



Florida Department of Health in Indian River County
**COMMUNITY HEALTH IMPROVEMENT PLAN
ANNUAL PROGRESS REPORT**

Jan-Dec 2020

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Governor

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Introduction

This is the annual review report for the **2016–2021 Indian River County Community Health Improvement Plan (CHIP)**. The activities and collaborative efforts of the Florida Department of Health in Indian River County (DOH-Indian River) and community partners are reflected within this report. This document serves as a progress review of the strategies that were developed and the activities that have been implemented. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Indian River County is charged with providing administrative support, tracking and collecting data, and preparing the annual review report.

Indian River County's CHIP is the product of multiple years of collaboration, brainstorming, review and discussion by many dedicated individuals. It is a thorough and executable plan that has been brought to fruition by the many stakeholders, work groups and partnerships that make our county so special and productive. We hope that you will review this annual report and see this hard work illustrated in the achievement of a healthier Indian River County.



Annual Review Meeting

Public Health Accreditation Board (PHAB) 1.5 Standard 5.2, Measure 5.2.4A: A summary of the annual CHIP review meeting with an overview and summary of each strategic issue area, status of each objective, and the organizations with responsibility for implementing them.

DOH-Indian River had a meeting and led discussions to facilitate stakeholder input in order to come to a consensus on establishing top CHIP priorities. The Performance Management Council (PMC) met in February, 2021 to review strategies employed and progress made in meeting the goals outlined in the CHIP. Following this meeting, a copy of the CHIP and an email ballot were sent to all PMC members for further review and approval.

Overview of CHIP

The Indian River County Community Health Advisory Council (the “Council”) was charged with the development of the Community Health Improvement Plan (CHIP) for Indian River County. The Council came together to better understand the current and emerging public health needs of Indian River County and to outline a plan for community health improvement, including the integration of environmental health planning in the process.

The Council began meeting in March 2016 to develop the CHIP. The focus of the meetings was to identify the health need priorities of the residents of Indian River County and to outline a plan of action to improve health outcomes over the next five years.

The Council also integrated Health Literacy as a component of each of the four health priorities. In order to appropriately align goals, objectives and strategies with the health priorities of the county, the Council was tasked with examining the root causes of each priority. Factors contributing to the health priorities are reflected in the Indian River County CHIP. Successively, members of the Council formulated goals and objectives, as well as outlined strategies and action steps for each health priority.

The CHIP development process was facilitated by the Health Council of Southeast Florida (HCSEF) in conjunction with DOH-Indian River. The process included assessing the health needs of the community, prioritizing health needs and devising an improvement plan through strategic planning. The identified health priorities outlined in this plan are based on the review of quantitative data and qualitative data from various key stakeholders and community members. The top health priorities identified during this process are:

STRATEGIC ISSUE AREA	GOAL
<i>Healthy Weight</i>	1. Ensure Indian River County residents strive and sustain a healthy weight through a holistic approach

<i>Environmental Health</i>	1. Improve the quality of the natural environment in Indian River County
	2. Improve the quality of the built environment in Indian River County
<i>Mental Health</i>	1. Improve access to mental health care in Indian River County
	2. Enable messaging in the county that nurtures an individual, including children
<i>Infant Mortality</i>	<ol style="list-style-type: none"> 1. Improve access to prenatal care 2. Reduce disparities in infant mortality 3. Increase preconception health behaviors among reproductive age people

2020 Progress and Revisions

PHAB 1.5 Standard 5.2, Measure 5.2.4A #1 & #2: Process used to determine the CHIP strategic issue area. A description of discussions pertaining to updates/revisions, including changes in strategies, activities, timeframes targets, or responsibilities

Strategic Issue Area #1: Healthy Weight

The Council selected 'healthy weight' as the top priority in the community. During the past two decades, our nation has experienced a considerable increase in the percentage of overweight and obese children and adults. In 2016, for Indian River County, the rate of obese adults (BMI ≥ 30) is approximated to be 30.2%. This rate is of significant concern in the community, particularly due to the projections that the trend of overweight and obesity will continue to increase.

Obesity has serious health consequences. Research has shown that being overweight or obese can increase one's risk for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility). The comorbidities of obesity are also a concern and are a focus of the county's CHIP. The rate of hospitalizations in the county from or with diabetes is 1,653.7 per 100,000. Diabetes is a lifelong (chronic) disease in which there are high levels of sugar in the blood. There are many short term and long-term complications and consequences of the disease including coma, eye problems, feet and skin problems, trouble controlling blood pressure and cholesterol, nerve damage, kidney damage and death.

Another co-morbidity of diabetes, hypertension, is also of concern in the county. Hypertension is a term to describe high blood pressure. When blood pressure is not well controlled it can lead to internal bleeding, chronic kidney disease, heart attack and heart failure, poor blood supply to the legs, stroke and vision problems. In Indian River 37.4% of adult males and 33.4% of adult females have been diagnosed with hypertension, both rates are higher than in Florida as a whole. There are also economic consequences coupled with overweight and obesity and the associated conditions and comorbidities. In addition to the costs of prevention, diagnosis and treatment, there are also indirect costs from decreased productivity and missed work as well as costs associated with loss of future income due to premature death. There are several factors that play a role in overweight and obesity making it a complex issue to address. Health behaviors including diet and exercise, the environment, genes, certain health conditions and medications are all believed to play a part in causing overweight and obesity.



Goal 1.A.: Ensure Indian River County residents strive and sustain a healthy weight through a holistic approach.

Key Partners: Local physicians, Indian River School District, health centers, nonprofits and private businesses

2020 Progress:

Why this is important to our community:




The epidemic rise in obesity has spread the world over – and Indian River County is no exception, with 60.2% of the adult population carrying too much weight. Overweight and obesity is associated with significant comorbidities that are tragic on a personal level and costly to communities. Even a modest decrease in the percentage of overweight and obese residents would have a profoundly positive impact on the community at large.

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
1.A.1. Reduce the percent of overweight and obese individuals by 2% by December 31, 2021 (baseline data at 60.2% from 2013).	<i>BMI data from Florida CHARTS</i>	64.9% (2016) (60.2% Baseline data 2013)	58.2%		5210 program staff time decreased in 2020. Social media and educational information distributed and SNAP-Ed program started.
1.A.2. Conduct an audit to assess the walkability of Indian River County by December 31, 2019 (baseline data at 0 from 2017).	<i>Number of surveys collected.</i>	401	300		The survey assessment launched at the end of 2017 and concluded on May 30, 2018. Results have been analyzed.

2020 Revisions:

N/A	N/A	N/A	N/A	N/A	N/A
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* Status indicators are as follows:


-  = little to no movement towards objective target
-  = some progress towards meeting the objective target
-  = reached or surpassed objective target

Strategic Issue Area #2: Environmental Health

The second priority identified by the Council is multi-faceted. The Council elected to address the built and natural environment (with an interest in the Indian River Lagoon) in this CHIP. The wide-reaching influences of the environment and community infrastructure as they related to personal and community health were recognized by the group. The health of the Indian River Lagoon is of interest because of its ecological and economic value to the county and region. It is considered the most biologically diverse estuary in North America and supports the economy of Indian River County through tourism, recreational and commercial uses. It is estimated that a significant increase in the amount and diversity of wildlife on the lagoon and improved water quality in the entire Indian River Lagoon Basin would increase the recreational use value by about \$80 million per year. The economic value of the entire Indian River Lagoon Basin's sea grass beds was estimated as \$329 million per year for 72,400 acres of sea grass. Discharge of freshwater, soils and pollutants into the lagoon negatively impacts the ecosystem, and in turn, the local economy. Indian River Lagoon National Estuary Program Comprehensive Conservation and Management Plan (2008) objectives referenced after each activity.

Goal 2.A.: Improve the quality of the natural environment in Indian River County.


Key Partners: IRC Environmental Control Board, IRC Community Development Department, Indian River Mosquito Control District, Environmental Learning Center, Pelican Island Audubon Society (PIAS), DOH-Indian River.

2020 Progress:					
Why this is important to our community:					
Indian River County's natural environment is of great ecological and economic value to the county and region.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
2.A.1. Reduce nitrogen input into groundwater and the Indian River Lagoon by 15% by January 30, 2020 (baseline data at 4,025 high-risk septic systems from 2017 and 1	<i>Number of high-risk septic systems</i>	4,025 (2017) 85 septic tank abandonments (2018; 1 abandonment had multiple systems)	Any reduction for septic		BMAP data shows Nitrogen levels decreasing.
	<i>Number of storm water treatment projects</i>	193 (2019) 125 (2020)	Any increase in stormwater projects		Save the IRL released in 2018 (had levels of Nitrogen of 10% or less in most sections of the IRL)

stormwater treatment project from 2016).		2 Stormwater treatment projects (2018)			
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A

Goal 2.B.: Improve the quality of the built environment in Indian River County.

Key Partners: IRC Environmental Control Board, IRC Community Development Department, Healthy Weight (Strategic Issue Area #1) Workgroup, Metropolitan Planning Organization, Environmental Learning Center.

2020 Progress:					
Why this is important to our community:					
A built environment developed with population health as a consideration is an important element in controlling the negative effects of chronic disease.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
2.B.1. By January 30, 2020, assess Indian River County pedestrian and bicycle infrastructure and increase connectivity between community resource centers, including green spaces by 20% (baseline data at 0 surveys from 2017).	<i>Number of completed surveys</i>	401 surveys	300 surveys		The survey assessment has been performed and the results have been analyzed.
	<i>Indian River County data (linear feet of sidewalk)</i>				
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A

Strategic Issue Area #3: Mental Health

Mental Health in the context of the CHIP for Indian River County is wide reaching and includes, mental illness, such as depression, bipolar disorder, schizophrenia, post-traumatic stress disorder, Alzheimer’s Disease, etc., as well as mental health defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”¹ It also includes substance use, including tobacco and alcohol abuse and addiction. Poor mental health, dangerous health behaviors or the presence of a mental illness often result in detrimental physical health and financial outcomes. Failure to access care is a significant issue among those suffering from mental or behavioral health conditions. Stigma, lack of education and awareness and missed opportunities for screenings are among the barriers for receiving appropriate care. “Using alcohol and tobacco at a young age has negative health effects. While some teens will experiment and stop, or continue to use occasionally without significant problems, others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.”² In 2010, 41.3% of high school teens in Indian River County reported alcohol use in the past 30 days, 15.8% of middle school and high school students reported binge drinking in the past 30 days and 15.2% reported marijuana use. Early use of alcohol and drug use is “associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.”² Due to the significant and impactful consequences of alcohol and substance use and the challenges and barriers experienced accessing care for mental health, these were deemed important issues to be addressed in Indian River County’s CHIP.

Goal 3.A.: Improve access to mental health care in Indian River County.

Key Partners: Mental Health Collaborative, Mental Health Connections Center, United Way of IRC, University of Florida Center for Psychiatry and Addiction Medicine, health centers, Whole Family Health Center, Mental Health Association

2020 Progress:					
Why this is important to our community:					
Failure to access care is a significant issue among those suffering from mental or behavioral health conditions. Screening for such conditions in primary care settings has the potential to identify at-risk individuals and expand their access to care.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
3.A.1. By September 30, 2019, establish the Mental Health	Number of clients served at the		500		Connections Center opened

¹ World Health Organization. *Strengthening Mental Health Promotion*. Geneva, World Health Organization (Fact sheet no. 220), 2001




² American Academy of Child and Adolescent Psychiatry. <http://aacap.org/page.wv?name=Teens:+Alcohol+and+Other+Drugs§ion=Facts+for+Families>

<p>Collaborative's Connections Center, which provides a centralized point of access, referral and care coordination for mental health and substance abuse services while also addressing the related social determinants of health (baseline data at 0 clients served at the Connections Center and 0 reviews/assessments from 2016).</p> <p>3.A.2 Increase the number of mental health professionals practicing in the county by 10% by December 31, 2020 (baseline data at 126 from 2015).</p>	Connections Center	Goal met in 2019= 1,780			and is well utilized.
	Connections Center's baseline review and annual assessment	Mid-year data available	Annual Report		Connections Center opened in Feb. 2017 and issues an annual report for review.
	Number of psychiatric providers	141 (2018)	139 (126 in 2015)		Psychiatric recruitment is ongoing. Target met in 2018
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A

Goal 3.B.: Enable messaging in the county that nurtures an individual, including children.

Key Partners: Mental Health Collaborative, Mental Health Connections Center, United Way of IRC, University of Florida Center for Psychiatry and Addiction Medicine, Treasure Coast Community Health (TCCH), Whole Family Health Center

2020 Progress:
<p>Why this is important to our community:</p> <p>Early use of drugs and alcohol has negative health consequences, including abuse of substances and mental health conditions later in life, school failure, and poor judgment.</p>

Objective	Indicator	Current Level	Target	Status	Explanation of Status
3.B.1. Increase the number of education sessions for parents and guardians to promote mental health services awareness in the community by December 31, 2020 (baseline data at 0 sessions from 2016).	<i>Number of educational sessions, survey data</i>	8 per year	8 per year		Planning is underway for additional sessions
3.B.2. Increase mental health screenings for children within the community by December 31, 2020 (baseline data at 0 schools from 2016).	<i>Number of schools providing mental health screenings (2016 baseline data=0)</i>	All schools	Eight Schools		The school district had mental health screenings in every school by 2019.
3.B.3. Establish a pilot mentoring program within the county by December 31, 2020 (baseline data at 0 programs from 2016).	<i>Successful implementation and execution of a pilot program</i>	1	1		Youth Guidance started pilot program in 2019, Big Brothers and Big Sisters program implemented
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A


Strategic Issue Area #4: Infant Mortality

Infant mortality is often used as a measure of overall population health. In 2014, the infant death rate was 4.7 per 1,000 live births in Indian River County, which was significantly lower than in previous years and in comparison, with the state. Although the overall rate has improved, the 'Black and Other' infant mortality 3-year rate from 2012-2014 is over nine times as high, at 25.0 per 1,000 live births, when compared to the 'White' infant mortality (2.6 per 1,000). This significant discrepancy was of major concern to the Council. In relation to the Florida State Health Improvement Plan, in 2009, the State's infant mortality rate ranked 29th among the states. In 2010, black babies born in Florida were 2.5 times as likely to experience an infant death as white babies. In addition, in 2009, black mothers experienced preterm birth 1.5 times more often than white mothers.

In Indian River County, the Council identified areas of need such as prenatal care and education, proper nutrition, and access to care post-pregnancy. Improvement strategies were targeted at these identified areas.

Goal 4.A.: Improve access to prenatal care

Key Partners: Indian River Medical Center, Indian River Healthy Start Coalition, TCCH, Gifford Health Center, United Way of IRC



2020 Progress:					
Why this is important to our community:					
County level data indicates that first trimester prenatal care rates are below average. Early prenatal care is linked to improved birth outcomes.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
4.A.1. Increase the number/rate of mothers who enter early into prenatal care within the first trimester from 69.8% to 79.5% by December 31, 2019 (baseline data at 70.9% from 2016).	<i>Number of women entering prenatal care during first trimester (2013-2015 baseline data)</i>	70.9% (2014-2016 rate)	79.5%		Increased efforts from providers and nonprofits is focused and if continued, rate should steadily increase. Goal achieved in 2018.
		76.2% (2015-2017 rate)			
		81.7% (2018 rate)			
		81.5% (2017-2019 rate)			
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A

Goal 4.B.: Reduce disparities in infant mortality

Key Partners: Indian River Medical Center, Indian River Healthy Start Coalition, TCCH, Gifford Health Center, United Way of IRC

2020 Progress:					
Why this is important to our community:					




In 2014, the infant death rate was 4.7 per 1,000 live births in Indian River County which was significantly lower than in previous years and in comparison with the state. Although the overall rate has improved, the 'Black and Other' infant mortality 3-year rate from 2012-2014 was over nine times higher, at 25.0 per 1,000 live births, when compared to the 'White' infant mortality (2.6 per 1,000).

Objective	Indicator	Current Level	Target	Status	Explanation of Status
4.B.1. Reduce the Indian River County infant mortality rate from 7.2 to 6.0 per 1,000 live births by December 31, 2019 (baseline data at 7.2 deaths per 1,000 live births from 2015).	<i>Infant mortality rate per live births</i> (Baseline is 2013-2015 rate)	1.5 per 1,000 (2018)	6.0 per 1,000 live births		Rate in objective is for a three-year period. 2017 data indicated zero black infant mortality count but an increase in white; 2018 marked decrease across the board with a rate of 1.5 per 1,000 live births.
		(accomplished 2018)			7.2 per 1,000 (2015) 8 per 1,000 (2016) 7.1 per 1,000 (2017)
4.B.2. By December 31, 2021 reduce the rate of pre-term births (baseline data at 8.3% from 2015).	<i>Rate of pre-term births</i> (2013-2015 rate was 8.3%)	2016= 11.2% 2017= 10.6% 2018= 9.9% 2017-2019 rate= 10.8%	Any decrease		Social determinants will continue to be a key focus area for 2021 and goals to increase support systems and evidence-based initiatives.
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A

Goal 4.C.: Increase preconception health behaviors among reproductive age people

Key Partners: Indian River Medical Center, Indian River Healthy Start Coalition, TCCH, Gifford Health Center, United Way of IRC, Partners in Women Health

2020 Progress:
<p>Why this is important to our community:</p> <p>Improved preconception health behavior is linked to improved birth outcomes and the overall health of the mother and child.</p>

Objective	Indicator	Current Level	Target	Status	Explanation of Status
4.C.1. Establish a system of information sharing among primary care and obstetrical providers to promote continuity of care by September 30, 2019 (baseline data at UNK from 2017).	% of women [screened as having] primary care	The question of if [women] have a primary care provider during their admission assessment is asked of every woman that goes through Partners in Women's Health (indicator is 100% as of 2019)	50%		Gaps exist; therefore, Partners in Women's Health built in a question at intake to assess if women have primary care.
4.C.2. By December 31, 2020 decrease the rate of obesity among mothers at time pregnancy occurred (baseline data at 29.5% from 2015).	Rate of obesity or overweight Rate for overweight is 26.4% and obese 29.5% (2013-2015 rate)	29.5% (2013-2015 rate) 28.8% (2014-2016 rate)	Any decrease		Obesity prevention programs such as 5210 are yielding a reduction in the rate of school age children's BMI but adults need to be targeted as well. Target met in 2016
4.C.3. By December 31, 2020 decrease the rate of smoking among women of childbearing age (baseline data at 7.8% from 2015).	Resident Live Births to Mothers Who Smoked During Pregnancy (2013-2015 rate)	5.6%(2014-2016 rate) 6.2% (2015-2017 rate) 5.7% (2017-2019 rate)	Any decrease		Quit Doc and Tobacco Free programs have begun offering services to pregnant mothers
2020 Revisions:					
N/A	N/A	N/A	N/A	N/A	N/A

Accomplishments

PHAB 1.5 Standard 5.2, Measure 5.2.4A 1 & 2: A description from at least two successful CHIP strategies or objectives

There were many successes from the CHIP; however, two stood out and are highlighted below. These two goals took a lot of sustained, hard work from our work groups in order to execute. Our stakeholders were dedicated in seeing through the goal to completion which yielded direct results to the residents of our county and the targeted populations needing community infrastructure improvements.

Goal	Objective	
1. Goal 4.A	4.A.1	Increase the number/rate of mothers who enter early into prenatal care within the first trimester from 69.8% to 79.5% by December 31, 2019 (baseline data at 70.9% from 2016).
Accomplishment: The increase in mother entering early into prenatal care within the first semester was a concentrated effort put forth by providers and stakeholders to increase awareness and services.		
2. Goal 4.C	4.C.3	By December 31, 2020 decrease the rate of smoking among women of childbearing age (baseline data at 7.8% from 2015).
Accomplishment: The decrease in the rate of smoking among women of childbearing age resulted from an increase in no smoking campaigns and an increased awareness amongst providers and stakeholders of the resources available. Many stakeholders incorporated this into their services as well in the form of referrals to QuitDoc or similar resources to quit smoking.		

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We evaluate progress on an ongoing basis through quarterly CHIP implementation reports and quarterly discussion by community partners. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year by Month, Year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community’s health, improving where we live, work and play and realize the vision of a healthier Indian River County. We would like to thank all the agencies, individuals, and organizations who have worked together to make the impact we set forth in 2016. This truly was a collaborative effort and we should take pride in the accomplishments that were made and look to the future to continue a steadfast effort to improve measures that proved to be challenging.



Appendices

[PHAB 1.5 Standard 5.2, Measure 5.2.4A 1 & 2: Annual CHIP Review Community Meeting Agenda, Meeting Minutes, Sign-in Sheet, and a comprehensive list of community partners](#)

Appendix A: Performance Management Council Meeting Agenda

Appendix B: Performance Management Council Meeting Minutes

Appendix C: Performance Management Council Meeting Sign-in Sheet

Appendix D: Comprehensive List of Community Partners

Appendix E: Revisions to the CHIP Annual Report

Appendix A: Annual CHIP Review

PMC Meeting Agenda



PERFORMANCE MANAGEMENT COUNCIL MEETING

Meeting Agenda

Florida Department of Health in Indian River County
Auditorium
2/22/21, 12:00 – 1:30pm

Agenda

Topic	Lead
▪ Welcome	M. Hawker
▪ Review of Meeting Summary	Council
▪ Plan Progress Reports <ul style="list-style-type: none"> - CHA and Annual Progress Report - CHIP and Annual Progress Report - Strategic Plan - PMQI - WFD - Emergency Operations Plan (EOP) 	J. Price
▪ PMQI Projects Updates <ol style="list-style-type: none"> 1. Administrative: Improve Phone Customer Service 2. Administrative: Sharing of Best Practices 3. Programmatic: Identify Local Stakeholders and Providers 4. Population-based: COVID-19 Health Education Campaign 	Project Leads
▪ NACCHO Culture of Quality Self-Assessment 2.0 – 2020 survey results	J. Price
▪ Performance Management Council Assessment (annual)	J. Price
▪ Accreditation	J. Price
▪ Performance Recognition	Council
▪ Communication of Results, Initiatives, Lessons Learned, Best Practices	Council
▪ Community Engagement	Council

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA

Topic	Lead
▪ PM/QI Consortia Team Update	Council
▪ Review of Plans Tracking Status	Council
▪ Additional PM/QI Discussion	Council
▪ Adjourn	Council

Appendix B: Annual CHIP Review

PMC Meeting Minutes

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING		
Summary		
Topic	Lead	Summary of Key Points, Decisions Made & Action Items
▪ Welcome	M. Hawker	Miranda welcomed everyone to the meeting at 1:07 pm.
▪ Review of Meeting Summary	Council	Sept 22, 2020 meeting summary approved.
▪ Plan Progress Reports		J. Price presented a quarterly review of each plan
- Community Health Assessment (CHA)	J. Price	The quarterly edits are being made and a new CHA is currently being worked on.
- Community Health Improvement Plan (CHIP)	J. Price	Discussion ensued regarding a stakeholders meeting; ranking Live Stories and Molly is working on the CHIP coversheet.
- Strategic Plan (SP)	J. Price	The Strategic Plan is being revised to include the COVID-19 objective. Also, the Strategic Plan coversheet was submitted since the plan received a score of 100%.
o Proposed COVID-19 objective additions		
- Performance Management/Quality Improvement Plan (PMQI)	J. Price	M. Steinwald was introduced as the new PMQI Champion and S. Howard as the liaison.
o Introduction of new PMQI Champion		
- Workforce Development Plan (WFD)	J. Price	Discussion ensued regarding the 6% turnover rate and the PMQI Quarterly meeting presentation regarding 25% turnover rates. Also, discussed was the bilingual preferences for certain positions. The WFD plan received a 97% score. Recruitment strategies will be added, and plan resubmitted.
o Workforce Inventory 1 st Quarter Fiscal Year 2019		
o Measure 8.1.1.d, Exhibit 6 - Recruitment Strategies		
- Emergency Operations Plan (EOP)		Plan edits to include COVID – 19 Mass Vaccination updates.
▪ PMQI Project Updates	J. Price	The limited reportability for the phones lines as they are currently setup was discussed. An option would be set the phone system to forward the clinic calls to a call center setup, which would allow for greater reporting options.
1. Administrative: Improve Clinic Phone Service		
2. Administrative: Sharing of Best Practices		
3. Programmatic: Identify Local Stakeholders and Providers		
4. Population-based: COVID-19 Health Education Campaign		
		For best practices, SNAP-Ed was suggested and the writing of success stories and presentations, with measurable results.
		The update noted documenting the work complete by using QI Steps to identify local stakeholders and providers

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING		
Topic	Lead	Summary of Key Points, Decisions Made & Action Items
		The COVID-19 campaign update included mask distribution and the campaign at Dasie Hope with the FSU medical students.
▪ NACCHO Culture of Quality Self-Assessment 2.0	J. Price	The NACCHO SAT is active and available until the end of the year and takes only 10-15 minutes to complete.
▪ Performance Management Council Assessment	J. Price	This is an annual online survey. More information to follow.
▪ Accreditation	J. Price	No updates.
▪ Performance Recognition	Council	No updates.
▪ Communication of Results, Initiatives, Lessons Learned, Best Practices	Council	No updates.
▪ Community Engagement	Council	Discussion ensued regarding the Dasie Hope community needs and resources and planning to increase support and programs in the upcoming year.
▪ PM/QI Consortia Team Update	Council	The local QI project presentations were discussed, especially regarding the workforce turnover rate; the fiscal year 2018-2019 1 st quarter data; and succession planning and sustainability.
▪ Review of Plans Tracking Status	Council	Updated.
▪ Additional PM/QI Discussion	Council	Discussion ensued regarding the possibility of using an electronic queuing system for mass COVID-19 vaccinations and the purchase of air scrubber machines.
▪ Adjourn	Council	Meeting adjourned at 2:20 pm.

Part 2: Planning and Tracking

This is a planning and tracking tool. Please add or delete lines as necessary and submit all pages when uploading to the [Florida Health Performs upload page](#).

Item	Due Date to Central Office	01/28/2020	2/11/2020	4/30/2020	5/26/2020	7/28/2020	9/22/2020	11/24/2020	Enter date.	Enter date.	Enter date.	Enter date.	Enter date.	Enter date.	Enter date.
PMQI Consortia Team Update (Quarterly)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHA Review		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP Performance Review (Quarterly)	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP Progress Report (Annually)	Mar 31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP Development or Revision (Annually)	Mar 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Plan Performance Review (Quarterly)	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Plan Progress Report (Annually)	Mar 31	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Plan Development or Revision (Annually)	Mar 31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Management/Quality Improvement Plan Performance Review (Quarterly)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Plan Progress Report (Annually)	Sept 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Plan Development or Revision (Annually)	Sept 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Performance Review (Quarterly)	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Progress Report (Annually)	Sept 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Development or Revision (Annually)	Sept 30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Management Council Assessment (Annually)	Dec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix C: Annual CHIP Review

PMC Sign-In Sheet



PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Part 1: Agenda & Summary

Florida Department of Health in Indian River County
Auditorium
11/24/20, 1:00-2:30pm

Attendance

Name	Title	Position	Check Box if Present
Miranda Hawker	Health Officer	PM Council Chair/Strategic Plan Lead	<input checked="" type="checkbox"/>
Mayur Rao	Business Manager	Senior Leadership Team	<input checked="" type="checkbox"/>
Cheryl Dunn	Environmental Manager	Senior Leadership Team	<input checked="" type="checkbox"/>
Avie Rose Parker	Nursing Director	Senior Leadership Team	<input type="checkbox"/>
Julianne Price	Senior Management Analyst II	CHIP Lead/Accreditation Liaison	<input checked="" type="checkbox"/>
Molly Steinwald	Community Health Improvement Mgr.	PMQI Champion	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
Sarah Howard	OPS Senior Clerk	Other – PMQI Liaison/minutes	<input checked="" type="checkbox"/>

Appendix D: List of Community Partners

- *Local physicians*
- *Health centers*
- *Nonprofits*
- *Private businesses*
- *School District of Indian River County*
- *IRC Environmental Control Board*
- *IRC Community Development Department*
- *Indian River Mosquito Control District*
- *Environmental Learning Center*
- *Pelican Island Audubon Society (PIAS)*
- *IRC Environmental Control Board*
- *IRC Community Development Department*
- *Healthy Weight (Strategic Issue Area #1) Workgroup*
- *Metropolitan Planning Organization*
- *Mental Health Collaborative*
- *Mental Health Connections Center*
- *United Way of IRC*
- *University of Florida Center for Psychiatry and Addiction Medicine*
- *Whole Family Health Center*
- *Mental Health Association*
- *Treasure Coast Community Health (TCCH)*
- *Cleveland Clinic Indian River Hospital*
- *Indian River Healthy Start Coalition*
- *Gifford Health Center*
- *Partners in Women Health*

Appendix E: Revisions to the CHIP

PHAB 1.5 Standard 5.2, Measure 5.2.4A 1 & 2: Revisions to the CHIP. A summary of revisions such as strategies, activities, time frames, targets, or assigned responsibilities

Revisions to the CHIP are periodically made after careful review of the goals, objectives, strategies and measures of the 2016 – 2021 CHIP. Recommended changes are made based on the following parameters:

- Availability of data to monitor progress – performance measures that had county-level data available were preferred, etc.
- Availability of resources
- Community readiness
- Evident progress
- Alignment of goals

Version 1.1 of the 2016-2020 CHIP was released in late September 2017 and the edits were very minor in nature. **Version 1.2** of the 2016-2020 CHIP was released in early October 2018 and there were no major edits. Version 1.3 of the 2016-2020 CHIP was released December 31, 2019 and the changes are listed below.

Moving forward all priority-objective revisions will be made within their section and all overall revisions will be noted here. All tracked changes have been approved by administration at the department of health in Indian River.

Page	Section	Change		Date Changed
19/20	Appendices A & B	Revised format to accommodate virtual meeting		2/18/21