy of an intervention in a single study.

Insufficient Evidence: Strategies with this rating have limited research documenting effects. These strategies need further research, often with stronger designs, to confirm effects.

Mixed Evidence: Strategies with this rating have been tested more than once and results are inconsistent or trend negative; further research is needed to confirm effects.

Nonsystematic Review: A non-systematic review is a critical assessment and evaluation of some but not all research studies that address a particular issue. Researchers do not use an organized method of locating, assembling, and evaluating a body of literature on a particular topic, possibly using a set of specific criteria. A non-systematic review typically includes a description of the findings of the collection of research studies. The non-systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Peer-Reviewed: A publication that contains original articles that have been written by scientists and evaluated for technical and scientific quality and correctness by other experts in the same field.

Pilot Study: A pilot study is a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project.

Practice-based Example: A practice-based example is an original investigation undertaken in order to gain new knowledge partly by means of practice and the outcomes of that practice.

Promising Practice/Good Idea: The program evaluation is limited to descriptive measures of success.

Randomized Control Trial: A randomized control trial is a controlled clinical trial that randomly (by chance) assigns participants to two or more groups. There are various methods to randomize study participants to their groups.

Scientifically Supported: Strategies with this rating are most likely to make a difference. These strategies have been tested in many robust studies with consistently positive results.

Some Evidence: Strategies with this rating are likely to work, but further research is needed to confirm effects. These strategies have been tested more than once and results trend positive overall.

Systematic Review: A systematic review is a critical assessment and evaluation of all research studies that address a particular issue. Researchers use an organized method of locating, assembling, and evaluating a body of literature on a particular topic using a set of specific criteria. A systematic review typically includes a description of the findings of the collection of research studies. The systematic review may or may not include a quantitative pooling of data, called a meta-analysis.

Systematic Review – Insufficient Evidence: The available studies do not provide sufficient evidence to determine if the intervention is, or is not, effective. This does NOT mean that the intervention does not work. It means that additional research is needed to determine whether or not the intervention is effective.

Systematic Review – Recommended: The systematic review of available studies provides strong or sufficient evidence that the intervention is effective. The categories of "strong" and "sufficient" evidence reflect the Task Force's degree of confidence that an intervention has beneficial effects. They do not directly relate to the expected magnitude of benefits. The categorization is based on several factors, such as study design, number of studies, and consistency of the effect across studies.

Systematic Review – Recommended Against: The systematic review of available studies provides strong or sufficient evidence that the intervention is harmful or not effective.

The following table presents results of a query of these best practices for some of the key health issue/needs areas in Hernando County and are worthy of consideration as community interventions. Some of these best practices may already be in place in Hernando County and need enhancement while others represent new opportunities.

FIGURE 25: PROMISING INTERVENTIONS

Issue	Practice or Intervention	Effectiveness	Source
Chronic Disease	Weekly Home Monitoring and Pharmacist Feedback Improve Blood Pressure Control in Hypertensive Patients	Evidence-Based (Strong)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/weekly-home-monitoring-and-pharmacist-feedback-improve-blood-pressure-control-in-hypertensive-patients
Chronic Disease	Help Educate to Eliminate Diabetes (HEED) A culturally appropriate and community based peer-led lifestyle intervention (Project HEED). These peer-led lifestyle interventions promoted and encouraged healthier life-style changes amongst the participants of the study by educating them in portion control, physical activities, and healthier and affordable food options.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3841
Chronic Disease	Community Referral Liaisons Help Patients Reduce Risky Health Behaviors, Leading to Improvements in Health Status The Community Health Educator Referral Liaisons project helped patients to reduce risky health behaviors (e.g., drinking, smoking, physical inactivity) by linking them with community resources, offering counseling and encouragement over the telephone, and providing feedback to referring physicians. Originally implemented between February 2006 and July 2007, the program included four liaisons who worked with 15 primary care practices in three Michigan communities, referring patients to community preventive health services and offering counseling and encouragement to help patients achieve their health-related goals.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-referral-liaisons-help-patients-reduce-risky-health-behaviors-leading-to-improvements-in-health-status
Chronic Disease	Diabetes Educators Provide Counseling at Worksites, Leading to Enhanced Knowledge, Improved Outcomes, and Reduced Absenteeism Chrysler LLC and Health Alliance Plan of Michigan worked with other organizations to create the Driving Diabetes Care Experts program, which screens employees to identify those with diabetes and brings diabetes educators to three Chrysler office and factory worksites for scheduled one-on-one or group counseling sessions with these employees. Sessions help to identify diabetes-related concerns and set goals for diabetes management activities, such as dietary changes, exercise, and medication management. Pre- and post-implementation results from two sites show that the program led to enhanced diabetes knowledge; better blood sugar, cholesterol, and weight control; and less absenteeism.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/diabetes-educators-provide-counseling-atworksitesleading-to-enhanced-knowledge-improved-outcomes-and-reduced-absenteeism
Dental Health	Preventing Dental Caries: School-Based Dental Sealant Delivery Programs The Community Preventive Services Task Force recommends school-based sealant delivery	Evidence-Based	The Community Guide: http://www.thecommunityguide.org/oral/schoolsealants.html

Issue	Practice or Intervention	Effectiveness	Source
	programs based on strong evidence of effectiveness in preventing dental caries (tooth decay) among children. This recommendation is based on evidence that shows these programs increase the number of children who receive sealants at school, and that dental sealants result in a large reduction in tooth decay among school-aged children (5 to 16 years of age).		
Dental Health	Preventing Dental Caries: Community Water Fluoridation The Community Preventive Services Task Force recommends community water fluoridation based on strong evidence of effectiveness in reducing dental caries across populations. Evidence shows the prevalence of caries is substantially lower in communities with CWF. In addition, there is no evidence that CWF results in severe dental fluorosis.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/oral/fluoridation.html
Mental Health	Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists. These mental health specialists provide clinical advice and decision support to primary care providers and case managers. These processes are frequently coordinated by technology-based resources such as electronic medical records, telephone contact, and provider reminder mechanisms.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/recommendation-from-the-community-preventive-services
Mental Health	Interventions to Reduce Depression Among Older Adults: Home-Based Depression Care Management - Depression care management at home for older adults with depression is recommended on the basis of strong evidence of effectiveness in improving short-term depression outcomes. Home-based depression care management involves active screening for depression, measurement-based outcomes, trained depression care managers, case management, patient education, and a supervising psychiatrist.	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/interventions-to-reduce-depression-among-older-adults-0
Mental Health	School-Based Programs to Reduce Violence Universal school-based programs to reduce violence are designed to teach all students in a given school or grade about the problem of violence and its prevention or about one or more of the following topics or skills intended to reduce aggressive or violent behavior: emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work. In this review, violence refers to both victimization and perpetration.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/violence/schoolbasedprograms.html
Nutrition	Mind, Exercise, Nutrition...Do it! (MEND) Program The goal of MEND is to reduce global obesity levels by offering free healthy living programs through communities and allowing families to learn about weight management. The MEND program focuses on educating children at an early age about healthy	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/mind-exercise-nutritiondo-it-mend-program

Issue	Practice or Intervention	Effectiveness	Source
	living and providing parents with solutions on how to promote good habits at home.		
Nutrition	Video Game Play This program utilized two videogames called "Escape from Diab" (Diab) and "Nanoswarm: Invasion from Inner Space" (Nano) to promote healthier behavior changes to reduce adverse health effects such as obesity and cardiovascular diseases among youth aged 10-12.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3826
Nutrition	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Nutrition	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Nutrition	A community intervention reduces BMI z-score in children: Shape Up Somerville first year results The objective was to test the hypothesis that a community-based environmental change intervention could prevent weight gain in young children (7.6 +/- 1.0 years). A non-randomized controlled trial was conducted in three culturally diverse urban cities in Massachusetts. Somerville was the intervention community; two socio-demographically-matched cities were control communities. Children (n = 1178) in grades 1 to 3 attending public elementary schools participated in an intervention designed to bring the energy equation into balance by increasing physical activity options and availability of healthful foods within the before-, during-, after-school, home, and community environments. Many groups and individuals within	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/a-community-intervention-reduces-bmi-z-score-in-children-shape-up-somerville-first-year-results

Issue	Practice or Intervention	Effectiveness	Source
	the community (including children, parents, teachers, school food service providers, city departments, policy makers, healthcare providers, before- and after-school programs, restaurants, and the media) were engaged in the intervention.		
Obesity	Statewide Collaborative Combines Social Marketing and Sector-Specific Support to Produce Positive Behavior Changes, Halt Increase in Childhood Obesity	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/statewide-collaborative-combines-social-marketing-and-sector-specific-support-to-produce-positive-behavior-changes-halt-increase
Obesity	Text4Diet: A Text Message-based Intervention for Weight Loss Text4Diet™is a mobile phone-based intervention tool that addresses dietary, physical activity and sedentary behaviors with the goal of promoting and sustaining weight loss.	Evidence-Based	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/text4diet-a-text-message-based-intervention-for-weight-loss
Obesity	Health Education to Reduce Obesity (HERO) The mobile program brings hands-on nutrition education, health screenings, fitness training, and healthy lifestyle promotion to local elementary schools in Jacksonville, Florida and the surrounding area.	Promising Practice/Good Idea	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=4003
Obesity	Healthy Eating Lifestyle Program (HELP) Healthy Eating Lifestyle Program's (HELP) main goal was to help overweight children aged 5-12 years and their families adopt healthier eating habits and increase physical activity. The program intervened with children before they reach adolescents and focused on long-term lifestyle changes in order to prevent the most long-term morbidity	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3542
Obesity	Pounds Off Digitally (POD) Pounds Off Digitally offers weight loss intervention via a podcast (audio files for a portable music player or computer) has the advantage of being user controlled, easily accessible to those with the internet, and mobile. Over the course of 12 weeks overweight adults receive 24 episodes of a weight loss podcast based on social cognitive theory.	Effective Practice	Healthy Communities Institute: http://cdc.thehcn.net/index.php?controller=index&module=PromisePractice&action=view&pid=3209
Obesity	Obesity Prevention and Control: Worksite Programs Worksite nutrition and physical activity programs are designed to improve health-related behaviors and health outcomes. These programs can include one or more approaches to support behavioral change including informational and educational, behavioral and social, and policy and environmental strategies.	Systematic Review	The Community Guide: http://www.thecommunityguide.org/obesity/workprograms.html
Obesity	Obesity Prevention and Control: Behavioral Interventions to Reduce Screen Time Behavioral interventions aimed at reducing screen time are recommended for obesity prevention and control based on sufficient evidence of effectiveness for reducing measured screen time and improving weight-related outcomes. Screen time was reduced	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/obesity-prevention-and-control-behavioral-interventions

Issue	Practice or Intervention	Effectiveness	Source
	by 36.6 min/day (range: -26.4 min/day to -55.5 min/day) and a modest improvement in weight-related outcomes was observed when compared to controls. Most of the interventions evaluated were directed at children and adolescents. Behavioral interventions to reduce screen time (time spent watching TV, videotapes, or DVDs; playing video or computer games; and surfing the internet) can be single-component or multicomponent and often focus on changing screen time through classes aimed at improving children's or parents' knowledge, attitudes, or skills.		
Physical Activity	Community Coalition Supports Schools in Helping Students Increase Physical Activity and Make Better Food Choices HEALTHY (Healthy Eating Active Lifestyles Together Helping Youth) Armstrong, a community-based coalition in rural Armstrong County, PA, adopted elements of the national We Can! Ways to Enhance Children's Activity & Nutrition) program to help children improve their nutritional habits and get more physical activity. The coalition sponsors local marketing that promotes healthy behaviors, assists Armstrong School District elementary schools in providing students and parents with opportunities to learn about and engage in healthy behaviors, and hosts various community events that do the same.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/community-coalition-supports-schools-in-helping-students-increase-physical-activity-and-make-better-food-choices
Physical Activity	County, City, and Community Agencies Support Childcare Centers and Parents in Improving Nutrition and Physical Activity Habits of Preschoolers Over a 2-year period, the Wayne County Health Department, the Partnership for Children of Wayne County, and the Goldsboro Parks and Recreation Department worked with several nonprofit groups to promote better nutrition and increased physical activity among preschoolers who attend eight local childcare centers. Key program components included refurbishing a local park and offering group events there, training childcare center staff on healthy eating and exercise, and planting gardens at each center.	Evidence-Based (Moderate)	CDC Community Health Improvement Navigator: http://wwwn.cdc.gov/CHIdatabase/items/county-city-and-community-agencies-support-childcare-centers-and-parents-in-improving-nutrition-and-physical-activity-habits-of
Physical Activity	The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. Urban design and land use policies and practices that support physical activity in small geographic areas (generally a few blocks) are recommended based on sufficient evidence of their effectiveness in increasing physical activity. Street-scale urban design and land use policies involve the efforts of urban planners, architects, engineers, developers, and public health professionals to change the physical environment of small geographic areas, generally limited to a few blocks, in ways that support physical activity. Policy instruments	Systematic Review	Healthy People 2020: http://www.healthypeople.gov/2020/tools-resources/evidence-based-resource/the-effectiveness-of-urban-design-and-land-use-and-3

Issue	Practice or Intervention	Effectiveness	Source
	employed include: building codes, roadway design standards, and environmental changes. Design components include: improving street lighting, developing infrastructure projects to increase safety of street crossing, using traffic calming approaches (e.g., speed humps, traffic circles), and enhancing street landscaping.		
Physical Activity	Activity Bursts in the Classroom (ABC) Fitness Program Activity Bursts in the Classroom (ABC) Fitness Program is a classroom based physical activity program for elementary school children. The program combines brief bursts of classroom-based activity with parental education and community involvement. Bursts of classroom activity aim to replace time spent by teachers calming down classrooms and improving concentration among students. Bursts of activity are conducted during downtime in the classroom, with a goal of 30 minutes of activity a day. Each activity burst has three components: warm up, core activity, and cool down. Warm up includes stretching or light aerobic activity, the core activity includes strength or aerobic activity, and the cool down consists of stretching or low-intensity activity. Teachers are given freedom to choose the activities appropriate for their classroom.	Evidence-Based	Healthy Communities Institute: http://cdc.thehcn.net/index.php?module=promisepractice&controller=index&action=view&pid=3616
Physical Activity	Behavioral and Social Approaches to Increase Physical Activity: Enhanced School-Based Physical Education Enhanced school-based physical education (PE) involves curricular and practice-based changes that increase the amount of time that K-12 students engage in moderate- or vigorous-intensity physical activity during PE classes. Strategies include the following: •Instructional strategies and lessons that increase physical activity (e.g., modifying rules of games, substituting more active games for less active ones) •Physical education lesson plans that incorporate fitness and circuit training activities	Systematic Review	The Community Guide: http://www.thecommunityguide.org/pa/behavioral-social/schoolbased-pe.html
Substance Abuse	Principles of Drug Addiction Treatment: A Research-Based Guide This section provides examples of treatment approaches and components that have an evidence base supporting their use. Each approach is designed to address certain aspects of drug addiction and its consequences for the individual, family, and society. Some of the approaches are intended to supplement or enhance existing treatment programs, and others are fairly comprehensive in and of themselves.	Evidence-Based	National Institute of Health: https://www.drugabuse.gov/publications/principles-drug-addiction-treatment/evidence-based-approaches-to-drug-addiction-treatment/pharmacotherapies
Poverty	Policies to Address Poverty in America: Collective evidence on successful interventions that	Systemic Review	The Hamilton Project: http://www.hamiltonproject.org/assets/files/policies_to_

Issue	Practice or Intervention	Effectiveness	Source
	are designed to address specific aspects of poverty. The included proposals are put forward with the goal of making economic prosperity a more broadly shared promise for all who live in the United States.		address_poverty_in_america_summary_of_highlights.pdf
Poverty	Social Programs That Work: Employment and Welfare This site seeks to identify social interventions shown in rigorous studies to produce sizeable, sustained benefits to participants and/or society.	Evidence-Based	Coalition for Evidence-Based Policy: http://evidencebasedprograms.org/about/employment-and-welfare
Poverty	What works? Proven approaches to alleviating poverty The resulting *What Works* report examines innovations in poverty measurement, explores in detail the programs that work for poverty alleviation, and highlights supportive infrastructure and capacity-building frameworks that jurisdictions are employing to better understand and address the complex factors of poverty.	Evidence-Based	University of Toronto, School of Public Policy & Governance: https://mowatcentre.ca/wp-content/uploads/publications/95_what_works_full.pdf

Appendix

This Appendix includes the following sections:

- Steering Committee Members
- Survey Materials
- Local Public Health System Assessment Report: National Public Health Performance Standards

STEERING COMMITTEE MEMBERS

- Tresa Watson, CHIP Executive Board Member
- Duanne Chichester, CHIP Executive Board Member
- Capt. Harold Hutchinson, CHIP Executive Board Member
- Natalie Kahler, City of Brooksville, Mayor
- Rich Linkul, Oak Hill Hospital
- Debbie Daniel, Chairman, Board of Directors, Nature Coast Community Health Center
- Mickey Smith, CEO, Oak Hill Hospital
- Thomas Patrias, CEO, Bayfront Hospital, Spring Hill
- Ken Wicker, CEO, Bayfront Hospital, Brooksville
- Satnam S. Bedi, DMD, MS, Dental Association
- Steve Diez, Hernando County MPO
- Joanne Shock, NAMI
- Sandra Marrero, Baycare
- Sheriff Nienhuis, Hernando County Sheriff's Office
- Cecilia Patella, Hernanco County Sheriff's Office Emergeny Management
- Chief Scott Heckler, Hernando County Fire Department
- Chief George Turner, City of Brooksville Police Department
- Mark Barry, ARC
- Barbara Sweinburg, Crescent Clinic
- Dr. Husam Abuzarad, Crescent Clinic Medical Director
- Adam Brooks, Hernando County
- Robin Napier, DOH - Hernando
- Albert Gray, DOH - Hernando
- Ann-Gayl Ellis, DOH - Hernando
- Nina Mattei, DOH - Hernando
- Timothy Miller, DOH - Hernando
- Kathleen Sauskojus, DOH - Hernando
- Amber Slusser, YMCA
- Sylvia Torres, Dereraux Kinds
- Angie Bonfardino, United Way Hernando
- John Mitten, Sr., Pastoral Association
- Cathy Dofka, Hernando County Schools
- Barbara Wheeler, Homelss Coalition
- Jeanne Whitely, Catholic Charities
- Barbara Manuel, WWJB

- Viennessee Black, Faith Based Community
- Martha Maner, Head Start
- Leonard Sossamon, Hernando County Administrator
- Linda McKenna, HPH Hospice
- Janine L. Hammett, RN, Children's Advocacy Center
- Joanne Boggus, Board Director, People Helping Peeple
- James Flaherty, CareerSource
- Lori Romano, Hernando County Schools

SURVEY MATERIALS

BUSINESS LEADER SURVEY

2016 Hernando County Business Leader Survey

Dear Business Leaders,   The Florida Department of Health in Hernando County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed between February and September 2016. As a business leader, we are requesting your input on the most pressing health and health care issues facing our community in 2016 and beyond. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 20 questions and should take approximately 10-15 minutes to complete.   This survey is being distributed throughout Hernando County in 2016. Please complete this survey only once.   If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change your responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.   Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Lindsey K. Redding at WellFlorida Council (www.wellflorida.org). The phone number is 352-313-6500 ext. 110 and her e-mail address is lredding@wellflorida.org

Q1 What is the zip code of your business address?

- ⭕ 34601
- ⭕ 34602
- ⭕ 34603
- ⭕ 34604
- ⭕ 34605
- ⭕ 34606
- ⭕ 34607
- ⭕ 34608
- ⭕ 34609
- ⭕ 34611
- ⭕ 34613
- ⭕ 34614
- ⭕ 34636
- ⭕ 34661
- ⭕ Other _____

Q2 In the following list, what do you think are the three most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

- ❑ Access to health care
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Affordable goods/services
- ❑ Arts and cultural events
- ❑ Clean environment
- ❑ Emergency preparedness
- ❑ Good race/ethnic relations
- ❑ Good place to raise children
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles
- ❑ Healthy economy
- ❑ Job opportunities for all education levels
- ❑ Low adult death and disease rates
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Religious or spiritual values
- ❑ Strong family ties
- ❑ Other (please specify) _____

Q3 In the list below, please identify the three (3) behaviors that you believe have the greatest negative impact on the overall health of people in Hernando County. Please select three (3) choices.

- ❑ Alcohol abuse
- ❑ Distracted driving (e.g. texting and driving)
- ❑ Dropping out of school
- ❑ Drug abuse
- ❑ Eating unhealthy foods/drinking sweetened beverages
- ❑ Lack of sleep
- ❑ Not exercising
- ❑ Not getting immunizations to prevent disease (e.g. flu shots)
- ❑ Not using birth control
- ❑ Not using health care services appropriately
- ❑ Not using seat belts/child safety seats
- ❑ Overeating
- ❑ Race/ethnic relations
- ❑ Starting prenatal care late in pregnancy
- ❑ Stress management
- ❑ Tobacco use
- ❑ Unsafe sex
- ❑ Unsecured firearms
- ❑ Violence
- ❑ Other (please specify) _____

Q4 In the following list, what do you think are the five (5) most important "Health Problems" (those problems which have the greatest impact on overall community health) in Hernando County? Please select five (5) choices.

- ❑ Access to healthy food
- ❑ Access to long-term care
- ❑ Access to primary care
- ❑ Affordable assisted living
- ❑ Aging problems (e.g. arthritis, hearing loss, etc.)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ Dental problems
- ❑ Diabetes
- ❑ Disability
- ❑ Domestic violence
- ❑ Elderly caregiving
- ❑ Firearm-related injuries
- ❑ Heart disease and stroke
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Homicide
- ❑ Infant death
- ❑ Mental health problems
- ❑ Motor vehicle crash injuries
- ❑ Obesity
- ❑ Pollution (e.g. water and air quality, soil, etc.)
- ❑ Rape/sexual assault
- ❑ Respiratory/lung disease
- ❑ Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)
- ❑ Stress
- ❑ Substance abuse/Drug abuse
- ❑ Suicide
- ❑ Teenage pregnancy
- ❑ Vaccine preventable diseases (e.g. flu, etc.)
- ❑ Other (please specify) _____

Q5 A major health problem in Florida is obesity. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not a reason at all for the obesity problem.

	Major Reason	Minor Reason	Not a Reason at All	Not sure
Fast food is inexpensive and easy to find	❍	❍	❍	❍
Fresh food is difficult to obtain	❍	❍	❍	❍
Healthy foods are expensive	❍	❍	❍	❍
Losing weight is hard	❍	❍	❍	❍
People don't discuss with their doctors	❍	❍	❍	❍
People don't have enough information about what is in their food	❍	❍	❍	❍
People don't know how to control their weight	❍	❍	❍	❍
People don't understand the serious health effects of obesity	❍	❍	❍	❍
People don't want to change	❍	❍	❍	❍
People like a full-bodied appearance	❍	❍	❍	❍
People spend too much time in front of TV, video games and	❍	❍	❍	❍

computer screens				
There are not enough places for people to be physically active outdoors	○	○	○	○
There is too much advertising of unhealthy foods	○	○	○	○
There is too much unhealthy food and drinks for sale in schools	○	○	○	○

Q6 For each of the following activities, please rate your likelihood to participate on a scale from Highly Unlikely to Highly Likely.

	Highly Unlikely	Unlikely	Neither Unlikely or Likely	Likely	Highly Likely	Not Applicable or Not Sure
Attend healthy cooking and/or nutrition classes	❍	❍	❍	❍	❍	❍
Community organized biking/walking/jogging	❍	❍	❍	❍	❍	❍
Participate in a community weight loss challenge	❍	❍	❍	❍	❍	❍
Participate in a disease management program	❍	❍	❍	❍	❍	❍
Take your children to low-cost summer or after-school activities that promote physical activity	❍	❍	❍	❍	❍	❍
Use low-cost exercise options	❍	❍	❍	❍	❍	❍
Use nature trails	❍	❍	❍	❍	❍	❍
Visit Facebook pages or other social media concerning healthy eating and exercise	❍	❍	❍	❍	❍	❍

Q7 For each of the questions below, please answer by responding on a scale from Strongly No and Strongly Yes.

	Strongly No	No	Neutral	Yes	Strongly Yes
Are there networks of support (such as church groups, social service agencies, etc.) for individuals and families during times of stress and need?	○	○	○	○	○
Are there sufficient levels of trust and willingness to work together to achieve community goals?	○	○	○	○	○
Are you satisfied with the quality of life in our community?	○	○	○	○	○
Is the community a safe place to live?	○	○	○	○	○
Is there a sufficient number of health and social services in the community?	○	○	○	○	○
Is there a sufficient number of dental services	○	○	○	○	○
Is there a sufficient number of	○	○	○	○	○

medical services					
Is there a sufficient number of mental health/substance abuse services	○	○	○	○	○

Q8 How would you rate the overall health of residents of Hernando County? Please select one (1) choice.

○ Very unhealthy
○ Unhealthy
○ Somewhat healthy
○ Healthy
○ Very healthy

Q9 For each of the following issues, please indicate how much of a problem you believe the issue is in Hernando County.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health care insurance	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Knowledge of where to access dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care	○	○	○	○	○

doctors					
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Quality of health care services	○	○	○	○	○
Transportation to health care services	○	○	○	○	○

Q10 Which of the following best describes the offering of health insurance by your business/employer?
Please select one (1) response.

- ❍ My business/employer does not offer health insurance
- ❍ My business/employer offers health insurance but does NOT subsidize employee premiums
- ❍ My business/employer offers health insurance and DOES subsidize employee premiums
- ❍ I am a sole proprietor and purchase my own health insurance
- ❍ I am a sole proprietor and DO NOT have health insurance

Q11 Which of the following wellness benefits does your business/employer offer to employees?

	Yes	No
Biometric screening, a health examination that measures an employee's risk factors such as cholesterol, blood pressure, stress and nutrition	○	○
Classes in nutrition/healthy eating	○	○
Classes in disease management	○	○
Employee Assistance Program (EAP)	○	○
Flu shots or other immunizations	○	○
Gym memberships discounts or on-site exercise facility	○	○
Health risk assessment (includes questions about medical history, health status and lifestyle which is designed to identify the risks of the person being assessed)	○	○
Lifestyle or behavior coaching	○	○
Tobacco/Smoking cessation program	○	○
Web-based resources for healthy living	○	○
Weight loss program	○	○
Wellness newsletter	○	○
Other (please specify)	○	○

Q12 What types of incentives does your business/employer offer for participation in wellness activities? Please check all that apply.

- ❑ Additional leave time
- ❑ Bonus payments
- ❑ Discounts on programs or services
- ❑ Not sure
- ❑ Reduced health insurance premiums
- ❑ Salary/wages increases
- ❑ Special awards and recognitions
- ❑ None
- ❑ Other (please specify) _____

Q13 How would you rate your own personal health?

- ○ Very unhealthy
- ○ Unhealthy
- ○ Somewhat healthy
- ○ Healthy
- ○ Very healthy

Now we need to find out a little about you.

Q14 What is the size of your business or employer's business? Please select one (1) response.

- ❍ 1 employee
- ❍ 2-9 employees
- ❍ 10-19 employees
- ❍ 20-24 employees
- ❍ 25-49 employees
- ❍ 50-99 employees
- ❍ 100-499 employees
- ❍ 500 or more employees
- ❍ I prefer not to answer
- ❍ Not sure

Q15 What is the greatest ongoing threat to the productivity of employees of your employer's or your business? Please select three (3) responses.

- ❑ Absenteeism or poor performance due to family health issues
- ❑ Absenteeism or poor performance due to personal health issues
- ❑ Domestic Violence
- ❑ Lack of personal responsibility or accountability
- ❑ Lack of proper training
- ❑ Mental Health
- ❑ Substance Abuse
- ❑ Transportation
- ❑ I prefer not to answer
- ❑ Other (please specify) _____

Q16 What is your age?

- ❍ 0-17
- ❍ 18-24
- ❍ 25-29
- ❍ 30-39
- ❍ 40-49
- ❍ 50-59
- ❍ 60-69
- ❍ 70-79
- ❍ 80 or older
- ❍ I prefer not to answer

Q17 What is your gender?

- ❍ Male
- ❍ Female
- ❍ Transgender
- ❍ I prefer not to answer
- ❍ Other (please specify) _____

Q18 What racial/ethnic group do you most identify with?

- ❍ American Indian or Alaskan Native
- ❍ Asian Pacific Islander
- ❍ Black or African American (Non-Hispanic)
- ❍ Hispanic or Latino
- ❍ Multiracial/Multiethnic
- ❍ White (Non-Hispanic)
- ❍ I prefer not to answer
- ❍ Other (please specify) _____

Q19 What is the highest level of school you have completed? Please select one (1) response.

- ❍ 12th grade or less, no diploma
- ❍ High school diploma or GED
- ❍ Some college, no degree
- ❍ Technical or trade school certificate
- ❍ Associate's degree (i.e, AA or AS)
- ❍ Bachelor's degree (i.e., BA or BS)
- ❍ Master's degree (i.e., MA or MS)
- ❍ Graduate degree or professional degree (i.e., PhD, MD, JD, etc.)
- ❍ I prefer not to answer

Q20 What type of health insurance do you currently have? Please select one (1) response.

- ❍ Private insurance
- ❍ Medicaid
- ❍ Medicare
- ❍ Medicare + Supplement
- ❍ VA/Tri-Care
- ❍ I have no health insurance
- ❍ I prefer not to answer
- ❍ Other (please specify) _____

Thanks so very much for your responses to this survey. Your responses will help community leaders identify opportunities for improving community health and building a healthier community. Again, if you have any questions, please contact Lindsey K. Redding at 352-313-6500 ext. 110 or lredding@wellflorida.org.

COMMUNITY MEMBER SURVEY

2016 Hernando County Community Member Survey

Dear Community Member,   The Florida Department of Health in Hernando County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed between February and September 2016. As a community member, we are requesting your input on the most pressing health and health care issues facing our community in 2016 and beyond. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 21 questions and should take approximately 10-15 minutes to complete.   At the end of this survey, you will be asked if you would like your completed survey to be entered into the random drawing for one of the ten (10) $50 VISA GIFT CARDS that will be given away. If you are interested, you will be asked to provide a telephone number and/or e-mail address so that we may contact you for mailing information in the event that your completed survey is selected as a winner of a gift card. Again, your telephone number and/or email will remain completely confidential.   Please note, you must be 18 years of age or older to participate in this survey and to be eligible for the random drawing.   This survey is being distributed throughout Hernando County in 2016. Please complete this survey only once. Completing it multiple times will not increase your chances of winning a VISA gift card.   If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change your responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.   Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Lindsey K. Redding at WellFlorida Council (www.wellflorida.org). The phone number is 352-313-6500 ext. 110 and her e-mail address is lredding@wellflorida.org.

Q1 Please select all that apply.

❑   I live in Hernando County
❑   I work in Hernando County
❑   I receive healthcare services in Hernando County
❑   I don't live, work, or receive healthcare services in Hernando County

Q2 In which zip code do you live?

- ❍ 33523
- ❍ 33597
- ❍ 34601
- ❍ 34602
- ❍ 34603
- ❍ 34604
- ❍ 34605
- ❍ 34606
- ❍ 34607
- ❍ 34608
- ❍ 34609
- ❍ 34611
- ❍ 34613
- ❍ 34614
- ❍ 34636
- ❍ 34661
- ❍ Other _____

Q3 In the following list, what do you think are the three most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

- ❑ Access to health care
- ❑ Affordable goods/services
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Arts and cultural events
- ❑ Clean environment
- ❑ Emergency preparedness
- ❑ Good place to raise children
- ❑ Good race/ethnic relations
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles
- ❑ Healthy economy
- ❑ Job opportunities for all levels of education
- ❑ Low adult death and disease rates
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Religious or spiritual values
- ❑ Strong family ties
- ❑ Other (please specify) _____

Q4 In the list below, please identify the three behaviors that you believe have the greatest negative impact on the overall health of people in Hernando County. Please select three (3) choices.

- ❑ Alcohol abuse
- ❑ Distracted driving (e.g. texting and driving)
- ❑ Dropping out of school
- ❑ Drug abuse
- ❑ Eating unhealthy foods/drinking sweetened beverages
- ❑ Lack of sleep
- ❑ Not exercising
- ❑ Not getting immunizations to prevent disease (e.g. flu shots)
- ❑ Not using birth control
- ❑ Not using health care services appropriately
- ❑ Not using seat belts/child safety seats
- ❑ Overeating
- ❑ Race/ethnic relations
- ❑ Starting prenatal care late in pregnancy
- ❑ Stress management
- ❑ Tobacco use
- ❑ Unsafe sex
- ❑ Unsecured firearms
- ❑ Violence
- ❑ Other (please specify) _____

Q5 In the following list, what do you think are the five most important "Health Problems" (those problems which have the greatest impact on overall community health) in Hernando County? Please select five (5) choices.

- ❑ Access to healthy food
- ❑ Access to long-term care
- ❑ Access to primary care
- ❑ Affordable assisted living
- ❑ Age-related issues (e.g. arthritis, hearing loss, etc.)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ Dementia
- ❑ Dental problems
- ❑ Diabetes
- ❑ Disability
- ❑ Domestic violence
- ❑ Elderly caregiving
- ❑ Firearm-related injuries
- ❑ Heart disease and stroke
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Homicide
- ❑ Infant death
- ❑ Mental health problems
- ❑ Motor vehicle crash injuries
- ❑ Obesity
- ❑ Pollution (e.g. water and air quality, soil, etc.)
- ❑ Rape/sexual assault
- ❑ Respiratory/lung disease
- ❑ Sexually transmitted diseases (STD's) (i.e. gonorrhea, chlamydia, hepatitis, etc.)
- ❑ Stress
- ❑ Substance abuse/drug abuse
- ❑ Suicide
- ❑ Teenage pregnancy
- ❑ Vaccine preventable diseases (e.g. flu, etc.)
- ❑ Other (please specify) _____

Q6 A major health problem in Florida is obesity. Listed below are some things that might be causes of this problem. For each potential cause, please indicate whether or not you think the cause is a major reason, a minor reason or not a reason at all for the obesity problem.

	Major Reason	Minor Reason	Not a Reason at All	Not sure
Fast food is inexpensive and easy to find	❍	❍	❍	❍
Fresh food is difficult to obtain	❍	❍	❍	❍
Healthy foods are expensive	❍	❍	❍	❍
Losing weight is hard	❍	❍	❍	❍
People don't discuss this issue with their doctors	❍	❍	❍	❍
People don't have enough information about what is in their food	❍	❍	❍	❍
People don't know how to control their weight	❍	❍	❍	❍
People don't understand the serious health effects of obesity	❍	❍	❍	❍
People don't want to change	❍	❍	❍	❍
People like a full-bodied appearance	❍	❍	❍	❍
People spend too much time in front of TV, video	❍	❍	❍	❍

games and computer screens				
There are not enough places for people to be physically active outdoors	○	○	○	○
There is too much advertising of unhealthy foods	○	○	○	○
There is too much unhealthy food and drinks for sale in schools	○	○	○	○

Q7 For each of the following activities, please rate your likelihood to participate on a scale from Highly Unlikely to Highly Likely.

	Highly Unlikely	Unlikely	Neither Unlikely or Likely	Likely	Highly Likely	Not applicable or Not sure
Attend healthy cooking and/or nutrition classes	○	○	○	○	○	○
Community organized biking/walking/jogging	○	○	○	○	○	○
Participate in a community weight loss challenge	○	○	○	○	○	○
Participate in a diabetes educational empowerment program	○	○	○	○	○	○
Participate in a diabetes self management program	○	○	○	○	○	○
Take your children to low-cost summer or after-school activities that promote physical activity	○	○	○	○	○	○
Use nature trails	○	○	○	○	○	○
Use low-cost exercise options	○	○	○	○	○	○
Visit Facebook pages or other social media concerning healthy eating and exercise	○	○	○	○	○	○

Q8 For each of the questions below, please answer by responding on a scale from Strongly No to Strongly Yes.

	Strongly No	No	Neutral	Yes	Strongly Yes
Are you satisfied with the quality of life in our community?	○	○	○	○	○
Are there sufficient levels of trust and willingness to work together to achieve community goals?	○	○	○	○	○
Are there networks of support (such as church groups, social service agencies, etc.) for individuals and families during times of stress and need?	○	○	○	○	○
Is the community a safe place to live?	○	○	○	○	○
Is there a sufficient number of health and social services in the community?	○	○	○	○	○
Is there a sufficient number of dental services	○	○	○	○	○
Is there a sufficient number of	○	○	○	○	○

medical services					
Is there a sufficient number of mental health/substance abuse services	○	○	○	○	○

Q9 How would you rate the overall health of residents of Hernando County? Please select one (1) choice.

○ Very unhealthy
○ Unhealthy
○ Somewhat healthy
○ Healthy
○ Very healthy

Q10 For each of the following issues, please indicate how much of a problem you believe the issue is in Hernando County.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health care insurance	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Knowledge of where to receive dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care	○	○	○	○	○

doctors					
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Quality of health care services	○	○	○	○	○
Transportation to health care services	○	○	○	○	○

Q11 How would you rate your own personal health?

○ Very unhealthy
○ Unhealthy
○ Somewhat healthy
○ Healthy
○ Very healthy

Q12 What is the most important health issue in your own life? Please select one (1) response.

- ❍ Access to healthy food
- ❍ Alcohol use
- ❍ Allergies
- ❍ Alzheimer's or Dementia
- ❍ Brain injury
- ❍ Cancer
- ❍ Caregiving for another
- ❍ Cost of medical/dental care
- ❍ Developmental disability
- ❍ Diabetes
- ❍ Dental issues
- ❍ Domestic violence
- ❍ Eating choices
- ❍ Heart disease
- ❍ HIV/AIDS
- ❍ Injuries
- ❍ Kidney disease
- ❍ Lack of health insurance
- ❍ Lack of exercise
- ❍ Liver disease
- ❍ Mental illness
- ❍ My child's health
- ❍ Orthopedic issues
- ❍ Overweight
- ❍ Physical disability
- ❍ Poor eyesight
- ❍ Poor hearing
- ❍ Poor nutrition
- ❍ Pregnancy complications
- ❍ Stress
- ❍ Stroke
- ❍ Substance abuse
- ❍ Tobacco use
- ❍ Unwanted/unintended pregnancy
- ❍ Other (please specify) _____

Q13 In your own words, what is the most important thing you could do to improve your own health (limited to 100 characters or less)? If "nothing" please type "nothing."

Now we need to find out a little about you.

Q14 Which of the following best describes your current employment status?

○ Employed (Full-Time)
○ Employed (Part-Time)
○ Full-Time Student
○ Part-Time Student
○ Retired
○ Self-Employed
○ Unemployed
○ Work two or more jobs
○ I prefer not to answer
○ Other (please specify) _____

Q15 In 2016, this survey is available in printed format; on the Internet with a link to a website; and on a smart phone with a special code. During 2016, have you completed this survey previously in one of these formats?

○ Yes
○ No
○ I don't recall

Q16 What is your age?

❍ 0-17
❍ 18-24
❍ 25-29
❍ 30-39
❍ 40-49
❍ 50-59
❍ 60-69
❍ 70-79
❍ 80 or older
❍ I prefer not to answer

Q17 What is your gender?

❍ Male
❍ Female
❍ Transgender
❍ I prefer not to answer
❍ Other (please specify) _____

Q18 What racial/ethnic group do you most identify with?

❍ American Indian or Alaskan Native
❍ Asian Pacific Islander
❍ Black or African American (Non-Hispanic)
❍ Hispanic or Latino
❍ Multiracial/Multiethnic
❍ White (Non-Hispanic)
❍ I prefer not to answer
❍ Other (please specify) _____

Q19 What is the highest level of school you have completed? Please select one (1) response.

- ❍ 12th grade or less, no diploma
- ❍ High school diploma or GED
- ❍ Some college, no degree
- ❍ Technical or trade school certificate
- ❍ Associate's degree (i.e, AA or AS)
- ❍ Bachelor's degree (i.e., BA or BS)
- ❍ Master's degree (i.e., MA or MS)
- ❍ Graduate degree or professional degree (i.e., PhD, MD, JD, etc.)
- ❍ I prefer not to answer

Q20 What type of health insurance do you currently have? Please select one (1) response.

- ❍ Medicaid
- ❍ Medicare
- ❍ Medicare + Supplement
- ❍ Private insurance
- ❍ VA/Tri-Care
- ❍ I have no health insurance
- ❍ I prefer not to answer
- ❍ Other (please specify) _____

Q21 If you are interested in being considered in the drawing to win a $50 VISA gift card, please provide your email address or phone number. If your survey is drawn, you will be contacted by phone or email, whichever you prefer.

2016 Hernando County Provider Survey

Dear Provider,   The Florida Department of Health in Hernando County, in partnership with WellFlorida Council, the local health planning council for North Central Florida, are sponsoring a comprehensive Community Health Needs Assessment to be completed between February and September 2016. As a provider, we are requesting your input on the most pressing health and health care issues facing our community in 2016 and beyond. Your responses will inform local community health improvement planning and assist efforts to build a healthier community. Your individual responses to this survey will remain confidential. This survey consists of 17 questions and should take approximately 10-15 minutes to complete.   This survey is being distributed throughout Hernando County in 2016. Please complete the survey once.   If you are completing this survey online (not on paper), and you would like to reconsider your responses, you can go back and change the responses as many times as you would like prior to exiting the survey. Once you exit, however, you will not be able to change or retrieve your responses.   Thanks so very much for your willingness to help the community by completing this survey! If you have any questions about this survey or the survey process, you may contact Lindsey K. Redding of WellFlorida Council, who is coordinating the needs assessment on our behalf, at lredding@wellflorida.org or 352-313-6500 ext. 110.

Q1 Do you provide healthcare services to Hernando County residents?

❍   Yes
❍   No

Q2 What type of provider are you?

- ❑ Advance Registered Nurse Practitioner
- ❑ Dentist
- ❑ Dietitian/Nutritionist
- ❑ Mental Health Counselor/Substance Abuse Counselor
- ❑ Nurse
- ❑ Occupational Therapist
- ❑ Pharmacist
- ❑ Physician
- ❑ Physician Assistant
- ❑ Physical Therapist
- ❑ Speech Language Pathologist
- ❑ Other (please specify) _____

Q2b What are your main specialties?

- ❑ Addiction Medicine
- ❑ Allergy/Immunology
- ❑ Anesthesiology
- ❑ Cardiology
- ❑ Cosmetic/Plastic Surgery
- ❑ Chiropractic Medicine
- ❑ Critical Care Medicine
- ❑ ENT/Otolaryngology
- ❑ Family Practice
- ❑ Internal Medicine
- ❑ Dermatology
- ❑ Emergency Medicine
- ❑ Endocrinology
- ❑ Gastroenterology
- ❑ General Practice
- ❑ General Surgery
- ❑ Geriatrics
- ❑ Gynecology
- ❑ Hematology
- ❑ Hospitalist
- ❑ Immunology
- ❑ Infectious Diseases
- ❑ Internal Medicine
- ❑ Neonatology
- ❑ Nephrology
- ❑ Neurology
- ❑ Neurosurgery
- ❑ Obstetrics and Gynecology
- ❑ Oncology
- ❑ Opthamology
- ❑ Orthopedics
- ❑ Orthopedic Surgery
- ❑ Osteopathic Medicine
- ❑ Pain Management
- ❑ Palliative Care
- ❑ Pathology
- ❑ Pediatrics
- ❑ Physical Medicine and Rehabilitation
- ❑ Pulmonology
- ❑ Psychiatry
- ❑ Radiology

- ❑ Specialized Surgery
- ❑ Sports Medicine
- ❑ Other (please specify) _____

Q3 In the following list, what do you think are the three most important factors that define a "Healthy Community" (those factors that most contribute to a healthy community and quality of life)? Please select three (3) choices.

- ❑ Access to health care
- ❑ Affordable housing
- ❑ Affordable utilities
- ❑ Affordable goods/services
- ❑ Arts and cultural events
- ❑ Clean environment
- ❑ Emergency preparedness
- ❑ Good race/ethnic relations
- ❑ Good place to raise children
- ❑ Good schools
- ❑ Healthy behaviors and healthy lifestyles
- ❑ Healthy economy
- ❑ Job opportunities for all education levels
- ❑ Low adult death and disease rates
- ❑ Low crime/safe neighborhoods
- ❑ Low level of child abuse
- ❑ Low level of domestic violence
- ❑ Low rates of infant and childhood deaths
- ❑ Parks and recreation
- ❑ Religious or spiritual values
- ❑ Strong family life
- ❑ Other (please specify) _____

Q4 In the list below, please identify the three (3) behaviors that you believe have the greatest negative impact on the overall health of people in Hernando County. Please select three (3) choices.

- ❑ Alcohol abuse
- ❑ Distracted driving (e.g. texting and driving)
- ❑ Dropping out of school
- ❑ Drug abuse
- ❑ Eating unhealthy foods/drinking sweetened beverages
- ❑ Lack of sleep
- ❑ Not exercising
- ❑ Not getting immunizations to prevent disease (e.g. flu shots)
- ❑ Not using birth control
- ❑ Not using health care services appropriately
- ❑ Not using seat belts/child safety seats
- ❑ Overeating
- ❑ Racism
- ❑ Starting prenatal care late in pregnancy
- ❑ Stress management
- ❑ Tobacco use
- ❑ Unsafe sex
- ❑ Unsecured firearms
- ❑ Violence
- ❑ Other (please specify) _____

Q5 In the following list, what do you think are the five (5) most important "Health Problems" (those problems which have the greatest impact on overall community health) in Hernando County? Please select five (5) choices.

- ❑ Access to healthy food
- ❑ Access to long-term care
- ❑ Access to primary care
- ❑ Affordable assisted living
- ❑ Age-related issues (e.g. arthritis, hearing loss, etc.)
- ❑ Cancer
- ❑ Child abuse/neglect
- ❑ Dementia
- ❑ Dental problems
- ❑ Diabetes
- ❑ Disability
- ❑ Domestic violence
- ❑ Firearm-related injuries
- ❑ Heart disease and stroke
- ❑ High blood pressure
- ❑ HIV/AIDS
- ❑ Homicide
- ❑ Infant death
- ❑ Mental health problems
- ❑ Obesity
- ❑ Pollution (e.g. water and air quality, soil, etc.)
- ❑ Rape/sexual assault
- ❑ Respiratory/lung disease
- ❑ Sexually transmitted diseases (STD's) (e.g. gonorrhea, chlamydia, hepatitis, etc.)
- ❑ Stress
- ❑ Substance abuse/Drug abuse
- ❑ Suicide
- ❑ Teenage pregnancy
- ❑ Vaccine preventable diseases (e.g. flu, etc.)
- ❑ Other (please specify) _____

Q6 How confident are you that the community can make a substantial impact on these health-related issues within the next 1-3 years?

Q7 Would you say the overall health-related quality of life in Hernando County is? Please select one (1) response.

❍ Poor
❍ Fair
❍ Good
❍ Very Good
❍ Excellent
❍ Don't Know

Q8 For each of the following issues, please indicate how much of a problem you believe the issue is in Hernando County.

	Not a problem at all	A minor problem	Somewhat of a problem	A big problem	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health care insurance	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Knowledge of where to receive dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care	○	○	○	○	○

doctors					
Limited health care services for children (less than age 18)	❍	❍	❍	❍	❍
Limited health care services for senior adults (age 65 and over)	❍	❍	❍	❍	❍
Long wait times to get an appointment with a doctor	❍	❍	❍	❍	❍
Pain Management	❍	❍	❍	❍	❍
Quality of health care services	❍	❍	❍	❍	❍
Transportation to health care services	❍	❍	❍	❍	❍

Q9 For each of the following issues, please indicate how confident you are that Hernando County can make a substantial impact on this issue within the next 1-3 years.

	Not very confident	Somewhat confident	Confident	Very confident	Not sure
Availability of health care services for the poor	○	○	○	○	○
Availability of mental health services	○	○	○	○	○
Cost of health care services	○	○	○	○	○
Cost of health insurance	○	○	○	○	○
Knowledge of where to receive dental services	○	○	○	○	○
Lack of community concern about health issues	○	○	○	○	○
Lack of knowledge of how to use available health care services	○	○	○	○	○
Lack of knowledge of what health care services are available	○	○	○	○	○
Lack of primary care or family doctors	○	○	○	○	○
Lack of specialty care	○	○	○	○	○

doctors					
Limited health care services for children (less than age 18)	○	○	○	○	○
Limited health care services for senior adults (age 65 and over)	○	○	○	○	○
Long wait times to get an appointment with a doctor	○	○	○	○	○
Pain Management	○	○	○	○	○
Quality of health care services	○	○	○	○	○
Transportation to health care services	○	○	○	○	○

Q10 For your patients in Hernando County with chronic diseases or conditions, what do you feel is the biggest barrier to a patient being able to manage his or her own chronic disease or condition? Please select two (2) responses.

❑ Cost
❑ Inability to use technology effectively
❑ Lack of access to sufficient time with me or my staff
❑ Lack of coverage by insurance company
❑ Lack of education
❑ Self-discipline/motivation
❑ Other (please specify) _____

Q11 What can Hernando County do to help improve the health of your patients and others in the community? Please check all that apply.

- ❑ Create city/county ordinances to promote community health improvement
- ❑ Establish community partnerships to address issues collectively
- ❑ Establish more community clinics
- ❑ Establish or enhance a community health information exchange
- ❑ Focus on issues of the indigent and uninsured
- ❑ Increase access to dental services
- ❑ Increase access to mental health services
- ❑ Increase access to primary medical services
- ❑ Increase outreach/health education programs
- ❑ Initiate efforts to bring more physicians to the community
- ❑ Promote the use of personal health records (electronic applications used by patients to maintain and manage their health information in a private, secure and confidential environment)
- ❑ Provide education for residents on appropriate use of available services
- ❑ Provide education for residents on services available
- ❑ Other (please specify) _____

Q12 Would you say the overall accessibility to health care for residents of Hernando County is? Please select one (1) choice.

- ◯ Poor
- ◯ Fair
- ◯ Good
- ◯ Very Good
- ◯ Excellent
- ◯ Don't Know

The next series of questions are general demographic questions.

Q13 What is your age?

- ⭘ Less than 30
- ⭘ 30-39
- ⭘ 40-49
- ⭘ 50-59
- ⭘ 60-69
- ⭘ 70-79
- ⭘ 80 or older
- ⭘ I prefer not to answer

Q14 How would you rate your own personal health?

- ⭘ Very unhealthy
- ⭘ Unhealthy
- ⭘ Somewhat healthy
- ⭘ Healthy
- ⭘ Very healthy
- ⭘ I prefer not to answer

Q15 What is your gender?

- ⭘ Male
- ⭘ Female
- ⭘ Transgender
- ⭘ I prefer not to answer
- ⭘ Other (please specify) _____

Q16 What racial/ethnic group do you most identify with?

- ⭘ American Indian or Alaskan Native
- ⭘ Asian Pacific Islander
- ⭘ Black or African American (Non-Hispanic)
- ⭘ Hispanic or Latino
- ⭘ Multiracial/Multiethnic
- ⭘ White (Non-Hispanic)
- ⭘ I prefer not to answer
- ⭘ Other (please specify) _____

Q17 How long have you practiced your profession?

❍ Less than 5 years
❍ 5-9 years
❍ 10-14 years
❍ 15-19 years
❍ More than 20 years
❍ I prefer not to answer

Thanks so very much for completing the survey. Again, if you have any questions regarding the survey or the needs assessment process, please do not hesitate to contact Lindsey K. Redding of WellFlorida Council at lredding@wellflorida.org or 352-313-6500 ext. 110.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT REPORT: PUBLIC HEALTH PERFORMANCE STANDARDS REPORT FORMAT

This report is in the National Public Health Performance Standards format and therefor will not align with the format of the overall needs assessment. Please use the Table of Contents in the Local Public Health System Assessment Report: National Public Health Performance Standards to navigate the remainder of this document. The Local Public Health System Assessment Report is 97 pages in length.

National Public Health Performance Standards

Local Assessment Report

Florida Department of Health in Alachua County

Program Partner Organizations

American Public Health Association
www.apha.org

Association of State and Territorial Health Officials
www.astho.org

Centers for Disease Control and Prevention
www.cdc.gov

National Association of County and City Health Officials
www.naccho.org

National Association of Local Boards of Health
www.nalboh.org

National Network of Public Health Institutes
www.nnphi.org

Public Health Foundation
www.phf.org

The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC's views or policies.

Table of Contents

Acknowledgements

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

Background

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites can consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

• State Public Health System Performance Assessment Instrument,
• Local Public Health System Performance Assessment Instrument, and
• Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.
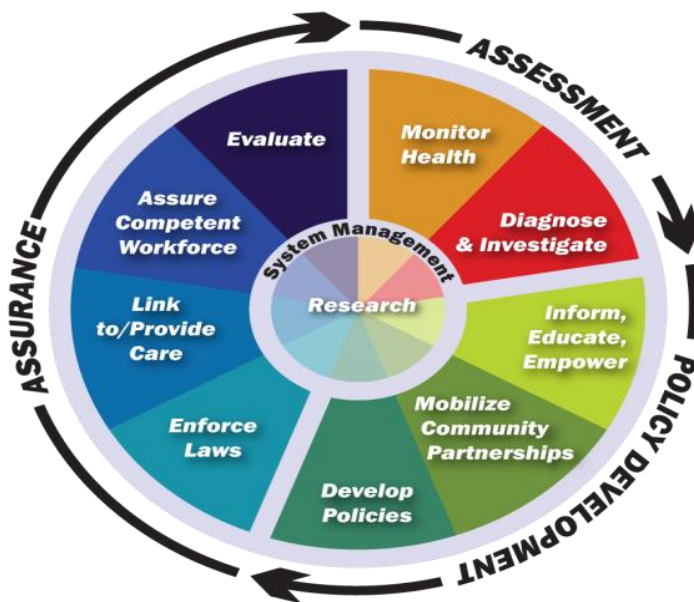
Figure 1. The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

Purpose

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

• Better understand current system functioning and performance;
• Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
• Articulate the value that quality improvement initiatives will bring to the public health system;
• Develop an initial work plan with specific quality improvement strategies to achieve goals;
• Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
• Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

About the Report

Calculating the Scores

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

Table 1. Summary of Assessment Response Options

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Understanding Data Limitations

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

Results

Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

Overall Scores for Each Essential Public Health Service

Figure 2. Summary of Average Essential Public Health Service Performance Scores

Summary of Average ES Performance Score

	Score
Average Overall Score	71.7
ES 1: Monitor Health Status	70.8
ES 2: Diagnose and Investigate	97.2
ES 3: Educate/Empower	83.3
ES 4: Mobilize Partnerships	71.9
ES 5: Develop Policies/Plans	85.4
ES 6: Enforce Laws	71.8
ES 7: Link to Health Services	65.6
ES 8: Assure Workforce	70.8
ES 9: Evaluate Services	69.6
ES 10: Research/Innovations	30.6
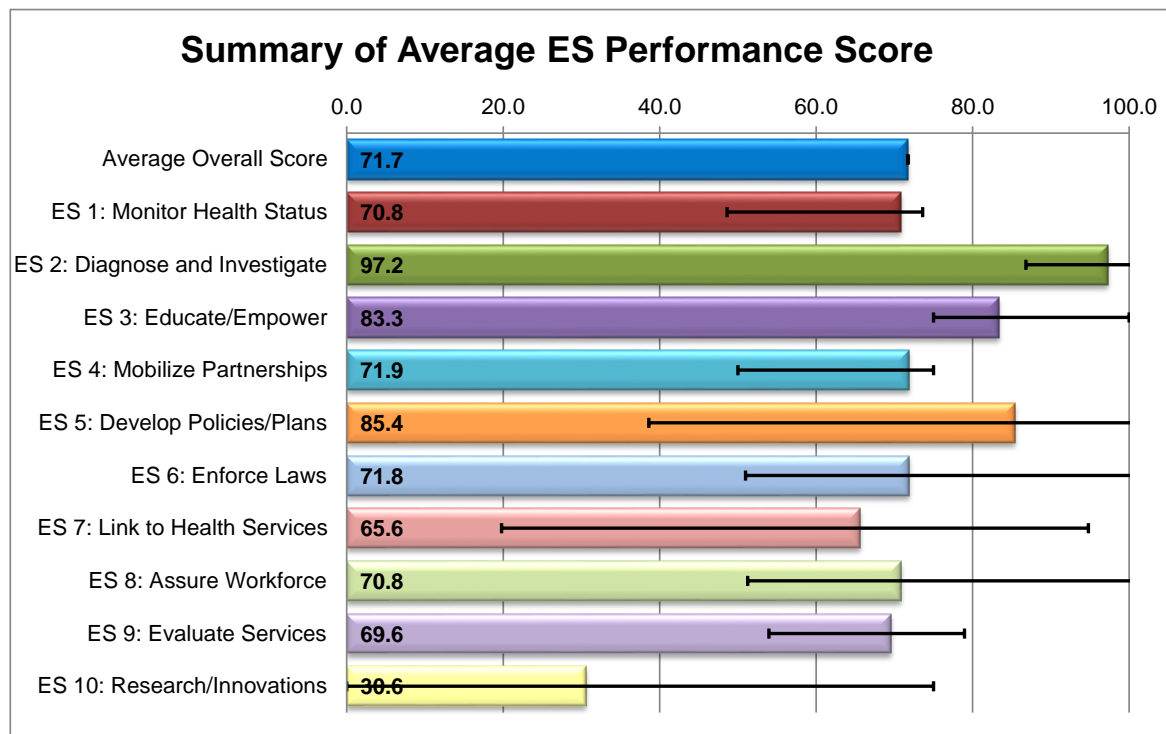
Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard

EPHS 1: Monitor Health Status
- 1.1: 66.67
- 1.2: 58.33
- 1.3: 87.50

EPHS 2: Diagnose and Investigate
- 2.1: 91.67
- 2.2: 100.00
- 2.3: 100.00

EPHS 3: Educate/Empower
- 3.1: 75.00
- 3.2: 83.33
- 3.3: 91.67

EPHS 4: Mobilize Partnerships
- 4.1: 68.75
- 4.2: 75.00

EPHS 5: Develop Policies/Plans
- 5.1: 83.33
- 5.2: 75.00
- 5.3: 83.33
- 5.4: 100.00

EPHS 6: Enforce Laws
- 6.1: 93.75
- 6.2: 41.67
- 6.3: 80.00

EPHS 7: Link to Health Services
- 7.1: 68.75
- 7.2: 62.50

EPHS 8: Assure Workforce
- 8.1: 50.00
- 8.2: 83.33
- 8.3: 75.00
- 8.4: 75.00

EPHS 9: Evaluate Services
- 9.1: 62.50
- 9.2: 65.00
- 9.3: 81.25

EPHS 10: Research/Innovations
- 10.1: 31.25
- 10.2: 41.67
- 10.3: 18.75

In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	**70.8**		
1.1 Community Health Assessment	66.7		
1.2 Current Technology	58.3		
1.3 Registries	87.5		
ES 2: Diagnose and Investigate	**97.2**		
2.1 Identification/Surveillance	91.7		
2.2 Emergency Response	100.0		
2.3 Laboratories	100.0		
ES 3: Educate/Empower	**83.3**		
3.1 Health Education/Promotion	75.0		
3.2 Health Communication	83.3		
3.3 Risk Communication	91.7		
ES 4: Mobilize Partnerships	**71.9**		
4.1 Constituency Development	68.8		
4.2 Community Partnerships	75.0		
ES 5: Develop Policies/Plans	**85.4**		
5.1 Governmental Presence	83.3		
5.2 Policy Development	75.0		
5.3 CHIP/Strategic Planning	83.3		
5.4 Emergency Plan	100.0		
ES 6: Enforce Laws	**71.8**		
6.1 Review Laws	93.8		
6.2 Improve Laws	41.7		
6.3 Enforce Laws	80.0		
ES 7: Link to Health Services	**65.6**		
7.1 Personal Health Service Needs	68.8		
7.2 Assure Linkage	62.5		
ES 8: Assure Workforce	**70.8**		
8.1 Workforce Assessment	50.0		
8.2 Workforce Standards	83.3		
8.3 Continuing Education	75.0		
8.4 Leadership Development	75.0		
ES 9: Evaluate Services	**69.6**		
9.1 Evaluation of Population Health	62.5		
9.2 Evaluation of Personal Health	65.0		
9.3 Evaluation of LPHS	81.3		
ES 10: Research/Innovations	**30.6**		
10.1 Foster Innovation	31.3		
10.2 Academic Linkages	41.7		
10.3 Research Capacity	18.8		
Average Overall Score	**71.7**	**NA**	**NA**
Median Score	**71.3**	**NA**	**NA**

Performance Relative to Optimal Activity

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.
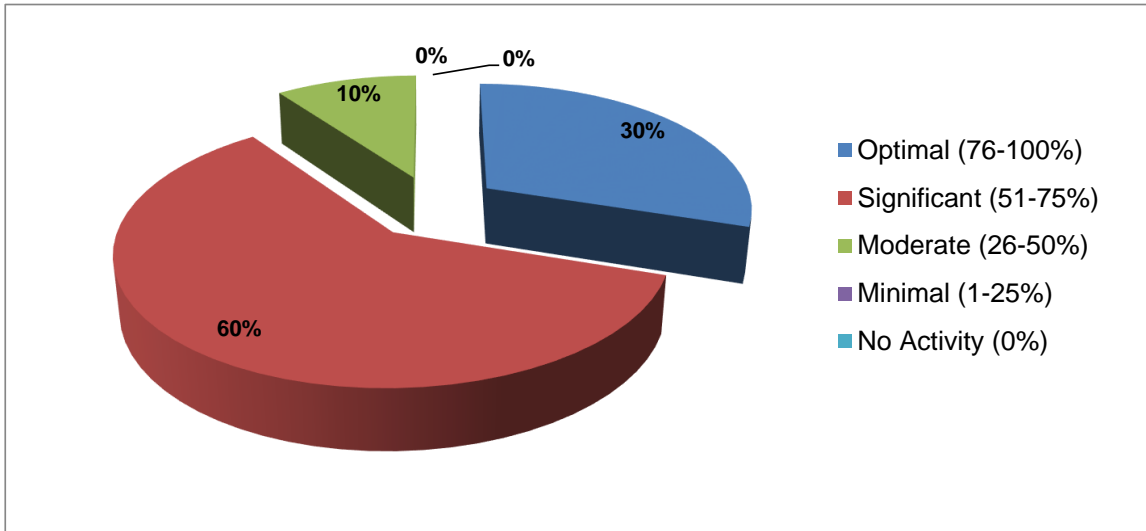
Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.
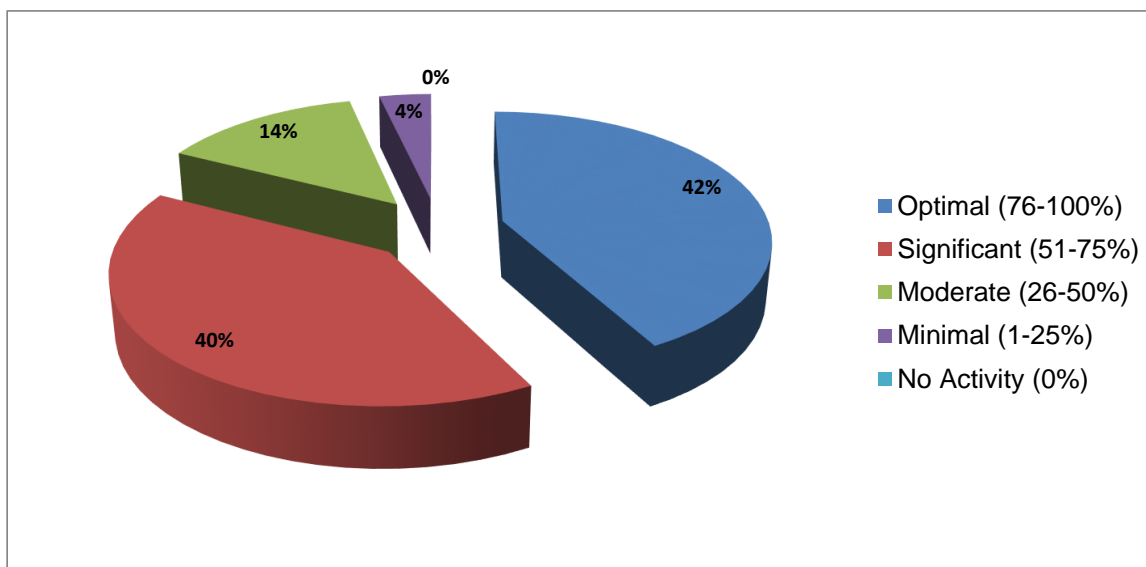
Priority of Model Standards Questionnaire Section (Optional Survey)

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide.*

Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings
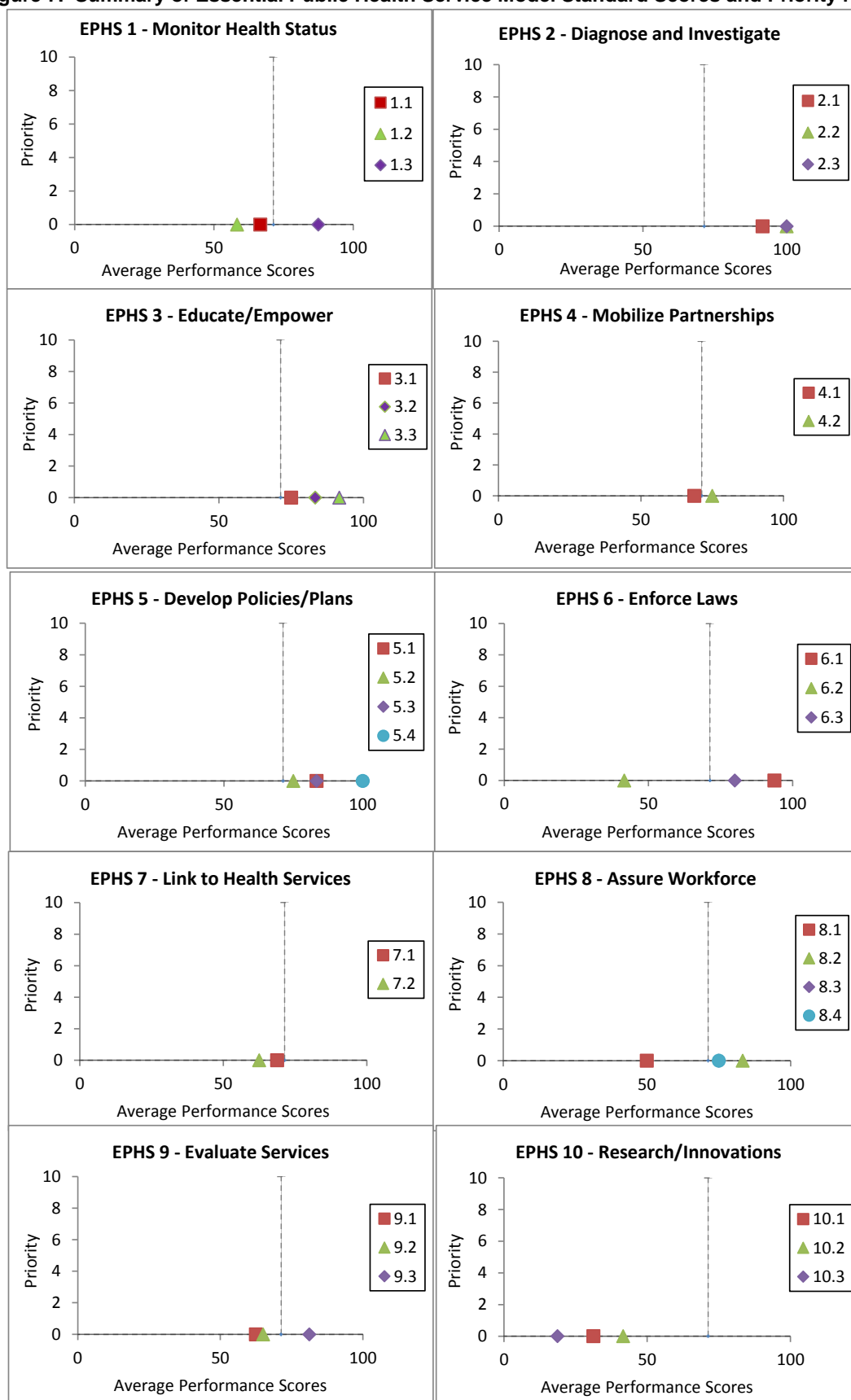
Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating

Agency Contribution Questionnaire Section (Optional Survey)

Table 4 and Figures 8 and 9 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution, priority and performance scores. Note – Table 4 and Figures 8 and 9 will be blank if the Agency Contribution Questionnaire is not completed.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Quadrant	Model Standard	LHD Contribution (%)	Performance Score (%)

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings
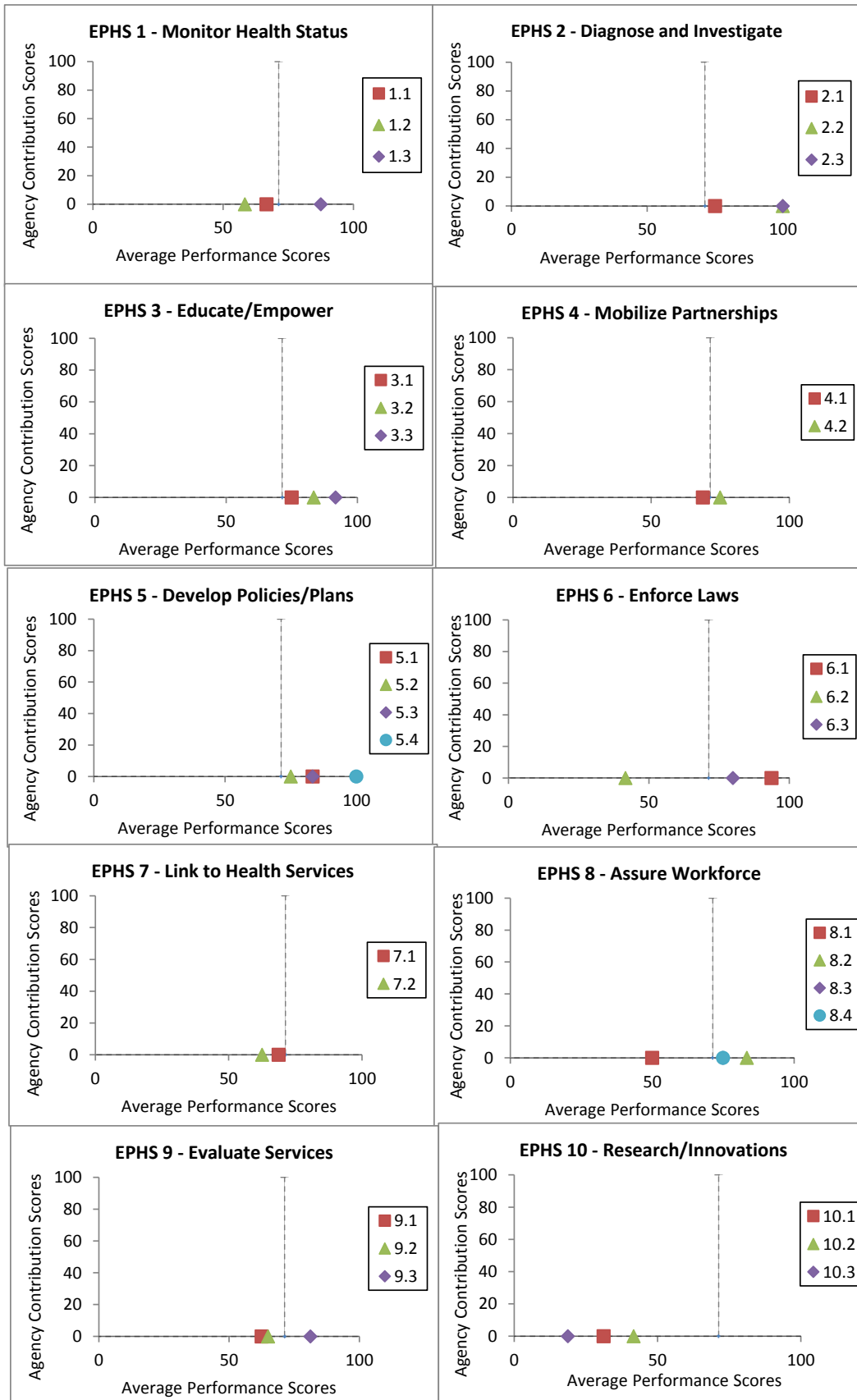
Figure 9. Summary of Agency Contribution and Priority Rating

EPHS 1 - Monitor Health Status

EPHS 2 - Diagnose and Investigate

EPHS 3 - Educate/Empower

EPHS 4 - Mobilize Partnerships

EPHS 5 - Develop Policies/Plans

EPHS 6 - Enforce Laws

EPHS 7 - Link to Health Services

EPHS 8 - Assure Workforce

EPHS 9 - Evaluate Services

EPHS 10 - Research/Innovations
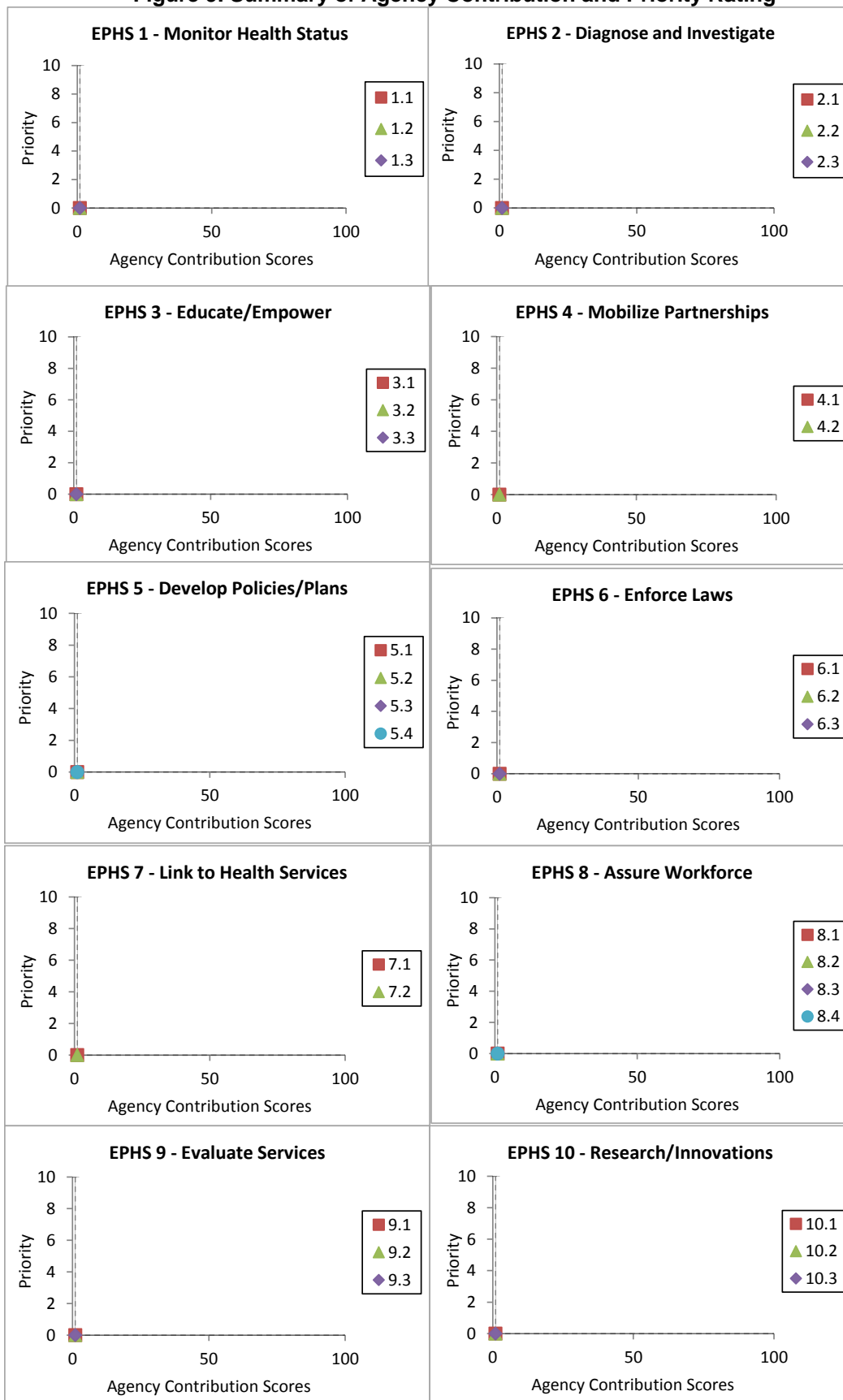
Analysis and Discussion Questions

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

Next Steps

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

Action Planning

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified
• Each public health partner should be considered when approaching quality improvement for your system
• The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
• An integral part of performance improvement is working consistently to have long-term effects
• A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

F   **Find** an opportunity for improvement using your results.

O   **Organize** a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.

C   **Consider** the current process, where simple improvements can be made and who should make the improvements.

U   **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).

S   **Select** the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

Performance Scores

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)** *At what level does the local public health system:*	
1.1.1	Conduct regular community health assessments?	75
1.1.2	Continuously update the community health assessment with current information?	75
1.1.3	Promote the use of the community health assessment among community members and partners?	50
1.2	**Model Standard: Current Technology to Manage and Communicate Population Health Data** *At what level does the local public health system:*	
1.2.1	Use the best available technology and methods to display data on the public's health?	50
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	75
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50
1.3	**Model Standard: Maintenance of Population Health Registries** *At what level does the local public health system:*	
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	100
1.3.2	Use information from population health registries in community health assessments or other analyses?	75

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	**Model Standard: Identification and Surveillance of Health Threats** *At what level does the local public health system:*	
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	100
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	100
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	75
2.2	**Model Standard: Investigation and Response to Public Health Threats and Emergencies** *At what level does the local public health system:*	

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	100
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	100
2.3	**Model Standard: Laboratory Support for Investigation of Health Threats** *At what level does the local public health system:*	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	100
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	**Model Standard: Health Education and Promotion** *At what level does the local public health system:*	
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	75
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	75
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	75
3.2	**Model Standard: Health Communication** *At what level does the local public health system:*	
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	75
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75

3.2.3	Identify and train spokespersons on public health issues?	100
3.3	**Model Standard: Risk Communication** *At what level does the local public health system:*	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	100
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	75

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems	
4.1	**Model Standard: Constituency Development** *At what level does the local public health system:*	
4.1.1	Maintain a complete and current directory of community organizations?	75
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	75
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	50
4.2	**Model Standard: Community Partnerships** *At what level does the local public health system:*	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	75
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	75

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts	
5.1	**Model Standard: Governmental Presence at the Local Level** *At what level does the local public health system:*	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	75
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	100
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	**Model Standard: Public Health Policy Development** *At what level does the local public health system:*	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	100

5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75
5.2.3	Review existing policies at least every three to five years?	75
5.3	**Model Standard: Community Health Improvement Process and Strategic Planning** *At what level does the local public health system:*	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	100
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	75
5.4	**Model Standard: Plan for Public Health Emergencies** *At what level does the local public health system:*	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	100
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	100

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	**Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	75
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	100
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	100
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100
6.2	**Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50

6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50
6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	25
6.3	**Model Standard: Enforcement of Laws, Regulations, and Ordinances** *At what level does the local public health system:*	
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	100
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	50
6.3.5	Evaluate how well local organizations comply with public health laws?	50

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable		
7.1	**Model Standard: Identification of Personal Health Service Needs of Populations** *At what level does the local public health system:*	
7.1.1	Identify groups of people in the community who have trouble accessing or connecting to personal health services?	75
7.1.2	Identify all personal health service needs and unmet needs throughout the community?	50
7.1.3	Defines partner roles and responsibilities to respond to the unmet needs of the community?	75
7.1.4	Understand the reasons that people do not get the care they need?	75
7.2	**Model Standard: Assuring the Linkage of People to Personal Health Services** *At what level does the local public health system:*	
7.2.1	Connect (or link) people to organizations that can provide the personal health services they may need?	75
7.2.2	Help people access personal health services, in a way that takes into account the unique needs of different populations?	50
7.2.3	Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?	75
7.2.4	Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	50

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce

8.1	**Model Standard: Workforce Assessment, Planning, and Development** *At what level does the local public health system:*	
8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25
8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	25
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	100
8.2	**Model Standard: Public Health Workforce Standards** *At what level does the local public health system:*	
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	75
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	75
8.3	**Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring** *At what level does the local public health system:*	
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	75
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	75
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	75
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	75
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	75
8.4	**Model Standard: Public Health Leadership Development** *At what level does the local public health system:*	
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	75
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	100
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	75

8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50

	ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	
9.1	**Model Standard: Evaluation of Population-Based Health Services** *At what level does the local public health system:*	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	75
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	50
9.1.3	Identify gaps in the provision of population-based health services?	50
9.1.4	Use evaluation findings to improve plans and services?	75
9.2	**Model Standard: Evaluation of Personal Health Services** *At what level does the local public health system:*	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	75
9.2.2	Compare the quality of personal health services to established guidelines?	75
9.2.3	Measure satisfaction with personal health services?	75
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	50
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	**Model Standard: Evaluation of the Local Public Health System** *At what level does the local public health system:*	
9.3.1	Identify all public, private, and voluntary organizations that provide essential public health services?	75
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	100
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	75
9.3.4	Use results from the evaluation process to improve the LPHS?	75

	ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems	
10.1	**Model Standard: Fostering Innovation** *At what level does the local public health system:*	

10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	50
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	0
10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	0
10.2	**Model Standard: Linkage with Institutions of Higher Learning and/or Research** *At what level does the local public health system:*	
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	0
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
10.3	**Model Standard: Capacity to Initiate or Participate in Research** *At what level does the local public health system:*	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	0
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	25
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	25

APPENDIX B: Qualitative Assessment Data

Summary Notes

ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
1.1	**Model Standard: Population-Based Community Health Assessment (CHA)**		
Conduct MAPP every 3 - 5 years. MAPP includes the Community Health Status Assessment, which reviews secondary data sources related to community health and trends over time. This report is then used as a component of the larger community health improvement planning process. Data is collected on a rolling basis, largely by agencies outside FLDOH in Hernando. Data is accessible to the public on FLCharts. FLCharts and other free resources are used annually to monitor the health of Hernando County.To improve and add to the data existing in FLCharts, a comprehensive needs assessment is facilitated every 3-5 years with the local health planning council. The data included in the local needs assessment has an	Hernando County's needs assessment is comprehensive in nature and is completed using availabel resources. More resources could add more depth to the assessment.	Continue working with the Community Health Improvement Plan Group to establish partnerships and measure success over time.	To be determined as part of the Community Health Improvement Plan at a later date.

1.2	Model Standard: Current Technology to Manage and Communicate Population Health Data		
Websites, social media, presentations to the BoCC and media press releases are used to communicate population health data to the public. A strong group of partners participate in the Community Health Improvement Plan Group. These partners add to efforts of communicating informaiton to the pubic. The comprehensive needs assessment includes tables, charts, maps and narrative language to communicate community health problems in Hernando County.	The FLDOH in Hernando is restricted in the use of communication methods due to DOH standards and policies from the central office.	Expanding use of ArcGIS and other visual mapping tools is an area of improvement. There may be opportunities to work with County government to leverage resources (personnel) who can assist in the development of more maps.	To be determined as part of the Community Health Improvement Plan at a later date.

1.3	Model Standard: Maintenance of Population Health Registries		
Data is collected per all requirements.			To be determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
2.1	Model Standard: Identification and Surveillance of Health Threats		
Hernando participates in comprehensive surveillance as required per DOH standards and state laws. All information regarding reportable diseases are completed in an appropriate and time-sensitive manner.	Provision of the best available resources is limited given budget constrainsts.		To be determined as part of the Community Health Improvement Plan at a later date.

2.2	Model Standard: Investigation and Response to Public Health Threats and Emergencies		
Hernando maintains instructions for public health emergencies and works with a local emergency preparedness coalition to ensure all Hernando County providers are prepared for a natural or man-made disaster. An Emergency Response Coordinator is in place as is an Emergency Operations Center. Through partnerships with the Florida Department of Health, specially trained, regional teams are in place to assist in the event of an emergency.	There has not been a major storm (hurricane) in many years. Exercises have been practiced to prepare for a natural disaster.	Continue reviewing and developing emergency plans, continue to prepare for emergencies through interagency excersises.	To be determined as part of the Community Health Improvement Plan at a later date.

2.3	Model Standard: Laboratory Support for Investigation of Health Threats		
Labratories meet all standards, are ready to provide services, are licensed and are regularly regulated.	NA	Continue with current activities. No improvement needed.	Determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
3.1	Model Standard: Health Education and Promotion		
Policymakers, stakeholders, and the public are provided information regarding the health of Hernando County. Health promotion activities are completed on a regular basis through various organizations and programs throughout Hernando County. The community is invited to participate in the process of setting prioroties.	While efforts are made to encourage community-wide participation in the priorities setting and development of programs for health education and promotion, community involvement is not at optimal capacity.	Encourage community members to participate in health related programs, expand the use of social media to promote programs and education messages.	To be determined as part of the Community Health Improvement Plan at a later date.

3.2	Model Standard: Health Communication		
Hernando County works dilegently to provide information to local partners and the general public through relationships with media outlets (newspaper, radio, local tv, social media, etc.)	Social media is becoming a large component of messages, news and informing the public. Unfortunately, restrictions from the state make implementing the social media marketing and communication.	Continue to work with partners who are able to use social media fully to supplement the communication efforts completed by the local health department.	Determined as part of the Community Health Improvement Plan at a later date.

3.3	Model Standard: Risk Communication		
Strong relationships with partners including local government, local news outlets, community based organizations, and the private sector allow for quick and accurate information release to the public	Continue to test and prepare for risk communication and emergency situations.	Continued participation emergency planning and testing of emergency plans through exercises.	To be determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
4.1	Model Standard: Constituency Development		
Hernando County partners work diligently to bring stakeholders and constituents together in the assessment, planning and implementation of health programs. The local Community Health Improvement Planning Partnership is widely represented. While efforts are made to expand membership; the CHIPP is effective at meeting SMART objectives.	Limited in their ability to use social media as an outlet for information due to restrictions from the state DOH.	Continue to work with partners who are able to use social media fully to supplement the communication efforts completed by the local health department.	To be determined as part of the Community Health Improvement Plan at a later date.

4.2	Model Standard: Community Partnerships		
Strong collaborations with local organizations and community partnerships exist in the public health sector of Hernando County. These partnerships include government, private organizations, faith-based and other nonprofit organizations.	Increased partnerships with hospitals, local secondary schools, and assisted living/nursing homes may be benefitial	Continue to encourage organizations to join the CHIPP and participate in the implementation of improvement activities as they relate to the CHIP.	Determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Standard: Governmental Presence at the Local Level		
The Health Officer for the Florida Department of Health in Hernando meets regularly with local government representatives and officials to update them on the health issues of Hernando County residents. The Health Officer also presents to the Board of County Commissioners on a regular basis.		Continue building the existing relationships with local government representatives to ensure policy makers are aware of and prepared to address health as it relates to local policies, budget allocations and provision of information to the residents of Hernando County.	To be determined as part of the Community Health Improvement Plan at a later date.

5.2	Model Standard: Public Health Policy Development		
Policymakers are informed of public health issues during meetins with the local health officer. Policymakers are informed of intended and unintended impacts of policies through work completed by the Environmental Health Program at the FL DOH in Hernando		Continue existing relationships and increase communication with policymakers.	To be determined as part of the Community Health Improvement Plan at a later date.

5.3	Model Standard: Community Health Improvement Process and Strategic Planning		
The local CHIPP is a strong group of stakeholders from the community who have worked diligently for many years to address the needs of Hernando County.		Not all organizations who participate in the CHIPP align their individual organization's strategic plans with that of the CHIP. This is an area of potential opportunity-however, not all elements of the CHIP will be appropriate for all partners.	To be determined as part of the Community Health Improvement Plan at a later date.

5.4	Model Standard: Plan for Public Health Emergencies		
Planning for public health emergencies is a required component at hospitals, service providers and the local department of health. Exercises are facilitated with a regional planning body. All emergency planning standards and requirements are met each year.			To be determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances		
The Florida Department of Health leads the efforts in policy development that can improve the public's health. Updates regarding new policies, laws and ordinances are provided from the state to the local health departments. The local health departments share with their partners and the public.			To be determined as part of the Community Health Improvement Plan at a later date.

6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances		
	Efforts related to the involvement in the improvement of laws is limited given the departmetn of health's public status. While education can be provided policymakers by the local department of health, the development of laws, regulations and ordinances is not permitted.	Increase efforts to develop a non-DOH staffed committee that can provide information and assist in the development of laws, regulations and ordinances-as these efforts are not permitted for DOH or County staff.	To be determined as part of the Community Health Improvement Plan at a later date.

6.3	Model Standard: Enforcement of Laws, Regulations, and Ordinances		
Organizations have been identified to enforce public health laws according to the law. Public health inspections are completed in accordance with DOH standards.		Improve on efforts to educate the commay munity and individuals about local public health laws and policies to ensure all are receiving the information. Social media is an information outlet that could be enhanced to increase awareness.	

ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable			
STRENGTHS	**WEAKNESSES**	**OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS**	**PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES**
7.1	Model Standard: Identification of Personal Health Service Needs of Populations		
the local public health system works well to identify groups who experience difficulty in accessing services. All barriers are not known and will likely not be known at 100%	Roles of partners have not been defined outside of the requirements from local and state and national policies	Continue to work with partners to collaborate on meeting the needs community members	To be determined as part of the Community Health Improvement Plan at a later date.

7.2	Model Standard: Assuring the Linkage of People to Personal Health Services		
local public health providers work together to link members of the community to needed services when those services are available	Florida did not expand Medicaid and many residents do not have medical insurance. Access to services is limited without insurance.	Encourage community members to apply for insurance through the ACA. Advocate for the expansion of Medicaid.	To be determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard: Workforce Assessment, Planning, and Development		
	Workforce assessments are completed on a national level for nursing, physicians, and other provider types. These assessments are not completed on a local level.	Consider including workforce assessments as part of a regular local process, share the results and associated costs with local partners and build a sustainability plan for the public health workforce locally.	To be determined as part of the Community Health Improvement Plan at a later date.

8.2	Model Standard: Public Health Workforce Standards		
Stardards are often set by provider licensure at the state level-all providers and public health workers must meet the qualifications to be considered for any position.		Confirm position descriptions and job duties for current positions effectively describe and require adequate training for each position and staff persons.	To be determined as part of the Community Health Improvement Plan at a later date.

8.3	Model Standard: Life-Long Learning through Continuing Education, Training, and Mentoring		
Continuing education is provided through various venues including: Florida Department of Health, local department of health, partners, online webinars, etc. Many of these educational opportunities are free.	Incentives for attending continuing education opportunities are often not provided to staff.		

8.4	Model Standard: Public Health Leadership Development		
Leadership development is provided through continuing education programs, staff meetings, workgroups and coalitions.	Diversity of the publc health leadership could be increases to better reflect the communities of need (minorities).		

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard: Evaluation of Population-Based Health Services		
Previous CHIPs have focused on measuring population health outcomes. Satisfaction surveys are completed regularly at some provider locations, but not all. These satisfaction surveys are not focused on individuals at high-risk-but all patients receiving services during the survey period.	Satisfaction surveys are not frequently shared among providers; only internally. Systems-wide, satisfaction with services has not been examined.	Encourage all providers to assess satisfaction of services and to share the results of those surveys so wide-spread improvement can be addressed.	To be determined as part of the Community Health Improvement Plan at a later date.

9.2	Model Standard: Evaluation of Personal Health Services		
Many providers encourage clients to respond to satisfaction surveys.	Individual agencies have individual surveys and these tools are not shared among all providers in Hernando County.	Evaluate the effectiveness of personal health services, use results from the evaluation to improve services and re-evaluate.	

9.3	Model Standard: Evaluation of the Local Public Health System		
Every 3 years, Hernando County participates in a needs assessment. Following the MAPP model the needs includes the LPHSA. As such, the LPHSA is completed regularly as part of the larger assessment process. Results from the LPHSA are used to develop the CHIP in concert with other components fo the MAPP assessment	Do not evaluate how organizations are working together through a formal process.	Consider including collaboration evaluation as an ongoing part of the CHIP	To be determined as part of the Community Health Improvement Plan at a later date.

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	Model Standard: Fostering Innovation		
Receive information on studies and findings associated with public health research	Do not participate in research or in the identification of topics to be researched. Hernando County is not near a major research university or institution.	Consider building relationships with the University of South Florida or other nearby universities and research institutions such that Hernando County can become a pilot site for research and can be a collaborative partner in the identification of research topics and questions.	To be determined as part of the Community Health Improvement Plan at a later date.

10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
Local public health providers do have relationships with universities and colleges for student/internship placements.	These relationships do not extend to research opportunties.	Invite research institutions to become more involved with Hernando County and consider Hernando as a pilot site for appropriate research.	

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10.3	Model Standard: Capacity to Initiate or Participate in Research		
Several providers in Hernando County participate in research opportunities, however, these opportunties do not extend to public health but rather individual health. These providers are in private practice.	Current infrastructure does not exist to complete research at the public health level in Hernando County.		To be determined as part of the Community Health Improvement Plan at a later date.

APPENDIX C: Additional Resources

Association of State and Territorial Health Officers (ASTHO)
http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS)
http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services
http://www.ahrq.gov/clinic/pocketgd.htm

Guide to Community Preventive Services
www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO)
http://www.naccho.org/topics/infrastructure/

National Association of Local Boards of Health (NALBOH)
http://www.nalboh.org

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System
http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf

Public Health 101 Curriculum for governing entities
http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH_Public_Health101Curriculum.pdf

Accreditation

ASTHO's Accreditation and Performance Improvement resources
http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement
http://www.naccho.org/topics/infrastructure/accreditation/index.cfm

Public Health Accreditation Board
www.phaboard.org

Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:
    Communicating Health Goals and Objectives
    http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf
    Setting Health Priorities and Establishing Health Objectives
    http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

Healthy People 2020:
www.healthypeople.gov
    MAP-IT: A Guide To Using Healthy People 2020 in Your Community
    http://www.healthypeople.gov/2020/implementing/default.aspx

Mobilizing for Action through Planning and Partnership:
http://www.naccho.org/topics/infrastructure/mapp/
    MAPP Clearinghouse
    http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/
    MAPP Framework
    http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

National Public Health Performance Standards Program
http://www.cdc.gov/nphpsp/index.html

Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting
http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html

Improving Health in the Community: A Role for Performance Monitoring
http://www.nap.edu/catalog/5298.html

National Network of Public Health Institutes Public Health Performance Improvement Toolkit
http://nnphi.org/tools/public-health-performance-improvement-toolkit-2

Public Health Foundation – Performance Management and Quality Improvement
http://www.phf.org/focusareas/Pages/default.aspx

Turning Point
http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program
http://www.hhs.gov/ash/initiatives/quality/finance/forum.html

Evaluation

CDC Framework for Program Evaluation in Public Health
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way)
http://www.yourunitedway.org/media/Guide_for_Logic_Models_and_Measurements.pdf

National Resource for Evidence Based Programs and Practices
www.nrepp.samhsa.gov

W.K. Kellogg Foundation Evaluation Handbook
http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx

W.K. Kellogg Foundation Logic Model Development Guide
http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx