

### Community Health Improvement Plan Progress Report March 2018 – March 2019

Florida Department of Health in Franklin County

### Table of Contents

Introduction	3
Overview of Community Health Improvement Plan (CHIP)	4
Summary of CHIP Annual Review Meeting	5-13
Strategic Issue Area #1: Access To Care	6
Strategic Issue Area #2: Healthy Weight Project 1	8
Strategic Issue Area #2: Healthy Weight Project 2	10
Strategic Issue Area #3: Mental Health/Substance Abuse	13
Revisions	14
Accomplishments	15
Conclusion	15
Appendix	15-27
CHIP Meeting Agenda	15
CHIP Meeting Minutes	
CHIP Meeting Sign-in Sheet	21
PMC Quarterly Meeting Agenda and Summary	22-26
Comprehensive Partnership List	

### <u>Introduction</u>

This the third progress report for the 2016 – 2019 Franklin County Community Health Improvement Plan (CHIP). The activities and collaborative efforts of the Florida Department of Health in Franklin County and community partners will be reflected within this report. This document will serve as a progress review of the strategies that were developed and the activities that have been implemented since April 2018. While the CHIP is a community driven and collectively owned health improvement plan, the Florida Department of Health in Franklin County is charged with providing administrative support, tracking and collecting data, and preparing the progress report.



### Overview of the Community Health Improvement Plan (CHIP)

In June of 2015, the Florida Department of Health in Franklin County convened the CHIP Planning Team. The Planning Team facilitated the Community Health Assessment (CHA) to Community Health Improvement Plan (CHIP) process using the National Association of City and County Health Official's Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. Subject matter experts from across a diverse group of partners conducted the four assessments suggested by the MAPP process. Individually, the assessment yielded in-depth analyses of factors and forces that impact population health. Taken together, the assessment findings contribute to a comprehensive view of health and quality of life in Franklin County.

The Planning Team developed findings and presented these findings to the Steering Committee. In November of 2015, the Steering Committee comprised a diverse leadership group of 16 community health partners, representing a diverse collection of public and private agencies in Franklin County. The Steering Committee set priorities through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The top three health priorities selected were Mental Health/Substance Abuse, Access to Care and Healthy Weight. In March 2018, goals and measurable objectives were reviewed and/or revised at an overall CHIP meeting.

STRATEGIC ISSUE AREA	GOAL
Substance Abuse & Mental Health	<ol> <li>To improve awareness of substance, abuse and mental health services</li> <li>To reduce alcohol consumption among youth and adults in Franklin</li> </ol>
Access to Care	To increase primary care access
	To increase access to certified diabetic programs
Healthy Weight	1. To Improve the healthy weight of youth and adults

Between May and August 2016, CHIP partners met as subcommittees, each aligned to a health priority. During this timeframe, partners selected evidence-based strategies, created tactics and began action planning. Implementation strategies and meeting decisions were compiled into a new Community Health Improvement Plan. The new CHIP plan was approved at the August 2016 overall CHIP meeting, which brought the three subcommittees back together. Although the final plan was approved in August, some strategies were completed within the first few months of the objectives and strategies cycle (April), since partners were ready to begin new projects. This progress report helps to reflect those activities.



### Summary of CHIP Review Meeting

The last CHIP meeting was held in September. The partnership was supposed to meet once again in the final quarter to review progress of the CHIP and discuss next steps in the CHA process. Due to shifting priorities and a heightened demand for the resources and services of our most active partners, our CHIP was unable to have that final review meeting. March 4, 2019, Franklin and Franklin County DOH Performance Management Council met to discuss CHIP progress and next steps. The next section highlights the progress made on the strategic issue. Within the strategic issue area, a brief description of the health issue is provided along with strategies, objectives, indicators, current levels, targets and status. See the PMC Agenda and Summary located in the appendix of this report for more details.

### Strategic Issue Area #1: Access to Care

Limited access to health care services has an adverse outcomes on both mental and physical health. Some of those adverse health outcomes are witnessed most within the rural communities in Franklin County. Issues with provider availablity, mobility, insurance, infastructure and/or health literacy all contribute and to the prevelance of chronic disease within the community.

CHIP partners recognized the value of bringing health screenings to residents, especially in underserved areas. The goal behind this project was to build preventive care like screenings into the community by making it available to people who otherwise won't or can't go to see the doctor. As a beginning step, CHIP partners collaborated to create health to increase awareness, prevention, and/or management of diabetes and other chronic diseases.

In March Sacred hosted a health fair in Eastpoint. On May 12, 2018, the Florida Department of Health in Franklin County, Sacred Heart and numeous other partners participated in a community fair in Carrabelle. The the participating vendors had materials pertaining to blood pressure, prediabetes, tobacco cessation, other chronic disease awareness and prevention information and biometric screenings. Participants received free resources designed to help them live a healthier life. Approximately 18 attendees came to the Eastpoint fair and more than 100 people attended the event the Carrabelle.

In an effort to improve access to health care, monthly diabetes self-management education classes were held in Franklin County. Many class participants learned about the classes by receiving referrals after attending the various health fairs and other health classes throughout the community. Additionally, classes were advertised via CHIP Partner Facebook pages and other media outlets. During the 2017-18 CHIP year a total of 14 residents attended the classes. That number has increased to 17 residents for this past year.

Other partners have made efforts made to improve access to care within in the community. Similar to Sacred Heart, North Florida Medical Center in Eastpoint has added a diabetes nurse case manager to their staff. The nurse teaches diabetics how to live well by effectively managing the disease. In July, the Florida Department of Health in Franklin County hosted Florida Health Day, a community fair, in Apalachicola to encourage families to learn more about the local services within the department designed to help residents live longer healthier lives.

**GOAL:** To increase access to care.

Strategy: Host Community health and wellness fairs/events to inform and educate the community about local health resources and services and certified diabetes management programs.

Key Partners: Sacred Heart Hospital on the Gulf, Big Bend Area Health Education Centers, Florida Department of Health in Franklin County, faith-based organizations





### Free Monthly Education Class Diabetes & You

Presented by John Griggs, MSN, RN-BC, CDE Diabetes Educator

### **APALACHICOLA CLASS**

First Tuesday of Every Month 10:00 am Eastern

Franklin County Health Department 139 12th Street, Apalachicola, Florida 32320

Please call 850-229-5620 for more information.

Pictured below: The health department and Sacred Heart at the Carrabelle Fair (left). Community flyer of the diabetes education classes in Apalachicola (right).

### Why this is important to our community:

Diabetes is one of the most common chronic diseases within the area. Educating and supporting those living with the disease is vital to helping our community live longer and stronger.

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
By the end of March 2019, at least 20 residents with a diabetes diagnosis will attend a diabetes self- management class in Franklin County.	Class sign-in sheets	17	20	0	Strengthening partnership linkages and increasing community advertising should have a favorable effect on this status going forward

### 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: Healthy Weight Project 1

Diet and physical activity are some of the most relevant contributing factors of obesity, which is known to increase both morbidity and mortality. Nearly two-thirds of Franklin County citizens are considered either overweight or obese. Breastfeeding has shown to be a strong protective factor against early childhood obesity.

One of the best local resources to learn more about breastfeeding in Franklin County is the Women, Infants and Children (WIC) program. While the CHIP measurable objective focused on breastfeeding, CHIP partners agreed that increasing WIC participation, especially during the first trimester, was key to the success of this initiative. WIC enrollment increases a participant's access to nutritious foods vital to the mother and child's growth and development. Additionally, enrolled mothers also get nutrition counseling and breastfeeding education. Earlier enrollment increases opportunities to educate pre and post-natal women about the benefits of breastfeeding.

Local breastfeeding classes were hosted by the Healthy Start Coalition every month throughout the county. The classes were facilitated by a certified lactation consultant and were available to interested participants regardless of income status and/or whether the participant is receiving assistance from other family support services/resources.

In addition to this, WIC, Healthy Start, and the Florida's Healthy Babies initiative all worked to launch a breastfeeding and WIC promotion media campaign. The campaign reached either via the radio stations, newspapers, television station, and billboard companies to promote breastfeeding, WIC, and healthy behaviors. Active WIC and Healthy Start clients also participated by being in the television ads. To date we do not have monitoring and evaluation data to detail the exact number of viewers reached via the campaign.

Additionally, the subcommittee collaborated to increase the number of trained family assessment workers to help increase the number of families who receive an initial Healthy Families Assessment and Healthy Start Care Coordination. These assessments support the goal by evaluating the families' specific education and resources needs and helping to ensure those specific needs are met. Reducing infant mortality and increasing protective factors such as breastfeeding is at the top of every conversation between our outreach staff and our local families.

**GOAL:** To Improve the healthy weight of youth and adults.

Strategy: Build the skills of mothers enrolled in the Women, Infants and Children (WIC) program to increase breastfeeding initiation.

Key Partners: WIC Program Staff, Florida Department of Health in Franklin County, Healthy Start Coalition, OB/GYN offices, and WIC and Healthy Start clients

Infants and Children < 24 mos. old of WIC Moms Ever Breastfed by County			
(Data: FL WiSE as of 03/31/2019)			
Franklin County			
September 2018 70.2%			
December 2018 64.5%			

### Why this is important to our community:

Breastfeeding is heavily promoted by the CHC and the World Health Organization as a healthy and nutritious method of feeding babies. Breastfeeding is less costly than commercial formula and has shown to be a strong protective factor against early childhood obesity, which is vital to helping our community live longer and stronger.

Objective	Indicator	Current	Target	Status	Explanation
		Level			of Status*
Increase	WIC	64.5%	78%		Source:
breastfeeding	Reports				https://floridahealth.sharepoint.com
initiation from 76.6%					/sites/COMMUNITYHEALTH/WIC
in December 2017 to					/Intranet/Indicators
78% by March 2019.					Coursel family average at a grant
					Several family support programs
					have seen a decrease in
					participation the wake of Hurricane
					Michael.

### 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: Healthy Weight Project 2

Diet and physical activity are some of the most relevant contributing factors of obesity, which is known to increase both morbidity and mortality. Nearly two-thirds of Franklin County youth are considered either overweight or obese. Excess weight is a risk factor for many of the chronic disease present within Franklin County. These diseases such as diabetes, hypertension, heart related issues, and even some cancers all affect the overall quality of life of our residents.

CHIP partners recognized the value of callobarating with youth organizations in rural underserved areas communities to deliver health messages to young people. The Florida Department of Health in Franklin County has established a close working relationship with the local Project Impact, the local after school program in Apalachicola. Together the two have implemented the Coordinated Approach to Child Health (CATCH) Kids Club to prevent childhood obesity in school-age children. The two main behavioral targets are helping children identify and choose healthy foods and increasing moderate-to-vigorous physical activity.

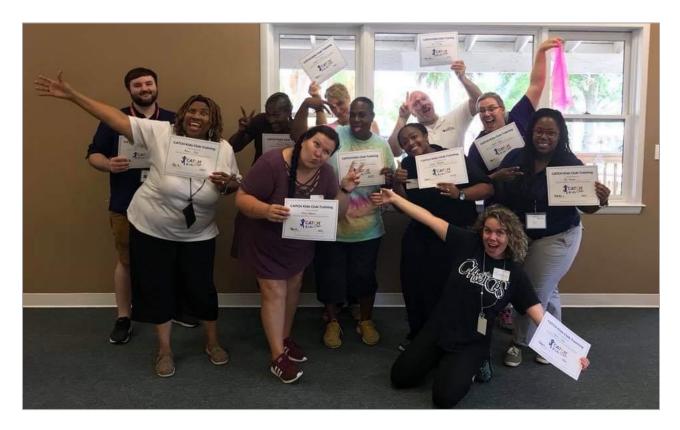
In order to maximize output and reach a larger target audience, this evidence-based curriculum is taught at two Project Impact sites in Apalachicola. Kindergarten through fifth graders met three times a week to help reinforce the program's goals and objectives.

From August 2018 to December 2018 over 50 students ranging in age from four to seven years old Completed the eight-week class. The students took pre and post-test to capture their existing and enhanced knowledge skills and attitudes about active living and healthy eating. Results of those test should be available within the coming weeks. Once those eight-week classes ended another cycle began in January. That cycle targeted third through fifth graders and reached over 20 additional students.

Goal: Improve the healthy weight of adults and youth in Franklin County

Strategy: Provide information to elementary aged youth about healthy eating and physical activity by implementing evidence based healthy nutrition curriculum to after school programs

Key Partners: DOH-Franklin Closing the Gap Program, Sacred Heart Hospital, Project Impact, the Washington Improvement Group



Pictured Above: CATCH educators from multiple partner organizations posing with certification at the end of their training workshop.

### Why this is important to our community:

Good nutrition and physical activity are strong protective factors for maintaining healthy weight and reducing one's risk for chronic disease. Disease prevention through educating is vital to helping our communities live longer and stronger.

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
From August 2018 to December 2018, at least 50 students will attend and successfully complete the CHATCH class in Franklin County.	Class sign-in sheets and final reports	66	50		First year with this objective/program. Target may be set too low, consider revising.

### Status indicators are as follows:



= some progress towards meeting the objective target

= reached or surpassed objective target

### Strategic Issue Area #3: Mental Health/Substance Abuse

Mental health or the state of well-being in which every individual realizes his or her own potential has profound effects on an individual's quality of life, physical and social well-being, and economic productivity. Deficits in mental health can affect any resident irrespective of age, race, gender, socioeconomic status, religion, or any other demographic.

The Mental Health and Substance Abuse subcommittee recognizes that disasters and other life altering events can adversely affect behavioral health. To mitigate the effects of Hurricane Michael on the resident's mental health the subcommittee updated the existing CHIP Mental Health and Substance Abuse Resource Guide and created a special disaster recovery focused poster. See the action items below:

- 1. Meeting with the mental health partners and providers in the area
- 2. Researching vital information from the CDC and SAMSHA
- 3. with partners and providers to design the survey
- 4. Collaborate with the EMS Strike Teams (ESF-8) to distribute the survey
- 5. Monitor distribution sites and refill as necessary

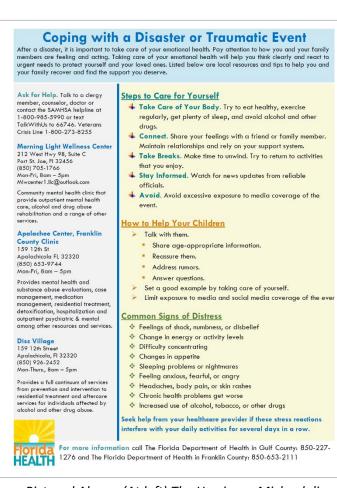
With the help of EMS Strike Teams, disaster relief agencies, and other supporters, over 500 posters were distributed throughout the community to food and resource distribution sites, pharmacies, churches, and other locations.

The partners also wanted to target youth and young children who may be struggling to cope with the trauma caused the hurricane. So, the subcommittee also printed and distributed the CDC's coloring book, designed to teach children how to successfully cope with natural disasters. This book was also distributed throughout the community.

**GOAL:** Increase awareness of mental health services in Franklin County.

Strategy: Collaborate with local providers to update the Mental Health Resource Guide to provide information to the community about mental health services available.:

Key Partners: Morning Light Wellness Center, Life Management Center, Apalachee Center, DISC Village, Gulf County Emergency Management, Tallahassee Area Trauma Recovery Network, Franklin County Emergency Management, Health and Medical Emergency Support Function (ESF-8)





Pictured Above: (At left) The Hurricane Michael disaster response behavioral health support poster. (At right) The "Coping After A Disaster" CDC coloring book for children.

### Why this is important to our community:

Overall mental health has profound effects on the quality of life, well-being, and economic productivity of a community. Educating the community about mental health and creating opportunities to seek help is vital to helping our communities live longer and stronger.

Objective	Indicator	Current Level	Target	Status	Explanation of Status*
By the end of December 2018 lower the average number of adult unhealthy mental health days in Franklin County from 4.8 to 4.0 days.	County Health Rankings Data	4.0	4.5		

Status indicators are as follows:



= Little to no movement towards objective target



= Some progress towards meeting the objective target



= Reached or surpassed objective target

### Revisions

During the past year we have had a change in leadership as well as a catastrophic hurricane with subsequent disaster response. Many of those in our community, including our partners, experienced loss both personally and professionally. These events lead to a greater focus towards the Mental Health and Substance Abuse priority the latter quarter of the year. However, since that is an existing priority, our priorities remain unchanged and there have been no revisions to the strategic objectives.

Change in Strategies	Planned Activities	Times Frames	New Target	Assigned Responsibilities

### Accomplishments

While there were many successful projects implemented, there project highlighted below helped to reinforce all three priorities:

### 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. A new cycle of the Community Health Assessment is currently underway.

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 Franklin County.



### **AGENDA**

<u>Purpose:</u> Solicit input from the community on the MAPP Community Themes and Strengths and Forces of Change assessment through open dialogue.

Торіс	Lead
Welcome/Call to Order  Introductions Brief review of agenda Prompt attendees to sign-in	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator Suzy Nadler, Healthy Start Coalition
Review Previous Meeting	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator
What is MAPP?  On the Road-MAPP for Community Health Assessment (CHA)?	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator
Introduce Topic:  Community Health Assessment - Mobilizing for Action through Planning and Partnerships Workshop:  Community Themes and Strengths Forces of Change	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator
Discuss Supporting Information:  1. Community Themes and Strengths Activities  Quality of Life Survey, Asset Inventory, Small Group Discussions	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator
<ul><li>2. Forces of Change</li><li>Consensus Workshop among CHA participants</li></ul>	Megan Bennefield, DOH-Gulf/Franklin CHOICES Program
	Tori Burgess, DOH-Gulf, EH Specialist
Open Floor for Community Input	Community Partners
Actions	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator
Meeting Evaluation	Emily Kohler, A.H.E.C.
Adjourn	Deanna Simmons, DOH-Gulf/Franklin CHA Coordinator



### **MINUTES**

<u>Purpose:</u> Solicit input from the community on the MAPP Community Themes and Strengths and Forces of Change assessment through open dialogue.

Торіс	Discussion
Welcome/Call to Order  Introductions Brief review of agenda Prompt attendees to sign-in	DT Simmons, DOH-Gulf/Franklin CHA facilitator welcomed all partners. Suzy Nadler of the Healthy Start Coalition, kicked off the introductions by asking participants to state their name, organization, and their favorite place. Ms. Nadler provided basic housekeeping guidance and then reviewed an outline of the meeting agenda.
Review Previous Meeting	Ms. Simmons recapped the previous CHIP Meeting/CHA Workshop by reminding partners current CHIP cycle priorities and the newly crafted CHA cycle vision, "A united, healthy and prosperous Franklin County." Then she shared some information on the first segment of LPHS network and the Assessment process.
What is MAPP?  On the Road-MAPP for Community Health Assessment (CHA)?	DT Simmons, gave a high-level overview of the Mobilizing for Action through Planning and Partnerships (MAPP) process. She started by defining the framework as a community-driven strategic planning process for improving community health. She then stressed that the process focuses on strategic approaches to prioritizing issues and identifying resources to address them.  Afterward, Ms. Simmons reviewed what our local partners AHEC, Closing the Gap, and North Florida Medical Center in Eastpoint are doing to improve access to care.
Introduce Topic:  Community Health Assessment - Mobilizing for Action through Planning and Partnerships Workshop:  Community Themes and Strengths Forces of Change	Ms. Simmons introduced both the Community Themes and Strengths Assessment (CTSA) and the Forces of Change Assessment (FOCA). To paint a clearer picture of the CTSA she used a PowerPoint presentation displaying the three significant questions asked by the CTSA: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" To answer these questions community members participated in three (3) specific community-led sessions: Themes, Quality of Life Survey and an Asset Inventory.  Next the CHA facilitator introduced the major points of the forces of change that directly or indirectly affect the health of
	our community. She noted that these forces can be one time only events, growing trends, or present underlying factors.  They are largely predictable but rarely controllable.  Understanding these potential forces helps the community to reduce potential risk and ultimately improve their chances of

### **MINUTES**

	MII	NUTES
		reaching the shared vision.
Discus	s Supporting Information:	
•	Community Themes and Strengths Activities Quality of Life Survey, Asset Inventory, Small Group Discussions  Forces of Change Consensus Workshop among CHA participants	Ms. Simmons and Megan Bennefield, DOH-Franklin/Gulf Health Educator facilitated the CTSA beginning by surveying the quality of life in Franklin County, then a local countywide asset inventory followed by a small group discussion to garner reoccurring community sentiments/themes.
	Consensus Workshop among CHA participants	The quality of life survey consisted of 8 questions on various core topics like childcare, community relations, education, employment, health, and housing among others. Feedback to the survey questions was measured using a Likert scale ranging from 1. Most Negative to 5. Most Positive. Around the meeting room response stations were designated for each of the possible Likert scale answers. When a question was read from the survey, participant quickly relocated to the portion of the room with the response that most nearly correlated with their belief on the quality of life. (See the attached document for survey data.)
		Ms. Bennefield led the partnership in a community asset inventory designed to help identify the individuals (with knowledge/skills), the public and private institutions, citizen associations/organizations, and other entities within the community with the means and resources to help the partnership bring our vision into fruition. Many partners were unaware that so many other organizations and/or services were available in Franklin County. (See the attached pages for more information.)
		During the small group discussion, partners were instructed to rotate around the room to preassigned stations where the following questions were written on flipcharts. Group members added responses to each chart as necessary.
		What makes you most proud of our community?  Answers include: Coming together in time of need. The connection and support. Community offering. Safe place.
		What would excite you enough to be involved or more involved in improving our community?     Answers include: More people involved. Open minded. Family oriented.

2

3. What do you believe is keeping our community from doing what needs to be done to improve the quality of life?

### **MINUTES**

Answers include: Access to affordable housing, good jobs, and transportation. Substance abuse, mental health issues and negative cycles and perceptions.

4. What do you believe are the 2-3 most important characteristics of a healthy community?

Answers include: Education. The economy and job opportunities. Active engagement/involvement. Healthy choices and healthy choice options.

Once all rotations were complete and all questions have been answered, group leaders reported responses to the attendees at large.

After the CTSA, the two facilitators led the group in a Consensus workshop to help identify the FOC.

Ms. Bennefield asked the partners what FOC are directly or indirectly affected the health of our community. She followed that up by informing us that these forces can be one time only events, growing trends, or present underlying factors. They are largely predictable but rarely controllable. She stressed that understanding these potential forces will help the community to reduce potential risk and ultimately improve their chances of reaching the shared vision. Responses to the question, "What is currently happening or could happen that would affect the health of our community?" include:

Funding for services, Political Influence, Economy, Environmental Factors, Quality of School Education, and Substance Use.

After the brainstorming session, the facilitators told the partners that each FOC category creates various opportunities and/or poses various threats. So participants reviewed all of the FOC and listed the potential opportunities and/or threats associated with the items. This list will better help communities to strategize their next steps towards achieve their shared vision. (See the accompanying documents for a complete list of the opportunities and threats.)

After completing the major segments of the two assessments, the Ms. Simmons directed the partners attention to the NACCHO RoadMAPP displayed on the PowerPoint presentation. While reviewing the illustration, Ms. Simmons highlighted the four (4) MAPP assessments and briefly summaries the purpose and main actions of each assessment. She closed by saying that if all steps in the process are conducted collectively with the

### **MINUTES**

	community, then together the partnership would see their selected vision come into fruition.
Actions	DT Simmons, asked to be prepared to help disseminate the Community Health Status Survey.
Meeting Evaluation	Emily Kohler, A.H.E.C., who was distributed and collected the post meeting evaluation.
Adjourn	DT Simmons, once again thanked everyone for coming, encouraged everyone to be on the lookout for the upcoming CHA Workshop invitation, and for their continued efforts in advancing our CHIP agenda. The meeting was adjourned at around 12:00p



### SIGN-IN SHEET

<u>Purpose:</u> Solicit input from the community on the MAPP Community Themes and Strengths and Forces of Change assessment through open dialogue.

#	Name	Organization or Community Representative	Email	Phone
1	Maryann Roberts	Healthy Start	Maryann (aftealthy Start & FE	20140814-578 ma)
2	ashly Webb	FCS.O.	a webbefranklin Sheri	Con 1050/322 11.
3	Emily Kohler	Big Bend AHEC	ekohler abig bendahecara	850-224-1177
4	Talitha Robinsun	DOH-Franklin		Hhaov 453-2111
5	Alma Push	DOH Fronklin 16alf	Alma. Pushe flheath. gov	
6	TOMES LOWIS	BB ALEC	1012:36 Printe sholor	on 418-1198
7	Valentina NAS	Career Source 91	Wuth ORd Careera or	con 857 320 014
8	Kai. Williams	DOH-GUFFFEUL	1	Ce 850-340-3016
9	DTSImmons	DOVA - Gulf/Funkl		es liborary
10	Jessie Appin	DOH-GUPP FLANDLY	Jesse Pipa Office 1th-	10V/11 227-1274
11			The property of	to bat (a)
12				
13				- · · ·
14				
15		,		
16				
17				
18				
19				
20				
21				
22				
24				
25				. *
26				
27				281
21				



# PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

### Part 1: Agenda & Summary

Florida Department of Health in Franklin/Gulf County Polycom – Franklin/Gulf Conference Rooms 03/04/2018, 9:00 AM – 10:30 AM

### MEETING PURPOSE:

- Monitor and evaluate performance toward achieving strategic objectives in health improvement, strategic, CHA, quality improvement and workforce development plans and make recommendations to improve performance.

Advise and guide the creation, deployment and continuous evaluation of the performance management system and its components.

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
Welcome	Sarah Hinds	00:6	
<ul> <li>Review of Meeting Summary</li> </ul>	Sarah Hinds	50:6	
<ul> <li>Previous Action Items</li> </ul>	Sarah Hinds	90:6	
PMQI Consortia Team Update	Sarah Hinds	9:07	Managers to Provide Team/Program Updates Sandy- Business Office: Traveling to Martin CHD week of March 11th, to participate in County Health. Systems Review. March 20th interview for Bay. Continuing to train Kari. Moving budget and contract management folders to central locations. FY 19-20 budget module will open April 8th. Will work in 18-19 and 19-20 modules until June. Zach -Environmental Health: Have identified and gotten approval for the single source scanning project, allowing for ease of access to permits for staff. Public searches will also be a feature of the new program. Plans are to have the project completed by end of FY year. DEP bench marks have been met. OSTDS evaluation is almost completed with a local score of 99/100, one discrepancy

### PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items was identified. Food inspections starts this week. Review of budget looks good. Facility invoices have been sent, due to the impact of Hurricane Michael late fees waived on first invoice, if payment not received fees will be added to the next invoice. Jessie- PACE EH: Hands on work., North Port St. Joe community is excited about the project. Conference call today at 4:00, PACE meeting tomorrow, March 5th, at 10:30. Marquita has been hired for the Tobacco Health Educator, effective March 8th. She will continue to assist with the PACE project. Choices will have a site visit. Working on budget and spending.
The 6 Pack	Deanna Simmons	9:35	DT provides overview of six pack: DT Simmons provided information to the PMC on the six pack, highlighting the new Workforce Development Plan and the Emergency Operations Plan. She informed the group on the significance on the foundational documents to reaccreditation. Specifically noting that all 67 counties will have to submit six pack for reaccreditation.  She finished by reminding us that several annual reports (for the CHA, CHIP, and Strategic Plan and their respective PM Standards Tools) need to be uploaded by March 31.
• CHIP	Deanna Simmons	9:45	CHA Update: DT Simmons updated the council on where our counties are in the CHA process. Currently both counties are still distributing and collecting the CHSA survey and still building the community profile for the report using both primary and secondary data. The partnership at large has received the survey are encouraged to disseminate throughout their offices and to the clients they serve. They hope to have the final CHA report finished by May.
Strategic Plan	Sandy Martin	9:55	Strategic Plan Annual Report
Page 2			Updated 10/5/18

### Updated 10/5/18

## PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
Quality Improvement	Deanna Simmons	10:05	WIC, HPV, and HS/HF Coordinated Intake and Referral The short-term HPV QI project has just started. HPV is an important focus already listed in the Strategic Plan. The project is in the early phases of data review. The clinic has noticed that those receiving the initial round of the HPV shots do not always return for the second and third dose of the vaccine. The team hopes this project will help to increase the vaccine completion rates for 11 to 13 year olds. The other two projects are progressing accordingly.
Workforce Development	Deanna Simmons/Lesia McDaniel	10:15	As of the most recent PMQI meeting DT Simmons was informed that the Workforce Development Plan template for the CHDs is not yet finalized but it will be soon. She will email Debra Bragdon at the central office for more information.
Action Items	Sarah Hinds	10:25	Strategic Plan due March 31, 2019 CHIP and CHA plans due March 31, 2019
Adjourn	Sarah Hinds	10:30	

Page 3

## PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

ATTENDANCE: (Please add or delete lines as necessary).

Name	Title	Position/Role	Check Box if Present
Sarah Hinds	Administrator	Health Officer (Chair)	
Sandy Martin	Sr. Public Health Services Program Manager	Senior Leadership Team/Strategic Planning Lead	×
Deanna Simmons	Government Operations Consultant II	Senior Leadership Team/PMQI Champion/CHIP Lead/QI Plan Lead/Accreditation Lead	⊠
Stephanie Cash	Sr. Human Services Program Specialist	Senior Leadership Team	
Zach Hodges	Environmental Health Manager	Senior Leadership Team	
Jessie Pippin	Public Health Services Program Manager	Senior Leadership Team	
Helen Cook	Executive Community Health Nursing Director	Senior Leadership Team	
Lisa Hogan	Sr. Community Health Nursing Supervisor	Senior Leadership Team	
Lesia McDaniel	Government Operations Consultant II	Senior Leadership Team/Workforce Development	

Page 4

Updated 10/5/18

### PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

### 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 (placeholder for link).

eview (Quarterly)
Quality Improvement Plan Development or Revision (Annually)
Workforce Development Plan Performance Review (Quarterly)
Workforce Development Plan Development or Revision (Annually)
Performance Management Council Assessment (Annually)

[Insert List of Compressive Partnership Here]