

Community Health Improvement Plan

2016-19



**Florida Department of Health
in Volusia County**

DRAFT 9/1/16

Volusia County Profile

Stretching along 47 miles of the Atlantic Coast and west to the St. Johns River lies Volusia County, Florida. Located at the intersection of the I-4 and I-95 corridors, Volusia County is roughly the size of Rhode Island and sits about 50 miles northeast of Orlando, 60 miles north of the Kennedy Space Center, and 90 miles south of Jacksonville. Volusia County is geographically separated into east and west, and in some areas almost literally divided by wetlands. Volusia County has 16 cities--the city of Deltona, on the west, is the largest in population and Daytona Beach, on the east, ranks second, while unincorporated Volusia County makes up about one-fifth of the population.

In 2014, Volusia County's population increased over the half million mark to 507,531, growing 2.6% since 2010. Children 18 and under made up 18% of the population, while 23.2% of the population were 65 years and older.

According to the U.S. Census Bureau, the Volusia County median income was \$40,818 and 11.7% of all families were living in poverty as last reported in 2014. The poverty indicator jumps to 24.0 % for households with children 18 and under and to 46.9% for female, single head of households with children under 18.

Preliminary Volusia County unemployment statistics for December 2015 have been released by the U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics Program. They show the civilian labor force at 236,801; total employment at 225,072 and total unemployment at 11,729, indicating an unemployment rate of 5.0 %, formerly at 10.8 % in 2011.

Volusia County is home to nine regionally-accredited colleges and universities and two technical colleges, with over 35,000 students enrolled in a variety of degree and certificate programs. These institutions offer a diverse focus of academic programs and have been recognized by U.S. News and World Report in the 2015 Best Colleges Rankings. 88.9% of Volusia residents have a high school education or higher and 22.5% have a bachelor degree or higher. During the 2015-16 school year, total public school enrollment (PreK-12) was 62,937.

In 2014, the Volusia County population was 83.9% white, 10.5% black and 5.6% other races or multi-racial. 12.2% of the population was Hispanic.



The Community Health Needs Assessment (CHNA) Process



Volusia County is well known for its collaborative spirit and hosts a network of highly integrated stakeholder organizations devoted to promoting and improving population health and wellness. A core component of an effective Community Health Needs Assessment process is the engagement of community stakeholders in assessment, prioritization and planning activities. As part of the Volusia County Community Health Needs Assessment Partnership process, a devoted group of community leaders and executives from 19 key local organizations, devoted their time and expertise alongside the CHNA Partners to form the CHNA Leadership Team.

The Process

A CHNA is a process that uses quantitative and qualitative methods to systematically collect and analyze data to understand health within a specific community. An ideal assessment includes information on risk factors, quality of life, mortality, morbidity, community assets, forces of change, social determinants of health and health inequity, and information on how well the public health system provides essential services. According to the National Association of County and City Health Officials (NACCHO), community health assessment data informs community decision-making, the prioritization of health problems, and the development, implementation, and evaluation of community health improvement plans. In light of best practices, the Leadership Team provided their input and expertise by completing the following tasks through a series of meetings and document reviews:

- Reviewing secondary data detailing risk factors, quality of life, mortality, morbidity, and social determinants of health for the entire county, county quadrants and ZIP codes
- Discussing forces of change and community assets
- Interpreting community survey data and input from a variety of community stakeholders
- Reviewing the strengths and challenges of the public health system
- Assisting in gathering primary data from consumers served by representatives' organization
- Developing initial community-wide priorities to form a foundation for each partners' strategic planning activities

In addition, the local health department facilitated four Town Hall Meetings in locations throughout the county.

A “Social Determinants of Health” Lens:

To truly effect change, health indicators cannot be viewed or understood simply through primary or secondary data reviews or a clinical perspective. We ask all readers of this document to do so, using a “social determinants of health” lens. According to the Centers for Disease Control, conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH). Understanding data on social determinants of health, such as income, educational level, and employment, can help focus efforts to improve community health as it has been determined that 40% of an individual’s health and well-being will stem from their socio-economic status.

We know that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. We also know that differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. [Healthy People 2020](#) highlights the importance of addressing SDOH by including “create social and physical environments that promote good health for all” as one of the four overarching goals for the decade. As we move to address the five identified health issues to include in the Community Needs Assessment, it will be important to review each on through the lens of the social determinants of health.

Median household income: Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to health care and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

The 2014 Volusia median household income was \$40,818, while Florida’s median household income was \$47,463. Volusia's median household income has been consistently lower than Florida's. Although it has increased since 2011, it has not recovered to the 2010 estimate of \$41,556.

Unemployment: The unemployment rate is a key indicator of the local economy. Higher rates of unemployment have both individual and societal ramifications and long term unemployment impacts housing, access to insurance and medical care, family dynamics and is associated with a higher prevalence of both physical and behavioral health issues due to the strain and stress and lack of access to care. A high unemployment rate also places a strain on social services and government systems.

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Wages: The living hourly wage was calculated at \$10.22 for a single adult living in Volusia County in 2014 and the top 3 Occupations by number of jobs in 2014 were Retail Salespersons, Cashiers, and Waiter/Waitress with hourly wages ranging from \$8.99 to \$9.87. Restaurant Cooks were the fastest growing occupation by percent, earning an average of \$10.55 an hour.

Housing: Spending a high percentage of household income on housing can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month. In 2013, almost 50% of Volusia renters spent 35% or more of their gross household income on their rent making them housing-burdened.

Poverty: According to the US Census Bureau, 27.4% of Volusia children under 18 years of age were below the poverty level and that number almost doubles for female head of households with children under 5 in 2014. According to the United Way ALICE Report cited below, 46 % of Volusia County households are ALICE (Asset Limited Income Constrained Employed). It is also significant to note, that there continues to be a disparity in poverty in Volusia County, with Blacks consistently having a greater percent of individuals below the poverty level than other ethnic/racial groups, the county and the state. Blacks and Hispanics in Volusia had a greater percentage of individuals below the poverty level than the county overall or the state.

Educational Impact of Poverty and Homelessness: According to the Institute for Children and Poverty, homeless children are nine times more likely to repeat a grade, four times more likely to drop out of school, and three times more likely to be placed in special education programs than their housed peers. Volusia County Schools reported that 2322 students met the federal definition of homeless and 213 Volusia County students were classified as homeless and unaccompanied in the 2015-16 school year.

An exhaustive study by ETS Center for Research on Human Capital and Education Research in July 2013, found that children growing up in poverty complete less schooling, work and earn less as adults, are more likely to receive public assistance, and have poorer health. Boys growing up in poverty are more likely to be arrested as adults and their female peers are more likely to give birth outside of marriage. Researchers have estimated that the costs associated with child poverty total about \$500 billion per year, or 4 percent of Gross Domestic Product (GDP).

Today, the achievement gap between the poor and the non-poor is twice as large as the achievement gap between Black and White students as reported by the ETC Center for Research on Human Capital and Education Research. The tracking of differences in the cognitive performance of toddlers, elementary and middle school students, and college-bound seniors shows substantial differences by income and/or poverty status.

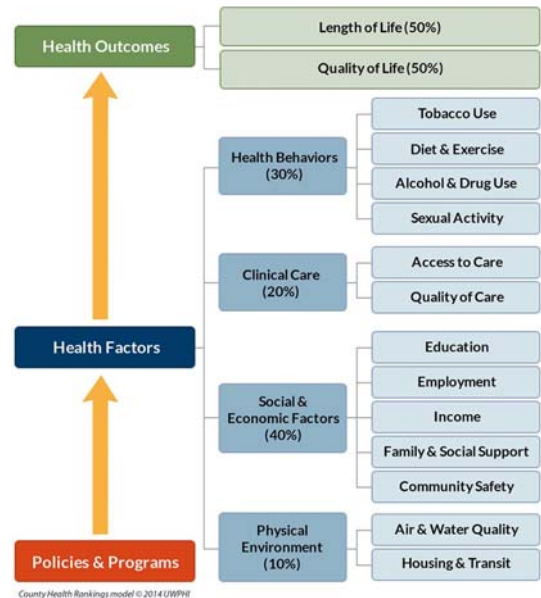
Educational Attainment: For many, having a bachelor's degree or certification combined with possessing soft skills such as promptness, strong communication skills, being a self-starter who is adaptable and able to problem solve, is the key to a solid economic future. Having a degree or in-demand certification also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. In Volusia County 88.9% of residents 25 and older are High School graduates or higher and 22.5% hold a Bachelor's Degree or higher.

2015 National County Health Rankings

www.countyhealthrankings.org

The *County Health Rankings*, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights.

The *County Health Rankings* are based on a conceptual model of population health that includes both Health Outcomes (length and quality of life) and Health Factors (determinants of health). These Outcomes and Factors are broken down into a number of components that are broken down further into subcomponents we call Focus Areas.



Volusia County rankings are displayed below and show how we “measure up” in comparison to the other 66 Counties in Florida over the last 6 years using this process. The lower the score the better the county ranks. To see how we compare to our fellow counties go to:

<http://www.countyhealthrankings.org/app/florida/2016/overview>

Rank out of 67 Counties (lower is better)		2011	2012	2013	2014	2015	2016
Health Outcomes	Health Outcomes Overall	35	37	42	43	45	40
	Length of Life	34	36	45	45	46	44
	Quality of Life	36	37	46	47	50	30
Health Factors	Health Factors Overall	25	26	30	32	27	29
	Health Behaviors	33	32	33	28	31	32
	Clinical Care	9	15	23	17	17	22
	Social & Economic Factors	32	36	38	43	37	40
	Physical Environment	15	21	11	32	54	44

Forces of Change Assessment

A facilitated “Forces of Change” brainstorming session took place on December 4, 2015 with the Volusia County CHNA Leadership Team members. The discussion sought to answer the following questions:

1. What has occurred recently that may affect our local health system or community?
2. What may occur in the future?
3. Are there any trends occurring that will have an impact?
4. What forces are occurring locally? Regionally? Nationally? Globally?
5. What characteristics of our county and state may pose an opportunity or threat?
6. What may occur or has occurred that may pose a barrier to achieving the shared vision

Forces of Change were identified and discussed by the participants in the context of eight categories:

- | | |
|----------------------|-----------------------------|
| 1. Social/Population | 5. Health |
| 2. Economic | 6. Technological/Scientific |
| 3. Political | 7. Legal/Ethical |
| 4. Environmental | 8. Other |

Discussion Results

Social/Population

- There are pockets of low income communities
- Deltona is experiencing an influx in the Puerto Rican population
- There is a trend toward an aging population
 - Need more indicators for this population
 - Most indicators are not in quartile 3 or 4
- Compared to the United States, there is an aging population
- There is a trend toward a more diverse population
- There is a change in the pattern of drug use/abuse
 - Affects the HIV/AIDS rate
 - Due to policy changes
- Increase in the number of single-parent households (in pockets of the community)
- Increase in grandparents raising grandchildren
- Decrease in the number of adults with bachelor’s level education

Economic

- Still recovering from the recession
 - Affected construction
 - Gravy boat curve (flatter bottom of curve)
- Use of social services continues to increase

Forces of Change include:

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

- Volusia County Community Services is seeing fewer clients
 - There is a higher population of working poor
 - Fewer people can sustain themselves
 - People have jobs so they don't qualify for receiving services
- Increased rate of underemployed
 - Working part-time rather than full-time
- Increased rate of uninsured due to eligibility brackets
- Increased population searching for work
 - Not included in the unemployment data
- Hospital funding for low income has decreased due to policy change
- More transient population due to tourist-based economy
- Considering pro-rated taxes in other states affecting the population here
- Curve toward more expensive care and/or higher deductibles leading less routine care
- State funds for mental health has been steady for years
- Public funds for mental health is for low income

Political

- Change of Medicaid to HMOs has decreased the number eligible
- Taxing districts are being viewed by legislators – potential changes may lead to change in response
- Lack of Medicaid expansion is affecting access
- Changes coming to food stamp eligibility will eliminate eligibility for some
- Hospitals are penalized for re-visits after discharge – trying to get to population health
- Current policies are focused on end results for individuals
 - Need to move toward using influential capital (legislative/political capital)
- Need to use time with policy makers wisely
 - Narrowing/focusing the message to come from all will help with this
- Need to hold legislatures accountable for improvements
 - Be involved in policy change
- Potential change in Baker Act

Environmental

- Transportation system can create barriers to care, work, etc.
- We are not a transportation-dependent community
 - This is more of a barrier for West Volusia
- Culture of “don't want to change my behavior – fix me when needed”
 - Truly affects end-of-life care
- Volusia County does not have a “culture of health”
- Schools have efforts started
 - There are limitations due to education time constraints

Health

- Recruitment of physicians is a challenge
 - More for specialties than family physicians
- Not “all” family physicians see “all” patients
- Changes are coming to models of care leading to more “retail” style
- Family practice residency program has helped us

- Shift from self-employed physicians to employed physicians
- Growing mistrust leading to poorer relationships with doctors leading to more use of web-based research and “treatment”
- Personal health philosophy affects timing of seeking care
- Underlying mental health challenges throughout the county affects seeking care
- Health issues for seniors are deeper than what presents
 - Look at aging in place safely
- Family dynamics affect health lifestyle choices
 - Need to reach people in their environment to change the norm
- Those who want to change still have barriers
 - Need to help them
 - Need to change their social determinant barriers
- Opportunities to reach individuals is in schools
- Physicians not accepting Medicaid leads to self-diagnosis and treatment by patients

Technology/Scientific

- Build trust to build relationships
- New technology leads to new opportunities to break out of siloes and use data to determine how to get positive outcomes (on leading edge now)
- It will take a long time due to breaches
- Use of telehealth
- Health care is very advanced for treatment but not records
- Push of electronic medical records has helped
- Highest risk population does not use personal technology to its fullest advantages
- Opportunity to increase health literacy through technology

Legal/Ethical

- Changed rules for consent for HIV testing
- Shared information – need ways to share data
- Next step to care continuum is shared/networked databases (also for analytics)
- All hospitals and hospital physicians and 85% of private physicians are on electronic health records
 - They are not shared
- Having difficulty with proprietary nature of electronic health records apps
 - It is a very complicated problem

Other

- Reduction of government has affected community
 - Decreased county health department staff
 - Decreased social services
 - Education
- Need to reach out to other “systems”; i.e., churches, etc.

Volusia County Local Public Health System Assessment

A community meeting was hosted by Healthy Volusia and the Florida Department of Health in Volusia County on December 11, 2015 to engage community stakeholders in the assessment of the local public health system in Volusia County. 68 individuals representing 27 organizations participated in the meeting. The facilitated discussions and small group work was based on a national assessment model and instrument designed by the National Association of County & City Health Officials (NACCHO). The goal of the meeting was to assess the level of local activity in the 10 Essential Public Health Services:



1. **Monitor health status** to identify and solve community health problems
2. **Diagnose and investigate** health problems and health hazards in the community
3. **Inform, educate, and empower** people about health issues
4. **Mobilize community partnerships** to identify and solve health problems
5. **Develop policies and plans** that support individual and community health efforts
6. **Enforce laws and regulations** that protect health and ensure safety
7. **Link people to needed personal health services** and assure the provision of health care when otherwise unavailable
8. **Assure a competent** public and personal health care **workforce**
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services
10. **Research** for new insights and innovative solutions to health problems

Summary of Findings

The primary purpose of the Local Public Health System Assessment Report summarized here is to promote continuous improvement that will result in positive outcomes for system performance. The report can be used 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
- Re-assess the progress of improvement efforts at regular intervals.

Calculation of Scores

The 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.

Levels of Activity for Essential Services and Model Standards

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.

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.

Summary of Average Scores, by Essential Service

Average Overall Scores	48.3
ES 1: Monitor Health Status	63.9
ES 2: Diagnose and Investigate	63.9
ES 3: Educate/Empower	61.1
ES 4: Mobilize Partnerships	64.6
ES 5: Develop Policies/Plans	47.9
ES 6: Enforce Laws	48.1
ES 7: Link to Health Services	37.5

ES 8: Assure Workforce	21.4
ES 9: Evaluate Services	39.2
ES 10: Research/Innovations	35.4

Prioritization of Model Standards

After the scoring results were compiled, participants were asked to participate in a prioritization process at the Healthy Volusia meeting on January 26,2016. The following Model Standards received the highest priority rating by the assembled group.

Model Standard	Priority Rating
1.1 Community Health Assessment	10
1.2 Current Technology	10
1.3 Registries	10
2.1 Identification/Surveillance	10
2.3 Laboratories	10
3.1 Health Education/Promotion	10
3.2 Health Communication	10
3.3 Risk Communication	10
4.1 Constituency Development	10
4.2 Community Partnerships	10
5.1 Governmental Presence	10
5.2 Policy Development	10
5.3 CHIP/Strategic Planning	10
35.4 Emergency Plan	10
7.1 Personal Health Services Needs	10
7.2 Assure Linkage	10
8.1 Workforce Assessment	10
8.2 Workforce Standards	10
8.3 Continuing Education	10
8.4 Leadership Development	10
10.1 Foster Innovation	10
10.2 Academic Linkages	10
10.3 Research Capacity	10

Findings from Four Town Hall Meetings

Town Hall meetings were conducted at four different locations throughout Volusia County from May 18th through June 23rd, 2016. Within each meeting, participants were asked questions related to the health of the community. These questions focused on quality of life information as they pertain to health and were structured to get the community members to think about health issues that matter. A few examples of these questions are, “*What would excite you enough to be involved with the improvement of our community?*” and “*What do you think are 2-3 characteristics of a healthy community?*”. Answers to these questions were recorded and, once finished, participants were given a choice to indicate which of the twelve health priority areas needed the most attention. DeLand and Daytona Beach indicated that the areas of greatest need were **social determinants of health**, New Smyrna Beach residents identified **barriers to accessing health care services** as their greatest need, and Pierson indicated that **healthy eating and physical activity** was the area of greatest need for the community.

Community Health Survey

Methodology

The 2015-2016 Community Health Survey in Volusia and Flagler Counties relied primarily on an Internet based survey (utilizing Survey Monkey) to reach as many respondents as possible within the limits of the project budget. The online survey was available in English and Spanish via www.communityhealthsurvey.com. There were 2,150 Internet surveys collected. Paper surveys, also available in Spanish and English, were utilized to reach individuals without convenient access to the Internet and were manually entered. 530 paper surveys were manually entered.

The online and paper surveys were promoted and distributed through email communication, postings on various websites, social media, radio and television and paper surveys made available at partner’s places of business. Partners included:

- The nonprofit, governmental and business partners involved in the Community Health Needs Assessment process
- The members and 115 partner organizations of One Voice for Volusia
- The Community Connector, an e-blast system with over 2,900 subscribers.

The 21-questions survey, based on an instrument used nationally, included questions regarding perceived quality of life and health of the community, health concerns, barriers to health care, use of health care, health care needs and demographic information.

A total of 2,680 individuals completed the Volusia/Flagler Community Health Survey (online or via paper surveys). Five individuals completed the survey online in Spanish (no Spanish paper surveys were completed). The survey respondents were asked “*Where is your permanent residence?*”

- 2,003 reported that they lived in Volusia county
- 584 reported that they lived in Flagler county
- 81 reported that they lived in another Florida county
- 12 reported that they lived outside of Florida

Only the 2,003 Volusia respondents are included in the presentation of survey results in the following tables.

Limitations

Convenience Sampling

A convenience sampling methodology was used for the 2015-2016 Community Health Survey. The convenience sampling process is a non-probability sampling technique that relies on the collection of data from populations within easy reach of the researcher. In this case, community agencies were asked to promote the survey with their customers, staff and other stakeholders. This method was selected for ease and budget restrictions. Convenience sampling is much different from a random sampling methodology where the survey population is randomly sampled to gain responses from every population subset.

Limitations and Cautions with Convenience Sampling

Convenience sampling can lead to the under-representation or over-representation of particular groups within the sample. This was the case with the 2015-2016 Community Health Survey for several subsets of the Volusia County population including males and individuals age 18-24. It is important to understand that convenience samples do not produce representative results because of the inherent biases. The results presented here cannot be considered representative of the entire population.

Limitations of Internet Surveys

Although paper surveys were made available, the survey process relied primarily on the Internet survey. Households without access to the Internet and Internet survey results tend to underrepresent lower-income, less educated and minority households.

Community Health Survey Respondent Demographics

Gender	Volusia (n=2,003)	
	number	percent
Male	363	18.12
Female	1,544	77.08
No Response	96	4.79
Total	2,003	100.00

Race Identification	Volusia (n=2,003)	
	number	percent
Black/African American	192	9.59
White/Caucasian	1,612	80.48
Asian/Pacific Islander	19	0.95
Other	98	4.98
No response	82	4.09
Total	2,003	100.00
<i>Question: Race: Which group do you most identify with? (Check ONE selection)</i>		

Ethnic Identification	Volusia (n=2,003)	
	number	percent
Not Hispanic/Latino	1,255	62.66
Mexican	18	0.90
Puerto Rican	92	4.59
Cuban	4	0.20
South American	16	0.80
Central American	66	3.30
Other	245	12.23
No response	307	15.33
Hispanic Subtotal	196	9.79
Total	2,003	100.00
<i>Question: Ethnicity: Which group do you most identify with? (Check ONE selection)</i>		

Age	Volusia (n=2,003)	
	number	percent
Less than 18	14	0.70
18-24	58	2.90
25-35	177	8.84
35-44	293	14.63
45-54	443	22.12
55-64	522	26.06
65+	422	21.07
No response	74	3.69
Total	2,003	100.00

Marital Status	Volusia (n=2,003)	
	number	percent
Single	409	20.42
Married	1,026	51.22
Divorced	320	15.98
Widowed	191	9.54
No response	57	2.85
Total	2,003	100.00

Education	Volusia (n=2,003)	
	number	percent
Elementary/Middle School	38	1.90
High school diploma or GED	265	13.23
Technical/Community College	362	18.07
4-year College/Bachelor's degree	500	24.96
Graduate/Advanced degree	382	19.07
Some college	389	19.42
No Response	67	3.34
Total	2,003	100.00

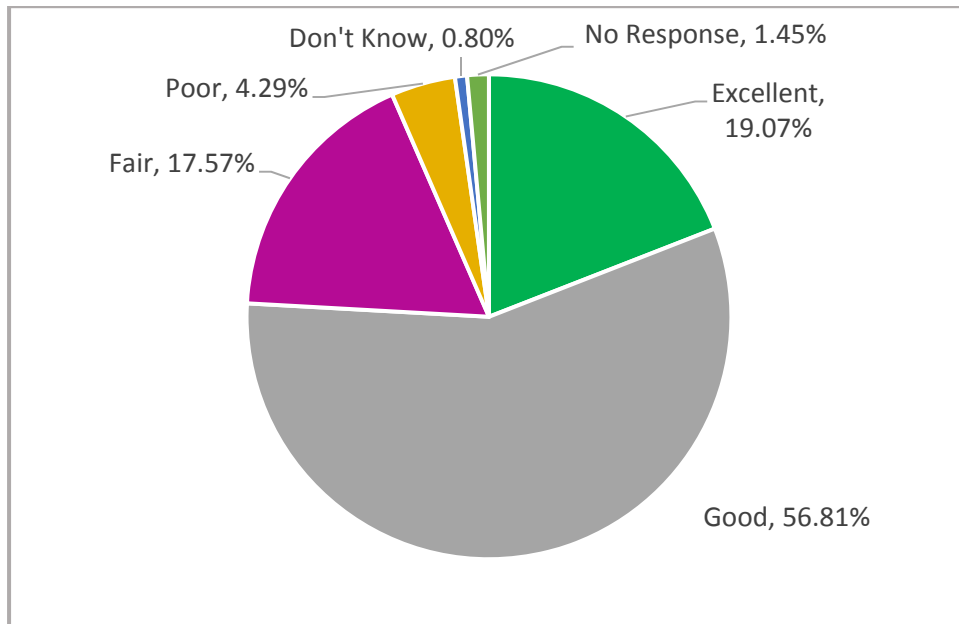
Question: Education: Please check the highest level completed: (Check ONE selection)

Employment Status	Volusia (n=2,003)	
	number	percent
Employed full-time	1,221	60.96
Employed part-time	160	7.99
Unemployed	42	2.10
Self-Employed	50	2.50
Not seeking work	8	0.40
Retired	354	17.67
Home maker	44	2.20
Student	25	1.25
Other	56	2.80
No Response	43	2.15
Total	2,003	100.00

Household Income	Volusia (n=2,003)	
	number	percent
Less than \$10,000	166	8.29
\$10,000 to \$19,999	250	12.48
\$20,000 to \$29,999	254	12.68
\$30,000 to \$49,999	354	17.67
\$50,000 to \$74,999	372	18.57
\$75,000 to \$99,999	215	10.73
\$100,000 or more	270	13.48
No Response	122	6.09
Total	2,003	100.00

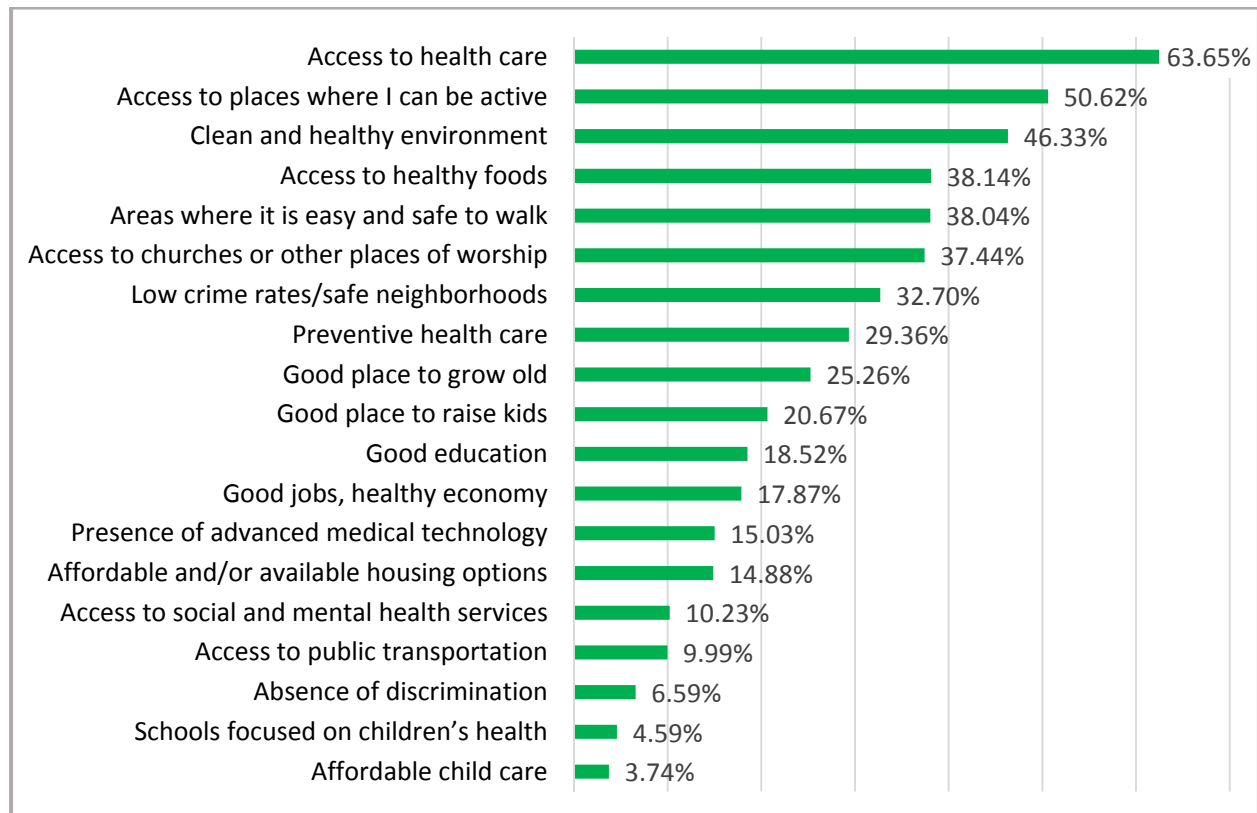
Overall Health

Survey Question: How do you rate your overall health?



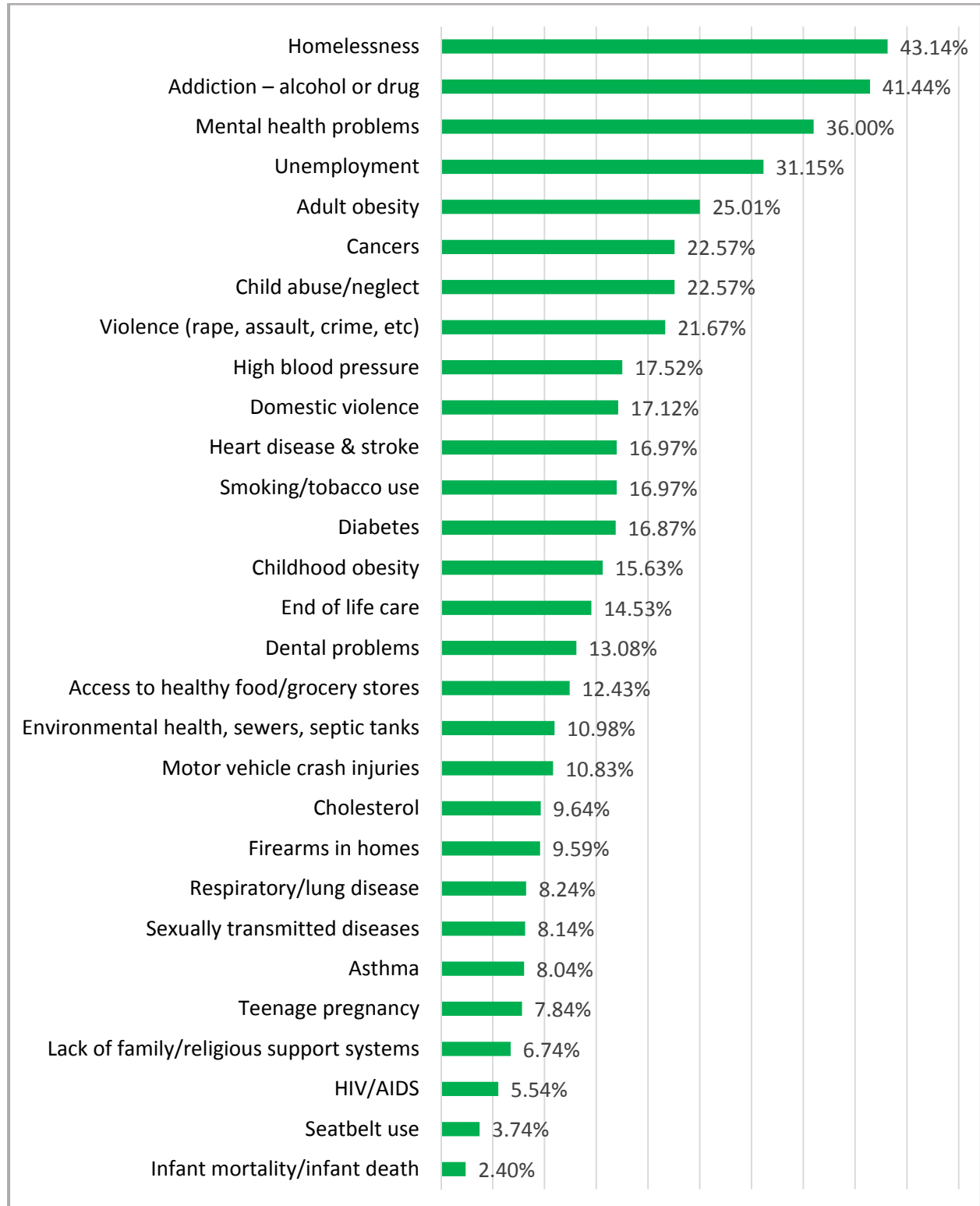
Things that Allow YOU to be Healthy Where You Live

Survey Question: Check up to 5 things that allow YOU to be healthy where you live



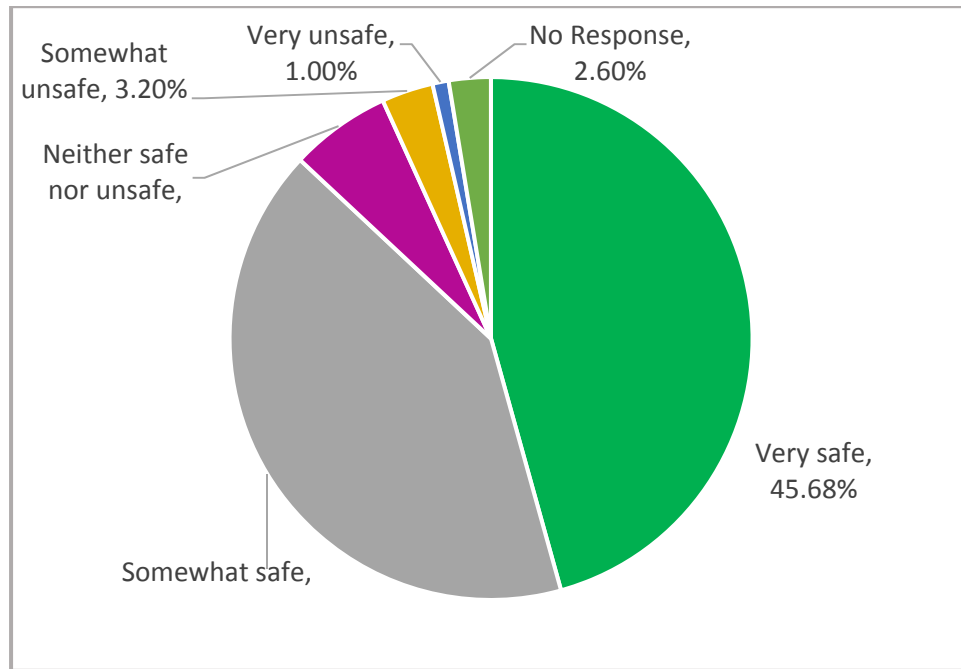
Health Issues YOU are Most Concerned About

Survey Question: Check up to 5 health issues YOU are most concerned about in your county:



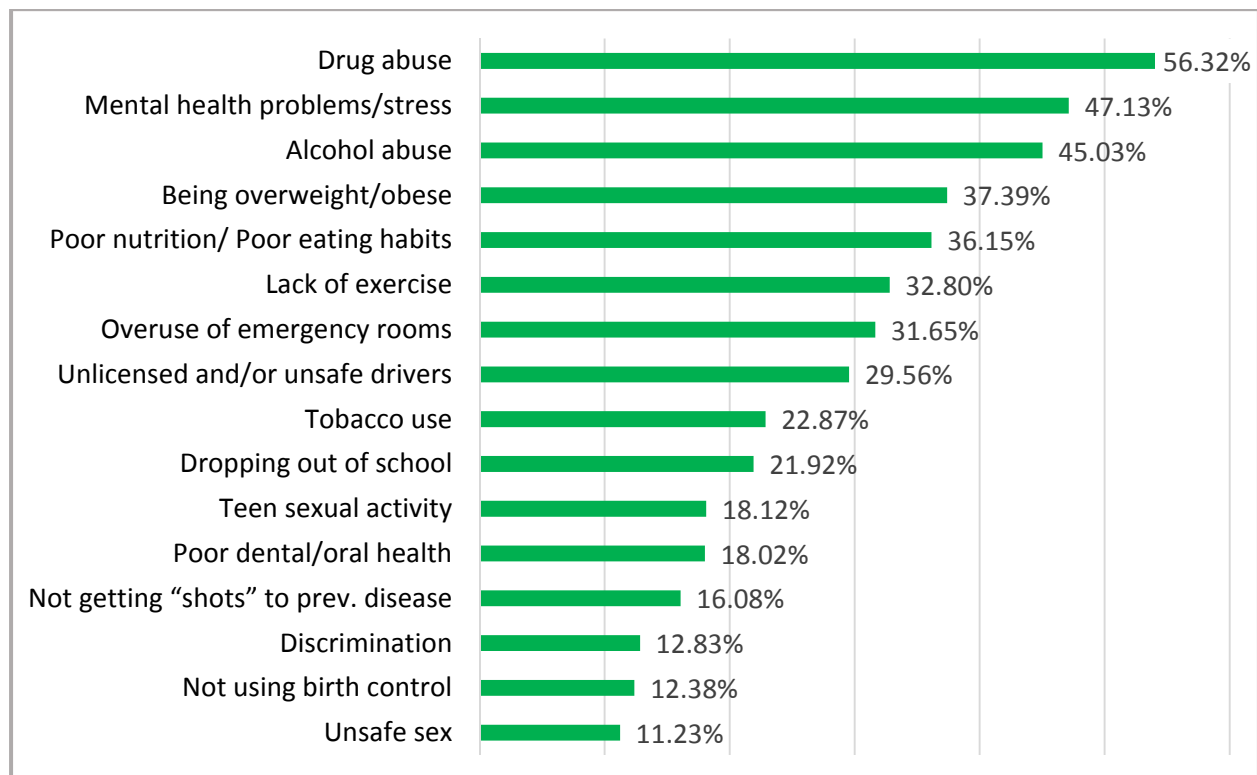
How Safe Do You Feel?

Survey Question: How safe do you feel where you live?



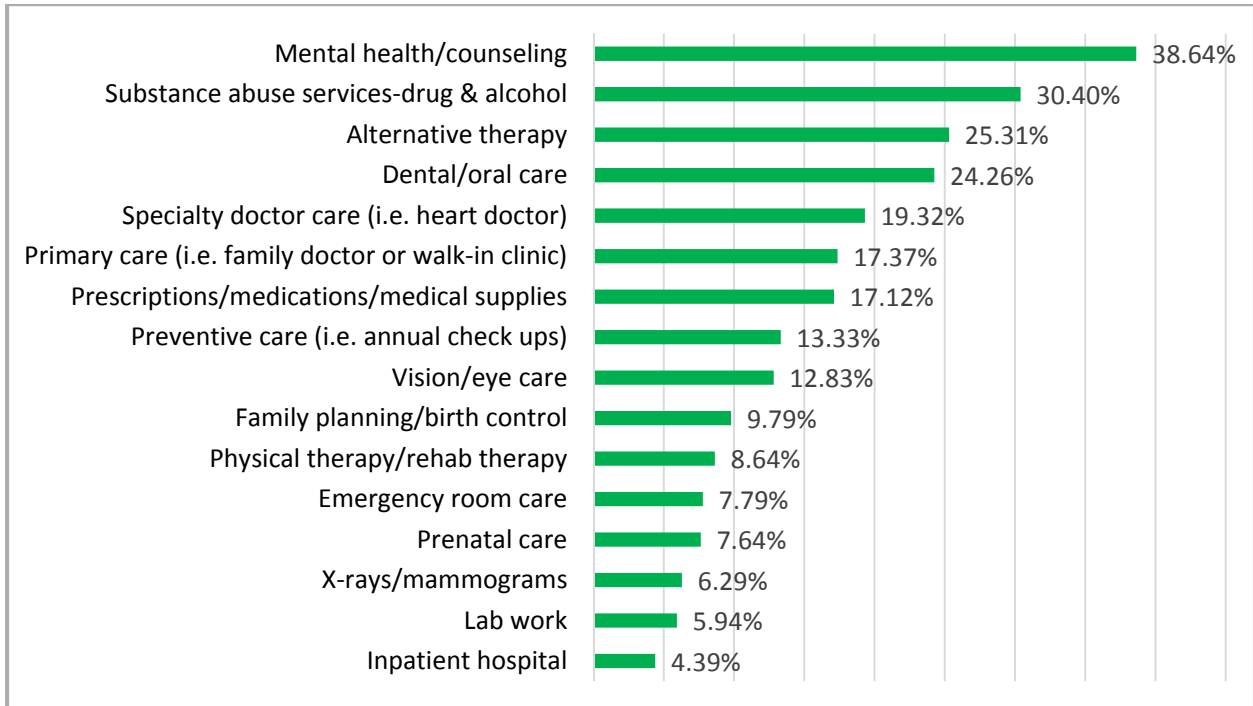
Unhealthy Behaviors YOU are Most Concerned About

Survey Question: Check up to 5 unhealthy behaviors YOU are most concerned about in your county



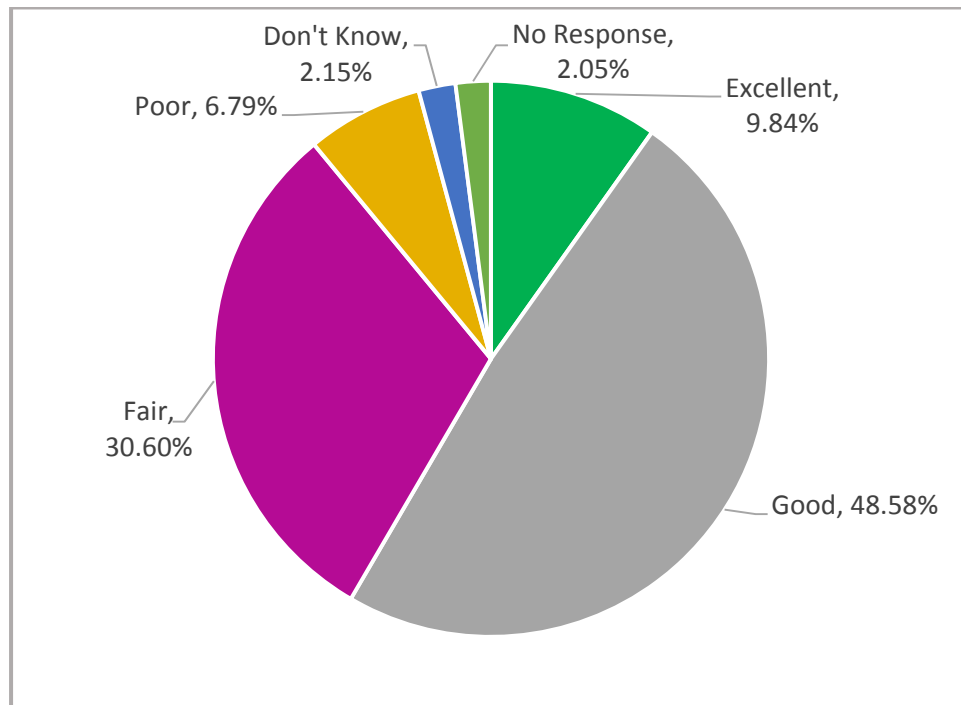
Health Services that are Difficult to Obtain

Survey Question: What health care services are difficult to obtain in your community? (Check ALL that apply)



Quality of Health Services

Survey Question: How do you rate the quality of health services in your county?



Barriers for YOU to Get or Stay Healthy

Survey Question: What do you feel are barriers for YOU getting or staying healthy in your county?
(Check ALL that apply):



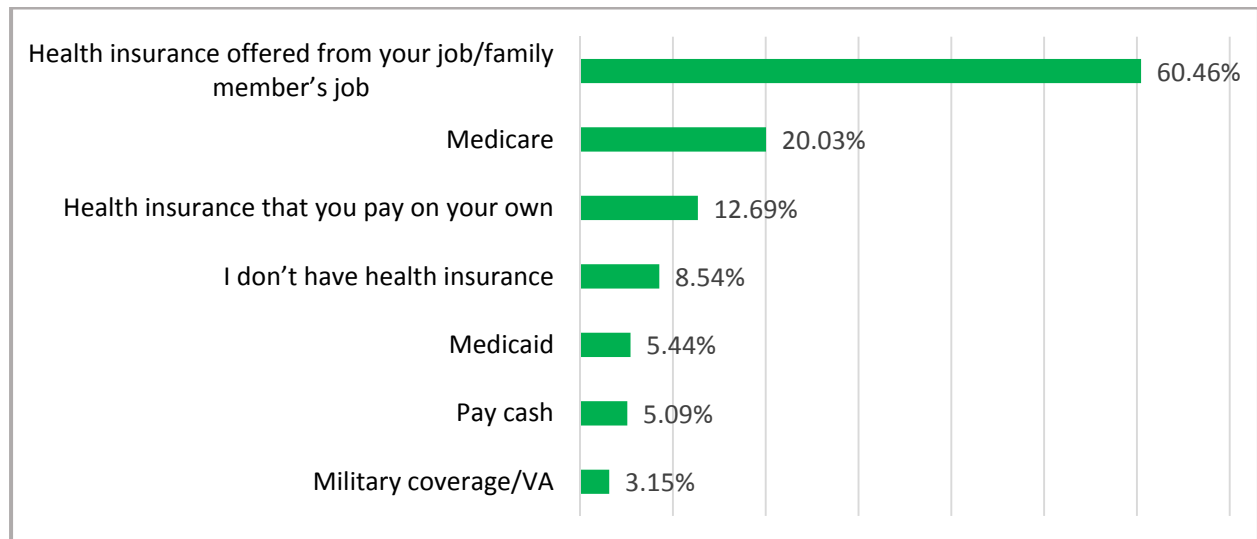
Barriers for YOU to get Health Care

Survey Question: What do you feel are barriers for YOU getting health care in your county? (Check ALL that apply)



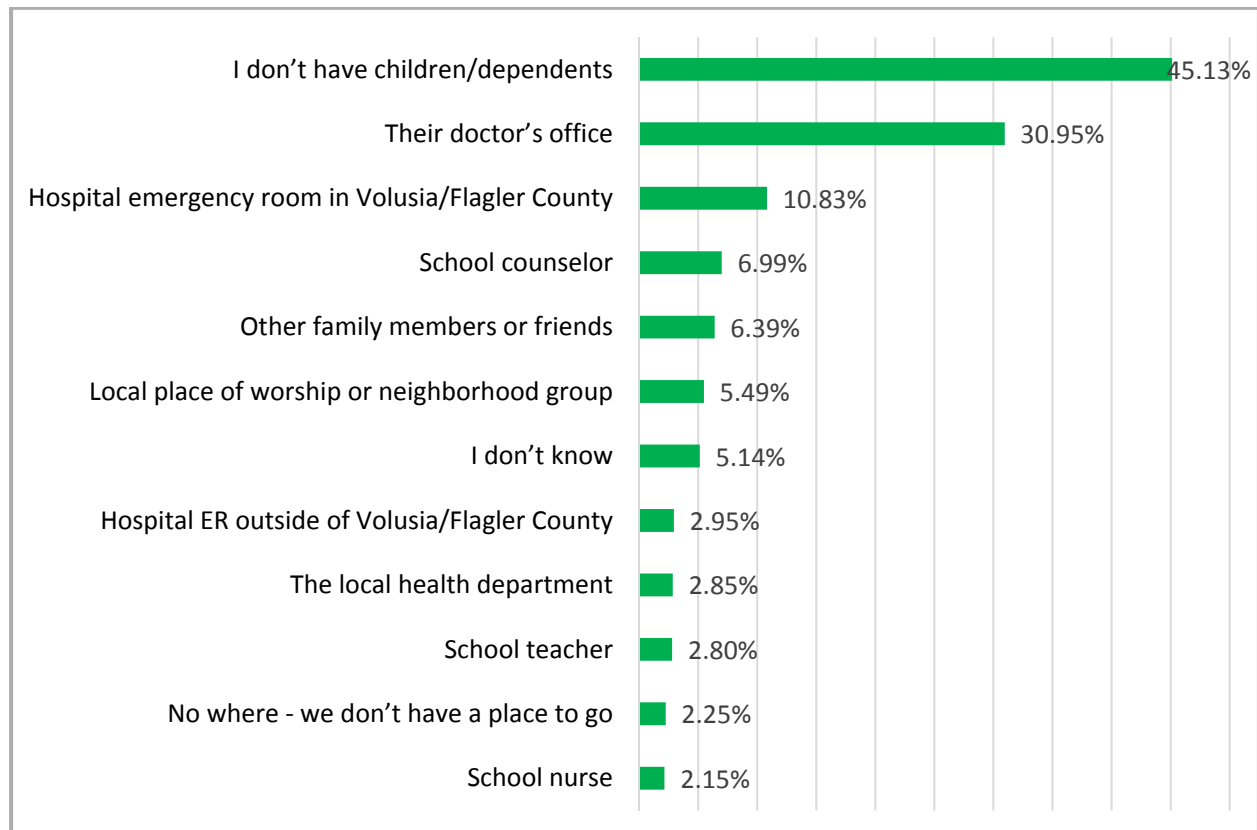
Health Coverage

Survey Question: How is your health care covered? (Check ALL that apply)



Where You Would Go if you were Concerned about Your Child

Survey Question: Where would you go if you were worried about your child's mental, physical or social health? (Check ALL that apply)



Major Causes of Death & Contributing Factors

In 2014, the 10 leading causes of death in Volusia were heart disease, cancer, chronic lower respiratory diseases, unintentional injuries, stroke, Alzheimer’s disease, diabetes, suicide, chronic liver disease and cirrhosis, and Kidney disease. Understanding the contributing factors and modifiable risk factors related to the causes of death becomes important in the quest to both extend life expectancy and increase the quality of life.

Volusia County Top Ten Causes of Death, 2014

(sorted by Age-adjusted Death Rate)

Cause of Death	Deaths	Percent of Total Deaths	Crude Rate Per 100,000	Age-adjusted Death Rate Per 100,000
Heart Disease	1,584	23.7	314.8	181.6
Cancer	1,424	21.3	283.0	172.0
Chronic Lower Respiratory Disease	503	7.5	100.0	58.0
Unintentional Injuries	254	3.8	50.5	42.9
Stroke	355	5.3	70.6	40.5
Alzheimer's Disease	334	5.0	66.4	34.7
Diabetes Mellitus	224	3.3	44.5	27.4
Suicide	106	1.6	21.1	19.5
Chronic Liver Disease and Cirrhosis	116	1.7	23.1	16.9
Kidney Disease	120	1.8	23.8	14.0
All Causes	6,695	100	1,330.50	808.4

Source: Florida Department of Health, Bureau of Vital Statistics

Chronic diseases are the leading causes of death not just in Volusia, but world-wide and a small set of common risk factors are responsible for most of the main chronic diseases. These major risk factors are modifiable and the same in men and women; unhealthy diet, physical inactivity and tobacco use. Harmful alcohol use is also an important contributor to the global burden of disease but its relationship to chronic disease is more complex.

The major modifiable risk factors, in conjunction with the non-modifiable risk factors of age and heredity, explain the majority of new events of heart disease, stroke, chronic respiratory diseases and some important cancers. Other risk factors for chronic disease include infectious agents that are responsible for cervical and liver cancers, and some environmental factors, such as air pollution, which contribute to a range of chronic diseases including asthma and other chronic respiratory diseases. Psychosocial and genetic factors also play a role.

There is now extensive evidence that conditions before birth and in early childhood influence health in adult life. For example, low birth weight is now known to be associated with increased rates of high blood pressure, heart disease, stroke and diabetes.

The underlying determinants of chronic diseases are a reflection of the major forces driving social, economic and cultural change – globalization, urbanization, population aging, and the general policy environment. Poverty and chronic disease are interconnected in a vicious circle. The poor are more vulnerable for several reasons, including greater exposure to risks and decreased access to health services. Psychosocial stress also plays a role and over 36% of Volusia residents listed Mental Health problems and stress as one of the “top unhealthy behaviors YOU are most concerned about” in the recent Community Health Survey.

Prevention

Many conditions and diseases can be prevented through healthy lifestyle choices, avoidance of environmental risks and management of other conditions. Vaccines and immunizations can also prevent the onset of certain diseases.

- **A Healthy Eating Plan** emphasizes fruits, vegetables, whole grains, and fat-free or low-fat milk and milk products; Includes lean meats, poultry, fish, beans, eggs, and nuts; is low in saturated fats, trans fats, cholesterol, salt (sodium), and added sugars; and stays within your daily calorie needs.
- **Regular Physical Activity** helps improve your overall health and fitness, and reduces your risk for many chronic diseases.
- **A Healthy Weight** is achieved through a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories consumed with the number of calories a body uses. People who are obese, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions.
- **Avoiding Too Much Alcohol**, which can raise blood pressure levels and the risk for heart disease. It also increases levels of triglycerides, a form of cholesterol, which can harden your arteries.
- **Avoiding Tobacco Use**, which increases the risk for heart disease and heart attack and harms nearly every organ of the body, causes many diseases.
- **Vaccines and Immunizations** can prevent many conditions, including Cervical Cancer (Human Papillomavirus), Hepatitis A and B, Influenza (Flu), and Tuberculosis (TB).

Early Detection

Screening and testing for particular conditions can increase the likelihood of early detection, successful interventions and proper management of particular conditions.

Cancer: The CDC supports screening for breast, cervical, colorectal (colon), and lung cancers

Heart Disease

- Check Cholesterol: test blood levels of cholesterol at least once every 5 years
- Control Blood Pressure: measure your blood pressure at least once every 2 years

Diabetes: Anyone aged 45 years or older should consider getting tested for diabetes, especially if they are overweight.

Shared Risk Factors

Many chronic diseases have risk factors in common, including health behaviors and other health conditions.

	Conditions				Behaviors				
	High Blood Pressure	High Cholesterol	Diabetes	Heart Disease	Unhealthy Diet	Physical Inactivity	Obesity	Too Much Alcohol	Tobacco Use
Heart Disease	X	X	X		X	X	X	X	X
Chronic Lower Respiratory Disease									X
Stroke	X	X	X	X	X	X	X	X	X
Diabetes Mellitus		X				X	X		
Chronic Liver Disease and Cirrhosis								X	

Initial Priorities: Volusia CHNA Partnership

The Volusia CHNA Leadership Team met on March 15, 2016, to discuss twelve health issues detailed in a 140-page document sent to each member prior to the meeting. The document included a summary of the Forces of Change exercise, the Local Public Health System Assessment, the 2015-16 Community Health Survey results and the latest indicator data related to each health issue. Members were asked to consider each health issue through the lens of three prioritization criteria:

1. **Impact:** How much does this issue affect other issues? What is the cost of NOT addressing the problem?
2. **Trend & Magnitude of Difference:** Has the trend improved or worsened in the last five years? How much worse is the problem in Volusia compared to Florida?
3. **Feasibility:** Are there successful strategies to address this problem? Is there a positive cost-benefit to addressing the problem?

Utilizing a multi-voting technique, the 12 selected health issues were reduced to 5 initial priorities. These 5 selected priorities were then presented to other community leaders and stakeholders for validation and input. The priorities outlined below along with the in-depth data reports that led to their selection will be explored in greater detail throughout this document and will lay the foundation for community-wide health improvement planning. The other health issues explored during this process remain an important part of community health and well-being and have also been included in this document.

Adult Behavioral Health

- Adult Mental Health and Substance Abuse are closely tied to the other initial priorities and other socioeconomic issues such as domestic violence, child abuse and housing stability/homelessness.

Youth Mental Health (and Behavioral Health)

- It is estimated that 50 percent of mental health conditions manifest themselves during adolescence. Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to Americans' behavioral and physical health.

Chronic Disease: Cardiovascular Diseases and Diabetes

- The modifiable risk factors for both Cardiovascular Disease and Diabetes are similar and closely related to healthy eating and physical activity.
- Disparities must be addressed for sub-groups disproportionately impacted (age, gender, income, race/ethnicity, health insurance status, employment status, housing status, residence in the county).

Barriers to Accessing Health Care Services

- Despite the existence of many health care resources, there remains access barriers for some sub-groups of the population (individuals living in poverty, homeless, certain racial/ethnic groups, individuals without health insurance, individuals living in certain areas of the county)
- Of particular concern were: women of child bearing age accessing interconceptional care services and homeless individuals accessing care.

Healthy Eating and Physical Activity

- The health behaviors of Healthy Eating and Physical Activity are directly related to health and wellness in general.

1. Adult Behavioral Health

Behavioral health is a term that covers the full range of mental and emotional well-being – from coping with daily life challenges to the often complex treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors. Now more than ever, health experts across all fields are recognizing the important link between good behavioral health and good overall health. According to the 2000+ respondents of the Community Health Survey, Behavioral Health related issues were the top three unhealthy behaviors Volusia County residents were most concerned about (Drug Abuse, 56%, Mental Health/Stress 47% and Alcohol Abuse 45%).

Mental Health

According to The Substance Abuse and Mental Health Services Administration (SAMHSA), good mental health is essential to overall health and personal well-being. The ability to lead a healthy, balanced and productive life stems, in part, from an individual's ability to handle emotions. Emotional problems can impair a person's thinking, feelings, and behavior and, over time, can become increasingly serious and disabling.

Since mental health and physical health are closely connected, mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease, and stroke.

According to the Healthy People 2020 report, mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases. According to SAMHSA's 2014 National Survey on Drug Use and Health (NSDUH) an estimated 43.6 million (18.1%) of Americans ages 18 and up experienced some form of mental illness. In the past year, 20.2 million adults (8.4%) had a substance use disorder. Of these, 7.9 million people had both a mental disorder and substance use disorder, also known as co-occurring mental and substance use disorders.

Suicide: Mental health disorders are the leading cause of disability in the United States and Canada, accounting for 25% of all years of life lost to disability and premature mortality. Moreover, according to the Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States, accounting for the deaths of approximately 41,149 Americans in 2013. In 2014, the Florida Department of Health's (FDOH) Bureau of Vital Statistics reported a 19.5 rate of suicide per 100,000 in Volusia County where the State of Florida and nation had a 13.9 and 13.4 rate per 100,000 respectively.

Substance Abuse

Drug abuse and addiction have negative consequences for individuals and for society. Estimates of the total overall costs of substance abuse in the United States, including productivity and health- and crime-related costs, exceed \$600 billion annually according to the National Institutes of Health. This includes approximately \$193 billion for illicit drugs, \$193 billion for tobacco, and \$235 billion for alcohol. As staggering as these numbers are, they do not fully describe the breadth of destructive public health and safety implications of drug abuse and addiction, such as family disintegration, loss of employment, failure in school, domestic violence, and child abuse.

Tobacco: Tobacco use is the single most preventable cause of death and disease in the United States. Each year, approximately 443,000 Americans die from tobacco-related illnesses. For every person who dies from tobacco use, 20 more people suffer with at least 1 serious tobacco-related illness. Tobacco use brings premature death to almost half a million Americans each year and in Volusia County 18.6% of adults are smoking despite these risks. Areas with a high smoking prevalence will also have greater exposure to secondhand smoke for non-smokers, which can cause or exacerbate a wide range of adverse health effects, including cancer, respiratory infections, and asthma. (*Northeast Florida Counts*)

Alcohol: Drinking alcohol has immediate physiological effects on all tissues of the body, including those in the brain. Alcohol is a depressant that impairs vision, coordination, reaction time, judgment, and decision-making, which may in turn lead to harmful behaviors. According to the CDC, excessive alcohol use, either in the form of heavy drinking (drinking more than two drinks per day on average for men or more than one drink per day on average for women), or binge drinking (drinking more than 5 drinks during a single occasion for men or more than 4 drinks during a single occasion for women), can lead to increased risk of health problems, such as liver disease and unintentional injuries.

Alcohol abuse is also associated with a variety of other negative outcomes, including employment problems, legal difficulties, financial loss, traffic accidents and other injuries, family disputes, and other interpersonal issues. The prevalence of binge drinking among men is twice that of women. In addition, it was found that binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers. Motor vehicle crashes that involve an alcohol-impaired driver kill 32 people in the United States every day. The annual cost of alcohol-related crashes totals more than \$51 billion. According to a 2015 report by the Institutes of Health Metrics, Volusia County was in the worst 25% of all counties in the nation for heavy drinking and in the middle-performing 50% of all counties in the nation for binge drinking.

Drug Abuse: Drug abuse and its related problems are among society's most pervasive health and social concerns. Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug use can lead to unintentional overdose and death.

Drug overdose deaths are the leading cause of injury death in the United States, with over 100 drug overdose deaths occurring every day. The death rate due to drug overdose has been increasing over the last two decades. Volusia had a drug overdose rate of 18.9 per 100,000 according to County Health Rankings.

Local Data Summary

Behavioral Health: The percentage of Volusia residents self-reporting binge drinking was approximately the same as the Florida percentage in 2013. Although the Volusia percentage dipped in 2010, the 2013 percentages remain the same as 2007. The rate of motor vehicle crashes where alcohol was suspected has decreased over the years reported, but remains higher than the Florida rate. Injuries and deaths from alcohol-suspected motor vehicle crashes have also decreased although both were consistently higher than the Florida rates, deaths more so than injuries.

Death rates from chronic liver disease and cirrhosis have increased for all Volusia residents although the rate for Blacks in Volusia County dipped in 2012-14. Males had a higher death rate from this cause than did females but both increased over the years reported. According to SMA Behavioral Healthcare, the top three most common drugs of choice for Volusia residents entering treatment in 2015 were: 1) alcohol, 2) marijuana/hashish and 3) hydromorphone (Dilaudid).

The percentage of Volusia residents who self-reported being current smokers was 10.7% higher than the Florida percentage. More men than women reported smoking and Whites in Volusia County had a higher percentage of smokers than any other race or ethnicity. The highest percentage of smokers were adults with less than a high school education and the lowest was adults aged 65 and older.

Mental Health: The percentage of Volusia residents who reported having “poor mental health days” on 14 or more of the past 30 days was higher than the Florida percentage. Women reported a higher percentage of these days than men and Blacks in Volusia County reported a higher percentage than any other race or ethnicity. There were lower percentages of “poor mental health days” reported by Volusia residents aged 65 and older, adults with less than a high school education and residents with an income of \$50,000 or more.

The percentage of Volusia resident who reported having ever been told they had a depressive disorder was about the same as the Florida percentage and was almost evenly divided between men and women. The percentage among Blacks in Volusia County was higher than any other race or ethnicity. Percentages were also higher for depressive disorders for adults with less than a higher school education in Volusia County and those with incomes less than \$25,000. The percentage of “average number of unhealthy mental health days” reported by Volusia residents was approximately the same as the Florida percentage and higher for women than men. The percentage among Whites in Volusia County was lower than any other race or ethnicity. Percentages were lower for Volusia residents aged 65 and older and for those with an income of \$50,000 or more. The rate of Baker Act Involuntary Exam Initiations in Volusia County decreased over the years reported while the Florida rate increased.

The age-adjusted rate of deaths from suicide has increased slightly over the years reported with the Volusia rate consistently higher than the Florida rate. The rate among Whites is the highest of any race or ethnicity and is higher than the overall Volusia rate. The suicide rate for men in Volusia County was higher than for women and was more than double in 2012-14. The suicide rate for ages 19-21 increased for Volusia residents over the years reported and was higher than the Florida rate which remained steady. The rate among Whites in Volusia County increased by 71.6% during the reported years. The rates among Blacks and Hispanics in Volusia county were considered unstable due to a count fewer than 5. Non-fatal hospitalizations from self-inflicted injuries for ages 19-21 decreased greatly over the years reported and dropped below the Florida rate in 2011-13.

2. Youth Mental Health and Behavioral Health

Mental Health

According to SAMHSA, mental and substance use disorders can have a powerful effect on the health of individuals, their families, and their communities. In 2014, an estimated 1.7 million young adults aged 18 to 25 in the United States had a serious mental illness and 2.8 million youth (aged 12 to 17) had a major depressive episode during the past year. In 2014, an estimated 22.5 million Americans aged 12 and older self-reported needing treatment for alcohol or illicit drug use.

These disorders are among the top conditions that cause disability and carry a high burden of disease in the United States, resulting in significant costs to families, employers, and publicly funded health systems. By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide. In addition, drug and alcohol use can lead to other chronic diseases such as diabetes and heart

disease. Addressing the impact of substance use alone is estimated to cost Americans more than \$600 billion each year.

Preventing mental and/or substance use disorders and related problems in children, adolescents, and young adults is critical to Americans' behavioral and physical health. Behaviors and symptoms that signal the development of a behavioral disorder often manifest two to four years before a disorder is present and according to the National Institute for Health, 50% of mental health disorders have their onset by age 14. In addition, people with a mental health issue are more likely to use alcohol or drugs than those not affected by a mental illness.

According to the U.S. Department of Health and Human Service Office of Adolescent Health, important mental health habits—including coping, resilience and good judgment—help adolescents to achieve overall wellbeing and set the stage for positive mental health in adulthood. It is estimated that approximately one in five adolescents has a diagnosable mental disorder, such as depression and/or anxiety disorders and that less than half of adolescents with psychiatric disorders are thought to have received any kind of treatment in the last year.

Mental Health Disorders

Approximately one out of five adolescents has a diagnosable mental health disorder and nearly one third show symptoms of depression. Warning signs aren't always obvious as they mimic what is considered typical teenage behavior, but more common symptoms include persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep. Mental health disorders can disrupt school performance, harm relationships, and lead to suicide (the third leading cause of death among adolescents). Barriers such as not recognizing the symptoms early on or fear of labeling and stigma regarding mental health disorders, inhibits some adolescents and their families from seeking help.

In addition, the Institute of Medicine and National Research Council's Preventing Mental, Emotional, and Behavioral Disorders Among Young People report – 2009, notes that cost-benefit ratios for early treatment and prevention programs for addictions and mental illness programs range from 1:2 to 1:10. This means a \$1 investment yields \$2 to \$10 savings in health costs, criminal and juvenile justice costs, educational costs, and lost productivity.

Suicide: Young people with mental health problems such as anxiety, depression, bipolar disorder, or insomnia are at higher risk for suicidal thoughts. Teens experiencing major life changes (parents' divorce, the loss of a loved one, moving, a parent leaving home due to military service or parental separation, relationships failing, financial changes) and those who are victims of bullying are at greater risk of suicidal thoughts. According to the CDC, among high school students in the United States, females were more likely to report having considered, planned, and attempted suicide compared to males.

Delinquency: Delinquency, mental health and substance abuse can be co-occurring. Youth who have a juvenile record may face future barriers that will impact their health and wellbeing, such as the inability to apply for certain jobs, gain entrance into certification programs, university systems or the military. Volusia County's reported juvenile arrests have declined 36% since 2010 with 2,506 intake arrests in the 2014-15 fiscal year according to the Juvenile Justice information system. The Volusia arrest rate exceeds the Florida rate.

Behavioral Health

While Mental Health was the initial selected health priority by the CHNA Leadership Team, there was consensus among the CHNA Partners when moving forward into the health improvement planning phases, that Youth Behavioral Health must also be considered. The information and data captured in sections 7. Child/Adolescent Issues and 10. Crime, Domestic Violence and Child Abuse also contain strong indicators and predictive tools for Youth Mental Health and will help guide and inform future strategies and approaches to improving Youth Mental Health in Volusia County. By including Youth Behavioral Health, a more data rich environment will be available for investing in screening, prevention and intervention strategies, creating safe prosocial environments, promoting youth centered policies and promoting trauma informed care practices.

Local Data Summary

Youth Mental Health: The Volusia rate of emotionally handicapped children in kindergarten through 12th grade continually decreased over the years reported and was less than 1% in 2014. The Volusia rate was slightly higher than the Florida rate throughout the reported period.

The Volusia rate of suicide for ages 12 to 18 remained steady until the 2012-14 time period, when the rate increased. The Volusia rate was similar to the Florida rate until that time. The rate for Whites in Volusia County nearly doubled over the years reported. There were no suicides in this age group among Hispanics in Volusia County from 2008 through 2011 which increased to fewer than five per year for 2012 through 2014. There were no suicides for ages 12 to 18 among Blacks in Volusia County during the reported years. The Volusia rate for non-fatal hospitalizations for self-inflicted injuries for ages 12 to 18 decreased continually over the years reported and was consistently less than the Florida rate. In the 2010-12 time period, the Volusia rate began to decline more rapidly as the Florida rate continued to rise.

Youth Behavioral Health: Both middle and high school students in Volusia County “used alcohol in the past 30 days” at a declining rate. Similar to Florida in rate and trend, the percentage of students was greater in high school (29.6%, 2014) than middle school (9.7%, 2014). The percentages of middle and high school students reporting binge drinking also decreased. Also similar to the Florida rate and trend, the percentage was greater for students in high school (12.8%, 2014) than middle school (3.8%, 2014).

The percentage of Volusia County middle and high school students “using marijuana/hashish in the past 30 days” ended the reported years almost as it began. After increasing from 2008 to 2010, the percentage decreased through 2014 and remained higher than the Florida percentage for all years reported. Middle school students “smoking cigarettes in the past 30 days”, decreased steadily in Volusia County and was higher than the Florida percentage throughout. The percentage for Volusia County high school students increased from 2008 through 2012 and decreased by almost 53% in 2014 to drop below the Florida percentage for the first time in the years reported.

3. Chronic Disease: Cardiovascular Diseases and Diabetes

Chronic diseases and conditions—such as heart disease, stroke, cancer, and diabetes—are among the most common, costly, and preventable of all health problems. These conditions shorten lives, reduce quality of life, and create considerable burden for caregivers.

Not only do chronic diseases affect health and quality of life, they are also a major driver of health care costs. According to the CDC, in 2010, eighty-six percent of all health care spending was for people with one or more chronic medical conditions. Because of their significant impact on quality of life, the cost and their economic impact, and their common modifiable risk factors, Cardiovascular Diseases and Diabetes were selected as part of the initial health priorities to address in Volusia County.

Cardiovascular Diseases

Heart Disease: The term "heart disease" refers to several types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which affects the blood flow to the heart. Decreased blood flow can cause a heart attack. In 2014, cardiovascular diseases were the leading cause of death in Volusia County accounting for 29% of all deaths.

Cerebrovascular Disease or Stroke: A stroke occurs when blood vessels carrying oxygen to the brain become clogged (or burst), thereby cutting off the brain's supply of oxygen. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. The risk of stroke more than doubles with each decade of life for those that are 55 and older. In 2014, Blacks were two times more likely to be hospitalized for stroke than Hispanics and had a death rate of 77.3 per 100,000 compared to 40.5 for all groups in Volusia County.

Diabetes: Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including: heart disease, blindness, kidney failure and lower-extremity amputations. In Volusia County there continues to be a large disparity in age-adjusted death rates for Blacks with diabetes. In 2014, the rate was 64.2 out of 100,000 for Blacks in Volusia while the rate for all groups in Florida was 19.8 and 27.4 in Volusia.

Correlation: According to the American Heart Association, the following statistics speak loud and clear that there is a strong correlation between cardiovascular disease and diabetes.

At least 68% of people age 65 or older with diabetes die from some form of heart disease; and 16% die of stroke.

- Adults with diabetes are two to four times more likely to have heart disease or a stroke than adults without diabetes.
- The American Heart Association considers diabetes to be one of the seven major controllable risk factors for cardiovascular disease.

Diabetes is treatable, but even when controlled, greatly increases the risk of heart disease and stroke. Because people with diabetes, particularly type 2 diabetes, may have the following modifiable conditions that contribute to their risk for developing cardiovascular disease; high blood pressure (hypertension), abnormal cholesterol and high triglycerides, obesity, lack of physical exercise, poorly controlled blood sugars (too high) or out of normal range, and smoking.

Local Data Summary:

Heart Failure (also called Congestive Heart Failure): The Volusia age-adjusted rate for heart failure decreased over the years reported and was consistently lower the Florida rate. The rate among Blacks in Volusia decreased for the first half and then increased for the second half of the years reported ending lower than it began but highest of all races/ethnicities. The rate among Hispanics in Volusia County fluctuated and decreased over the reporting period and was the lowest of all races/ethnicities for four of

the five years reported. The death rate was higher among men than women in Volusia County although the counts were similar. The Volusia rate for hospitalizations from congestive heart failure decreased at a faster pace than Florida and remained below Florida's rate for the last four years. Rates for all races/ethnicities in Volusia County decreased. The rate among Blacks was consistently the highest of all groups. In 2014, the ZIP code with the highest rate of congestive heart failure hospitalizations was in the northwest quadrant with rates varying by ZIP code throughout the county.

Coronary Heart Disease: The coronary heart disease hospitalization rate in Volusia County decreased over the reported period staying slightly less than the Florida rate until 2014 when they were essentially the same. The rates among Blacks and Whites in Volusia County also decreased. The rate among Hispanics fluctuated and ended slightly higher than it began although it was the lowest rate of all races/ethnicities for three of the five years reported. In 2014, four of the five ZIP codes with the highest hospitalization rates were clustered in the northwest quadrant of the county. The death rate from coronary heart disease increased among Hispanics in Volusia County although that rate was consistently lower than all other groups. The Volusia County rate also increased over the reporting period and was similar to the Florida rate although that rate decreased. The widest gap between the two was in 2014. The rate among Blacks in Volusia fluctuated and decreased during the reported years. The rates for Volusia men was approximately twice that for women and the counts were higher as well. In 2014, there were two ZIP codes with the highest death rates: one in the northwest quadrant and one in the southeast quadrant. There were varying rates in the remaining counties.

Stroke: The Volusia and Florida rates for hospitalizations from strokes decreased slightly over the five years reported and were similar with Volusia slightly higher throughout. The rate among Blacks in Volusia County was the highest and the rate for Hispanics was the lowest of all races/ethnicities with both increasing during the reporting period. In 2014, the two ZIP codes with the highest hospitalization rates were located in the northeast and the northwest quadrants. The stroke death rate increased for all groups over the reported years with the Volusia rate slightly higher than the Florida rate. The rate among Blacks in Volusia County was the highest of all groups for all years and the rate among Hispanics consistently the lowest until 2014. The rates for men and women in Volusia County were similar with the counts higher for women. In 2014, the two ZIP codes with the highest stroke death rates were in the northwest quadrant and the southeast quadrant. The majority of ZIP codes with the lowest rates were in the southwest quadrant.

Hypercholesterolemia and Hypertension: In 2013, the percentage of Volusia adults self-reporting that they had ever been told they had high blood cholesterol was higher than the Florida percentage in all categories. The percentage for Volusia men was statistically significant when compared to Florida. The percentage for men was also higher than for women in Volusia and the overall percentage increased by age group. Blacks in Volusia County had a higher percentage than Whites or Hispanics. The percentage was higher among adults with a high school/GED education than for adults with either a lower or higher education level. The percentage was greatest among adults with an income level of \$25,000 to \$49,999 and about the same for adults with either a lesser or greater income level. Also in 2013, the percentage of Volusia adults who self-reported having ever been told they had hypertension (high blood pressure) was higher for Volusia than Florida in every category. Volusia men reported a higher percentage than women. Blacks in Volusia County had the highest percentage of all races/ethnicities and Hispanics the lowest. The percentage increased by age group. The percentage was the lowest for adults with educational attainment greater than high school and highest for adults with a high school/GED education which was statistically significant when compared to that same educational attainment for Florida. Adults

with an income level of \$25,000 to \$49,999 had a higher percentage than those with a lesser or greater income level.

Diabetes: The age-adjusted diabetes death rate for Volusia County increased over the reported year and was consistently higher than the Florida rate which remained steady. The rate among Hispanics in Volusia County was higher than the Volusia rate for three of the five years and was surpassed by the rate among Blacks which was the highest of all groups for all years and increased during the years reported. The diabetes death rate and count was consistently higher for men than for women in Volusia County. In 2014, the two ZIP codes with the highest diabetes death rate were in the southeast quadrant with varying rates throughout the remaining ZIP codes.

The rate of preventable hospitalizations for Volusia residents under age 65 with diabetes increased over the years reported and remained higher than the Florida rate throughout. The rate of diabetes hospitalizations for ages 12 to 18 decreased over the same time period, dropping below the Florida rate in 2014. The two ZIP codes with the highest rate of diabetes hospitalizations in 2014 were in the northwest and northeast quadrants with the ZIP codes in the eastern quadrants generally less than the western ZIP codes.

In 2013, the percentage of Volusia adults who self-reported that they had ever been told they had diabetes was higher than the Florida percentage. The percentage for Volusia men was slightly higher than women. The percentage for Hispanics in Volusia County was more than double that of Blacks or Whites. The percentage of adults who had been told they had diabetes increased by age group. Adults with an educational attainment of high school/GED had a higher percentage than adults with less than a high school education which was higher than adults with greater than a high school education. Volusia adults with an income level greater than \$50,000 had a higher percentage than those below that income level.

4. Barriers to Accessing Health Care

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone (Healthy People 2020). The Healthy People 2020 health target is to increase the proportion of people with a primary care provider to 83.9%.

Definition of Access to Health Services: Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps: gaining entry into the health care system; accessing a health care location where needed services are provided; and finding a health care provider with whom the patient can communicate and trust.

Access to Health Care Impacts:

- Overall physical, social, and mental health status
- Prevention of disease and disability
- Detection and treatment of health conditions
- Preventable deaths and life expectancy
- Disparities in access to health services affect individuals and society

Barriers to Accessing Health Care Services: Barriers include the lack of availability, high cost and lack of insurance coverage. These barriers can lead to unmet health needs and delays in receiving appropriate

care. Barriers can also contribute to the inability to get preventive services and hospitalizations that could have been prevented.

Despite the existence of many health care resources in Volusia County, there remains access barriers for some sub-groups of the population (individuals living in poverty, homeless, certain racial/ethnic groups, individuals without health insurance, individuals living in certain areas of the county). Of particular concern among the CHNA Leadership Team advising this process were: women of child bearing age accessing interconceptional care services and homeless individuals accessing care.

According to the Volusia Community Health Survey, the top 5 barriers to getting health care were:

- Lack of evening and/or weekend services (22.6%)
- Can't pay for doctor/hospital visits (21.8%)
- Long waits for appointments (21.3%)
- Too much worry and stress (20.9%)
- Can't find providers that accept my insurance (12.9%)

According to the Volusia Community Health Survey, the top health care services that were difficult to obtain were:

- Mental health/counseling and substance abuse services – drug & alcohol
- Alternative therapy
- Dental/oral care
- Specialty doctor care (i.e. heart doctor)

With the changing landscape of health insurance, it is essential that quality health insurance remains accessible to our most vulnerable populations and that this insurance links them to the appropriate provider(s) for ongoing care. Increasing access to health care will impact Volusia residents' ability to reach their full potential, positively affecting their quality of life and the overall wellbeing of the community.

Local Data Summary

Health Resource Capacity: Volusia had a higher rate of total licensed family medicine physicians and of total nursing home beds than the Florida rate. However, in all other categories reported (health department employees, licensed physicians, and hospital beds), the Volusia rate was lower than the Florida rate.

Insurance Coverage: The Volusia rate of children under age 5 covered by MediKids declined from 2010 through 2014 and was consistently lower than the Florida rate. The percentage of Volusia adults who self-reported that they had any type of health care insurance coverage decreased slightly from 2007 to 2013 and was similar to the Florida percentage. The percentage with any type of health care insurance coverage among Hispanics in Volusia County increased over the years reported yet remained below the Volusia percentage. The percentage among Blacks in Volusia County was available for only two time periods and was less than the Volusia percentage in 2010 increasing to higher than the Volusia rate in 2013.

Births paid by Medicaid were reported as a percentage of total births. The Volusia percentage remained steady over the five years reported and was consistently higher than the Florida percentage. The percentage among Whites in Volusia County was lower than the Volusia percentage throughout. The percentage among Hispanics in Volusia County was higher than the Volusia percentage throughout and the percentage among Blacks in Volusia County was the highest of all percentages for all years reported.

Births to uninsured women were indicated by “self-pay” checked on the birth certificate. The Volusia rate remained somewhat steady over the years reported and was consistently lower than the Florida rate which decreased slightly. The rate among Hispanics was consistently the highest for Volusia races/ethnicities and the rate among Blacks was consistently the lowest. The percentage of Volusia women over age 17 who self-reported they had any type of health care insurance coverage increased between 2007 and 2013. The Volusia percentage was lower than that of Florida in 2007 then rose above it in 2010 as the Volusia percentage increased and the Florida percentage decreased.

Individual Health Status: The percentage of Volusia adults who reported having a personal doctor or health care provider was slightly higher than the Florida percentage. A greater percentage of women than men in Volusia County made similar reports. The percentage among Whites in Volusia County was higher than the percentage among Blacks which was higher than the percentage among Hispanics.

The Volusia percentage with a personal doctor or health care provider increased by age group as well as by income level. The percentage was less for Volusia residents with less than a high school diploma and almost equal for those with a high school diploma/GED as those with more than a high school education. The percentage of Volusia residents who self-reported their health was “fair” or “poor” decreased from 2010 (when it was higher than the Florida percentage) to 2013 (when it was lower than the Florida percentage). For both years, the percentage of men was higher than women who reported this health status. The Volusia percentage was highest among Blacks in 2010 and among Hispanics in 2013 who reported their health was “fair” or “poor”.

5. Healthy Eating and Physical Activity

Regular physical activity can help people manage their weight as well as reduce their risk for chronic disease. According to guidelines set by the Centers for Disease Control and Prevention, children and adolescents should get 60 minutes or more of physical activity per day, and adults 18 years and older should get 150 minutes of physical activity per week. Most people do not get the recommended amount of daily activity.

Proximity to exercise opportunities, such as parks and recreation facilities, has been linked to an increase in physical activity among residents. Regular physical activity has a wide array of health benefits including weight control, muscle and bone strengthening, improved mental health and mood, and improved life expectancy.

As reported on the Community Health Survey, Volusia residents’ *Top 5 Things that Allow YOU to be Healthy Where You Live are:*

- Access to health care
- Access to places where they could be active
- Having a clean and healthy environment
- Access to healthy foods
- Areas where it is easy and safe to walk.

Adults who are Overweight: The percentage of overweight and obese adults is an indicator of the overall health and lifestyle of a community. Losing weight and maintaining a healthy weight helps prevent and control these diseases. Being overweight or obese carries significant economic costs due to increased health care spending and lost earnings. According to the Community Health Survey 37.3% of respondents

said being overweight/obese is an unhealthy behavior they are most concerned about and 36.15% indicated poor nutrition/poor eating habits, followed by 32.8% indicated lack of exercise was what they are most concerned about in Volusia County.

Obesity Increases Risk of:

- Heart Disease
- Type 2 diabetes
- Cancer
- Hypertension
- Stroke
- Liver
- Gallbladder disease
- Respiratory problems
- Osteoarthritis

Adults with Good Physical Health: According to the CDC, physical activity:

- Helps control weight, increases chances of living longer
- Reduces risk of cardiovascular disease
- Reduces risk of type 2 diabetes and metabolic syndrome
- Reduces risk of some cancers
- Strengthens bones and muscles
- Improves mental health and mood
- Improves ability to do daily activities and prevent falls

Children: Inactivity during childhood and adolescence increases the likelihood of being inactive as an adult. Adults who are less active are at greater risk of dying of heart disease and developing diabetes, colon cancer, and high blood pressure. Half of American youths aged 12-21 are not vigorously active on a regular basis, and about 14 percent of young people report no recent physical activity. Participation in all types of physical activity declines drastically with both age and grade in school.

Local Data Summary

Physical Activity: The percentage of both middle and high school students in Volusia County without sufficient vigorous physical activity was self-reported to be lower than the Florida percentage. The percentage increased among middle school students and decreased among high school students over the five years reported. The Volusia percentage of high school students without sufficient vigorous physical activity was greater than that of middle school students.

The percentage of adults who meet muscle strengthening recommendations was higher for Volusia than for Florida. Men had a higher percentage than women in Volusia and the percentage among Blacks was highest of all races/ethnicities followed by Hispanics and then Whites. The percentage of adults who meet muscle strengthening recommendations decreased by age group and increased by income level. Regarding educational attainment, the percentage was highest among those with greater than a high school education. The percentage of adults who are inactive or insufficiently active was self-reported to be less than the Florida percentage. The percentage was higher for women than for men in Volusia County and the percentage among Hispanics was the highest of the races/ethnicities followed by Blacks and then Whites. The percentage in Volusia decreased as age group, educational attainment and income level increased.

The percentage of Volusia adults who are sedentary was less than the Florida percentage for all years reported. The data for Blacks and Hispanics in Volusia County was limited but Hispanics saw an increase from 2010 to 2013. In 2013, the percentage among Blacks was highest of all races/ethnicities followed by Hispanics and then Whites.

Weight: The percentage of WIC (Women, Infants and Children) participants two years old or greater who were overweight or obese decreased over the reported years and was consistently lower for Volusia residents than Florida statewide. Weights for middle and high school students were reported for 2012 and 2014. Volusia had a higher percentage than Florida of students at a healthy weight and a lower percentage of obese students for both years. In 2012, the percentage of middle and high school students who were underweight or overweight was slightly lower in Volusia than Florida. In 2014, the percentage of Volusia middle and high school students who were underweight was less than Florida and the percentage of overweight students was higher than Florida. The percentage of Volusia middle and high school students with a BMI at or above the 95th percentile was consistently lower than Florida for the three years reported. The percentage of Volusia middle school students with a BMI at or above the 95th percentile fluctuated and decreased while the percentage of high school students with a BMI in that range increased over the years reported.

The percentage of Volusia adults who self-reported being overweight decreased over the three years reported and was less than the Florida percentage in 2007 and 2013. The percentage among Blacks in Volusia County increased slightly from 2010 to 2013. The percentage among Hispanics in Volusia County increased more significantly over the three years reported. The percent of Volusia residents who self-reported being obese stayed somewhat steady over the years reported and was slightly below Florida in 2007 and slightly above in 2010 and 2013. The percentage among Hispanics in Volusia was higher than Volusia overall and decreased over the reported years. Data for Blacks in Volusia County was limited and the percentage decreased going from higher than Volusia overall in 2010 to lower in 2013.

The percentage of Volusia residents who self-reported being at a healthy weight was similar to that of Florida throughout. The percentage among Hispanics in Volusia fluctuated and decreased overall going from higher than the Volusia percentage in 2007 to lower in 2013. Data for Blacks in Volusia was limited and went from the lowest of all groups in 2010 to the highest in 2013.

Healthy Eating: The percentage of Volusia adults who self-reported eating five or more servings of fruits and vegetables per day was lower than the Florida percentage in 2013. The percentage for Volusia women was higher than for men and was the lowest of all races/ethnicities among Whites with a higher percentage among Blacks and the highest among Hispanics. The percentage of fruit and vegetable consumption for Volusia adults decreased by age group and increased by income level. Adults with an educational attainment of greater than and less than a high school education had the same percentage which was higher than those adults with a high school/GED education.

Health Status: A greater percentage of Volusia adults self-reported their overall health as “good” to “excellent” than Florida with women having a slightly higher percentage than men. The percentage among Blacks in Volusia County was highest of all races/ethnicities followed by Whites then Hispanics. The Volusia percentage increased as educational attainment and income level increased. Among ages 18-44, the percentage was 90.5% while it was 77.0% for ages 45-64. The percentage for ages 65 and older was 81.6% which was statistically significantly higher than Florida.

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Adult Behavioral Health				
Goal: A) Increased knowledge and decreased stigma for mental and behavioral health in Volusia County				
Objective: 1) Host one Mental Health First Aid trainings per quadrant in Volusia County by June 30, 2017.				
Strategies: <ol style="list-style-type: none"> 1. Partner with Stewart-Marchman-Act to conduct 4 Mental Health First Aid (MHFA) trainings by 6/30/17 2. Identify a committee to create, test, and distribute a Public Service Announcement(s) on mental and behavioral health by December 31, 2016. 3. Identify a mental health screening tool and six target primary care sites to implement the tool by 6/30/17. 4. Assist 211 staff in updating the mental health and behavioral health resources database and encourage 211 utilization in our community 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Locate a location for adult training 2. Work to reduce the stigma of substance abuse 	<ol style="list-style-type: none"> 1. DOH-Volusia to provide space for some MHFA <ol style="list-style-type: none"> a. Shaoming – technical support b. Thomas – general counsel 2. TBD 	<ol style="list-style-type: none"> 1. Tore Gintoli, SMA 2. TBD 	<ol style="list-style-type: none"> 1. Trainers, meeting space, participants 2. Contacts: <ol style="list-style-type: none"> a. Social media contacts; i.e., Facebook, Twitter b. Community; i.e., church groups 	<ol style="list-style-type: none"> 1. Quarterly, 1 per quadrant 1. 2. TBD
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Adult Behavioral Health				
Goal: A) Increased knowledge and decreased stigma for mental and behavioral health in Volusia County				
Objective: 2) Improve understanding of mental and behavioral health issues among Volusia County surveyed residents by 50% as evidenced by pre/post survey results by 7/31/17.				
Strategies:				
<ol style="list-style-type: none"> 1. Partner with Stewart-Marchman-Act to conduct 4 Mental Health First Aid trainings by 6/30/17 2. Identify a committee to create, test, and distribute a Public Service Announcement(s) on mental and behavioral health by December 31, 2016. 3. Assist 211 staff in updating the mental health and behavioral health resources database and encourage 211 utilization in our community 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Locate a location for adult training 2. Work to reduce the stigma of substance abuse 	<ol style="list-style-type: none"> 1. DOH-Volusia to provide space for some MHFA <ol style="list-style-type: none"> a. Shaoming – technical support b. Thomas – general counsel 2. TBD 	<ol style="list-style-type: none"> 1. Tore Gintoli, SMA 2. TBD 	<ol style="list-style-type: none"> 1. Trainers, meeting space, participants 2. Contacts: <ol style="list-style-type: none"> a. Social media contacts; i.e., Facebook, Twitter b. Community; i.e., church groups 	<ol style="list-style-type: none"> 1. Quarterly, 1 per quadrant 2. TBD
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Adult Behavioral Health				
Goal: B) Improved access to mental and behavioral health services through improvements in intake and accessibility.				
Objective: 1) Create a plan by September 30, 2016, to establish a centralized receiving system by June 30, 2018.				
Strategies: <ol style="list-style-type: none"> 1. Support a grant application for central receiving system for Volusia, Flagler and Putnam Counties. 2. Work with community partners to research possibilities for a shared electronic health information system. 3. Create Plan for Continuity of Care 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
1. Support the SMA Central Receiving System Grant application.	1. Tore Gintoli, SMA a. Shaoming – technical support b. Thomas – general counsel	1. Tore Gintoli, SMA	1. Grant application, requests from applicant for support, support from partners	1. Date determined by SMA
2. Pursue and commit Key Partners in Community (Police Departments, Halifax Behavioral, SMA, VA, DCF, Hospitals, Community Clinics, Behavioral Health Consortium)	2. TBD	2. Tore Gintoli, SMA	2. Time, partners	2. 12/31/16
3. Develop warm hand-off system between primary care and crisis center	3. To be developed further.			
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Adult Behavioral Health				
Goal: B) Improved access to mental and behavioral health services through improvements in intake and accessibility.				
Objective: 2) Increase transportation options for customers seeking mental and behavioral health services by expanding one current option and adding one new option by December 31, 2017.				
TRANSFERED THIS OBJECTIVE TO BARRIERS TO ACCESSING HEALTHCARE GROUP				
Strategies:				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
1.	1.	1.	1.	1.
2.	2.	2.	2.	2.
3.	3.	3.	3.	3.
4.	4.	4.	4.	4.
5.	5.	5.	5.	5.
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i> 10-15% increase in clients screened in crisis center				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Youth Behavioral Health				
Goal: A) All available youth behavioral health resources in Volusia County are identified and supported.				
Objective: 1) Identify/Create a youth behavioral health coalition with at least 10 members by June 30, 2017.				
Strategies:				
<ol style="list-style-type: none"> 1. Create or enhance an existing inventory of available resources. 2. Identify gaps and overlaps in services 3. Convene leaders of identified resources to create or join an existing coalition. 4. Promote utilization and maintenance of 211 within the coalition. 5. Create an infographic depicting services available from coalition members. 6. Encourage interagency collaboration among coalition members. 7. Evaluate coalition progress and develop new strategies as existing strategies are completed or become ongoing. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Request the Children’s Work Group (CWG) of the Volusia/Flagler Behavioral Health Consortium to be identified as the “coalition” and serve as Champion for this issue. 2. Identify additional leaders to invite to CWG meetings. 3. Newly identified leaders will be convened through the CWG meetings. 4. Address the list of Service Priorities (service gaps) identified by the CWG. 5. Collaborate on Mental Health First Aid Training. 6. Collaborate on a Public Service Announcement for youth mental health 	<ol style="list-style-type: none"> 1. Julie Barrow, One Voice for Volusia 2. CWG members 3. Christy Gillis, CWG Chair 4. CWG members 5. SMA Behavioral, One Voice for Volusia, DOH-Volusia 6. DOH-Volusia 	<p>Children’s Work Group of the Volusia/Flagler Behavioral Health Consortium, Christy Gillis Chair</p>	<ol style="list-style-type: none"> 1. Time 2. Time, People 3. People, meeting time 4. People, funding, time, partners 5. Trainers, space, participants 6. Expertise, time 	<ol style="list-style-type: none"> 1. 9/1/16 - completed 2. 12/31/16 3. 3/31/17 4. 6/30/19 5. 1st training scheduled 10/21/16 6. 12/31/16
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Groups identified to invite to CWG: The House Next Door, Halifax Behavioral, Devereux, Volusia County Schools (Dianne Martin Morgan), Children’s Home Society, DJJ Council, Community Partnership for Children, Family Services Planning Team, Pace Center for Girls, SHAC (School Health Advisory Council)

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Youth Behavioral Health				
Goal: A) All available youth behavioral health resources in Volusia County are identified and supported.				
Objective: 2) Provide referral, financial, and promotional support to Children’s Work Group members by implementing at least one new support by June 30, 2017.				
Strategies: <ol style="list-style-type: none"> 1. Encourage Children’s Work Group members to keep their 211 listing current. 2. Research funding opportunities utilized by other counties. 3. Research current funding opportunities and take action to submit at least one collaborative funding application. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Through the CWG, add to inventory of resources distributed at 8/23/16 meeting and notify 211. 	<ol style="list-style-type: none"> 1. CWG Members 	Children’s Work Group of the Volusia/Flagler Behavioral Health Consortium, Christy Gillis Chair	<ol style="list-style-type: none"> 1. Time, agency/program information 	<ol style="list-style-type: none"> 1. 11/30/16 and ongoing
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Youth Behavioral Health				
Goal: B) Increased access to youth behavioral health care.				
Objective: 1) Implement at least two strategies to reduce the identified barriers by December 31, 2017.				
Strategies: <ol style="list-style-type: none"> 1. Identify barriers to accessing youth behavioral health care. 2. Identify or provide a forum for improved communication among providers. 3. Improve faith-based leadership involvement in the Children’s Work Group. 4. Improve active participation by provider leadership in the Children’s Work Group. 5. Take steps to encourage community participation in the Children’s Work Group. 6. Take steps to build community trust through participation in the Children’s Work Group. 7. Seek funding to implement a Community Action Team for Volusia, Flagler and Putnam Counties. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
1. Work with the SHAC (School Health Advisory Council) to incorporate a mental health component in the School Health Services Plan and School Wellness Plan.	1. CWG members attending SHAC meetings	1.Children’s Work Group of the Volusia/Flagler Behavioral Health Consortium, Christy Gillis Chair	1. Time, school board partnership	1. 9/15/16 and ongoing
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Youth Behavioral Health				
Goal: B) Increased access to youth behavioral health care.				
Objective: 2) Create a universal, effective intake process to access youth behavioral health care by December 31, 2017.				
Strategies: <ol style="list-style-type: none"> 1. Explore options for providers to share intake data among coalition members. 2. Survey community members to learn about how they access youth behavioral health care and the barriers they have experienced in accessing the same. 3. Educate community on how to access mental health services 4. Creation of an infographic that will market access to mental health and behavioral health services 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
1. Place on the CWG agenda.	1. TBD	1.Children’s Work Group of the Volusia/Flagler Behavioral Health Consortium, Christy Gillis Chair	1. Time, partners	1. 4/30/17
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Barriers to Accessing Health Care Services				
Goal: A) To identify barriers to care at all levels and identify strategies to eliminate them				
Objective: 1) Identify at least two priority barriers based on stakeholder input by June 30, 2017.				
Strategies: <ol style="list-style-type: none"> 1. Establish a work group to develop a plan to identify at least two priority barriers. 2. Utilize CHNA data to develop the process of a new study to identify at least two priority barriers. 3. Implement the plan to identify at least two priority barriers. 4. Monitor progress and assess implementation of the plan. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Reach out to: Votran, VCPS, PCP Uninsured Groups, Medicaid (transport), HMO, Law Enforcement, Halifax Behavioral Services, Department of Corrections, Court System, MH America NAMI, and the Homeless Coalition, and members of the Volusia/Flagler Behavioral Health Consortium to join the work group to assess the current status. 2. Determine which organizations are missing from the work group. 3. Convene a meeting of the work group. 	<ol style="list-style-type: none"> 1. DOH-Volusia will provide staff support for the work group 2. Work group members 3. DOH-Volusia staff 	<p>Magellan Complete Care</p>	<ol style="list-style-type: none"> 1. People, time, meeting space 2. Partners 3. Staff time, meeting space, participants 	<ol style="list-style-type: none"> 1. 11/30/16 2. 11/30/16 3. 11/30/16
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Barriers to Accessing Health Care Services				
Goal: A) To identify barriers to care at all levels and identify strategies to eliminate them				
Objective: 2) Develop at least one strategy for each identified barrier by December 31, 2017.				
Strategies:				
<ol style="list-style-type: none"> 1. Establish a work group to develop a plan to identify at least one strategy to address each identified priority barrier. 2. Utilize CHNA data to develop the process of a new study to identify at least one strategy to address each identified priority barrier. 3. Implement the plan to identify at least one strategy to address each priority barrier. 4. Monitor progress and assess implementation of the plan. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Explore Votran current service: <ol style="list-style-type: none"> a. Explore increasing the number or routes b. Explore which organizations can offer Vouchers 2. Compare CHNA data with results of Votran exploration. 	<ol style="list-style-type: none"> 1. Barriers Work Group, DOH-Volusia staff support 2. Barriers Work Group, DOH-Volusia staff support 	Magellan Complete Care	<ol style="list-style-type: none"> 1. People, time, Votran expertise 2. People, time, expertise 	<ol style="list-style-type: none"> 1. 11/30/16 2. 1/31/17
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Adult Behavioral Health				
Goal: A) To identify barriers to care at all levels and identify strategies to eliminate them				
Objective: 3) Increase transportation options for customers seeking mental and behavioral health services by expanding one current option and adding one new option by December 31, 2017.				
THIS OBJECTIVE WAS TRANSFERED to BARRIERS TO ACCESSING HEALTHCARE from ADULT BEHAVIORAL HEALTH				
Strategies:				
<ol style="list-style-type: none"> 1. Map current county transportation options to identify and implement at least one option for expansion to improve access to services. 2. Map current crisis transportation options to identify and implement at least one new option to add. 3. Agree to implement either one option or expansion or one new option to improve access to services 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Explore Votran current service: <ol style="list-style-type: none"> a. Explore increasing the number or routes b. Explore which organizations can offer Vouchers 2. Utilize results of Barriers Work Group from Goal A, Objective 1. 3. Compare CHNA data with results of Votran exploration. 	<ol style="list-style-type: none"> 1. Barriers Work Group, DOH-Volusia staff support 2. Barriers Work Group, DOH-Volusia staff support 3. Barriers Work Group, DOH-Volusia staff support 	Magellan Complete Care	<ol style="list-style-type: none"> 1. People, time, Votran expertise 2. People, time, Barriers Work Group results 3. People, time, expertise 	<ol style="list-style-type: none"> 1. 11/30/16 2. 11/30/16 3. 1/31/17
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
10-15% increase in clients screened in crisis center				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Barriers to Accessing Health Care Services				
Goal: B) To create a unified and valid/accurate data collection and sharing system				
Objective: 1) Convene a collaborative of at least five community providers to identify, collect and share (among the collaborative) data within the scope of the CHNA 5 Health Priority Issues by December 31, 2017.				
Strategies:				
<ol style="list-style-type: none"> 1. Recruit organizations/agencies to participate 2. Facilitate design of data management 3. Develop a data use sharing agreement 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Brainstorm potential collaborative members 2. Identify five interested collaborative members through the Barriers Work Group 3. Convene a meeting of the collaborative 	<ol style="list-style-type: none"> 1. Barriers Work Group 2. Barriers Work Group 3. DOH-Volusia staff 	<ol style="list-style-type: none"> 1. Magellan Complete Care 	<ol style="list-style-type: none"> 1. People, time 2. People, time 3. 3.DOH-Volusia staff time, partners time, meeting space 	<ol style="list-style-type: none"> 1. 11/30/16 2. 11/30/16 3. 1/31/17
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Healthy Eating and Physical Activity				
Goal: A) Educate and inspire change for enhancing HEPA at the individual, family and community level				
Objective: 1) Develop a plan to broaden implementation of 5-2-1-0 in all age groups by June 30, 2017.				
Strategies:				
<ol style="list-style-type: none"> 1. Educate community members about fresh, local, sustainable foods utilizing the Fresh from Florida platform and GIS maps. 2. Talk to the Council on Aging to see what is available for seniors and identify educational opportunities. 3. Take information on 5-2-1-0 to FCWWC (Fun Coast Worksite Wellness Council) for members to distribute. 4. Promote the Healthy Weight and Your Child program. 5. Develop a scholarship program for teens to participate in physical activity. 6. Offer and support rewards and recognition to celebrate successes. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Assess current Council on Aging activities at dining sites and senior centers. 2. Explore possibility of community gardens at senior centers to implement 5210. 3. Assess enhanced fitness opportunities for seniors. 4. Make 5210 materials available for FCWWC and the community. <ol style="list-style-type: none"> a. Distribution at the County Health and Wellness Fair (September 9-12, 2016) 	<ol style="list-style-type: none"> 1. UF/IFAS will contact COA 2. UF/IFAS will contact COA 3. YMCA 4. DOH-Volusia <ol style="list-style-type: none"> a. UF/IFAS 	UF/IFAS Extension YMCA Florida Health Care Plans Marine Discovery Center	<ol style="list-style-type: none"> 1. Time, partner 2. Time, funding, partner commitment 3. Time, expertise 4. Time, funding, approval process <ol style="list-style-type: none"> a. Materials, time 	<ol style="list-style-type: none"> 1. 10/31/16 2. 10/31/16 3. 10/31/16 4. 9/8/16 <ol style="list-style-type: none"> a. 9/9/16
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Healthy Eating and Physical Activity				
Goal: A) HEPA educated and inspired individuals, families and communities in Volusia County.				
Objective: 2) Work with childcare facilities and schools, birth to 8 th grade, to integrate 5-2-1-0 into the curriculum in at least 3 childcare facilities and at least three schools by October 31, 2017.				
Strategies:				
<ol style="list-style-type: none"> 1. Increase childcare centers on the LMCC (Let’s Move Child Care) map 2. Work with the superintendent of Volusia County Schools to implement change 3. Smarter lunch room training in schools 4. Educate and encourage schools to receive Healthier US School Challenge: Smarter Lunchrooms (HUSC:SL) training 5. Examine PE/recess activities in schools 6. Integrate PE into the curriculum in the classroom 7. Offer and support rewards and recognition to celebrate successes 8. Seek funding for Early Head Start Partnership program (Flagler and Volusia) 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Explore 5-2-1-0 messaging as part of the curriculum and active throughout the day <ol style="list-style-type: none"> a. implement education modules b. school uniforms with 5210 logo c. work toward 1 hour of activity per day d. create a language module (possibly 2nd grade) for use by all teachers in that level 2. Add 3 additional schools to the program as success is achieved. 3. Explore involving WIC in the program 4. Provide healthier options as a reward systems/ not using food as a reward system 	<ol style="list-style-type: none"> 1. UF/IFAS Extension 2. HEPA Committee 3. DOH-Volusia 4. TBD 	UF/IFAS Extension YMCA Marine Discovery Center	<ol style="list-style-type: none"> 1. 5210 messages for classrooms, school cooperation, 2. Successful sites, new sites 3. 3. Messaging for WIC, WIC staff time 4. 4. Identified healthier options, cooperative teachers 	<ol style="list-style-type: none"> 1. 10/31/16 2. TBD 3. 12/31/16 4. 4/30/17
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Seeing 5210 vinyl clings in school lunchrooms, branding is occurring in the community, 5210 “language” is standard, all teachers delivering a similar message				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Healthy Eating and Physical Activity				
Goal: B) Motivate and advocate HEPA policies in the public and private domains				
Objective: 1) Create a food policy council and identify a backbone organization by June 30, 2017				
Strategies:				
<ol style="list-style-type: none"> 1. Identify stakeholders and create a list of protocols/best practices for replication. 2. Promote local, fresh, sustainable food options (create a platform or utilize Fresh from Florida, the Volusia County website, and/or GIS maps). 3. Work with farmers market to accept SNAP 4. Increase access and inform the community about the affordability of HEPA especially for ALICE households. 5. Explore transportation and planning issues related to HEPA. 6. Offer and support rewards and recognition to celebrate successes. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Identify a backbone organization for the Food Policy Council 2. Develop an app for consumer use 	<ol style="list-style-type: none"> 1. DOH-Volusia will temporarily serve as the backbone organization 2. UF/IFAS – Mike Swain will research this 	<ol style="list-style-type: none"> 1. UF/IFAS will assist 	<ol style="list-style-type: none"> 1. Time, people, funding 2. UF/IFAS staff time 	<ol style="list-style-type: none"> 1. 10/31/16 2. 12/31/16
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Healthy Eating and Physical Activity				
Goal: B) Motivate and advocate HEPA policies in the public and private domains				
Objective: 2) Identify and promote/raise awareness of physical activity opportunities in the community.				
Strategies:				
<ol style="list-style-type: none"> 1. Create a list of protocols/best practices for replication and identify stakeholders 2. Research and explore shared models for potential implementation (schools, churches, gyms, community centers, etc.) 3. Research and promote existing parks and recreation physical activity opportunities 4. Explore transportation and planning issues related to HEPA. 5. Offer and support rewards and recognition to celebrate successes. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
1. Explore this objective when the work group convenes around Goal A, Objective 1 and Objective 2.	1. DOH-Volusia responsible for getting this item on the agenda.	<ol style="list-style-type: none"> 1. YMCA 2. Florida Health Care Plans 3. Marine Discovery Center 4. Early Learning Coalition of Flagler & Volusia 	1. People, time	1. 10/31/16
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Cardiovascular Disease/Diabetes				
Goal: A) Increase access to Cardiovascular Disease /Diabetes Management Care				
Objective: 1) Identify funding for increased/enhanced prevention initiatives by June 30th				
Strategies:				
<ol style="list-style-type: none"> 1. Identify current or planned prevention and intervention initiatives 2. Seek out community partners that can assist with funding for preventative or educational programs 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Identify members to join this group 2. Identify a champion 3. Convene decision makers 	<ol style="list-style-type: none"> 1. DOH Volusia 2. Work group members 3.TBD 	<ol style="list-style-type: none"> 1. TBD 	<ol style="list-style-type: none"> 1. DOH- Volusia Staff 	<ol style="list-style-type: none"> 1. 12/31/16
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				
Measures: Media/ Communication: County and City <ul style="list-style-type: none"> -Mayor’s Challenge - School District 				

Missing Partners

- Jesus Clinic
- Volunteers in Medicine
- Universities and Colleges
- Worksite Wellness
- Insurance Companies
- Smoking Cessation Programs
- Health Planning Council
- Hospital Authority

*****ROLL OUT FUNDING FOR PREVENTATIVE EDUCATIONAL PROGRAMS*****

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Cardiovascular Disease/Diabetes				
Goal: A) Increase access to Cardiovascular Disease /Diabetes Management Care				
Objective: 2) Document and publicize the availability of affordable, countywide access to healthcare by June 30, 2017				
Strategies: <ol style="list-style-type: none"> 1. Survey availability of free or sliding scale fee providers in all four quadrants 2. Develop and maintain an updated and comprehensive list of free or sliding scale providers in all four quadrants 3. Disseminate the list to providers, partners, EMS and access points 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Develop and disseminate a survey to learn about prevention and intervention initiatives 2. Map out/develop a resource guide <ol style="list-style-type: none"> a. Include information on eligibility 3. Track progress of the Y diabetes program for potential inclusion in insurance coverage 	<ol style="list-style-type: none"> 1. DOH-Volusia Staff 2. Community Partners 3. YMCA 	<ol style="list-style-type: none"> 1. DOH -Volusia 	<ol style="list-style-type: none"> 1. Time, People, Community Connector 2. 211- United Way, Healthy Volusia 3. YMCA data 	<ol style="list-style-type: none"> 1. 12/ 31/16 2. 6/30/17 3. TBD
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Cardiovascular Disease/Diabetes				
Goal: B) Increase participation in Cardiovascular Disease/Diabetes Management education and prevention programs				
Objective: 1) Increase participation in education initiative programs by 25% by June 30th				
Strategies: <ol style="list-style-type: none"> 1. Map all education programs in Volusia County and current level of participation. 2. Increase awareness of education/prevention programs for all Volusia County residents using traditional and new media, grassroots, providers and community partners. 3. Ensure affordability of education/prevention programs through partnerships, incentives, scholarships (etc.) 4. Improve convenience by offering programs at times and locations already frequented by potential stakeholders. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Identify a champion 2. Establish a baseline of participation 3. Disseminate educational material to increase participation as appropriate 	<ol style="list-style-type: none"> 1. Cardiovascular Disease/Diabetes Work Group, DOH-Volusia 2. Cardiovascular Disease/Diabetes Work Group 3. Cardiovascular Disease/Diabetes Work Group 	<ol style="list-style-type: none"> 4. TBD 	<ol style="list-style-type: none"> 1. People, time 2. People, time, program data 3. People, time, funding 	<ol style="list-style-type: none"> 1. 9/30/16 2. 12/31/16 3. 6/30/17
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				

Florida Department of Health in Volusia County Community Health Improvement Plan



Strategic Priority: Cardiovascular Disease/Diabetes				
Goal: B) Increase participation in Cardiovascular Disease/Diabetes Management education and prevention programs				
Objective: 2) Increase participation in prevention initiative programs by 25% by June 30th				
Strategies: <ol style="list-style-type: none"> 1. Map all prevention Programs in Volusia County and current level of participation. 2. Increase awareness of prevention programs for all Volusia County residents using traditional and new media, grassroots, providers, and community partners. 3. Ensure affordability of prevention programs through partnerships, incentives, scholarships, (etc.). 4. Improve convenience by offering programs at times and locations already frequented by potential stakeholders. 				
Tasks/Action Steps <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Champion <i>Who ensures it gets done?</i>	Resources <i>Funding/Time/People</i>	Timeline <i>By when? Month/Year</i>
<ol style="list-style-type: none"> 1. Establish a baseline of participation through a provider survey 2. Create and disseminate a Resource Guide from the information gathered 3. Conduct a biannual survey to assess participation and update resource guide 	<ol style="list-style-type: none"> 1. DOH-Volusia 2. Cardiovascular Disease/Diabetes work group 3. Cardiovascular Disease/Diabetes work group 	<ol style="list-style-type: none"> 1. DOH-Volusia 	<ol style="list-style-type: none"> 1. People, time, survey models, provider participation 2. People, time, funding, distribution plan 3. People, time, possibly funding 	<ol style="list-style-type: none"> 1. 12/31/16 2. 6/30/17 3. 12/31/18
Evidence of Success <i>(How will you know that you are making progress? What are the benchmarks?)</i>				
Evaluation Process <i>(How will you determine that the goal has been reached? What are your measures?)</i>				