



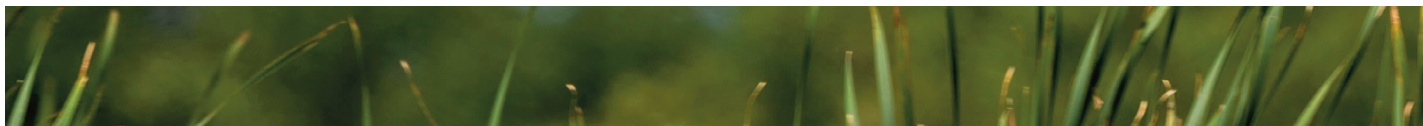
2024-2026



HERNANDO COUNTY

COMMUNITY HEALTH IMPROVEMENT PLAN

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# Executive Summary of the Hernando County Community Health Improvement Plan 2024-2026

## HERNANDO COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN STRATEGIC PRIORITIES AND GOALS

### Strategic Priority: Affordable, Safe Housing (ASH)

- **Goal ASH 1:** Promote affordable housing for individuals and families with lower and middle incomes
- **Goal ASH 2:** Support healthy home environments for vulnerable populations

### Strategic Priority: Childhood Health and Safety (CHS)

- **Goal CHS 1:** Improve the health and wellbeing of children in Hernando County
- **Goal CHS 2:** Improve access to preventive dental care for children and adolescents
- **Goal CHS 3:** Expand community support for families and children with special needs

### Strategic Priority: Barriers to Health Care (BHC)

- **Goal BHC 1:** Increase access to comprehensive, high quality healthcare services
- **Goal BHC 2:** Enhance access to health-related resources

### Strategic Priority: Healthy Choices for Healthy Living (HL)

- **Goal HL 1:** Foster healthy choices and lifestyles
- **Goal HL 2:** Improve access to preventive health services and resources
- **Goal HL 3:** Promote the potential for a long, healthy life

### Strategic Priority: Mental Health and Substance Misuse (MHSM)

- **Goal MHSM 1:** Decrease emergency room use for mental health services
- **Goal MHSM 2:** Educate providers and the community on the availability and accessibility of behavioral health programs and services
- **Goal MHSM 3:** Improve mental health and well-being of children and adolescents
- **Goal MHSM 4:** Improve the mental health and well-being of senior citizens
- **Goal MHSM 5:** Improve access to mental health and substance misuse services

The Florida Department of Health in Hernando County, in collaboration with the many partners in the Hernando Community Health Improvement Plan Partnership (CHIPP), launched the 2022-2023 community health assessment and health improvement planning process in September 2022.

Continuing their long-standing practice, Hernando County community leaders and partners elected to employ the modified Mobilizing for Action through Planning and Partnerships (MAPP) framework to assure a comprehensive community health assessment would inform the development of the community health improvement plan. Guided by a diverse, broad, and representative group of local partners and leaders organized into a Core Team and a larger Community Health Assessment Steering Committee along with the Hernando Community Health Improvement Plan Partnership (CHIPP), the MAPP process yielded a wealth of data (see companion documents, [2023 Hernando County Community Health Assessment](#) and [2023 Hernando Community Health Assessment Technical Appendix](#)) to identify strategic priorities for the coming three years of 2024-2026. The strategic priorities selected and the key, driving data and discussion points that factored into their selection are described below: (note: for this section data source references have been shortened to *CHA* for the 2023 Community Health Assessment and *Technical Appendix* for the that report; both linked above)

- **Affordable, Safe Housing:** Obtainable, accessible, and safe housing are basic needs for everyone. The community health assessment brought to light deepening concerns about rising housing prices, an aging housing stock with accessibility and safety issues, and the ability of Hernando County residents, especially vulnerable populations, to keep pace with costs. Secondary data on flagging median and per capita incomes and lower educational achievement (Tables 30, 32, 38, Technical Appendix) directed attention to these factors that contribute to the stress many Hernando County households feel. Community survey data showed affordable housing as the second highest ranked factor for a healthy community while homelessness was fifth among the top ten issues in the county (Tables 10, 11, Technical Appendix). Forces of change discussions with community partners highlighted concerns about population growth, meeting current and future needs for housing and utilities, assuring veterans and the expanding aging population are cared for, as well as balancing development with preserving the environment.
- **Childhood Health and Safety:** Protecting and improving the health of children was identified as an investment in the future. Such investments can impact future personal and community health challenges, health outcomes, and healthcare and social service system resource needs. Throughout the assessment process, concerns were raised for child health focusing on dental care, food insecurity, and needs of special populations. Hernando County residents who completed the community health survey expressed concerns for the health, safety and future of children and families by identifying access to food, stress, tobacco use, and violence as areas needing attention. In addition, the topic of assistance for persons with Intellectual and Developmental Disabilities appeared in the top ten list of most important health issues (Tables 10, 11, 12, CHA). Survey respondents included many conditions that create safe and healthful

communities for children and families among the top ranked factors for a healthy community. Among those factors were access to affordable healthcare services (selected by 66 percent of survey respondents), affordable housing (26.8 percent), availability of first responders (25.0 percent), access to affordable and nutritious foods (25.0 percent), and safe neighborhoods with low crime rates (18.9 percent; Table 10, CHA).

- **Barriers to Care:** Although access to health care does not necessarily prevent illness, early intervention and self-management resources can help to maintain quality of life and minimize premature death and disability. Assessment findings pointed to barriers in health care resource access for Hernando County residents. Hernando County has locations that are designated as Health Professional Shortage Areas for primary, dental, and mental health care (Table 153, Technical Appendix) and rates of physicians by various types and dentists that fall far below state rates (Tables 158 and 160, Technical Appendix). Assessment survey respondents, both the community at-large and health and social service providers and partners, ranked access to health care as the most important factor for a healthy community. In addition, access to primary care was ranked as the third most important issue to be addressed in Hernando County by healthcare professionals and partners and fifth by community members (Tables 10, 11, 20, 21, CHA). Primary survey data collected on barriers to primary, dental, and mental health care shows cost, appointment availability, and insurance issues as notable impediments to receiving needed care. Open discussions with community partners as part of the assessment process forces of change assessment underscored that scarce healthcare providers and appointment availability are persistent limiting factors in the access landscape in Hernando County.
- **Healthy Choices for Healthy Living:** Primary prevention efforts aim to prevent illness and injury before it occurs. Healthy living includes actively making informed choices towards wellness and a fulfilling life. Persistently higher than state rates of overweight and obesity and deaths rates from chronic conditions such as heart disease, diabetes, cancer, chronic lower respiratory disease, and diabetes were found; data also pointed to racial disparities (Tables 67, 68, 130, Technical Appendix). Both community and healthcare providers and partners ranked obesity and overweight among the most important health issues that need to be addressed. As a corollary, again in the community survey among the most commonly identified negative behaviors were unhealthy eating and consumption of sugar-sweetened beverages, lack of physical activity, tobacco use, distracted driving, injuries, and violence (Tables 11, 12, 21, 22, CHA). Both secondary data and community forces of change discussions pointed to issues in Hernando County related to domestic violence and unintentional injuries and deaths (Tables 61-79, 119, Technical Appendix).

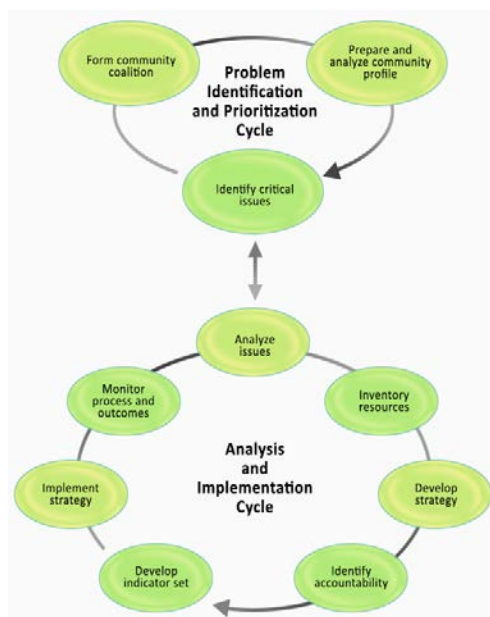
- **Mental Health and Substance Misuse:** Mental, behavioral, and physical health are equally important factors for overall health and quality of life. Mental and behavioral health includes emotional, psychological, and social well-being and impacts how stress is handled, interpersonal relationships, and healthy decision-making. Concerns about mental health and substance misuse surfaced in all three of the MAPP assessments. The secondary data review found that Hernando County residents seek care for mental health problems in emergency rooms at higher rates than for the state. Although rates of emergency room visits for mental health reasons by Hernando County residents have decreased, these rates continue to exceed state rates (Table 104, Technical Appendix). Hospitalizations for mental health reasons among Hernando County residents remained higher than state rates for the most recent five-year period (Table 104, Technical Appendix). Opioid overdose deaths and all drug overdose death rates were concerning (Table 116, Technical Appendix), as well as rates of non-fatal overdose emergency department visits and hospitalizations (Table 115, Technical Appendix), and related rates of drug arrests and drug-confirmed motor vehicle crashes (Tables 114-117, Technical Appendix). Community and healthcare providers and partners who responded to the assessment survey identified substance misuse and mental health problems as the top two most important health issues to be addressed in Hernando County. Further, substance/drug misuse was ranked by more than 60 percent of community survey respondents and 80.0 percent of healthcare providers and partners as the behavior with the greatest negative on health (Tables 11, 12, 21, 22). Mental and behavioral healthcare services were the services ranked as the most difficult to obtain in Hernando County.

# Overview of Community Health Improvement Planning

## COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT PLANNING

In the Institute of Medicine's (IOM) 1997 publication *Improving Health in the Community*, the community health improvement planning process was described as the required framework within which a community takes a comprehensive approach to improving health. That framework includes assessing the community's health status and needs, determining health resources and gaps, identifying health priorities, and developing and implementing strategies for action. Notably, in this comprehensive approach there are two cycles; that is, an assessment or problem identification and prioritization cycle followed by an implementation cycle. By 2000 the National Association of County and City Health Officials (NACCHO) in conjunction with the Centers for Disease Control and Prevention's (CDC) Public Health Practice Office had developed Mobilizing for Action through Planning and Partnerships (MAPP) as a strategic approach to community health improvement. MAPP 2.0 was released in 2022 reflecting the updated (2020) Ten Essential Public Health Services and innovations in community engagement, data collection and reporting, and community capacity assessment.

FIGURE 1: COMMUNITY HEALTH IMPROVEMENT PLANNING FRAMEWORK, IOM, 1997



Source: J.S. Durch, L.A. Bailey, and M.A. Stoto, eds. (1997) *Improving Health in the Community*, Washington, DC: National Academy Press. Retrieved: October 23, 2023, <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/chip/main>

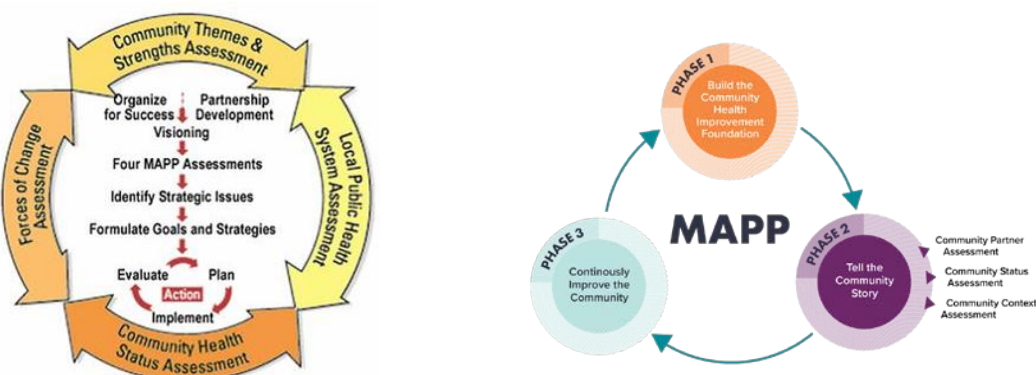


NACCHO and the CDC's vision for implementing MAPP remains today as "Communities achieving improved health and quality of life by mobilizing partnerships and taking strategic action." NACCHO continues this focus with the updated MAPP 2.0 framework released in July 2023. However, the Hernando County leaders and partners opted to continue with the classic MAPP process. At the heart of the Hernando County MAPP process were the following core classic MAPP assessments:

- Community Health Status Assessment
- Community Themes and Strengths Assessment
- Forces of Change Assessment

The findings from these three MAPP assessments informed the recognition of common themes and issues in order to identify and prioritize the key community health needs. Prioritized strategic community health issues were documented and addressed in the MAPP action cycle phase to complete the comprehensive health improvement planning cycle.

**FIGURE 2: MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) MODELS: CLASSIC MAPP AND MAPP 2.0, 2023**



Source: National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 23, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment>

The Public Health Accreditation Board (PHAB), the voluntary accrediting body for public health agencies in the United States, deems community health, community health assessment and health improvement planning as foundational functions and core to the mission of public health. Community health assessment is defined in the PHAB Standards and Measures as a tool "to learn about the community: the health of the population, contributing factors to higher health risks or poorer health outcomes of identified populations, and community resources available to improve the health status." The community health improvement planning process "involves an ongoing, collaborative, community-

wide effort to identify, analyze, and address health problems; assesses applicable data; develop measurable health objectives and indicators; inventory community assets and resources; identify community perceptions; develop and implement coordinated strategies; identify accountable entities; and cultivate community ownership of the process.” Public Health Accreditation Board (October 2022). *PHAB Acronyms and Glossary of Terms*. Retrieved October 23, 2023, [Acronyms-and-Glossary-of-Terms.pdf \(phaboard.org\)](https://phaboard.org/Acronyms-and-Glossary-of-Terms.pdf)

## THE ROLE OF SOCIAL AND ECONOMIC FACTORS IN COMMUNITY HEALTH IMPROVEMENT PLANNING

FIGURE 3: SOCIAL, ECONOMIC, AND OTHER FACTORS THAT DETERMINE HEALTH



Source: Centers for Disease Control and Prevention. Retrieved October 23, 2023, <https://www.cdc.gov/publichealthgateway/sdoh/index.html>

According to the World Health Organization and depicted above by the Centers for Disease Control and Prevention (CDC), the social, economic and other determinants of health include the “conditions in the environments in which people are born, live, learn, work, play and age that shape and affect a wide range of health, functioning, and quality of life outcomes and risks”. (About Social Determinants of

Health,” World Health Organization, accessed October 23, 2023

[http://www.who.int/social\\_determinants/sdh\\_definition/en/](http://www.who.int/social_determinants/sdh_definition/en/)). These determinants include factors such as socioeconomic status, education, neighborhood and physical environment, employment, and social networks as well as access to health care. Addressing factors that impact health is important for improving physical and mental health and reducing health disparities. Research suggests that health behaviors such as smoking and diet and exercise, are the most important determinants of premature death. There is growing recognition that social and economic factors shape individuals’ ability to engage in healthy behaviors. Evidence shows that stress negatively affects health across the lifespan and that environmental factors may have multi-generational impacts.

The five-tier health impact pyramid depicts the potential impacts of different types of public health interventions. Efforts that address social and economic factors are at the base of the pyramid, indicating their higher potential for positive impact. Interventions at the pyramid base tend to be effective because of their broad societal reach. CHIP interventions are targeted at all levels to attain the best and most sustainable health benefits.

FIGURE 4: HEALTH IMPACT PYRAMID



Source: Frieden, T.R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health*, 100(4):590-595. Retrieved October 23, 2023 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2836340/>

# Hernando County Community Health Improvement Plan (CHIP) Process

## METHODOLOGY

Development of the Hernando County CHIP is a continuation of the community health assessment process using the modified MAPP model. Community health assessment work began in September 2022 and concluded in February 2023. The three phases of MAPP that constituted the community health assessment process are briefly described below. After a pause to accommodate leadership changes at the Department of Health in Hernando County, in September 2023 partners launched into planning for the CHIP process and completed the final two MAPP phases.

### MAPP PHASE 1: ORGANIZING FOR SUCCESS AND PARTNERSHIP DEVELOPMENT

To assure a successful community health assessment (CHA) and health improvement planning process, the Florida Department of Health in Hernando County engaged partners to plan a process that built upon existing relationships, used resources wisely, learned from successes and challenges, and demonstrated a commitment to making positive, collective impact on health and quality of life in Hernando County. A listing of the Hernando County CHA Steering Committee partners and their affiliations can be found in the [2023 Hernando County Community Health Assessment](#) report.

### MAPP PHASE 2: VISIONING

At their kick-off meeting on September 20, 2022, the Hernando County Community Health Assessment Steering Committee members completed a visioning exercise to define health, identify the characteristics of a healthy Hernando County, envision the community health system of the future, and visualize needed resources, assets, and attributes to support such a system. Two categories of characteristics and attributes emerged along with needed actions to achieve the vision. The table below shows the consensus around attributes and factors that define health and a healthy Hernando County. The word cloud below depicts terms that were frequently used to define health in Hernando County. Additional visioning results and the community's full definition of health and a healthy community are included in the appendix.

**TABLE 1: VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTHY COMMUNITY, HERNANDO COUNTY, 2022**

Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
Focus on prevention, wellness, and quality of life	Safe and affordable housing and utilities, transportation, education, and nutritious food
Equitable access to healthcare services including primary, dental, mental and behavioral health, and prenatal care	Safe, well-lit neighborhoods and public areas with sidewalks and easy access
Continuum of care that is coordinated	Personal and organizational health literacy
Care provided in a culturally appropriate manner	Educational attainment and knowledge
<b>Needed Actions to Achieve Vision</b>	
Leaders participating in solving issues	
Increased access to providers (primary care, dentists, specialty care, mental and behavioral healthcare, substance use) and facilities (residential facilities for persons with mental health and/or substance use problems, sober living)	
Work for upstream policy change	
Create egalitarian society	
Address homelessness, serve diverse homeless populations (families, individuals, cultural differences)	
Improve communication and coordination	

Source: Hernando County visioning exercise results, September 20, 2022, prepared using WordItOut by Enideo by WellFlorida Council, 2022

**FIGURE 5: VISIONING WORD CLOUD, HERNANDO COUNTY, 2022**



Source: Hernando County visioning exercise results, September 20, 2022, prepared using WordItOut by Enideo by WellFlorida Council, 2022

### MAPP PHASE 3: THREE MAPP ASSESSMENTS

Each of the three assessments in the modified MAPP process gathered data to form a comprehensive picture of health status and outcomes, health behaviors, and health resources in Hernando County. Key findings and highlights from each of the assessments are summarized below.

#### *Forces of Change:*

Hernando County community partners identified forces and related opportunities and threats, either current or in the future, that could affect or influence health and quality of life in the county, region, state, and nation. Through a facilitated discussion they identified trends, factors, and events along with the opportunities and threats associated with each. Discussions considered social, economic, political, technological, environmental, scientific, legal, and ethical factors, trends, and events. The most commonly mentioned forces of change identified are listed below.

- Factors
  - Social and Behavioral-related Factors
    - Chronic disease prevalence
    - Persistent lack of access to healthcare services including providers, specialists, and screening services
    - Lack of health literacy that impacts knowledge of existing resources and how to access them
    - High prevalence of domestic violence
    - Individual attitudes, traditions, pride, and unwillingness to seek help
    - Distrust of authority including public health and healthcare professionals
  - Social and Economic-related Factors
    - High percentage of single women living in poverty, many as head of households with children
    - Low-income individuals and families
    - Families with young children struggling to meet basic needs
- Trends
  - Demographics and Health Behaviors
    - Population growth particularly among those aged 65 years and older and among those individual and families who are homeless
    - Rise in substance misuse
    - Mental health problems more widespread and common
    - Deepening healthcare provider shortages

- Worsening of healthcare payer impact on utilization as seen in delayed access and denied services
- Education, Economic and Environmental
  - School overcrowding
  - Overdevelopment and inadequately planned growth in the county
  - Rise in home evictions
  - Changes in rural landscape and heritage of Hernando County
  - Inflation impacts on individuals, families, businesses, government
- Events
  - Social and Economic
    - Impending recession and inflation
    - Sharp rise in cost of real estate
    - Community events that do not reach intended audiences
  - Political and Environmental
    - Politics that cause mistrust of healthcare workers and the healthcare system
    - COVID-19 pandemic and related, ongoing health threats
    - Natural disasters including hurricanes, floods, wildfires

### ***Community Themes and Strengths:***

The opinions, perspectives and concerns of Hernando County residents were collected through the community themes and strengths assessment. The goal of this primary data collection activity was to better understand the health-related issues that are important to the community and what barriers and obstacles prevent or impede access to health and social services. An electronic community survey sought input from adult Hernando County residents. There were 444 completed community surveys included in the analysis. A convenience sampling method was used to collect survey data and results are not generalizable to the general population. About 40 percent of community survey respondents ranked substance and drug misuse as the most important health issue to be addressed, followed closely by mental health problems (30.4 percent) and homelessness (22.5 percent).

Relatedly, drug abuse was by far ranked as the behavior with the greatest negative impact on health in Hernando County, garnering 63.3 percent of responses. Other highlights from the analysis of the community survey are provided below. For detailed results, please refer to the [2023 Hernando County Community Health Assessment](#) report.

Top ranked most important health issues to address in Hernando County included:

- Substance/drug misuse (40.1 percent of survey respondents selected this)

- Mental health problems (30.4 percent)
- Homelessness (22.5 percent)
- Obesity (18.0 percent)
- Access to primary/family care (16.0 percent)

Behaviors with the greatest negative impact on health in Hernando County included:

- Drug abuse (63.3 percent)
- Lack of personal responsibility (32.9 percent)
- Eating unhealthy foods/drinking sugar-sweetened beverages (25.0 percent)
- Distracted driving (24.3 percent)
- Lack of physical activity (20.9 percent)

Healthcare services that were rated as the most difficult to obtain in Hernando County included:

- Mental/behavioral health care (37.8 percent)
- Specialty care (34.7 percent)
- Alternative medicine and therapies (25.5 percent)
- Primary/family care (23.6 percent)
- Dental/oral care (22.1 percent)

Barriers to accessing dental, primary and mental health care experienced by survey respondents in the past 12 months most commonly cited were:

- Cost (71.3 percent for dental care, 24.0 percent for primary care, 40.2 percent for mental health care)
- Appointment availability (29.3 percent for dental care, 64.0 percent for primary care, 51.1 percent for mental health care)
- Insurance-related issues (56.0 percent for dental care, 28.0 percent for primary care, 47.8 percent for mental health care)

### ***Community Health Status:***

A comprehensive review of secondary data for Hernando County examined demographic and socioeconomic indicators, mortality and morbidity, healthcare access and utilization, and geographic and racial and ethnic disparities. The [2023 Hernando County Community Health Assessment](#) report and [2023 Hernando County Community Health Assessment Technical Appendix](#) were developed as part of



this assessment and serve as community resources for planning and decision making. The key findings that emerged from the overall community health status review are highlighted below.

### Social and Economic Factors of Health

As described earlier, these factors have been shown to have impacts on overall health. In addition, these factors can cause health disparities that are often rooted in social and economic disadvantages. Data shows Hernando County has continuing challenges with related issues as listed below (table references are from the [2023 Hernando County Community Health Assessment Technical Appendix](#) unless otherwise noted).

- Poverty [\$50,280 median household income, all races, Hernando County, \$57,703 Florida (Table 30, 2016-2020); \$26,520 per capita income, all races Hernando County, \$32,848 Florida (Table 32, 2016-2020); 36.7 percent Asset Limited, Income Constrained, Employed (ALICE) households Hernando County, 33.3 percent Florida, *2020 United Way ALICE Report*]
- Limited employment opportunities [8.1 percent unemployment Hernando County, 7.7 percent Florida (Table 36, 2020)]
- Barriers to education and job training [6.4 percent school dropout rate Hernando County, 3.2 percent Florida (Table 39, 2020-2021); 29.5 percent college degree as the highest level of school completed Hernando County, 40.5 percent Florida (Table 38, 2016-2020)]
- Housing [56.1 percent of renter-occupied households with gross rent costing 30 percent or more of household income Hernando County, 56.4 percent Florida (Table 44, 2016-2020); 13.2 percent (of occupied housing units) with severe housing problems Hernando County, 19.2 Florida (Table 44, 2016-2020)]
- Food insecurity [15.2 percent (all ages) Hernando County, 12.0 percent Florida; 24.3 percent (children) Hernando County, 17.1 percent Florida (Table 41, 2015-2019)]
- Healthcare service access [150.9 total physicians/100,000 population Hernando County, 314.0/100,000 Florida; 27.1 dentists/100,000 Hernando County, 56.7/100,000 Florida (Tables 158, 160, 2020-2021)]

### Health Status

Disease and death rates are the most direct measures of health and well-being in a community. In Hernando County, as in Florida and the rest of the United States, premature disease and death are primarily attributable to chronic health issues. That is, medical conditions that develop throughout the life course and typically require careful management for prolonged periods of time. While Hernando County is similar to Florida in many health indicators, some differences exist. In Hernando County for 2019-2021, the age-adjusted death rates of the six leading causes of death for all races were higher

than state rates (listed below as age-adjusted rates per 100,000 population and in Table 67, [2023 Hernando County Community Health Assessment Technical Appendix](#)) as well as infant mortality for which Hernando County exceeded the state rate for 2021 as a single year rate and for 2019-2021 as a three-year rolling rate (Table 91, [2023 Hernando County Community Health Assessment Technical Appendix](#)).

- Heart Disease (185.4 deaths/100,000 Hernando County, 144.5 deaths/100,000 Florida)
- Cancer (166.4 deaths/100,000 Hernando County, 139.7/100,000 Florida)
- COVID-19 (76.7 deaths/100,000 Hernando County, 56.4/100,000 Florida)
- Chronic Lower Respiratory Disease (58.4 deaths/100,000 Hernando County, 33.6 deaths/100,000 Florida)
- Unintentional Injuries motor vehicle crash fatalities (99.4/100,000 Hernando County, 65.3/100,000 Florida)
- Diabetes (38.0 deaths/100,000 Hernando County, 22.4/100,000 Florida)
- Infant Mortality (6.8 deaths/1,000 live births Hernando County, 5.9/1,000 live births Florida, 2021)

#### Health Behaviors and Conditions that Contribute to Poor Health Outcomes

Health behavior data pointed to serious challenges facing Hernando County residents. The issues listed below require multi-faceted approaches to improve persistent health problems alongside primary prevention strategies to help ensure healthy futures for all segments of the population. The chronic conditions and behaviors that were considered as priority health issues include the following (table references are from the [2023 Hernando County Community Health Assessment Technical Appendix](#) unless otherwise noted):

- Mental health problems [21.6 percent adults ever been told they have a depressive disorder Hernando County, 17.7 percent Florida; 27.6 percent adults whose poor physical or mental health kept them from doing usual activities of daily living on 14 or more of the past 30 days Hernando County, 18.3 percent Florida (Table 107, 2017-2019)]
- Substance misuse [46.8/100,000 population opioid-involved, non-fatal overdose hospitalizations Hernando County, 38.5 hospitalizations/100,000 Florida (Table 115, 2021)] and [662.8/100,000 population adult (aged 18 and older) drug arrests Hernando County, 391.4/100,000 Florida (Table 117, 2014-2020)]
- Impaired driving [13.0/100,000 alcohol-confirmed motor vehicle crash injuries Hernando County, 12.0/100,000 Florida (Table 113, 2020)]; [13.0/100,000 population drug-confirmed motor vehicle traffic crash injuries Hernando County, 2.6/100,000 Florida (Table 113, 2020)];

and [5.2/100,000 population drug-confirmed motor vehicle traffic crash fatalities Hernando County, 1.8/100,000 Florida (Table 113, 2020)]

- Tobacco use including electronic vapor products among adults [21.5 percent adults who are current smokers Hernando County, 14.8 percent Florida; 7.3 percent adults current electronic vapor product users Hernando County, 7.5 percent Florida (Table 128, 2017-2019)]
- Tobacco use including electronic vapor products among youth (ages 11-17 years) [1.4 percent youth who are current cigarette users Hernando County, 1.1 percent Florida; 10.5 percent current electronic vapor product users Hernando County, 10.6 percent Florida (Table 129, 2022)]
- Overweight and obesity [68.3 percent adults who are overweight or obese Hernando County, 27.0 Florida; 30.7 percent adults who are obese Hernando County, 27.0 percent Florida (Table 130, 2017-2019)]

#### Geographic, Age, Sex, Racial and Ethnic Disparities

Notable disparities were found in the course of Hernando County's community health assessment process and these differences, many of which are preventable, were given serious consideration and importance in CHIP discussions. Areas of particular concern include:

- Differences in poverty rates for children, adults, and between Whites, Blacks and Hispanics by geography [37.0 and 33.7 percent of children 0 to 17 years of age living between 100 and 200 percent of poverty in the past 12 months in Brooksville (zip codes 34601 and 34613) respectively; 29.5 percent of adults 65 years and older living at 100-200 percent of poverty in the past 12 months in Brooksville (zip code 34614) (Table 24, 2016-2020); 15.0 percent of Hernando County females lived in poverty in the past 12 months, 13.7 percent of Hernando County males; 26.0 percent of females and 22.9 percent of males in Spring Hill (zip code 34607) lived in poverty in the past 12 months (Table 25, 2016-2020); 20.8 percent of Blacks, 20.6 percent of Hispanics and 13.6 percent of Whites lived in poverty in the past 12 months (Table 26, 2016-2020); 24.5 percent of persons of all races lived in poverty in the past 12 months in Spring Hill (zip code 34607), 35.6 percent of Hispanics, 16.4 percent of Whites, 71.3 percent of Blacks lived in poverty in the past 12 months also in Spring Hill (zip code 34607) (Table 26, 2016-2020)]
- Differences in mortality rates among Hernando County Whites, Blacks, and Hispanics for heart disease, cancer, and diabetes [(age-adjusted death rates per 100,000 population for heart disease at 185.6 deaths per 100,000 for Whites, for Blacks at 199.5 deaths, for Hispanics at 143.3 deaths; age-adjusted death rates per 100,000 population for cancer for Whites at 170.0 deaths per 100,000, for Blacks at 134.1 deaths, for Hispanics 96.1 deaths; age-adjusted death

rates per 100,000 population for diabetes for Whites at 37.9 deaths per 100,000, for Blacks at 54.9 deaths, for Hispanics at 36.6 deaths (Tables 67 and 68, 2019-2021)]

- Differences in mortality rates among Hernando County males and females [(age-adjusted death rates per 100,000 population for heart disease at 268.3 deaths per 100,000 population for males and 156.9 deaths per 100,000 for females); for cancer at 181.5 deaths per 100,000 population for males and 146.2 deaths for females; for unintentional injuries at 151.4 deaths per 100,000 population for males and 77.1 deaths for females; for chronic lower respiratory disease at 56.2 death per 100,000 population for males and 45.7 deaths for females (Tables 73 and 74, 2017-2021)]

### Health Care Resources and Utilization

Although having health insurance and access to health care do not necessarily prevent illness, early intervention and long-term management resources can help to maintain quality of life and minimize premature death and disability. Communities with rural pockets and rapidly changing demographics such as those found in Hernando County face additional barriers in accessing health care services. Utilization and health professional shortage data illuminated the depth of access to care issues in Hernando County. The major issues related to healthcare resources, access, and utilization fall into the groups listed below.

- Inappropriate use of Emergency Departments for routine mental health and dental care [rate of Emergency Department visits per 1,000 population for mental health reasons Hernando County residents, all ages at 61.9 visits per 1,000 population, Florida rate at 54.2 visits (Table 104, 2021); preventable Emergency Department visit rate per 1,000 population for oral health reasons for Hernando County residents at 6.3 visits per 1,000 population, Florida rate at 6.0 (Table 161, 2020-2021)]
- Lack of healthcare providers and services, specialty care physicians, and dentists [150.9 total physicians per 100,000 population Hernando County; 314.0 total physicians per 100,000 Florida; 27.1 dentists per 100,000 population Hernando County, 56.7/100,000 Florida (Tables 158 and 160, 2020-2021)]
- Rising costs of health care and prescription drugs [percent of hospital discharges by payor sources for Hernando County residents at 52.7 percent for Medicare, 14.9 percent Medicaid, 20.4 percent private insurance, 6.3 percent self or non-payment; for Florida 44.6 percent Medicare, 18.5 percent Medicaid, 25.2 percent private insurance, 7.0 percent self or nonpayment (Table 166. 2021); 16.5 percent Hernando County adults who could not see a doctor in the past year due to cost, 16.0 percent Florida (Table 151, 2017-2019)]

- Lack of affordable health insurance with sufficient coverage [12.5 percent civilian population uninsured Hernando County, 12.7 percent Florida (Table 155, 2016-2020); 15.7 percent uninsured under 65 years of age Hernando County, Florida 15.5; 19.0 percent ages 18-64 Hernando County, 18.4 percent Florida (Table 154, 2016-2020)]

#### **MAPP PHASE 4: IDENTIFYING STRATEGIC ISSUES**

Essential components of bridging the community health assessment with the development of a community health improvement plan includes identifying strategic issues, formulating goals and strategies, and implementation. These steps are also referred to as MAPP phases four through six. On February 7, 2023, the Hernando Community Health Improvement Plan Partnership (CHIPP) identified strategic priorities for the next three years. The process included the review of the community health status data, community themes and strengths findings from the community and health care and social service and partner survey, and forces of change issues. The CHIPP members discussed the characteristics of strategic priorities to assure a common understanding of issue scope, scale, and purpose. Prioritization criteria included issue importance, urgency, impact, feasibility, and resource availability. The table below lists the characteristics of each criterion. First, in small workgroups, participants reviewed, discussed, identified common themes, and picked their top five strategic priority issues. All attendees then participated in a facilitated consensus discussion and multi-voting to identify the final strategic priorities. It is important to note that a few significant issues were set aside because, in accordance with the agreed-upon criteria, partners determined that the issue was being effectively addressed by another group, that another entity was serving in a leadership role on the issue, and/or that the issue was beyond the scope and capacity of the CHIPP organizations. The issue of Substance Exposed Newborns (SENs) was one such problem tagged as already being successfully addressed. Other issues set aside included public transportation and gun violence.

After a pause to address emerging public health concerns and local issues, in February 2023 the Hernando County community partners transitioned from the assessment phase to the community health improvement plan development phase of MAPP.

TABLE 2: CRITERIA FOR RANKING STRATEGIC PRIORITY ISSUES, HERNANDO COUNTY, 2023

Importance and Urgency	Impact	Feasibility	Resource Availability
<ul style="list-style-type: none"> <li>• Issue severity</li> <li>• Burden to large or priority populations</li> <li>• Of great community concern</li> <li>• Focus on equity</li> </ul>	<ul style="list-style-type: none"> <li>• Potential effectiveness</li> <li>• Cross cutting or targeted reach</li> <li>• Ability to demonstrate progress</li> </ul>	<ul style="list-style-type: none"> <li>• Community capacity</li> <li>• Political will</li> <li>• Acceptability to the community</li> </ul>	<ul style="list-style-type: none"> <li>• Financial costs</li> <li>• Staffing</li> <li>• Stakeholder support</li> <li>• Time</li> </ul>

Source: Adapted from National Association of County and City Health Officials (N.D.). *Community Health Assessment and Improvement Planning*. Retrieved October 24, 2023, <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-4-identify-strategic-issues>

#### Strategic Priority Issue Areas Identified

- Mental Health and Substance Misuse
  - Behavioral health included
  - Early diagnosis and treatment
  - Prevention and mental and behavioral health wellness
    - focus on children, families, and senior citizens
  - Resource quality, ease of access, and sufficiency
- Affordable, Safe Housing
  - Access to healthy living accommodations
    - focus on transitional housing for persons with health problems or disabilities
  - Obtainable housing for individuals and families with lower and middle incomes
    - focus on senior citizens, those facing evictions
- Childhood Health and Safety
  - Parental and community engagement, support, and education
  - Childhood dental care
    - including early intervention, primary prevention
  - Resources for children and families of children with special needs
- Healthy Choices for Healthy Living
  - Unintentional injury prevention

- focus on children, senior citizens, persons with substance use problems
- Healthy weight, nutrition, and physical activity across the lifespan
- Violence prevention
  - focus on community violence, child abuse and neglect, intimate partner violence
- Barriers to Health Care
  - Services and providers
    - focus on equal access to primary care and dental care providers, elderly caregiver professionals and services
  - Costs and financial barriers
    - health insurance costs including premiums, co-pays, deductibles, qualification for benefit and entitlement programs
  - Healthcare system navigation
    - Health literacy education
    - Physical access including transportation and telemedicine technology

#### **MAPP PHASE 5: FORMULATE GOALS AND STRATEGIES**

The purpose of this phase is for community partners to develop goals, identify strategies, write measurable objectives, and build action plans for each of the strategic priority areas. Preceded by a Core Team planning meeting on September 7, 2023, the Hernando CHIPP partners began this work on September 19, 2023. After reviewing the data and key findings from the three MAPP assessments, the group reconfirmed and refined the strategic priority issue statements, organized into action planning workgroups with one group for each strategic priority area, and began work on writing objectives and action plans. The four-hour September meeting was followed by a similar meeting on October 17, where community partners refined and finished writing action plans. Subject matter experts contributed evidence-based and promising practices which were considered and included as appropriate. To ensure the ability to monitor and report on progress, all objectives include a timeframe, baseline and target performance measure, and data source. Action plans note milestone activities, identify a lead entity, specify performance measures for the activity, list resources needed, and have a tracking and status indicator.

#### **MAPP PHASE 6: ACTION CYCLE**

The action cycle includes implementation and evaluation as well as opportunities to incorporate continuous quality improvement strategies. The Hernando County CHIP action cycle is not only guided by the goals, strategies, and objectives set through the MAPP process but the action plans developed for CHIP objectives. Progress, challenges, and accomplishments of the Hernando County CHIP will be

monitored, tracked and reported quarterly using the Florida Department of Health’s performance improvement management (PIM) electronic reporting system (ClearPoint®). When deemed appropriate as supported by progress data and/or information on emerging issues, revisions to the CHIP and/or action plans will be discussed, agreed upon, and documented at review meetings. Hernando CHIPP organizations are encouraged to assess and evaluate their CHIP-related activities and programs to identify opportunities for improving and enhancing activities and progress by employing quality improvement tools and approaches.

#### **HERNANDO COUNTY COMMUNITY HEALTH ASSESSMENT AND HEALTH IMPROVEMENT TIMELINE**

May – September 2022	Organizational meetings, partner identification, timeline development
September 20, 2022	Community health assessment kick-off meeting, visioning
August - November 2022	Secondary data collection and analysis
October 18 – November 30, 2022	Primary data collection via community survey
December 14, 2022	Presentation of secondary and primary data, forces of change
February 7, 2023	Review of findings from secondary data and primary data Reach consensus on strategic priority issues
March 31, 2023	Hernando County CHA report is released
July - August 2023	Core Team organizational discussions, CHIP timeline development
September 7, 2023	Core Team meeting to set CHIP meeting roles, resources, expectations
September 19, 2023	CHIP Workgroup meeting to write goals, objectives, action plans
October 17, 2023	CHIP Workgroup meeting to finalize goals, objectives, action plans
November 2, 2023	Core Team meeting to review CHIP goals, objectives, action plans
December 31, 2023	2024-2026 Hernando County Community Health Improvement Plan published
January 1, 2024	Hernando County Community Health Improvement Plan launch



## Hernando County CHIP Goals, Strategies, Objectives and Related Resources

There are five (5) strategic priority areas in the 2024-2026 Hernando County community health improvement plan. For each priority issue at least one goal has been set and will be addressed by a variety of strategies. Objectives provide the basis for performance and outcome tracking, measuring, and reporting. Each goal area has its own action plan with activities, baseline and target data, accountability measures, and progress reporting mechanisms as well as background on related evidence-based strategies and programs, listing of any proposed policy changes, and notations of gaps and health disparity concerns. Please see the appendices for the action plan template and the action plan compendium that will be updated regularly to reflect progress towards achieving objectives and goals.

<b>Strategic Priority: Affordable, Safe Housing (ASH)</b>	
<b>Goal ASH 1:</b> Affordable housing for individuals and families with lower and middle incomes	
<b>Strategies ASH 1.1:</b> Coordinate and collaborate with local government, for-profit and nonprofit entities committed to assuring safe and sanitary affordable housing for all residents	
<b>Objective ASH 1.1.1:</b> By December 31, 2024, increase in-person or virtual meetings of affordable housing partners to identify needed updates Hernando Housing Plan (Baseline: Zero (0) meeting of housing partners, Target: Two (2) meeting of housing partners, Data Source: Hernando Housing Services)	
<b>Objective ASH 1.1.2:</b> By December 31, 2026, increase community education opportunities to inform Hernando County residents of available financial assistance and requirements for application for such assistance (Baseline: Zero (0) housing community education opportunities, Target: One (1) annual for a total of three (3) community housing education efforts as evidenced by electronic and print informational materials with campaigns conducted annually, Data Source: Hernando CHIPP, United Way)	
<b>Resources:</b> Hernando County Health and Human Services in general and Fair Housing Division in particular, Hernando County Housing Authority, U.S. Department of Housing and Urban Development, Mid-Florida Community Services, Greater Hernando County Chamber of Commerce, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)	
<b>Goal ASH 2:</b> Support healthy home environments for vulnerable populations	
<b>Strategies ASH 2.1:</b> Education campaigns, communications using multiple channels to reach priority populations including veterans	

**Objective ASH 2.1.1:** By December 31, 2026, increase annual community education campaigns aiming to disseminate resources, supports, and information related to housing for vulnerable populations (Baseline: Zero (0) housing community education campaign, Target: One (1) annual for a total three (3) community housing education campaign efforts as evidenced by electronic and print informational materials with campaigns conducted annually, Data Source: Hernando CHIPP, United Way)

**Resources:** United Way of Hernando, Hernando CHIPP membership organizations, Hernando County Health and Human Services Elder Services Program, Mid-Florida Community Services, Disability Rights Florida, Hernando County Veterans Services, Veterans of Foreign Wars (VFW) posts, see also [2023 Hernando County Community Health Assessment](#) sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)

### Strategic Priority: Childhood Health and Safety (CHS)

**Goal CHS 1:** Improve the health and wellbeing of children in Hernando County

**Strategies CHS 1.1:** Promote and reduce barriers to resources and services that support healthy growth and development for children

**Objective CHS 1.1.1:** By December 31, 2026 decrease the percentage of child food insecurity by five (5) percent (Baseline: 24.3 percent (2019), Target: 23.0 percent, Data Source: FLHealthCHARTS)

**Objective CHS 1.1.2:** By September 30, 2024 partner with University of South Florida Center for Autism and Related Disabilities (USF CARD) to host at least one (1) educational offering for parents and grandparents raising children with autism and related disorders (Baseline: Zero (0) educational offerings (new initiative), Target: at least one (1) offering, Data Source: Hernando YMCA)

**Resources:** United Way of Hernando, Hernando YMCA, Feeding Tampa Bay, University of South Florida CARD, Florida Department of Health in Hernando County WIC and Nutrition Program, Healthy Start Coalition, People Helping People Hernando, Hernando County School District, NAMI Hernando, see also [2023 Hernando County Community Health Assessment](#) sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)

**Goal CHS 2:** Improve access to preventive dental care for children and adolescents

**Strategies CHS 2.1:** Oral health education for parents, children, and youth; policy on educational materials provided; expand access to preventive care, address barriers to routine dental care for children and adolescents

**Objective CHS 2.1.1:** By December 31, 2024 increase the number of maternal and infant to three-year-old dental care education events (Baseline: Zero (0) preventive dental education events Target: Two (2) preventive dental care education events, Data Source: Premier Community HealthCare Group)

**Objective CHS 2.1.2:** By December 31, 2024 identify at least one (1) funding opportunity to increase the capacity of school-based dental services to provide screenings, treatment, and referrals to

services for school-aged children (Baseline: Zero (0) funding opportunities, Target: One (1) opportunity identified, Data Source: Dental Program, Premier Community HealthCare Group)
<b>Resources:</b> Premier Community HealthCare Group Dental Program, Florida Department of Health in Hernando County WIC and Nutrition Program, Hernando County School District, Hernando Early/Head Start Program, Mid-Florida Community Services, United Way of Hernando, Hernando County Dental Society, Florida Department of Health Dental Program, American Academy of Pediatric Dentistry, U.S. grants.gov, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)
<b>Goal CHS 3:</b> Expand community support for families and children with special needs
<b>Strategies CHS 3.1:</b> Collaboration of community, partners, families, parents, and individuals to identify existing resources, share information and practices, identify opportunities for innovation and new assets
<b>Objective CHS 3.1.1:</b> By December 31, 2024 increase promotion of the Special Education Needs (SEN) online resource directory with at least one (1) quarterly social media platform post (Baseline: Zero (0) (new communication strategy), Target: four (4) posts annually, Data Source: DOH Hernando)
<b>Resources:</b> Premier Community HealthCare Group, Florida Department of Health in Hernando County WIC and Nutrition Program, Hernando County School District Exceptional Student Education (ESE) Program, Hernando Early/Head Start Program, Mid-Florida Community Services, United Way of Hernando, University of South Florida CARD, NAMI Hernando, Florida Diagnostic and Learning Resources System (FDLRS), see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)
<b>Strategic Priority: Barriers to Health Care (BHC)</b>
<b>Goal BHC 1:</b> Increase access to comprehensive, high quality healthcare services
<b>Strategies BHC 1.1:</b> Address financial, physical access, provider, and cultural barriers to receiving healthcare services
<b>Objective BHC 1.1.1:</b> By June 30, 2024 and each subsequent year, increase the number of annual in-person sessions with health navigator and community health workers to assist the medically underserved with enrollment in health insurance coverage (Baseline: Zero (0) in person enrollment sessions, Target: One (1) enrollment session each year for a total of three (3), Data Source: Suwannee River Area Health Education Center (AHEC)
<b>Objective BHC 1.1.2:</b> By December 31, 2026, decrease the percentage of adults who could not see a doctor at least once in the past year due to cost by three (3) percent (Baseline: 16.5 percent (2019), Target: 16.0 percent, Data Source: BRFSS, FLHealthCHARTS)
<b>Objective BHC 1.1.3:</b> By December 31, 2026, increase the percentage of Hernando County adults who had a medical checkup in past year by three (3) percent (Baseline: 76.6 percent (2019), Target: 74.3 percent, Data Source: BRFSS, FLHealthCHARTS)

<p><b>Resources:</b> Suwannee River Area Health Education Center Navigator Program, Hernando CHIPP organizations, community partner agency referrals, Florida Department of Health in Hernando County, Premier Community HealthCare Group, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)</p>
<p><b>Goal BHC 2:</b> Enhance access to health-related resources</p>
<p><b>Strategies BHC 2.1:</b> Health education and health literacy instruction on resource availability and appropriate use of services, programs, benefits; organizational health literacy policy</p>
<p><b>Objective BHC 2.1.1:</b> By December 31, 2026, decrease the rate of avoidable emergency department visits by three (3) percent (Baseline: 172.4 avoidable emergency department visits per 1,000 population (2019), Target: 167.2 per 1,000 population, Data Source: FLHealthCHARTS)</p>
<p><b>Objective BHC 2.1.2:</b> By December 31, 2024, increase the number of community education sessions for Hernando County residents, detailing available social and health resources, as evidenced by marketing/communication plans and sign in sheets (Baseline: Zero (0) community education sessions (new initiative), Target: Two (2) community education sessions held, Data Source: Florida Cancer Foundation, Hernando CHIPP Goal Champion)</p>
<p><b>Resources:</b> Florida Department of Health Breast and Cervical Cancer Early Detection Program, Florida Cancer Foundation, Beautiful Gate Ministries, Florida Department of Health in Hernando County, Premier Community HealthCare Group, United Way of Hernando County, faith-based ministries council and partners, Bravera Health, Centers for Disease Control and Prevention Health Literacy program, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)</p>
<p><b>Strategic Priority: Healthy Choices for Healthy Living (HL)</b></p>
<p><b>Goal HL 1:</b> Foster healthy choices and lifestyles</p>
<p><b>Strategies HL 1.1:</b> Promote health education and self-management resources, and access to resources for better informed health-related decision making for individuals and families</p>
<p><b>Objective HL 1.1.1:</b> By December 31, 2026, decrease the percentage of Hernando County adults who are overweight or obese by one (1) percent (Baseline: 68.3 percent (2019) Target: 67.6 percent, Data Source: BRFSS, FLHealthCHARTS)</p>
<p><b>Objective HL 1.1.2:</b> By December 31, 2026 increase promotion of local run/walk events through a newly implemented Hernando Moves initiative (Baseline: Zero (0) events promoted (through new program), Target: 12 total scheduled events promoted, Data Source: DOH Hernando CHIPP Liaison)</p>
<p><b>Resources:</b> Florida Department of Health in Hernando County, United Way of Hernando, Hernando CHIPP organizations, Great Hernando Weight Loss Challenge program, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)</p>

<b>Goal HL 2:</b> Improve access to preventive health services and resources
<b>Strategies HL 2.1:</b> Promote awareness to preventive services, education, and resources including screenings and wellness activities
<b>Objective HL 2.1.1:</b> By December 31, 2024, increase awareness of disease prevention services and health screenings with a focus on reaching faith-based and community-based groups through a minimum of five (5) education sessions (Baseline: Zero (0) faith-based/community education sessions, Target: Five (5) faith-based/community education sessions, Data Source: DOH Hernando, Premier Community HealthCare, Pastor Chance Martinez)
<b>Objective HL 2.1.2:</b> By December 31, 2024, increase the number of community-based screenings related to disease prevention by healthcare organizations and providers, in a community-based setting (Baseline: Zero (0) community-based screenings, Target: Two (2) community-based screenings, Data Source: CHIPP Goal Champion)
<b>Resources:</b> Florida Department of Health in Hernando County, CivCom, United Church of Christ and other faith-based groups, Premier Community HealthCare Group, Crescent Clinic, Bravera Health, United Way 211, Pasco-Hernando State College, University of South Florida College of Public Health, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)
<b>Goal HL 3:</b> Promote the potential for a long, healthy Life
<b>Strategies HL 3.1:</b> Employ education, skills development, and awareness to prevent unintentional and intentional injuries of persons of all ages, provide community education on safety and risk reduction
<b>Objective HL 3.1.1:</b> By December 31, 2026, decrease the age adjusted death rate from unintentional injury of Hernando County residents by 0.5 percent (Baseline: 113.2 deaths per 100,000 population, Target: 112.6 deaths per 100,000, Data Source: FLHealthCHARTS)
<b>Objective HL 3.1.2:</b> By December 31, 2026, decrease the rate of domestic violence offenses committed by Hernando County residents by 0.5 percent (Baseline: 496.4 offenses per 100,000 population (2020), Target: 493.9 offenses per 100,000 population, Data Source: FLHealthCHARTS)
<b>Objective HL 3.1.3:</b> By December 31, 2026 increase partnerships with organizations addressing human trafficking in their strategic and/or operational plans (Baseline: Zero (0) partner relationships, Target: at least one (1) partner relationship, Data Source: DOH Hernando CHIPP Liaison)
<b>Resources:</b> Florida Department of Health in Hernando County, Injury Prevention Program of the Florida Department of Health, media contacts and relationships, Pool Safely program, Hernando County Transportation Planning Organization, Healthy Start Coalition, Healthy Babies Program, Pedbike Center, Hernando County School District, Dawn Center, Hernando County Sheriff's Office, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)
<b>Strategic Priority: Mental Health and Substance Misuse (MHSM)</b>

<b>Goal MHSM 1:</b> Reduce emergency room use for mental health services
<b>Strategies MHSM 1.1:</b> Provide education, increase mobile services, change Narcan distribution policy
<b>Objective MHSM 1.1.1:</b> By December 31, 2026 decrease the number emergency department visits for mental health reasons by Hernando County residents by two (2) percent (Baseline: 61.9 visits per 100,000 population (2021), Target: 60.7 visits per 100,000 population, Data Source: Agency for Health Care Administration, FLHealthCHARTS)
<b>Objective MHSM 1.1.2:</b> By December 31, 2026 decrease the percentage of all drug non-fatal overdose hospitalizations for Hernando County residents by two (2) percent (Baseline: 231 fatal overdose hospitalizations per 100,000 (2022), Target: 226 per 100,000 population, Data Source: FLHealthCHARTS)
<b>Resources:</b> Mobile Response Teams, BayCare, Hernando Community Coalition, Hernando County School District, model policies, Narcan sources and financial resources to sustain availability, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and, Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)
<b>Goal MHSM 2:</b> Educate providers and the community on the availability and accessibility of behavioral health programs and services
<b>Strategies MHSM 2.1:</b> Expand availability of print and online materials, review and update to meet appropriate health literacy levels
<b>Objective MHSM 2.1.1:</b> By December 31, 2026 increase reach of printed materials about the availability of behavioral health services and resources in Hernando County will have reached 1,000 residents and health care providers (Baseline: Zero (0) mental health education materials, Target: One thousand (1,000) printed materials distributed to residents and health care providers, Data Source: Hernando Community Coalition)
<b>Objective MHSM 2.1.2:</b> By December 31, 2026, increase the number of education sessions hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign in sheets to four (4) (Baseline: Zero (0) community education sessions, Target: Four (4) community education sessions, Data Source: Hernando National Alliance on Mental Illness (NAMI))
<b>Resources:</b> Hernando Cares, NAMI Hernando, 988, BayCare, Premier Community HealthCare Group, Hernando County School District, Florida Department of Health in Hernando County, Greater Hernando Chamber of Commerce, United Way of Hernando, Hernando CHIPP organizations, Hernando County Health and Human Services, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and, Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)
<b>Goal MHSM 3:</b> Improve mental health and well-being of children and adolescents

<p><b>Strategies MHSM 3.1:</b> Collaboration of community, partners, families, parents, and individuals to assure environments that support mental health wellness and access to services, school policy and process change on law enforcement notifications in classrooms</p>
<p><b>Objective MHSM 3.1.1:</b> By December 31, 2026, increase the number of Youth Mental Health First Aid workshops to share information and promote ways to prevent and improve the mental health of children and adolescents in Hernando County (Baseline: Zero (0) Youth Mental Health First Aid workshops, Target: Three (3) Youth Mental Health First Aid workshops, Data Source: Hernando NAMI)</p>
<p><b>Objective MHSM 3.1.2:</b> By December 31, 2026 institute the practice of providing Hernando County schools and day care centers with <i>Handle with Care</i> notices (Handle with Care notices are generated upon child welfare and/or law enforcement investigation initiations to increase classroom interventions, allowances, and support and links to youth and family services) (Baseline: Zero (0) (new practice) notices, Target: 100 notices, Data Source: Hernando Community Coalition)</p>
<p><b>Objective MHSM 3.1.3:</b> By December 31, 2026 decrease the percentage of Hernando County middle and high school students who in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities by five (5) percent (Baseline: 32.6 percent (2022), Target: 30 percent, Data Source: FLHealthCHARTS)</p>
<p><b>Resources:</b> NAMI Hernando, Youth Mental Health First Aid curriculum and trainers, Hernando County School District Student Services, Hernando Community Coalition, Handle with Care program materials, Hernando County Sheriff's Office, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and, Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)</p>
<p><b>Goal MHSM 4:</b> Improve the mental health and well-being of senior citizens</p>
<p><b>Strategies MHSM 4.1:</b> Identify, promote, educate on, and remove barriers to mental health services and prevention for senior citizens</p>
<p><b>Objective MHSM 4.1.1:</b> By December 31, 2026, increase the number of senior mental health education workshops to share information and promote ways to prevent and improve the mental health of seniors in Hernando County (Baseline: Zero (0) senior citizen-focused mental health education workshops (Target: Three (3) senior mental health workshops, Data Source: NAMI Hernando)</p>
<p><b>Objective MHSM 4.1.2:</b> By December 31, 2024, conduct research for government and nonprofit organizations to fund programs aimed at providing remedies for social isolation among seniors (Baseline: Zero (0) funding/grant research conducted (Target: Funding/grant research conducted as evidenced by new resource identification, Data Source: NAMI Hernando)</p>
<p><b>Resources:</b> NAMI Hernando, Mind Matters curriculum materials, Hernando County senior services partners, Hernando CHIPP organizations, Hernando Community Coalition, Rx Bootcamp materials and trainers, BayCare, grant writing expertise, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and, Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)</p>



<b>Goals MHSM 5:</b> Improve access to mental health and substance misuse services
<b>Strategies MHSM 5.1:</b> Expand community awareness of existing resources, increase number of trained peers to improve access to support services
<b>Objective MHSM 5.1.1:</b> By December 31, 2026 increase the number of promotional activities to inform residents about low cost/sliding fee scale mental health providers and/or mental health telehealth options (Baseline: Zero (0) promotional activities of low cost/sliding fee scale mental health providers and/or telehealth options Target: Two (2) promotional activities of low cost/sliding fee scale mental health providers and/or telehealth options, Data Source: NAMI Hernando and Hernando Community Coalition)
<b>Objective MHSM 5.1.2:</b> By December 31, 2026 increase the number of trained peers (Baseline: Zero (0) (new cohort), Target: 20 trained peers, Data Source: NAMI Hernando)
<b>Resources:</b> NAMI Hernando, research on sliding fee scale services, Hernando Community Coalition, Peer Training materials and trainers, Hernando CHIPP organizations and community partners for peer recruitment, see also <a href="#">2023 Hernando County Community Health Assessment</a> sections on Community Assets and, Resources for Improving Health (p. 17) and Resources for Community Interventions (p. 71)



## Hernando County CHIP Alignment with State and National Priorities

The strategic priorities, goals, strategies, and objectives in the Hernando County CHIP align with state and national initiatives. These include the Florida Department of Health's State Health Improvement Plan for 2022-2026 and Healthy People 2030. These shared priorities present opportunities for collaboration and collective impact in improving health outcomes and quality of life for Hernando County residents.

Hernando County CHIP Objectives	<ul style="list-style-type: none"> <li>• HP 2030 = Healthy People 2030</li> <li>• Florida SHIP = Florida State Health Improvement Plan, 2022-2026</li> </ul>
<b>Strategic Priority: Affordable, Safe Housing (ASH)</b>	
<b>Objective ASH 1.1.1:</b> By December 31, 2024, increase in-person or virtual meetings of affordable housing partners to identify needed updates to Hernando Housing Plan	<b>Healthy People 2030:</b> EH-01, EH-05 <b>Florida SHIP:</b> Goal SEC 3
<b>Objective ASH 1.1.2:</b> By December 31, 2026, conduct a minimum of two (2) community education opportunities to inform Hernando County residents of available financial assistance and requirements for application for such assistance	<b>Healthy People 2030:</b> SDOH-01 <b>Florida SHIP:</b> Goal SEC 3
<b>Objective ASH 2.1.1:</b> By December 31, 2026, increase annual community education campaigns aiming to disseminate resources, supports, and information related to housing for vulnerable populations	<b>Healthy People 2030:</b> SDOH-01, SDOH-04, EH-04 <b>Florida SHIP:</b> Goal SEC 3
<b>Strategic Priority: Childhood Health and Safety (CHS)</b>	
<b>Objective CHS 1.1.1:</b> By December 31, 2026 decrease the percentage of child food insecurity by 5 percent	<b>HP 2030:</b> NWS-01, NWS-02 <b>Florida SHIP:</b> Obj SEC3.3
<b>Objective CHS 1.1.2:</b> By September 30, 2024 increase educational offerings for parents and grandparents raising children with autism and related disorders through partnering with	<b>HP 2030:</b> MICH-17, MICH-18 <b>Florida SHIP:</b> Goal MCH 1, Obj MCH1.3

<b>Hernando County CHIP Objectives</b>	<ul style="list-style-type: none"> <li>• <b>HP 2030 = Healthy People 2030</b></li> <li>• <b>Florida SHIP = Florida State Health Improvement Plan, 2022-2026</b></li> </ul>
University of South Florida Center for Autism and Related Disorders (USF CARD)	
<b>Objective CHS 2.1.1:</b> By December 31, 2024 increase the number of maternal and infant to three-year-old dental care education events	<b>HP 2030:</b> OH-01, OH-02 <b>Florida SHIP:</b> Obj MCH1.4
<b>Objective CHS 2.1.2:</b> By December 31, 2024 identify at least one (1) funding opportunity to increase the capacity of school-based dental services to provide screenings, treatment, and referrals to services for school-aged children	<b>HP 2030:</b> OH-09, OH-10 <b>Florida SHIP:</b> Obj MCH1.4
<b>Objective CHS 3.1.1:</b> By December 31, 2024 increase the promotion of the Special Education Needs (SEN) online resource directory with at least one (1) quarterly social media platform post	<b>HP 2030:</b> AH-07, AH-D01, ECBP-D01, AH-R10 <b>Florida SHIP:</b> Obj SEC1.2
<b>Strategic Priority: Barriers to Health Care (BHC)</b>	
<b>Objective BHC 1.1.1:</b> By June 30, 2024 increase the number of annual in-person sessions with health navigators and community health workers to assist the medically underserved with enrollment in health insurance coverage	<b>HP 2030:</b> AHS-01, AHS-04 <b>Florida SHIP:</b> Goal SEC 2
<b>Objective BHC 1.1.2:</b> By December 31, 2026, decrease the percentage of adults who could not see a doctor at least once in the past year due to cost by three (3) percent	<b>HP 2030:</b> AHS-04 <b>Florida SHIP:</b> Obj SEC2.2
<b>Objective BHC 1.1.3:</b> : By December 31, 2026, increase the percentage of Hernando County adults who had a medical checkup in past year by three (3) percent	<b>HP 2030:</b> AHS-04, MHMD-08 <b>Florida SHIP:</b> Obj SEC2.2
<b>Objective BHC 2.1.1:</b> By December 31, 2026, decrease the rate of avoidable emergency department visits by three (3) percent (Baseline: 172.4 avoidable emergency department visits per 1,000 population (2019))	<b>HP 2030:</b> AHS-01, AHS-04 <b>Florida SHIP:</b> Goal SEC 2
<b>Objective BHC 2.1.2:</b> By December 31, 2024, increase the number of community education sessions for Hernando County residents, detailing available social and health resources,	<b>HP 2030:</b> HC/HIT-R01, ECBP-D07 <b>Florida SHIP:</b> Goal SEC 2

<b>Hernando County CHIP Objectives</b>	<ul style="list-style-type: none"> <li>• <b>HP 2030 = Healthy People 2030</b></li> <li>• <b>Florida SHIP = Florida State Health Improvement Plan, 2022-2026</b></li> </ul>
as evidenced by marketing/communication plans and sign in sheets	
<b>Strategic Priority: Healthy Choices for Healthy Living (HL)</b>	
<b>Objective HL 1.1.1:</b> By December 31, 2026, decrease the percentage of Hernando County adults who are overweight or obese by one (1) percent	<b>HP 2030:</b> NWS-03, NWS-05 <b>Florida SHIP:</b> Goal CD 2, Goal CD 4, Goal CD 6, Obj CD6.1, Obj CD6.2
<b>Objective HL 1.1.2:</b> By December 31, 2026 increase the promotion of local run/walk events through a newly implemented Hernando Moves initiative	<b>HP 2030:</b> NWS-05, PA-01 <b>Florida SHIP:</b> Goal CD 2, Goal CD 4, Goal CD 6, Obj CD6.1, Obj CD6.2
<b>Objective HL 2.1.1:</b> By December 31, 2024, increase awareness of disease prevention services and health screenings with a focus on reaching faith-based and community-based groups through a minimum of five (5) education sessions	<b>HP 2030:</b> ECBP-D07, AHS-08, HDS-01, HDS-04, HDS-05, HDS-06, HDS-07 <b>Florida SHIP:</b> Goal CD 2, Goal CD 4, Goal CD 6, Obj CD6.1, Obj CD6.2
<b>Objective HL 2.1.2:</b> By December 31, 2024, increase the number of community-based screenings related to disease prevention by healthcare organizations and providers, in a community-based setting	<b>HP 2030:</b> AHS-08, HDS-01, HDS-04, HDS-05, HDS-06, HDS-07 <b>Florida SHIP:</b> Goal CD 1, Goal CD 2, Goal CD 4
<b>Objective HL 3.1.1:</b> By December 31, 2026, decrease the age adjusted death rate from unintentional injury of Hernando County residents by 0.5 percent	<b>HP 2030:</b> IVP-01, IVP-03, IVP-05, MICH-03 <b>Florida SHIP:</b> Goal ISV 1, Obj ISV1.1, Obj ISV1.2, Obj ISV1.3, Obj ISV1.4, ISV1.5; Goal ISV 2, Obj ISV2.1, Obj ISV2.2, Obj ISV 2.3, Obj ISV2.4
<b>Objective HL 3.1.2:</b> By December 31, 2026, decrease the rate of domestic violence offenses committed by Hernando County residents by 0.5 percent	<b>HP 2030:</b> IVP-10 <b>Florida SHIP:</b> Goal ISV 3, Obj ISV 3.3
<b>Objective HL 3.1.3:</b> By December 31, 2026 increase partnerships with organizations addressing human trafficking in their strategic and/or operational plans	<b>HP 2030:</b> IVP-17, IVP-D04, IVP-10 <b>Florida SHIP:</b> Goal ISV 3, Obj ISV3.1, Obj ISV3.2
<b>Strategic Priority: Mental Health and Substance Misuse (MHSM)</b>	
<b>Objective MHSM 1.1.1:</b> By December 31, 2026 decrease the number emergency department	<b>HP 2030:</b> MPS-02, IVP-02, IVP-04, MPS-02, SU-01

Hernando County CHIP Objectives	<ul style="list-style-type: none"> <li>• HP 2030 = Healthy People 2030</li> <li>• Florida SHIP = Florida State Health Improvement Plan, 2022-2026</li> </ul>
visits for mental health reasons by Hernando County residents by two (2) percent	<b>Florida SHIP:</b> Goal MW 1, Obj MW1.1
<b>Objective MHSM 1.1.2:</b> By December 31, 2026 decrease the percentage of all drug non-fatal overdose hospitalizations for Hernando County residents by two (2) percent	<b>HP 2030:</b> IVP-02, IVP-04, MPS-02, IVP-23, IVP-20, IVP-21, IVP-22, IVP-24, SU-01 <b>Florida SHIP:</b> Goal MW 3, Obj MW3.3, Obj MW3.4
<b>Objective MHSM 2.1.1:</b> By December 31, 2026 increase reach of printed materials about the availability of behavioral health services and resources in Hernando County will have reached 1,000 residents and health care providers	<b>HP 2030:</b> MHMD-05 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4
<b>Objective MHSM 2.1.2:</b> By December 31, 2026, increase the number of education sessions hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign in sheets to four (4)	<b>HP 2030:</b> ECPB-08, MHMD-08 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4
<b>Objective MHSM 3.1.1:</b> By December 31, 2026 increase the number of Youth Mental Health First Aid workshops to share information and promote ways to prevent and improve the mental health of children and adolescents in Hernando County	<b>HP 2030:</b> MHMD-02, MHMD-06, MHMD-07, AH-D02, EMC-DO5 <b>Florida SHIP:</b> Goal MW 2, Obj MW2.2
<b>Objective MHSM 3.1.2:</b> By December 31, 2026 institute the practice of providing Hernando County schools and day care centers with <i>Handle with Care</i> notices (Handle with Care notices are generated upon child welfare and/or law enforcement investigation initiations to increase classroom interventions, allowances, and support and links to youth and family services)	<b>HP 2030:</b> EMC-D05, EMC-D06, AH-R09 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4
<b>Objective MHSM 3.1.3:</b> By December 31, 2026 decrease the percentage of Hernando County middle and high school students who in the past year felt sad or hopeless for two or more weeks in a row and stopped doing usual activities by five (5) percent	<b>HP 2030:</b> MHMD-03, EMC-D04 <b>Florida SHIP:</b> Goal MW 1, Obj MW1.2

Hernando County CHIP Objectives	<ul style="list-style-type: none"> <li>• <b>HP 2030 = Healthy People 2030</b></li> <li>• <b>Florida SHIP = Florida State Health Improvement Plan, 2022-2026</b></li> </ul>
<b>Objective MHSM 4.1.1:</b> By December 31, 2026, increase the number of senior mental health education workshop to share information and promote ways to prevent and improve the mental health of seniors in Hernando County	<b>HP 2030:</b> OA-01, DIA-01, DIA-02, DIA-03 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4, Goal AD 1, Goal AD 2, Goal AD 3, Obj AD3.1
<b>Objective MHSM 4.1.2:</b> By December 31, 2024, conduct research for government and nonprofit organizations to fund programs aimed at providing remedies for social isolation among seniors	<b>HP 2030:</b> ECBP-D07 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4, Goal AD 3
<b>Objective MHSM 5.1.1:</b> By December 31, 2026 increase the number of promotional activities to inform residents about low cost/sliding fee scale mental health providers and/or mental health telehealth options	<b>HP 2030:</b> AHS-03 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4
<b>Objective MHSM 5.1.2:</b> By December 31, 2026 increase the number of trained peers by 20 new peers	<b>HP 2030:</b> MHMD-02 <b>Florida SHIP:</b> Goal MW1, Goal MW2, Goal MW 3, Goal MW4

## Appendix

This Appendix includes the following sections:

Hernando County Community Health Improvement Plan (CHIP) Core Team and Partners

Hernando County Visioning and Diverse Representation Brainstorming Results

Hernando County CHIP Implementation Action Plan template

Hernando County CHIP Action Plan



## HERNANDO COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) CORE TEAM AND PARTNERS

### Core Team

- Jim Blaisdell, Florida Department of Health in Hernando County
- Tracie Eagle, Dawn Center
- Ann-Gayl Ellis, Hernando YMCA
- Tina Kinney, National Alliance on Mental Illness (NAMI) Hernando
- Magan Maddox, Florida Department of Health in Hernando County
- Reverend Chance Martinez, Spring United Church of Christ
- Danielle Taylor, Florida Department of Health in Hernando County
- Ashley Thomas, Florida Department of Health in Hernando County
- Tresa Watson, Hernando Community Coalition

### Community Partners

- Jennifer Bliska, Hernando Community Coalition
- Tonia Carter, LifeStream Behavioral Center
- Blaire Cope, WellFlorida Council
- Dorine Eckert, Florida Department of Health in Hernando County
- Alexis Fedrick, Florida Department of Health in Hernando County
- Mindy Figueroa, United Way of Hernando County
- Nicole Gibson, Operation PAR Behavioral Health and Wellness
- Grace Gifford, Florida Department of Health in Hernando County
- Christina Giron, Florida Breast and Cervical Cancer Early Detection Program, Florida Department of Health in Pasco County
- Jamie Holton, Suwannee River Area Health Education Center
- Mary Jordan, Always Near Home Care
- Lea Knezevich, Florida Department of Health in Hernando County
- Martha Maner, Mid-Florida Head Start
- Sandra Marrero, BayCare
- Suzanne McEachron, Premier Community HealthCare Group
- Jason Meehan, Florida Department of Health in Hernando County
- Wendy O'Sullivan, Suwannee River Area Health Education Center

- Jennifer Phelan, Florida Department of Health in Hernando County
- Susan Pow, Premier Community HealthCare Group
- Veda Ramirez, Hernando County Health and Human Services
- Chaunta Ruland, Hernando County Citizen
- Anita Sanchez, Florida Department of Health in Hernando County
- Ana Segovia, District Aide to Congressman Gus Bilirakis, U.S. House of Representatives
- Jennifer Siem, Bravera Health
- Tami Steinruck, St. Vincent de Paul Cares
- Angie Walasek, United Way of Hernando County
- Dale Watson, Tobacco Intervention Program, CivCom
- Andrea Wilcock, Florida Department of Health in Hernando County



## HERNANDO COUNTY VISIONING AND DIVERSE REPRESENTATION BRAINSTORMING RESULTS

### Defining Characteristics of a Healthy Hernando County

#### Visioning Exercise – September 20, 2022

Hernando County Community Health Assessment Steering Committee members participated in a visioning exercise to define health, identify the characteristics of a healthy Hernando County, envision the community health system in the next three to five years, and visualize needed resources, assets, and attributes to support such a system. Through a facilitated process, Steering Committee members brainstormed several questions: 1) what characteristics, factors, and attributes are needed to create and support a healthy Hernando County? 2) what does having a healthy community mean? and 3) what are the policies, environments, actions, and behaviors needed to support a healthy community? Two categories of characteristics and attributes emerged along with needed actions to achieve the vision. The word cloud below (also presented earlier in this document as Figure 5) depicts terms that were frequently used to define health and the following table (also presented as Table 1 in the earlier Visioning section) shows the consensus around attributes and factors that define health and a healthy Hernando County.

#### VISIONING WORD CLOUD, HERNANDO COUNTY, 2022



Source: Hernando County visioning exercise results, September 20, 2022, prepared using WordItOut by Enideo by WellFlorida Council, 2022



## VISIONING RESULTS, FACTORS AND ATTRIBUTES OF A HEALTHY COMMUNITY, HERNANDO COUNTY, 2022

Healthcare System Factors and Attributes	Behavior and Environment-related Factors and Attributes
Focus on prevention, wellness, and quality of life	Safe and affordable housing and utilities, transportation, education, and nutritious food
Equitable access to healthcare services including primary, dental, mental and behavioral health, and prenatal care	Safe, well-lit neighborhoods and public areas with sidewalks and easy access
Continuum of care that is coordinated	Personal and organizational health literacy
Care provided in a culturally appropriate manner	Educational attainment and knowledge
<b>Needed Actions to Achieve Vision</b>	
Leaders participating in solving issues	
Increased access to providers (primary care, dentists, specialty care, mental and behavioral healthcare, substance use) and facilities (residential facilities for persons with mental health and/or substance use problems, sober living)	
Work for upstream policy change	
Create egalitarian society	
Address homelessness, serve diverse homeless populations (families, individuals, cultural differences)	
Improve communication and coordination	

Source: Hernando County visioning exercise results, September 20, 2022, prepared using WordItOut by Enideo by WellFlorida Council, 2022

### Updating the Vision Statement

The previous vision statement, Hernando County – Where Your Health Matters, was discussed on September 20, 2022. Community Health Assessment partners agreed that an updated vision statement was needed. Suggested vision statements included:

- Envisioning Optimal Health for All
- Equitable Access to Optimal Health for All
- A Community Committed to Health Equity
- An Egalitarian Community Supporting Optimal Health
  - A United Community Supporting Optimal Health
- Community United for Optimal Health and Equity in Access



Based on discussion notes and results from a ranked voting process, the Hernando Core Team selected the vision statement: “A Community Committed to Optimal Health”.

## **Diverse Representation in the Hernando County Community Health Assessment Process**

### **Brainstorming Exercise – September 20, 2022**

Also at the September 20, 2022 Hernando County Community Health Assessment meeting, partners reflected on past assessment processes and considered ways to enhance this iteration. An opportunity for improvement in sharing assessment results was identified: make print copies available to the community and partners in addition to the electronic versions. How to assure wider, more diverse representation of the community at large and community partner organizations in the overall assessment process became the focus of a facilitated discussion. Partners discussed the following questions:

- Are there any populations or groups not represented here today?
- Are there other community partnerships or coalitions that should be part of the assessment process?
- How can we assure the community at large has a voice?
- Do we periodically assess who needs to be at the table and involved?
- Are we a welcoming group? Do we use partners’ time wisely?

### **POPULATIONS AND ORGANIZATIONS TO INVITE TO ASSURE DIVERSE REPRESENTATION IN COMMUNITY HEALTH ASSESSMENT PROCESS, HERNANDO COUNTY, 2022**

<b>Populations</b>	
Persons who identify as LGBTQ+	Veterans
Persons with autism spectrum disorders	Persons at risk for suicide, self-harm
Elected officials	Senior citizens
Residents of Masaryktown, Istachatta, and Hernando Beach	
<b>Organizations, Partnerships, or Groups</b>	
Hospitals	Boys & Girls Club
Urgent care	Head Start
Specialty care providers	Area Agency on Aging, Florida Dept. of Elder Affairs
Home healthcare providers	Hernando County Housing Authority

LifeStream Behavioral Center	Homeless Coalition
Residential care facilities (nursing home, assisted living, rehabilitation)	UF IFAS (University of Florida Institute of Food and Agricultural Sciences)
Law enforcement	Faith-based groups
Corrections	Support groups (for various issues)
Municipalities	Youth and children's sports and recreation groups
Hernando County Parks and Recreation	Food banks and food pantries
Hernando County Tourism and Development	Private industry and businesses

Source: Hernando County diversity and broad representation discussion results, September 20, 2022, prepared by WellFlorida Council, 2022



HERNANDO COUNTY CHIP IMPLEMENTATION ACTION PLAN TEMPLATE

2024-2026 Hernando County Community Health Improvement Plan (CHIP) Action Plan Template

Strategic Priority:					
Goal:					
Strategy:					
Objective:					
Background on Strategy:					
Source or Evidence-base:					
Policy Change (yes/no):					
Health disparity and/or social/economic factors to be addressed (if applicable):					
Action Plan:					
Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress



## HERNANDO COUNTY CHIP ACTION PLAN

### 2024-2026 Hernando County Community Health Improvement Plan (CHIP) Action Plan

<b>Strategic Priority: Affordable, Safe Housing (ASH)</b>					
<b>Goal ASH 1:</b> Affordable housing for individuals and families with lower and middle incomes					
<b>Strategy ASH 1.1:</b> Coordinate and collaborate with local government, for-profit and nonprofit entities committed to assuring safe and sanitary affordable housing for all residents					
<b>Objectives:</b>					
<b>ASH 1.1.1:</b> By December 31, 2024, increase in-person or virtual <b>meetings of affordable housing partners</b> to identify needed updates Hernando Housing Plan (Baseline: Zero (0) meeting of housing partners, Target: Two (2) meeting of housing partners, Data Source: Hernando Housing Services)					
<b>ASH 1.1.2:</b> By December 31, 2026, increase <b>community education opportunities</b> to inform Hernando County residents of available financial assistance and requirements for application for such assistance (Baseline: Zero (0)community activities, Target: Two (2) community activities, Data Source: Hernando Housing Services)					
<b>Background on Strategy:</b>					
<b>Source or Evidence-base:</b> 1) The Community Guide, <a href="#">Permanent Supportive Housing with Housing First</a> , 2019, 2) The Community Guide, <a href="#">Tenant-based Housing Voucher Programs</a> , July 2020, 3) U.S. Department of Health and Human Services, Office of the Surgeon General, <a href="#">Community Health and Economic Prosperity: Engaging Businesses as Stewards and Stakeholders</a> , 2021					
<b>Policy Change</b> (yes/no): No					
<b>Health disparity and/or social/economic determinant to be addressed</b> (if applicable): Economic barriers to obtainable housing among persons with low and middle incomes					
<b>Action Plan:</b>					
<b>Milestone Activities</b> ASH 1.1.1 – housing partner collaboration	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Hold virtual meetings of housing partners - Coordinate dates and agendas, identify invited speakers and partners, extend invitations, provide	Veda Ramirez, Hernando County Health and Human Services	Two meetings per year Six meetings total	Staff time Virtual platform Facilitation	Annually by 12/31/24 12/31/25 12/21/26	

virtual platform and facilitation, manage meeting documentation			List of partners, builders, business partners, agencies		
<b>Milestone Activities</b> ASH 1.1.2 – housing partners educate community	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Host Housing Fairs (new initiative) – Identify dates, venues, partners; coordinate recruitment of partners, businesses, governmental agencies as housing fair exhibitors; market and invite community members and groups	Veda Ramirez, Hernando County Health and Human Services	Two one-day fairs held Numbers of participants	Staff and volunteer time Venue Education and promotional materials Marketing materials	by 12/31/26	

<b>Strategic Priority: Affordable, Safe Housing (ASH)</b>
<b>Goal ASH 2:</b> Support healthy home environments for vulnerable populations
<b>Strategies ASH 2.1:</b> Education campaigns, communications using multiple channels to reach priority populations including veterans, senior citizens with limited incomes, and persons with disabilities
<b>Objective:</b> <b>ASH 2.1.1:</b> By December 31, 2026, increase annual <b>community education campaigns</b> aiming to disseminate resources, supports, and information related to housing for vulnerable populations (Baseline: Zero (0) housing community education campaign, Target: One annual (1) for a total three (3) community housing education campaign efforts as evidenced by electronic and print informational materials with campaigns conducted annually, Data Source: Hernando CHIPP, United Way)

**Background on Strategy:**

**Source or Evidence-base:** 1) The Community Guide, Permanent Supportive Housing with Housing First (Housing First Programs), 2019, 2) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, A Healthy Home for Everyone: A Guide for Individuals and Families, 2016, 3) U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Environmental Health, Lead Poisoning Prevention, reviewed September 2022

**Policy Change** (yes/no): No

**Health disparity and/or socio-economic determinants to be addressed** (if applicable): Barriers to obtainable, safe housing for vulnerable populations including veterans, senior citizens with limited incomes, and persons with disabilities

**Action Plan:**

<b>Milestone Activities</b>	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
ASH 2.1.1 – support campaign focusing on vulnerable populations					
Develop, launch, monitor, and update social media campaign	Magan Maddox, DOH Hernando Angie Walasek, United Way	Number of messages developed Number of impressions Number of followers	Staff time, expertise Current resource information from partners, agencies Social media platform access	By 12/31/24 and annually	
Develop, launch, monitor and update website postings	Magan Maddox, DOH Hernando Angie Walasek, United Way	Number of messages Number of website hits Number of follow-up inquiries by residents	Staff time, expertise Current resource information from partners, agencies Social media platform access	By 12/31/24 and annually	
Develop and distribute housing-focused newsletter	Magan Maddox, DOH Hernando Angie Walasek, United Way	Newsletter (print and electronic versions) Distribution reach	Staff time, expertise Budget	By 12/31/24 and annually	



			Current resource information from partners, agencies Distribution plan and contacts		
Host annual housing fair (plan, organize partners, contributors, schedule, secure venue, publicize and market event, coordinate event staffing, evaluate event)	Magan Maddox, DOH Hernando Angie Walasek, United Way Veda Ramirez, Hernando County Health and Human Services	Number of participating agencies, organizations Number of attendees Tabulated evaluation results Improvement plan for subsequent events	Staff time, expertise Event plan and budget Contributing agencies and organizations Marketing budget	By 12/31/24 and annually	



## 2024-2026 Hernando County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Childhood Health and Safety (CHS)					
<b>Goal CHS 1:</b> Improve the health and wellbeing of children in Hernando County					
<b>Strategy CHS 1.1:</b> Promote and decrease barriers to resources and services that support healthy growth and development for children					
<b>Objectives:</b>					
<b>CHS 1.1.1:</b> By December 31, 2026 decrease the percentage of <b>child food insecurity</b> by 5 percent (Baseline: 24.3 percent (2019), Target: 23 percent, Data Source: <a href="http://www.flhealthcharts.gov">www.flhealthcharts.gov</a> , Feeding America, Table 41, 2023 Technical Appendix) (Data updated every five years)					
<b>CHS 1.1.2:</b> By September 30, 2024 increase <b>educational offering for parents and grandparents raising children with autism and related disorders</b> through partnering with the University of South Florida Center for Autism and Related Disorders (USF CARD) (Baseline: Zero (0) educational offerings (new initiative), Target: at least one (1) offering, Data Source: Hernando YMCA)					
<b>Background on Strategy:</b>					
<b>Source or Evidence-base:</b> 1) The Community Guide, <a href="#">Healthy School Meals for All</a> , July 2022, 2) Feeding America, <a href="#">Food Insecurity Evidence Review</a> , August 2020, 3) University of South Florida Center for Autism and Related Disabilities, <a href="#">Services</a> and <a href="#">Resources</a> , not dated, 4) Cleveland Clinic, <a href="#">Parent Training as an Evidence-based Treatment for Children with Autism Spectrum Disorder</a> , July 2019					
<b>Policy Change</b> (yes/no): No					
<b>Health disparity and/or social/economic determinant to be addressed</b> (if applicable): Childhood hunger and food insecurity, enhance access to information and resources on autism spectrum disorders and related conditions					
Action Plan:					
Milestone Activities CHS 1.1.1 – childhood food insecurity	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Partner with Feeding Tampa Bay to host a Youth Nutrition Education Workshop	Ann-Gayl Ellis, Hernando County YMCA	1 program activity per year as evidenced by workshop materials	Curriculum, materials Staff time Agreement with Feeding Tampa Bay Marketing materials	Annually by 1/31/24, 1/31/25, 1/31/26	
Provide HeadStart parents with nutrition education by WIC nutritionist/dietitian	WIC and Nutrition Program, DOH Hernando	1 educational activity per year as evidenced by educational materials	Staff time, presenter	Annually by 12/31/24 12/31/25	

			Schedule and agreement with HeadStart/Pre-K Materials	12/31/26	
<b>Milestone Activities</b> CHS 1.1.2 – parental education on autism spectrum disorders and related conditions	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Host community education programs	Ann-Gayl Ellis, Hernando County YMCA	Program offered as evidenced by agenda, materials, sign-in sheet	Staff time Commitment and agreement with USF CARD	9/30/24	
Establish relationship with USF CARD	Ann-Gayl Ellis, Hernando County YMCA	Documented agreement	Leadership time	3/31/24	
Organize educational event (date, venue, identify presenter, market event, recruit participants, post-event follow-up)	Ann-Gayl Ellis, Hernando County YMCA	Educational materials	Staff time Presenter Materials Promotion and marketing	6/30/24	

Strategic Priority: Childhood Health and Safety (CHS)					
<b>Goal CHS 2:</b> Improve access to preventive dental care for children and adolescents					
<b>Strategies CHS 2.1:</b> Oral health education for parents, children, and youth; policy on educational materials provided; expand access to preventive care, address barriers to routine dental care for children and adolescents					
<b>Objectives:</b>					
<b>CHS 2.1.1:</b> By December 31, 2024 increase the number of maternal and infant to three-year-old <b>dental care education events</b> (Baseline: Zero (0) preventive dental education events Target: Two (2) preventive dental care education events, Data Source: Premier Community HealthCare Group)					
<b>CHS 2.1.2:</b> By December 31, 2024 identify at least one (1) <b>funding opportunity</b> to increase the capacity of school-based dental services to provide screenings, treatment, and referrals to services for school-aged children (Baseline: Zero (0) funding opportunities, Target: One (1) opportunity identified, Data Source: Dental Program, Premier Community HealthCare Group)					
<b>Background on Strategy:</b>					
<b>Source or Evidence-base:</b> 1) Cochrane Library, <a href="#">Pit and Fissure Sealants Versus Fluoride Varnishes for Preventing Dental Decay in the Permanent Teeth of Children and Adolescents</a> , November 2020, 2) Centers for Disease Control and Prevention, <a href="#">Implementation of Evidence-based Prevention Intervention</a> , July 2020, 3) National Library of Medicine, <a href="#">Effectiveness of oral health education programs: a systematic review</a> , 2013, 4) American Academy of Pediatrics, <a href="#">Oral Health in Schools</a> , updated November 2022					
<b>Policy Change</b> (yes/no): Yes, inclusion of oral health education in curriculum and materials for breastfeeding and infant feeding programs					
<b>Health disparity and/or social/economic determinant to be addressed</b> (if applicable): Access to literacy- and culturally-appropriate educational materials for mothers/parents					
Action Plan:					
Milestone Activities CHS 2.1.1 – oral health education	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Organize oral/dental health education sessions (select priority groups to receive education, determine periodicity, set schedule, develop/select materials)	WIC and Nutrition Program, DOH Hernando and Premier Community HealthCare Group	Written schedule	Staff time Educational materials Program data	By 1/31/24 and continuing according to schedule	

	Nutrition Program and Dental Program				
Quarterly education on oral/dental health care for infants and children to breastfeeding support groups (meet once/week on Thurs evenings) and/or to Premier HealthCare Group	Suzanne McEachron, Premier Community HealthCare Group	Number of presentations made as documented by materials (sign-in sheet, pre-post evaluation of learning) Number of appointments made with Premier Pediatric Dental Program	Staff time Subject matter expertise of hygienist and oral health educator	Complete first by 3/31/2024 then quarterly	
<b>Milestone Activities</b> CHS 2.1.2 – increase school-based dental program capacity	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Conduct research on funding opportunities (U.S. Health Resources and Services Administration, Dental Associations, School-based Mobile Service groups, agencies/foundations/businesses offering funds for dental services for children)	Yvonne Montell, Grant Manager and Suzanne McEachron, Director of Operations at Premier Community HealthCare Group	Requests for Proposals (RFPs), Notice of Funding Opportunities (NOFOs), Requests for Applications (RFA) and other documented sources	Staff time and expertise Access to online funding resources	Complete by 12/31/24	

Strategic Priority: Childhood Health and Safety (CHS)					
Goal CHS 3: Expand community support for families and children with special needs					
Strategies CHS 3.1: Collaboration of community, partners, families, parents, and individuals to identify existing resources, share information and practices, identify opportunities for innovation and new assets					
Objectives: CHS 3.1.1: By December 31, 2024 increase promotion of the Special Education Needs (SEN) online resource directory with at least one (1) quarterly social media platform post (Baseline: Zero (0) (new communication strategy), Target: four (4) posts annually, Data Source: DOH Hernando)					
Background on Strategy: <b>Source or Evidence-base:</b> 1) Cochrane Library, <a href="#">Early Intensive Behavioral Intervention (EIBI) for Young Children with Autism Spectrum Disorders</a> , May 2018, 2) National Clearinghouse on Autism Evidence and Practice, <a href="#">Evidence-based Practices for Children, Youth, and Young Adults with Autism</a> , 2020 <b>Policy Change</b> (yes/no): No <b>Health disparity or social/economic barrier to be addressed</b> (if applicable): Remove barriers to information access to families of children with intellectual and developmental disabilities					
Action Plan:					
Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
CHS 3.1.1 promotion of resources, addition of provider to resources					
Implement regular communications about resources for families of children with special needs	Magan Maddox, DOH Hernando	1 social media post quarterly	Staff time, expertise Up-to-date information Community partner collaboration, use of agency/organization branding School District ESE Advisory Committee	Complete by 7/31/24	
Identify resource partners (e.g., USF CARD, NAMI, FDLERS)	Magan Maddox, DOH Hernando	List of partners	Staff time Community partner relationships	Complete by 7/31/24	

				update annually	
Set schedule for posts and content	Magan Maddox, DOH Hernando	Written schedule	Staff time Commitments for providing updated content	Complete by 7/31/24 update semi annually	
Manage social media (make posts, monitor hits, comments, quality measures)	Magan Maddox, DOH Hernando	Log of comments and responses	Staff time	12/31/24 and semi annually	



## 2024-2026 Hernando County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Barriers to Health Care (BHC)					
<b>Goal BHC 1:</b> Increase access to comprehensive, high quality healthcare services					
<b>Strategies BHC 1.1:</b> Address financial, physical access, provider and cultural barriers to receiving healthcare services					
<b>Objectives:</b> <b>BHC 1.1.1:</b> By June 30, 2024 increase the number of annual in-person sessions with health navigators and community health workers to <b>assist the medically underserved with enrollment</b> in health insurance coverage (Baseline: Zero (0) in person enrollment sessions, Target: One (1) enrollment session each year for a total of three (3), Data Source: Suwannee River Area Health Education Center (AHEC)					
<b>BHC 1.1.2:</b> By December 31, 2026, decrease the percentage of adults who <b>could not see a doctor at least once in the past year due to cost</b> by three (3) percent (Baseline: 16.5 percent (2019), Target: 16.0 percent, Data Source: BRFSS, FLHealthCHARTS)					
<b>BHC 1.1.3:</b> By December 31, 2026, increase the percentage of Hernando County <b>adults who had a medical checkup in past year</b> by three (3) percent (Baseline: 76.6 percent (2019), Target: 74.3 percent, Data Source: BRFSS, FLHealthCHARTS)					
<b>Background on Strategy:</b> <b>Source or Evidence-base:</b> 1) Economics and Human Biology, <a href="#">Effects of Parental Public Health Insurance Eligibility on Parent and Child Health Outcomes</a> , Dec 2021, 2) The Community Guide, <a href="#">Community Preventive Services Task Force Recommends Patient Navigation Services to Increase Cancer Screening and Advance Health Equity</a> , 2022, 3) New England Journal of Medicine, <a href="#">Health Insurance Coverage and Health – What the Recent Evidence Tells Us</a> , August 2017, 4) U.S. Centers for Medicare and Medicaid Services, <a href="#">Helping Consumers More Effectively for Plan Year 2023</a> <b>Policy Change</b> (yes/no): No <b>Health disparity and/or social/economic factors to be addressed</b> (if applicable): Address and remove barriers to health insurance enrollment, selecting health insurance that meets needs for services and cost					
Action Plan:					
Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
BHC 1.1.1, BHC 1.1.2, BHC 1.1.3 (shared strategies/activities) – health insurance enrollment for medically underserved, mitigate financial barriers, promote regular checkups	Suwannee River AHEC navigators	Event schedule	Staff time, expertise Community partner relationships	Annually by 6/30/24 6/30/25 6/30/26	



Conduct events	Suwannee River AHEC navigators	Number of enrollment sessions, number of persons served, number of persons enrolled	Staff time, expertise Community partners Informational materials Marketing materials	Annually by 12/31/24 12/31/25 12/31/26	
Conduct follow-up recertification events	Suwannee River AHEC navigators	Number of persons re-certified, number of persons who lose coverage	Staff time, expertise Informational materials Marketing materials Tracking lists of persons needing recertification	1/15/2025 1/15/2026	
Review materials to assure ease of use, effectiveness, reading level, cultural competence, need for materials in other languages	Suwannee River AHEC navigators	Reviewed, updated, edited materials	Staff time, expertise Literacy, health literacy, and cultural competence subject matter expertise	Annually by 6/30/24 6/30/25 6/30/26	
Explore need for senior citizen-focused insurance benefit/marketplace services	Suwannee River AHEC navigators	Documented need, informational gaps, existing services	Staff time, expertise Community partner agencies serving seniors	6/30/2024	

## Strategic Priority: Barriers to Health Care (BHC)

**Goal BHC 2:** Enhance access to health-related resources

**Strategies BHC 2.1:** Health education and health literacy instruction on resource availability and appropriate use of services, programs, benefits; organizational health literacy policy

### Objectives:

**BHC 2.1.1:** By December 31, 2026, decrease the rate of **avoidable emergency department visits** by three (3) percent (Baseline: 172.4 avoidable emergency department visits per 1,000 population (2019) (Target: 167.2 per 1,000 population, Data Source: FLHealthCHARTS)

**BHC 2.1.2:** By December 31, 2024, increase the number of **community education** sessions for Hernando County residents, detailing available social and health resources, as evidenced by marketing/communication plans and sign in sheets (Baseline: Zero (0) community education sessions (new initiative), Target: Two (2) community education sessions held, Data Source: Florida Cancer Foundation, Hernando CHIPP Goal Champion)

### Background on Strategy:

**Source or Evidence-base:** 1) U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, [Health Literacy Online Guide for Simplifying the User Experience](#), 2016, 2) Centers for Disease Control and Prevention, [Health Literacy – Older Adults](#), July 2020, 3) Journal of Urgent Care Medicine, [Reducing Low-Acuity Preventable Emergency Room Visits by Utilizing Urgent Care Center Services via Mobile Health Unit Diversion Program](#), Feb 2022

**Policy Change** (yes/no): Yes, organizational policy on reviewing and updating educational materials to assure information accuracy, reading level, accessibility

**Health disparity or social/economic factor to be addressed** (if applicable): Address health literacy, availability of culturally appropriate materials in accessible formats particularly for senior citizens who may be hearing impaired (e.g., recorded information accessed online) and/or visually impaired

### Action Plan:

Milestone Activities BHC 2.1.1, BHC 2.1.2 (shared strategies/activities) – decrease avoidable ED use, community education	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Collaborate with two churches in Hernando County and Beautiful Gate Ministries, Inc. to host breast health education and breast cancer screenings via mobile mammography bus	Christina Giron, DOH Breast/Cervical Cancer Early Detection Program	Number of women who register for the breast health seminar Number of women enrolled into the Florida Breast and Cervical Cancer Early Detection Program	Staff time, expertise Community partner relationships Faith-based partner relationships Resource materials Promotional and marketing materials	12/31/2024	

		Number of women who schedule their mammogram appointment, and number of women who complete their screening mammogram	Mammogram bus		
Create educational resource on when/when not to use ED, healthcare system navigation	Jennifer Siem, Bravera Health	Print educational materials, distribution at a minimum of 3 events per year	Staff time, expertise Marketing, printing Community partner to distribute	Materials by 9/30/2024	



## 2024-2026 Hernando County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Healthy Choices for Healthy Living (HL)					
<b>Goal HL 1:</b> Foster healthy choices and lifestyles					
<b>Strategies HL 1.1:</b> Promote health education and self-management resources, and access to resources for better informed health-related decision making for individuals and families					
<b>Objectives:</b>					
<b>HL 1.1.1:</b> By December 31, 2026, decrease the percentage of Hernando County <b>adults who are overweight or obese</b> by one (1) percent (Baseline: 68.3 percent (2019) Target: 67.6 percent, Data Source: BRFSS, FLHealthCHARTS)					
<b>HL 1.1.2:</b> By December 31, 2026 increase promotion of local run/walk events through a newly implemented <b>Hernando Moves</b> initiative (Baseline: Zero (0) events promoted (through new program), Target: 12 total scheduled events promoted, Data Source: DOH Hernando CHIPP Liaison)					
<b>Background on Strategy:</b>					
<b>Source or Evidence-base:</b> 1) U.S. Prevention Services Task Force, <a href="#">Weight Loss to Prevent Obesity-Related Morbidity and Mortality in Adults: Interventions</a> , May 2023, 2) U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Move Your Way, updated Sept 2023, 3) County Health Rankings, What Works for Health, <a href="#">Community Fitness Programs</a> , updated 2023					
<b>Policy Change</b> (yes/no): No					
<b>Health disparity and/or social/economic determinant to be addressed</b> (if applicable): Decrease barriers to access to primary prevention and wellness activities and resources					
Action Plan:					
Milestone Activities HL 1.1.1 – overweight and obesity prevalence reduction	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Continue implementation of the Great Hernando Weight Loss and Wellness Challenge	Ashley Thomas, DOH Hernando Angie Walasek, United Way	Number of participants Number of pounds lost Participation rates (all reported quarterly)	Staff time Community partners and agencies Vendors Educational materials	Implement by 4/30/24 for 10-week program and ongoing	

Milestone Activities HL 1.1.2 – Hernando Moves initiative	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Implement Hernando Moves (a new communication strategy to promote events)	Andrea Wilcock, DOH Hernando Magan Maddox, CHIPP Liaison	Number of participants Number of events (reported quarterly) Reduction in percentage of sedentary adults by 0.5 percent (31.8 to 31.6)	Staff time Community partners Communication partners Event coordination	Implement by 1/31/24 Reduction by 12/31/26	

<b>Strategic Priority: Healthy Choices for Healthy Living (HL)</b>
<b>Goal HL 2:</b> Improve access to preventive health services and resources
<b>Strategies HL 2.1:</b> Promote awareness to preventive services, education, and resources including screenings and wellness activities
<b>Objectives:</b> <b>HL 2.1.1:</b> By December 31, 2024, increase awareness of disease prevention services and health screenings with a focus on reaching faith-based and community-based groups through a minimum of five (5) <b>education sessions</b> (Baseline: Zero (0) faith-based/community education sessions, Target: Five (5) faith-based/community education sessions, Data Source: DOH Hernando, Premier Community HealthCare, Pastor Chance Martinez) <b>HL 2.1.2:</b> By December 31, 2024, increase the number of community-based <b>preventive screening events</b> related to disease prevention held by healthcare organizations and providers, in a community-based setting (Baseline: Zero (0) community-based screenings, Target: Two (2) community-based screenings, Data Source: CHIPP Goal Champion)
<b>Background on Strategy:</b> <b>Source or Evidence-base:</b> 1) U.S. Department of Health and Human Services, National Institutes of Health, <a href="#">Mind Your Risks</a> , updated May 2022, 2) U.S. Preventive Services Task Force, <a href="#">Lipid Disorders in Children and Adolescents: Screening</a> , July 2023, 3) The Center for Faith and Community Health Transformation, <a href="#">Faith-based Approaches for Promoting Health</a> , not dated <b>Policy Change</b> (yes/no): No <b>Health disparity and/or social/economic determinant to be addressed</b> (if applicable): Higher health risks for populations with limited access to services, address barriers to resources through community engagement

**Action Plan:**

<b>Milestone Activities</b> HL 2.1.1 – awareness/education about screening	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Develop and compile resource list on chronic disease prevention, safe sex practices, smoking, vaping, general wellness (healthy eating, physical activity, stress management, sleep)	Ashley Thomas, DOH Hernando Reverend Chance Martinez, United Church of Christ Dale Watson, CivCom	Compiled resource list	Staff time Information from partners (211, hospitals, Premier, Crescent, DOH, PHSC, USF College of Public Health) Budget for printing and distribution Email/distribution lists	List by 12/31/24 with regular review and updates at least annually	
Identify population-based or community-based organizations to include in distribution	Ashley Thomas, DOH Hernando Reverend Chance Martinez, United Church of Christ Dale Watson, CivCom	List created, updated regularly	Staff time Community contacts	List by 12/31/24 with regular review and updates at least annually	
Disseminate to list from CHIPP email address	Magan Maddox, DOH Hernando CHIPP Liaison	Distribution list Confirmation of dissemination Number of contacts on distribution list	Staff time Access to email system, social media accounts	List by 12/31/24 with regular review and updates at least annually	
<b>Milestone Activities</b> HL 2.1.2 – community screening events	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>

Plan screening events (including determining scheduling, venues, priority populations, staffing, screening services to be offered such as cholesterol, blood pressure, body mass index, vision, HbA1c or blood sugar)	Ashley Thomas, DOH Hernando Reverend Chance Martinez, United Church of Christ	Written plan	Staff time Community partner commitments Event budget and resource plan	Initial plan by 12/31/24	
Deliver screening events	Ashley Thomas, DOH Hernando Reverend Chance Martinez, United Church of Christ	Number of events Number and types of screening services offered Numbers of persons screened	Staff time Screening and clinical professionals Screening supplies Referral information Promotion and marketing	First event by 12/31/2024	
Evaluate screening events	Ashley Thomas, DOH Hernando Reverend Chance Martinez, United Church of Christ	Tabulated evaluation results Recommendations for enhancing or improving future events	Staff time Evaluation instrument Input from participants and community partners and providers	45 days post-event	

<b>Strategic Priority: Healthy Choices for Healthy Living (HL)</b>					
<b>Goal HL 3:</b> Promote the potential for a long, healthy Life					
<b>Strategies HL 3.1:</b> Prevent unintentional and intentional injuries of persons of all ages, provide community education on safety and risk reduction					
<b>Objectives:</b>					
<b>HL 3.1.1:</b> By December 31, 2026, decrease the age adjusted <b>death rate from unintentional injury</b> of Hernando County residents by 0.5 percent (Baseline: 113.2 deaths per 100,000 population (Target: 112.6 deaths per 100,000, Data Source: FLHealthCHARTS)					
<b>HL 3.1.2:</b> By December 31, 2026, decrease the rate of <b>domestic violence offenses</b> committed by Hernando County residents by 0.5 percent (Baseline: 496.4 offenses per 100,000 population (2020) (Target: 493.9 offenses per 100,000 population, Data Source: FLHealthCHARTS)					
<b>HL 3.1.3:</b> By December 31, 2026 increase <b>partnerships</b> with organizations <b>addressing human trafficking</b> in their strategic and/or operational plans (Baseline: Zero (0) partner relationships (Target: at least one (1) partner relationship, Data Source: DOH Hernando CHIPP Liaison)					
<b>Background on Strategy:</b>					
<b>Source or Evidence-base:</b> 1) The Community Guide, <a href="#">Violence Prevention: Primary Prevention Interventions to Reduce Perpetuation of Intimate Partner Violence and Sexual Violence Among Youth</a> , April 2018, 2) American Academy of Pediatrics, Pediatrics Supplement Article, <a href="#">Preventing Unintentional Injuries in School-age Children: A Systematic Review</a> , May 2022, 3) American Academy of Pediatrics, <a href="#">Safe Sleep</a> , updated August 2023, 4) U.S. Department of Justice, Office for Victims of Crime, <a href="#">Human Trafficking Resources and Research</a> , updated October 2023					
<b>Policy Change</b> (yes/no): No					
<b>Health disparity or social/economic determinant to be addressed</b> (if applicable): Focus on injury prevention among children and youth as a leading cause of death for that age group; promote healthier and safe home and family environments through domestic violence prevention; establish partnership to address issues related to human trafficking to protect individuals, families, and neighborhoods					
<b>Action Plan:</b>					
<b>Milestone Activities</b> HL 3.1.1 – decrease mortality from unintentional injuries through education and prevention	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Promote awareness and education through campaigns to prevent injuries	Andrea Wilcox, DOH Hernando	Education delivered twice annually Campaign materials	Staff time, expertise Data Educational materials Communication and distribution channels	By 12/31/25 and annually	



Drowning prevention campaign	Andrea Wilcox and Ashley Thomas, DOH Hernando	Education delivered twice annually Campaign materials	Staff time, expertise Pool Safely Florida Hernando CARD Educational campaign materials Communication and distribution channels	By 12/31/25 and annually	
Bicycle safety education and bike helmet distribution and fitting event	Ashley Thomas and Grace Gifford, DOH Hernando	1 event per year (3 total) Number of bike helmets fitted and distributed	Staff time, expertise Bicycle helmets Pedbike Center Hernando TPO (Transportation Planning Organization)	By 12/31/24 and annually	
Safe sleep for infants educational campaign	Grace Gifford, DOH Hernando	Education delivered routinely Campaign materials Portable cribs distributed	Maternal Child Health Healthy Babies Program Portable cribs	By 12/31/24 and continuing	
<b>Milestone Activities</b> HL 3.1.2 – domestic violence prevention, reduction	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Provide educational opportunities and promote awareness of healthy relationships and healthy communication practices to high school students in Hernando County	Prevention Educator, Dawn Center	Number of participating schools (target = 2 high schools) Number of students attending sessions	Staff time Trained advocates Coordination with school leaders Instructional and promotional materials	Annually by 12/31/24 12/31/25 12/31/26	

<b>Milestone Activities</b>	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
HL 3.1.3 – partnerships to address human trafficking					
Conduct assessment of Hernando County community partner agencies/organizations' Strategic and/or operational plans to identify existing efforts to address human trafficking in Hernando County	Magan Maddox, DOH Hernando CHIPP Liaison	List of partners addressing human trafficking	Staff time, expertise Access to community partner agency strategic and/or operational plans	By 12/31/24	
Extend invitation to new partners to join Hernando CHIPP and to existing partners to educate other CHIPP members on their efforts	Magan Maddox, DOH Hernando CHIPP Liaison	Invitation extended Number of CHIPP partners addressing human trafficking	Staff time Communication channels	By 3/30/25	
Discuss and identify shared interests and strategies for collaboration on activities to address human trafficking	Magan Maddox, DOH Hernando CHIPP Liaison	CHIPP Meeting agenda	Staff time Partner expertise	By 6/30/25 and ongoing	



## 2024-2026 Hernando County Community Health Improvement Plan (CHIP) Action Plan

Strategic Priority: Mental Health and Substance Misuse (MHSM)					
<b>Goal MHSM 1:</b> Reduce emergency room use for mental health services					
<b>Strategies MHSM 1.1:</b> Education, mobile services					
<b>Objectives:</b>					
<b>MHSM 1.1.1:</b> By December 31, 2026 decrease the number <b>emergency department visits for mental health reasons</b> by Hernando County residents by two (2) percent (Baseline: 61.9 visits per 100,000 population (2021), Target: 60.7 visits per 100,000 population, Data Source: Agency for Health Care Administration, FLHealthCHARTS)					
<b>MHSM 1.1.2:</b> By December 31, 2026 decrease the percentage of <b>all drug non-fatal overdose hospitalizations</b> for Hernando County residents by two (2) percent (Baseline: 231 fatal overdose hospitalizations per 100,000 (2022), Target: 226 per 1000,000 population, Data Source: FLHealthCHARTS)					
<b>Background on Strategy:</b>					
<b>Source or Evidence-base:</b> 1) Centers for Disease Control and Prevention, <a href="#">Evidence-based Strategies for Preventing Opioid Overdose: What's Working in the U.S.</a> , June 2022, 2) Harm Reduction Journal, <a href="#">Best Practices for Community-based Overdose Education and Naloxone Distribution Programs: Results from Using the Delphi Approach, May 2022</a> , 3) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, <a href="#">Opioid Overdose Prevention Toolkit</a> , 2018					
<b>Policy Change</b> (yes/no): Yes, individual agencies/organizations change operational policies on Narcan distribution and staff training requirements; Narcan policy in Hernando County School District					
<b>Health disparity and/or social/economic factors to be addressed</b> (if applicable): Reduce, address barriers to mental health and substance misuse services and resources					
Action Plan:					
Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
MHSM 1.1.1 – ED visits for mental health reasons					
Increase mobile response team (MRT) messaging (create/edit/maintain current educational materials, distribute, track use, manage social media postings)	Sandra Marrero, BayCare	Number of MRT data calls Number of materials distributed Number of social media impressions	Staff time, expertise Printed and electronic materials Community partners and agencies for dissemination	Reach targets by 12/31/2026	

Presentation to two (2) new (i.e., new to Hernando or not previously involved) agencies on MRT	Sandra Marrero, BayCare	Number of presentations Number of persons reached	Staff time, expertise Schedule Printed materials	12/31/26	
<b>Milestone Activities</b> MHSM 1.1.2 – decrease all drug, non-fatal hospitalizations	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Naloxone training and distribution to promote use of Narcan as a lifesaving, death prevention method due to opioid overdose	Tresa Watson, Jennifer Bliska, Hernando Community Coalition	Sign-out sheets Distribution tracking sheets (goal = 300 distributed) Training sign-in sheets (goal = 5 trainings)	Narcan trainers Narcan Printed materials	12/31/26	
Execute Narcan distribution agreements with participating agencies/organizations	Tresa Watson, Jennifer Bliska, Hernando Community Coalition	Distribution agreements	Staff time, expertise Printed materials	12/31/24 and ongoing	
Explore potential for Hernando County School District policy change on Narcan	Tresa Watson, Jennifer Bliska, Hernando Community Coalition	Materials from school district leader meetings Written policy (draft, final forms) Trained teachers and coaches	Staff time, expertise Resource and training materials Narcan for schools	12/31/26	

## Strategic Priority: Mental Health and Substance Misuse (MHSM)

**Goal MHSM 2:** Educate providers and the community on the availability and accessibility of behavioral health programs and services

**Strategies MHSM 2.1:** Expand availability of print and online materials, review and update to meet appropriate health literacy levels

### Objectives:

**MHSM 2.1.1:** By December 31, 2026 increase the reach of **printed materials** about the availability of behavioral health services and resources in Hernando County to 1,000 residents and health care providers (Baseline: Zero (0) mental health education materials, Target: One thousand (1,000) printed materials distributed to residents and health care providers, Data Source: Hernando Community Coalition)

**MHSM 2.1.2:** By December 31, 2026, increase the number of **education sessions** hosted for community providers detailing available behavioral health resources, as evidenced by marketing/communication plans and sign in sheets (Baseline: Zero (0) community education sessions, Target: Four (4) community education sessions, Data Source: Hernando National Alliance on Mental Illness (NAMI))

### Background on Strategy:

**Source or Evidence-base:** 1) Current Psychiatry Reports, [Community Interventions to Promote Mental Health and Social Equity](#), March 2019, 2) National Alliance on Mental Illness, [Mental Health Education](#), not dated, 3) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, [Engaging Community Coalitions to Decrease Opioid Overdose Deaths Practice Guide 2023](#)

**Policy Change** (yes/no): No

**Health disparity or social/economic factors to be addressed** (if applicable): Lessen impediments to information access about behavioral health services and resources

### Action Plan:

Milestone Activities MHSM 2.1.1 – print resource materials, community education	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
Distribute behavioral health materials on available resources in Hernando County, distribution to Hernando Cares, NAMI, 988, BayCare, Premier Community HealthCare, providers, schools, urgent care centers, governmental agencies, private businesses, individuals and families, and at community events	Tresa Watson, Jennifer Bliska, Hernando Community Coalition	Number of materials distributed (goal = 1000)	Printed materials Distribution and tracking plan Distribution partners Staff time	12/31/26	

<b>Milestone Activities</b> MHSM2.1.2 – education	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Provide educational sessions to Hernando County residents on available mental and behavioral health resources (include peer to peer, family, and grief support in education sessions)	Tina Kinney, NAMI Hernando	Number of attendees via Sign-in sheets (goal = 4 classes) Number of materials distributed	Staff time, expertise Trainers Materials Marketing and outreach Community partners	12/31/26	
Behavioral health provider presentations to community providers (e.g., primary care, urgent care, social services) on behavioral health resources also addressing unmet needs, law enforcement role in behavioral health, role for businesses	Tresa Watson, Jennifer Bliska, Hernando Community Coalition Sandra Marrero, BayCare	Presentation schedule Number of attendees via sign-in sheets (goal = 4 presentations) Number of materials distributed Number of providers, agencies reached	Staff time, expertise Guest speakers Presentation materials	12/31/26	

## Strategic Priority: Mental Health and Substance Misuse (MHSM)

**Goal MHSM 3:** Improve mental health and well-being of children and adolescents

**Strategies MHSM 3.1:** Collaboration of community, partners, families, parents, and individuals to assure environments that support mental health wellness and access to services, school policy and process change on law enforcement notifications in classrooms

### Objectives:

**MHSM 3.1.1:** By December 31, 2026 increase the number of **Youth Mental Health First Aid workshops** to share information and promote ways to prevent and improve the mental health of children and adolescents in Hernando County (Baseline: Zero (0) Youth Mental Health First Aid workshops, Target: Three (3) Youth Mental Health First Aid workshops, Data Source: Hernando NAMI)

**MHSM 3.1.2:** By December 31, 2026 institute the practice of providing Hernando County schools and day care centers with **Handle with Care notices** (Handle with Care notices are generated upon child welfare and/or law enforcement investigation initiations to increase classroom interventions, allowances, and support and links to youth and family services) (Baseline: Zero (0) (new practice) notices, Target: 100 notices, Data Source: Hernando Community Coalition)

**MHSM 3.1.3:** By December 31, 2026 decrease the percentage of Hernando County **middle and high school students who in the past year felt sad or hopeless** for two or more weeks in a row and stopped doing usual activities by five (5) percent (Baseline: 32.6 percent (2022), Target: 30 percent, Data Source: FLHealthCHARTS)

### Background on Strategy:

**Source or Evidence-base:** 1) California Evidence-based Clearinghouse for Child Welfare, [Handle with Care Behavior Management System](#), reviewed 2022, 2) Handle with Care Florida, [Program Requirements](#), 2023, 3) National Council for Mental Wellbeing, [Youth Mental Health First Aid](#), reviewed 2023

**Policy Change** (yes/no): Yes, policy change on notice distribution (Hernando Community Coalition) and policy and practice change at schools and daycares that receive notices

**Health disparity or social/economic factors to be addressed** (if applicable): Promote cultural-, age- and language-appropriate interventions to intercept and manage behavioral health issues in school and daycare settings

### Action Plan:

Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
MHSM 3.1.1 – Youth Mental Health First Aid workshop					
Conduct Youth Mental Health First Aid classes for Hernando County community members and at schools (schedule, recruit participants, deliver classes, evaluate training)	Tina Kinney, NAMI Hernando Hernando County School District Student Services	Number of participants via sign-in sheets (goal = 1 per year)	Staff time Trainers Materials Marketing	12/31/26	

<b>Milestone Activities</b> MHSM 3.1.2 – Handle with Care notices (Note: MHSM 3.1.3 will be impacted by these activities)	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Develop policy and process for distributing Handle with Care notices, coordinate with school district and daycare centers	Tresa Watson, Jennifer Bliska, Hernando Community Coalition	Written process Number of notifications (goal = 100 in 3 yrs)	Staff time School social worker, law enforcement staff support Resource materials	12/31/26	
<b>Milestone Activities</b> MHSM 3.1.3 – middle and high school student mental health	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Conduct NAMI Evolve (six week, youth peer-led program) to youth 18 years of age and younger (includes scheduling, recruiting, promoting, evaluating)	Tina Kinney, NAMI Hernando	Number of Evolve program session held Number of participants Program evaluation results	Staff time, expertise Curriculum and educational materials Recruitment partners Trained peer leaders	First cohort by 12/31/24 and annually	



Strategic Priority: Mental Health and Substance Misuse (MHSM)					
Goal MHSM 4: Improve the mental health and well-being of senior citizens					
Strategies MHSM 4.1: Identify, promote, educate on, and remove barriers to mental health services and prevention for senior citizens					
Objectives:					
MHSM 4.1.1: By December 31, 2026, increase the number of senior mental health education <b>workshops</b> per year to share information and promote ways to prevent and improve the mental health of seniors in Hernando County (Baseline: Zero (0) senior citizen-focused mental health education workshops Target: Three (3) senior mental health workshops, Data Source: Hernando NAMI)					
MHSM 4.1.2: By December 31, 2024, conduct <b>research for government and nonprofit organizations to fund programs</b> aimed at providing remedies for social isolation among seniors (Baseline: Zero (0) funding/grant research conducted (Target: Funding/grant research conducted as evidenced by new resource identification, Data Source: NAMI Hernando)					
Background on Strategy:					
Source or Evidence-base: 1) The Dibble Institute, <a href="#">Mind Matters Program</a> , 2016, 2) U.S. Department of Health and Human Services, National Institute on Aging, <a href="#">Social Isolation Toolkit</a> , January 2021, 3) Cambridge University Press, <a href="#">Social Connectedness: What Matters to Older People?</a> , November 2019					
Policy Change (yes/no): No					
Health disparity and/or social/economic factors to be addressed (if applicable): Improving social connectedness among senior citizens leading to better general and mental health outcomes					
Action Plan:					
Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
MHSM 4.1.1 – workshops for senior citizens					
Offer Mind Matters Program workshops (including scheduling, staffing, marketing, partnering with agencies/organizations that serve senior citizens)	Tina Kinney, NAMI Hernando	Number of attendees (via sign-in sheets Number of workshops (goal = 1/yr, 3 total)	Staff time, expertise Trainers Program materials Marketing and outreach materials	At least one annually by 12/31/24 12/31 25 12/31/26	
Evaluate Mind Matters Program – follow-up evaluation with program participants to gauge if seniors feel more comfortable engaging in services, feel equipped to reach	Tina Kinney, NAMI Hernando	Tabulated evaluation results Number of wellness checks by Hernando	Staff time, expertise Evaluation questionnaire Final report	For each workshop and one	

out and support others, and report being more socially engaged		County Sheriff's Office to seniors		summary by 12/31/26	
Conduct Rx Bootcamp for senior citizens (includes scheduling, staffing, resourcing, marketing, partnering with agencies/organizations that serve senior citizens, program evaluation)	Tresa Watson, Hernando Community Coalition	Number of attendees (via session sign-in sheets) Number of sessions held Session evaluation results Number of devices distributed	Staff time, expertise Trainers Program materials include Safe Disposal Detera disposal devices	At least one annually by 12/31/24 12/31/25 12/31/26	
<b>Milestone Activities</b> MHSM 4.1.2 – identify programs, funding on social isolation	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Systematic, documented research on existing resources and services and funding opportunities to enhance mental health and substance misuse resources, particularly for growing population of senior citizens in Hernando County	Grant writers/funding experts at NAMI Hernando, BayCare, and Hernando Community Coalition	Written documentation of available resources including existing and potential funding sources	Staff time for research	12/31/24	

## Strategic Priority: Mental Health and Substance Misuse (MHSM)

**Goal MHSM 5:** Improve access to mental health and substance misuse services

**Strategies MHSM 5.1:** Expand community awareness of existing resources, increase number of trained peers to improve access to support services

### Objectives:

**MHSM 5.1.1:** By December 31, 2026 increase the number of **promotional activities** to inform residents about low cost/sliding fee scale mental health providers and/or mental health telehealth options (Baseline: Zero (0) promotional activities of low cost/sliding fee scale mental health providers and/or telehealth options Target: Two (2) promotional activities of low cost/sliding fee scale mental health providers and/or telehealth options, Data Source: NAMI Hernando and Hernando Community Coalition)

**MHSM 5.1.2:** By December 31, 2026 increase the number of **trained peers** by 20 (Baseline: Zero (0) (new cohort), Target: 20 trained peers, Data Source: NAMI Hernando)

### Background on Strategy:

**Source or Evidence-base:** 1) Mental Health America, [The Case for Peer Support](#), 2019, 2) U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, [Peer Support for Those in Recovery](#), reviewed October 2023, 3) Psychology Today, [How Sliding Scale Fees Work in Therapy](#), updated June 2023

**Policy Change** (yes/no): No

**Health disparity and/or social/economic factors to be addressed** (if applicable): Availability of peers who reflect the population demographics and life experiences of persons with mental health and substance misuse problems

### Action Plan:

Milestone Activities	Lead Person & Organization	Performance Measurement (Product, Deliverable, Result)	Resources Needed	Target Date	Status or Progress
MHSM 5.1.1 – promotional activities on costs, telehealth availability					
Hold Mental Health Summit, include promotional activities to inform providers and residents about available services and options	Tina Kinney, NAMI Hernando Tresa Watson, Hernando Healthcare Coalition	Summit attendance (via sign-in sheets) Number of types and materials distributed	Staff time, expertise Annual summit budget Participating providers, agencies, organization Promotional and marketing materials	Annually by 12/31/24 12/31/25 12/31/26	

<b>Milestone Activities</b> MHSM 5.1.2 – train peers	<b>Lead Person &amp; Organization</b>	<b>Performance Measurement (Product, Deliverable, Result)</b>	<b>Resources Needed</b>	<b>Target Date</b>	<b>Status or Progress</b>
Train 20 new peers (includes recruiting, training, evaluating progress)	Tina Kinney, NAMI Hernando	Number of trained peers	Staff time, expertise Trainers Curriculum and materials Recruitment assistance	12/31/26	