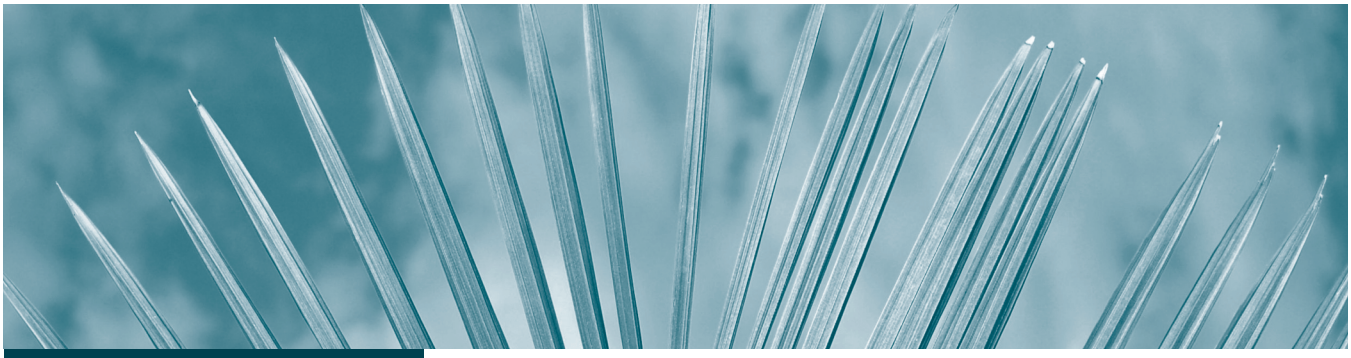

2013

Community Health Improvement Plan Update

Columbia County

WellFlorida Council

Working Together for Healthy Communities

Community Health Improvement Plan – Setting the Priority Issues

Background

On February 9, 2012, Jeff Feller of WellFlorida Council presented the recently completed results of the Columbia County Local Public Health System Assessment (LPHSA); the Columbia County Community Health Status Assessment (CHSA); and the Community Themes and Strengths Assessment (CTSA) to members of the Columbia County Mobilizing for Action through Planning and Partnerships (MAPP) Core Community Support Team. The Core Community Support Team is comprised of a cross-section of community leaders and concerned individuals who have knowledge and an interest in health issues, health care delivery and health outcomes in Columbia County. This presentation was designed to provide the impetus to the initial phase of ongoing strategic healthcare planning and community health improvement planning which will ultimately become the focus of Columbia County's health and healthcare vision for the next 2-3 years.

Mr. Feller's presentation followed the following outline:

I. Overview of Key Issues from CHSA
II. Overview of Key Issues from the CTSA
III. Presentation of the Results of the LPHSA
IV. Strategic Issues Identification Worksheet
V. Facilitation of Discussion on Strategic Issues Identified by MAPP Core Community Support Team
VI. Selection of Potential Priority Strategic Issues (Consensus Discussion) from the LPHSA

In his overview of the CHSA, Mr. Feller reviewed a variety of key observations in Columbia County's socioeconomic and demographic data; morbidity and mortality data; and healthcare access and utilization data. He also provided summary results of the CTSA, which was comprised of focus group discussions with citizens, and the LPHSA for Columbia County.

Upon reviewing the CHSA, the CTSA and the LPHSA, Mr. Feller then led a facilitated discussion on the most pressing health issues in Columbia County. Issues and concerns were brainstormed and then these issues and concerns were refined into a core set of key issues. This core set of key issues was then taken back to the Needs Assessment Steering Committee and reviewed once again and compared to all of the results from each needs assessment section and all of the community input generated during the assessment process in order to refine the core set of key issues into the priority strategic health issues for Columbia County. The following sections detail the brainstorming of issues and the identification of the final priority strategic health issues for Columbia County.

Brainstorming the Issues

During the facilitated brainstorming session, participants identified the following issues regarding Columbia County health care and health outcomes:

- Access for Medicaid and the uninsured clients to specialty care is extremely limited in Columbia County.
- Reimbursement rates are an issue, though there is limited ability to affect at the local level.
- Medicare clients will soon have access issues for specialty care as well.
- Local health professionals and hospitals/nursing homes etc. will have to work together to manage readmission rates as reimbursement rates will be influenced by readmission rates.
    - Work together to management the patients through the system and not just through their own facility.
    - Work together to inform, advocate and influence public policy.
    - If done right, Columbia County and its residents could see improvements in quality of care as measured by readmission rates.
    - Patients would need to be well-informed on adherence protocols and the appropriate follow-up care-seeking steps.
- Arrange more prevention services, screenings, etc. in order to catch problems sooner in order to lower admission rates and hospital stays and improve quality of life of residents.
- Non-compliant patients are more prevalent in rural communities due to difficult barriers such as transportation and limited access to supportive care structures.
- Negative health habits are well entrenched for many in Columbia County.
- Cultural behavior may be caused due to lack of information but it also may be attitude, or the fact that they have not been compelled to change or that there are no immediate disincentives to change behavior.
- Emergency departments are full of non-emergent patients.
- Many patients say they are not going to stop poor health behaviors.
- Some people want help but can't get it due to transportation.
- The Medicaid provider base is severely limited.
- Columbia County poverty rates are higher and average incomes are much lower, so people do not have the means to access care.
- Perhaps some form of transportation network can be pulled together in order to provide transportation resources (potential partners include churches, senior center and volunteers).
- Many who desire to adhere to their doctors advice cannot afford to buy medications.
- Lower educational attainment levels may be a hindrance to community education activities.
- Those that do graduate from high school leave Columbia County and do not come back.
- Where is the community with the "inland port" concept? Better jobs equals better access to healthcare.
- Florida will be one of the 10 states to receive No Child Left Behind waiver; perhaps there will be a small window of opportunity to partner with the schools if there is some relaxation of requirements due to this waiver.
- It is difficult to cultivate partnerships with the schools that are not directly related to or have a positive impact on FCAT/standardized testing/Sunshine State Standards.
- Need to encourage people to have healthy habits, healthy eating, exercising.
- Start with the youth as this investment will pay dividends longer.
- Local churches could work on the healthy community/healthy people projects
- Need to publicize the areas available for exercise.
- Health fair with churches and other faith and community-based organizations are occurring but participation is often low.
- Health fairs are often marketed in a proprietary fashion as an individual facility outreach function and not with global community health in mind.

- Need to advertise/banners/flyers/etc. for a longer period of time and in various places.
- Need improve communication and mobilize partnership among safety net providers and key community and faith-based groups.
- Not all faith leaders are willing to allow a group to come in and do screenings, some churches are willing, but we need to work on getting other churches and faith leaders involved.
- Hospital could do a better job with health fairs. Make it less about our services and offer screenings (bring a privacy curtain). Health fairs have become more of a marketing and community presence.
- Could we start with the kids in school to do some of these screenings? Free physicals have packed gyms. Free physicals are offered every year. Perhaps offer free adult screenings at the same time.
- Kids can help coach their parents to get screenings. Example, teaching kids to hold a baby properly or put them to sleep—teaching their parents when they get home.
- Transportation is challenging due to the rural communities.
- National groups have programs where they utilize volunteer transportation networks to transport people to appointments. May have a mutual need allowing us to work together—requires volunteers.
- Public relations campaign—get a slogan and a central logo and mission statement for community health improvement in Columbia County. People need to be able to the campaign and its activities. Safety net providers and key community and faith-based organizations will all be in it together.
- Cancer is the leading cause of death in Columbia County. A work group should be established to look at the data and make sure we are not missing some environmental issues and possible causes.
- How can we make the final need assessment data available to the community? Can we make it understandable to all groups? What information should be sent to which groups?
- There needs to be many venues for people to receive the needs assessment information and make it accessible to all communities. Translate terms such as mortality/morbidity to easily understood language for all level of readers.
- Need to get more partners in the community to help meet goals determined by the steering committee.

Identification of Priority Strategic Health Issues

After the brainstorming session, key issue areas were consolidated from the various brainstorming statements into key issue areas. These following key issue areas will become the focus of ongoing strategic health and community health improvement planning for Columbia County.

1. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some.
    a. Measure and hold accountable.
    b. Create wealth (through economic development opportunities) that improves health outcomes.
    c. Change the culture of tolerance.

   d. Educate the community on the true individual and community cost of poor individual health choices and behavior.
   e. Educate the community on facilities, services, providers and resources available and how to most effectively and efficiently utilize those facilities, services, providers and resources.
   f. Economic development (raise the socioeconomic levels).
2. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues.
   a. Utilize the school system as a vehicle to educate students and parents (e.g. integrate parent health fairs with events where students are provided school physicals for participating in extracurricular activities).
   b. Public service announcements/education on the quality and quantity of services in Columbia County (provide examples of positive experiences).
   c. County level branding that brands the entire community health improvement effort in Columbia County and not just one provider or entity (e.g. Got Milk advocates for milk in general and not just one provider of milk) - requires partnership for everyone to agree on the branding and not to work in silos.
   d. Cultivate ownership of the issues and the effort needed to improve Columbia.
3. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services.
   a. Economic development (need to increase the number of people that can pay for their services that will in turn increase the willingness to provide safety-net services).
   b. Develop a system that will get physicians to accept a certain number of equitable safety-net services.
4. Lack of comprehensive community-wide teamwork and lack of community participation to address issues.
   a. Core Community Support Team - meetings should be periodic to keep people involved
   b. Targeted group of people to get the job done - accountability.
   c. Clear message to the community with clear expectations - if you deliver the community will be with you.
   d. Community buy-in.
   e. Dialogue on the health care system and health outcomes' impact on economic development with key constituencies such as the Board of County Commissioners and the Chamber of Commerce and other key community groups.

Potential Strategies

Some next steps to consider as part of a strategic community health improvement plan:

1. Create a formal strategic health vision for Columbia County with community-wide measurable goals and objectives.
2. Consider creating a private sector Columbia County Community Health Task Force in order to "shepherd" or "oversee" a strategic community health improvement plan.
3. Mobilize community partners as needed on specific goals and tasks.
4. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development).

5. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make.
6. Investigate the potential for implementing a voluntary physician referral program (also sometime called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers).
7. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them.
8. Piggyback adult health fairs to existing school system events that draw in students and their parents for school physicals for extra-curricular activities.
9. Form an integrated partnership to market, promote and staff community health fairs.
10. Create a web-based portal for the community health improvement activities of the Columbia County Community Health Task Force.

Prioritizing the Issues and the Potential Strategies

During September and October 2012, members of the Columbia County Core Community Support Team continued to work on the priority issues and potential strategies that represent the central elements of Columbia County's Community Health Improvement Plan. The Core Community Support Team, in order to prioritize the four issues and each of the ten potential strategies, worked with WellFlorida Council. WellFlorida designed a survey process in SurveyMonkey that asked the following questions:

1. (ISSUE QUESTON) Read the list below of specific health issues in Columbia County as identified during the community health needs assessment process. For EACH issue listed, please RATE EACH ISSUE with "1" meaning the issue is one of the LEAST important of the issues identified and "10" meaning one of the MOST important issues identified.
2. (ISSUE QUESTION) Read the list below of specific health issues in Columbia County as identified during the community health needs assessment process. For EACH issue listed, please RATE EACH ISSUE with "1" meaning you have MINIMUM confidence in Columbia County's ability to make a substantial impact on this issue through local efforts and "10" meaning you have MAXIMUM confidence in Columbia County's ability to make a subtantial impact on this issue through local efforts.
3. (STRATEGY QUESTION) Read the list below of potential strategies to pursue in Columbia County to address the priority health issues as identified during the community health needs assessment process. For EACH issue listed, please RATE EACH ISSUE with "1" meaning the issue is one of the LEAST important of the strategies identified and "10" meaning one of the MOST important strategies identified.
4. (STRATEGY QUESTION) Read the list below of potential strategies for Columbia County to address key health issues as identified during the community health needs assessment process. For EACH potential strategy listed, please RATE EACH STRATEGY with "1" meaning you have MINIMUM confidence in Columbia County's ability to implement this strategy through local efforts and "10" meaning you have MAXIMUM confidence in Columbia County's ability to implement this strategy through local efforts.

Two measures were utilized to analyze the survey results to determine the highest priority health issues and the highest priority strategies. The summary of these measures can be seen in Tables 1 and 2. Every issue and strategy was given an importance score; an average importance; a confidence score; an average confidence and combined importance and confidence score. These scores were obtained as follows:

1. Importance Score – Each of the respondent rankings of 8, 9 or 10 (i.e. for all high levels of importance) were summed together to get the cumulative for the importance of the issue/strategy.
2. Average Importance – The mean average of responses for importance for the issue/strategy.
3. Confidence Score - Each of the respondent rankings of 8, 9 or 10 (i.e. for all high levels of confidence) were summed together to get the cumulative for the confidence of the issue/strategy.
4. Average Confidence - The mean average of responses for confidence for the issue/strategy.
5. Combined Importance and Confidence Score – The sum of the importance and confidence scores for each issue/strategy.

Clearly, Table 1 shows that Issue A is the highest priority in the eyes of the Core Community Support Team as it scored highest in all five score areas. Each Priority Issue is actually ranked from 1-4 (in parentheses) based on the Combined Importance and Confidence.

Table 1. Prioritized Health Issues for Columbia County, 2012.

Issue	Importance (8-10)	Average Importance	Confidence (8-10)	Average Confidence	Combined Importance & Confidence
A. Inappropriate use of healthcare and misuse and abuse of the system caused by sense of entitlement among some; lack of personal responsibility among some; lack of understanding of how to use health care system and what is available among some; and unhealthy lifestyle driven by predominantly by socioeconomic factors for some. (PRIORITY 1)	95	7.9	42	6.1	137
B. Lack of information, communication and education drives misinformation and lack of willingness for community acknowledgement of issues. (PRIORITY 3)	79	7.1	35	6.0	114
C. Lack of specialty (including mental health providers) and general care providers and willingness of providers to offer safety-net services. (PRIORITY 2)	82	7.4	34	5.9	116
D. Lack of comprehensive community-wide teamwork and lack of community participation to address issues. (PRIORITY 4)	72	7.2	37	5.7	109

Source: Columbia County Core Community Support Team Survey, WellFlorida Council, September-October 2012.

Table 2 shows the Priority Strategies ranked from 1-10 (in parentheses).

Table 2. Prioritized Strategies for Columbia County 2012.

Strategy	Importance (8-10)	Average Importance	Confidence (8-10)	Average Confidence	Combined Importance & Confidence
A. Create a formal strategic health vision for Columbia County with community-wide measurable goals and objectives. (PRIORITY 1)	74	8.1	69	7.3	143
B. Consider creating a private sector Columbia County Community Health Task Force in order to "shepherd" or "oversee" a strategic community health improvement plan. (PRIORITY 10)	37	6.7	33	6.2	70
C. Mobilize community partners as needed on specific goals and tasks. (PRIORITY 5)	44	7.2	57	7.6	101
D. Promote cities and local government buy-in to strategic and community health improvement planning (educate and inform as to the direct and indirect costs of not addressing the priority strategic health issues and the link between good health, a strong healthcare system and economic development). (PRIORITY 4)	53	7.4	59	7.6	112
E. Develop and distribute materials and information that, in plain language, inform the general public on the true costs and benefits of various health decisions they regularly make. (PRIORITY 8)	62	7.0	29	5.8	91
F. Investigate the potential for implementing a voluntary physician referral program (also sometime called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers). (PRIORITY 3)	72	8.0	54	7.5	126
G. Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to access them. (PRIORITY 2)	82	8.3	59	6.9	141
H. Piggyback adult health fairs to existing school system events that draw in students and their parents for school physicals for extra-curricular activities. (PRIORITY 7)	57	7.3	38	6.2	95
I. Form an integrated partnership to market, promote and staff community health fairs. (PRIORITY 6)	45	6.4	55	7.1	100
J. Create a web-based portal for the community health improvement activities of a Columbia County Community Health Task Force. (PRIORITY 9)	38	5.9	34	6.1	72

Source: Columbia County Core Community Support Team Survey, WellFlorida Council, September-October 2012.

Next Steps

This analysis identifies the priority health issues and the priority strategies to address them based on the insight and input from the Columbia County Core Community Support Team. These priority issues and strategies represent the central components of a Community Health Improvement Plan for Columbia County.

In order to fully articulate a Community Health Improvement Plan for Columbia County, the Core Community Support Team will need to continue with the following:

1. Identification of critical resources necessary for implementation of strategies.
2. Identification of critical partners necessary for implementation of strategies.
3. Formulation of key action steps that will result in implementation of strategies.
4. Specify time table and targeted completion/achievement dates.
5. Develop measurable process and outcome objectives in order to chart progress and measure success.

In 2013, the Core Community Support Team will continue to refine the Columbia County Community Health Improvement Plan to address these next steps.

2013 Columbia County Community Health Improvement Plan Update

Update Overview

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

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

The sections that follow detail each of these components.

Updated Goals, Strategies and Objectives

Table 2 represents the updates to the goals, objectives and strategies from the 2012 CHIP process as well as the addition of performance measures and potential key leads and partners. Implementaion activity of the community group initially brought together to work on the CHA and CHIP was limited in 2012; however, the CHA/CHIP Steering Committee met three times in 2013 to update the CHIP. A full-fledged community group dedicated to implementation of CHIP and ongoing CHA activities still has not formed.

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
GOAL 1 – Increase the appropriate use of healthcare.	Objective 1.1 By December 31, 2016, decrease the preventable hospital discharge rate to 1,600 preventable discharges per 100,000 population under age 65 (Baseline: 1,789, AHCA, 2009-11).	Strategy 1.A Create new and improved ways of informing key constituencies about what health services exist in the community and when and how to use them. .	• Number of campaigns to target specific groups. • Number of exposures through social media. • Number of information events held. • Number of articles written by health care providers to write articles for newspaper (electronic media, blogs, etc). • Create provider/service directory of services; include Spanish version. • Number exposed to messages through mass media. • A communication network among businesses and agencies to inform residents of health services and activities in the county. • Number of avoidable hospitalizations.	• Columbia County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Faith-based groups • Emergency Medical Services • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County
		Strategy 1.B Develop and distribute materials and information that, in plain language, inform the general public on the true personal and community costs and benefits of health decision they regularly make.	• Brochures or educational pieces developed. • Number of presentations made. • Number of persons receiving information through mass media and other sources. • Number of website hits to partner websites where information can	• County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
			be linked. • Increased numbers of persons who understand these costs.	• Faith-based groups • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Columbia County
GOAL 2 – Increase health care provider availability.	Objective 2.1 By December 31, 2015, increase the rate of licensed physicians in Columbia County from a 2009-2011 rolling average of 148.2 per 100,000 residents to 160.0 0 per 100,000 (Source: Florida CHARTS). Objective 2.2 By December 21, 2015, reduce the percentage of adult residents of Columbia County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.6%, 2010 Department	Strategy 2.A Investigate the potential for implementing a voluntary physician referral program (also sometimes called a We Care Program as in Alachua County) in Columbia County (especially among the specialty care providers).	• Launching of such a program. • Number of physicians participating. • Number of patients referred to program. • Number of visits. • Value of services provided.	• Local physicians • Columbia County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Family Health Center of Columbia County
		Strategy 2.B Form a partnership to market and promote, in an integrated manner, Columbia County as a destination for physicians and providers.	• A formally developed partnership. • Number of joint marketing campaigns. • Number of potential recruited physicians exposed to campaigns.	• Local government • Businesses • Shands Lake Shore Regional Medical

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	of Health, Florida CHARTS).		• Number of physicians who locate in Columbia County who cite impact of campaign in their decision.	Center • Lake City Medical Center • Chamber of Commerce • Columbia County Health Department • Family Health Center of Columbia County • Local physicians
GOAL 3 Increase the awareness of community health issues and resources.	Objective 3.1 By December 31, 2014, the community will complete a comprehensive update of the community health assessment (CHA) and will update this assessment every three years. Objective 3.2 By July 1, 2014, form a partnership to market, promote and staff, in an integrated manner, community health fairs and other events. Objective 3.3 By July 1, 2014, develop an ongoing mechanism for reporting community	Strategy 3.A Make community more aware of existing health fair opportunities and piggyback adult health fairs to existing school system health events (e.g. school physical events for students participating in extracurricular activities) that draw in students.	• Number of health fairs conducted. • Number of persons who attend health fairs. • Number of persons referred into care from health centers. • Number of persons who report making a significant health behavior change or outcome improvement due to health fair participation.	• School system • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Columbia County Health Department • Lake Shore Hospital Authority • Faith-based groups • Local government • Family Health Center of Columbia County
		Strategy 3.B Promote to local	• Updated needs assessment.	• Columbia County

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	personal costs of current community health outcomes.	governments and business community the value of strategic and community health improvement planning and educate and inform regarding: • Direct and indirect costs of not addressing priority strategic health issues • Link between good health, a strong healthcare system and economic development.	• Model created for reporting and communicating health outcomes and costs and impact of those outcomes. • Number of presentations made. • Number of persons exposed to information. • Website hits on partner websites who link to the information. • Number of policies informed by this mechanism.	Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Emergency Medical Services • Faith-based groups • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County
GOAL 4 – Enhance partnerships to address community health issues.	Objective 4.1 By January 31, 2014, establish and maintain a productive community health improvement partnership to participate in and monitor the health of the community through development of community health	Strategy 4.A Create a private sector Columbia County Health Task Force in order to "shepherd" or "oversee" implementation of the CHIP and ongoing CHA activities.	• Group formed. • Charter developed. • Number of partners participating. • Meetings scheduled. • Number of meetings held. • Number of projects completed. • Level of implementation of the CHIP.	• Columbia County Health Department • Shands Lake Shore Regional Medical Center • Lake City Medical Center • Media • Emergency

Table 3. Columbia County CHIP Goals, Objectives, Strategies, Performance Measures and Key Leads and Partners, 2013 Update.

Goals	Measurable Objective(s)	Strategies	Performance Measures	Key Leads and Partners
	assessments and community health improvement plans.			Medical Services • Faith-based groups • Businesses • Schools • Private physicians • United Way of Suwannee Valley • Chamber of Commerce • Lake Shore Hospital Authority • Family Health Center of Lake County

Alignment with State and National Priorities

The 2013 Columbia County Community Health Improvement Plan Update has been reviewed for alignment with the following state and national guidelines:

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

Each objective under each goal was reviewed to determine where within each of these state or national guidelines the objective was in alignment. Table 3 summarizes where the 2013 Columbia County CHIP Update objectives align with the various state and national standards.

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

Objective	HP2020	FSHIP	NPS
GOAL 1 Increase the appropriate use of healthcare.			
Objective 1.1 By December 31, 2016, decrease the ambulatory care sensitive conditions (ACS) hospital discharge rate to 16.0 avoidable discharges per 1,000 discharges (Baseline: 17.9 per 1,000, AHCA, 2010-12).	Topic Area: Access to Health Services Objective(s): AHS-3;AHS-5; AHS-6	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
Goal 2 Increase health care provider availability.			
Objective 2.1 By December 31, 2015, increase the rate of licensed physicians in Columbia County from a 2009-2011 rolling average of 148.2 per 100,000 residents to 160.0 0 per 100,000 (Source: Florida CHARTS).	Topic Area: Access to Health Services Objective(s): AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
Objective 2.2 By December 21, 2015, reduce the percentage of adult residents of Columbia County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.6%, 2010 Department of Health, Florida CHARTS).	Topic Area: Access to Health Services Objective(s): AHS-1;AHS-4;AHS-5	Strategic Issue Area: Access to Care Goal AC2, Pg. 23	Strategic Direction: Clinical and Community Preventive Service, Pg. 18
GOAL 3 Increase the awareness of community health issues and resources.			
Objective 3.1 By December 31, 2014, the community will complete a comprehensive update of the community health assessment (CHA) and will	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

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

Objective	HP2020	FSHIP	NPS
update this assessment every three years.			
Objective 3.2 By July 1, 2014, form a partnership to market, promote and staff, in an integrated manner, community health fairs and other events.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Objective 3.3 By July 1, 2014, develop an ongoing mechanism for reporting community personal costs of current community health outcomes.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15 Topic Area: Health Communication and Health Information Technology: Objective(s): HC/HIT-8; HC/HIT-9; HC/HIT-13	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25
Goal 4 Enhance partnerships to address community health issues.			
Objective 4.1 By January 31, 2014, establish and maintain a productive community health improvement partnership to participate in and monitor the health of the community through development of community health assessments and community health improvement plans.	Topic Area: Public Health Infrastructure Objective(s): PHI-14; PHI-15	Strategic Issue Area: Community Redevelopment and Partnerships; Health Finance and Infrastructure Goals CR1, Pg. 19; HI4, Pg. 33	Strategic Direction(s): Empowered People, Pg. 22; Elimination of Health Disparities, Pg. 25

Potential Policy Implications

Community health improvement activities and initiatives require both a mix of policy and non-policy changes to accomplish objectives. The Public Health Accreditation Board standards encourage communities to closely review their CHIP objectives and to determine possible policy changes that may need to be made in order to facilitate reaching the desired measurable objective. Table 4 catalogs for each objective in the 2013 Columbia County Community Health Improvement Plan Update the policy changes that may be required or should be considered in order achieve the objective.

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

Objective	Potential Policy Change
GOAL 1 Increase the appropriate use of healthcare.	
Objective 1.1 By December 31, 2016, decrease the ambulatory care sensitive conditions (ACS) hospital discharge rate to 16.0 avoidable discharges per 1,000 discharges (Baseline: 17.9 per 1,000, AHCA, 2010-12).	• Additional health insurance reform, both public and private, policy changes may be needed, especially in Florida which has not taken up the health reform, to provide people affordable preventive care to avoid hospitalizations. • Individual provider policies may need to change to offer more incentive or dis-incentive for utilizing care more effectively.
Goal 2 Increase health care provider availability.	
Objective 2.1 By December 31, 2015, increase the rate of licensed physicians in Columbia County from a 2009-2011 rolling average of 148.2 per 100,000 residents to 160.0 0 per 100,000 (Source: Florida CHARTS).	• Individual healthcare facilities, clinics and practices will need to change policies to work together to promote community-wide message that Columbia County is a destination for healthcare providers. • Individual healthcare facilities, clinics and practices may need to change policies to offer more incentives for providers to locate in Columbia County. • Local government, the Chamber of Commerce and economic development entities may need to reconsider polices or focus of economic development polices (or rather the lack of focus of economic development policies supporting the healthcare sector).
Objective 2.2 By December 21, 2015, reduce the percentage of adult residents of Columbia County who could not see a doctor at least once during the past year due to cost to 20.0% (Baseline: 22.6%, 2010 Department of Health, Florida CHARTS).	• Individual healthcare facilities, clinics and practices may need to change their policies of acceptance of indigent and charity care cases. • More national state and national policy changes may need to occur so that Florida is an active participant in health reform and expansion of care to the underserved.
GOAL 3 Increase the awareness of community health issues and resources.	
Objective 3.1 By December 31, 2014, the community will complete a comprehensive update of the community health	• Informal policies and working agreements required to work together.

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

Objective	Potential Policy Change
assessment (CHA) and will update this assessment every three years.	
Objective 3.2 By July 1, 2014, form a partnership to market, promote and staff, in an integrated manner, community health fairs and other events.	• Individual healthcare facilities, clinics and providers will need to change policies on health fairs as not just a driver of business to their facilities but to a community benefit.
Objective 3.3 By July 1, 2014, develop an ongoing mechanism for reporting community personal costs of current community health outcomes.	• Local government may need to change policies to include this mechanism into its discussions and deliberations on funding allocation to community health initiatives.
Goal 4 Enhance partnerships to address community health issues.	
Objective 4.1 By January 31, 2014, establish and maintain a productive community health improvement partnership to participate in and monitor the health of the community through development of community health assessments and community health improvement plans.	• Informal policies and working agreements required to work together. • If the group of volunteers get together and determine that the best route for this partnership would to be an advisory board to the Board of County Commissioners, then an ordinance will have to be sought and passed to make the partnership a formal advisory board to the BOCC.