



# St. Lucie County Community Health Improvement Plan 2013-2017

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We would like to acknowledge the following organizations that were part of the community health improvement process in St. Lucie County.

Mustard Seed Ministries

Bank United

Children Medical Services

Florida Department of Health in St. Lucie County

United Way of St. Lucie County

WFLM Radio

The Roundtable of St. Lucie County

Healthy Start Coalition

Family Health Center

Community Services of St. Lucie County

Treasure Coast Food Bank

Martin Health Systems

Lawnwood Regional Medical Center

St. Lucie Medical Center

St. Lucie Health Access Network, Inc.

Indian River State College

Florida Community Health Center

## **Executive Summary**

Over the years, the Florida Department of Health in St. Lucie has proactively reached out to many community partners to address local health issues. The Department collaborated with community partners in the development, design, and implementation of programs that ensure safe and healthy home environments: provide safe environments for children at school; create a healthy workplace; and empower a healthy community.

Our county is challenged by socio-economic factors, including children living in poverty and high unemployment. We know that income and education levels have a strong influence on a community's health. Our community is working on initiatives that address some of the root causes of poverty and is creating a culture that supports children's ability to succeed. We believe that these efforts will also result in improved health. Our health department and community can take great pride in the continuous improvements we have made over the years, in spite of our challenges.

Please join us in making St. Lucie County healthier.

**Larry Lee**

**County Health Officer**

## **Process for Planning.**

The St. Lucie County Community Partners used the Mobilization for Action through Planning and Partnership (MAPP ) for Community Health Assessment and Community Health Improvement Planning .

The Community Partners received the information contained in documents that were collected and shared using the (MAPP) process for planning. The information included a Community Themes and Strength Assessment, a Forces of Change Assessment, the Local Public Health System Assessment, and the Community Health Status Assessment. They also used a United Way of St. Lucie Needs Assessment from December of 2012.

The group of partners of the St. Lucie County Health Department met in two day planning sessions to draft a Community Health Improvement Plan for St. Lucie County. The information and data provided came from various sources, such as Florida Charts, St. Lucie County Needs Assessment, United Way Needs Assessment, and the County Health Rankings.

The Community Partners used a 6 Step Process for Community Health Improvement Planning:

1. Gather Information using both Community Needs Assessments conducted by the United Way of St. Lucie County and the St. Lucie County Health Department.
2. Conduct an Environmental Scan using the Community Needs Assessments
3. Formulate Strategic Issues from the Environmental Scan of Needs and Strengths in the community.
4. Formulate Goals and Strategies
5. Review and prioritize the Goals and Strategies
6. Formulate Objectives from the priority list of Goals and Objectives

The Community Partners reviewed all the data and information collected through the assessments. They create a Vision Statement: *A Healthy St. Lucie*. The Community Partners identified that the majority of the health needs in St. Lucie County had root

causes in socio-economic disparities and issues from poverty and crime, to unemployment and lack of high school or college education. The County Health Rankings for St. Lucie in 2013 indicated that St. Lucie ranked 57 in Socio-Economic Factors among the 67 counties in the State of Florida.

Three diverse groups of partners were formed to develop Strategic Issues from an environmental scan of all of the assessments and to develop Goals and Objectives. The Strategic Issues and Goals and Objectives are contained in the Appendix of this document. The Community Partners then prioritized the goals and selected those that would address the health and socio-economic issues of the community. None of the goals and objectives selected required policy changes towards the health of the County.

## St. Lucie County Community Health Improvement Plan 2013-2015.

Resources used: United Way Needs Assessment Progress Report, St. Lucie County; County Health Rankings; FloridaCharts: St. Lucie County Health Summary Health Outcomes

### Goals, Objectives, Community Resources, Health Status Outcomes for St. Lucie County, FL

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal 1:</b> Reduce the number of children in poverty by 10% by December 31, 2015.</p> <p><b>Lead: Chris Epps, The Roundtable of St. Lucie</b></p> <p><b>Alignment:</b></p> <p><b>Healthy People 2020: Proportion of high school completers enrolled in college the October following high school completion (percent, 16-24 years)</b></p>	<p><b>Strategy 1.1:</b> Improve Academic Success</p> <p>Objective 1.1.1: By FY 2016-2017 maintain the rate of attendance at 95% among middle and high schools (4 PBS/KAH and 4 Non-PBS/KAH) as measured by the ASN Survey and school attendance records.</p> <p>Objective 1.1.2: By FY 2016-2017 increase by 10% the number of 6<sup>th</sup>-10<sup>th</sup> grade students that can articulate their future as it relates to the Kids at Hope Destination Points (Home/Family, Education/Career, Community/Service,</p>	<ul style="list-style-type: none"> <li>• The Roundtable of St. Lucie County</li> <li>• Children Services Council</li> <li>• The United Way of St. Lucie County</li> <li>• School Board of St. Lucie</li> <li>• St. Lucie County Health Dept.</li> <li>• Parent Academy</li> </ul>	<ul style="list-style-type: none"> <li>• Bring jobs to parents (Parent Academy and Bridges out of poverty initiatives)</li> <li>• Engage parents in children’s education</li> <li>• Reduce teen pregnancy</li> <li>• Access to family planning services</li> <li>• Affordable child care and transportation services</li> <li>• After school programs</li> <li>• training for workforce-Economic Development council</li> </ul>

	<p>Hobbies/Recreation).</p> <p>Objective 1.1.3: By FY 2016-2017 increase by 10% the number of 6<sup>th</sup>-10<sup>th</sup> grade students who can understand the connection between education and a successful future.</p> <p>Objective 1.1.4: By FY 2016-2017 increase by 10% teacher/student connectedness.</p>		
<p><b>State Health Improvement Plan Alignment: Strategic Issue 4-Access to Care</b></p>	<p><b>Strategy 1.2:</b> Decrease Substance Abuse</p> <p>Objective 1.2.1: By 2016-2017 there will be a 10% reduction in the number of middle school students reporting drinking alcohol in the past 30 days as measured by the Florida Youth Substance Abuse Survey.</p> <p>Objective 1.2.2: By 2016-2017 there will be a 10% reduction in the number of middle school students reporting using marijuana or hashish in the past 30 days as ;measured by the</p>		

	<p>Florida Youth Substance Abuse Survey&gt;</p> <p>Objective 1.2.3: Of parents/guardians that attend a substance abuse awareness or family management training by FY 2016-2017, _10___% report an increase in the frequency of weekly pro-social involvement with their children as measured by a pre and post survey.</p>		
<p><b>Healthy People 2020: Children living in □overty (percent, ≤17 years)</b></p>	<p><b>Strategy 1.3:</b> Improve Economic Sufficiency</p> <p>Objective 1.3.1: Establish the need for Bridges Out of Poverty Program in 50% of Community Partners.</p> <p>Objective 1.3.2: Promote Bridges out of Poverty constructs to the community in 100% of Community Partners</p> <p>Objective 1.3.3: Promote “Getting Ahead” opportunities to those in poverty in 100% of Community Partners.</p>		

	Objective 1.3.4: Promote Bridges Out of poverty constructs to 100 % of industry and business sectors.		
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<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal 2:</b> Eliminate the gun violence by groups of gang members in the City of Fort Pierce, St. Lucie County</p> <p>Lead: Sean Baldwin, Fort Pierce Police</p> <p>Alignment:</p> <p>State Health Improvement Plan: Issue 1-Health Protection; reduce illness, injury, and death</p>	<p><b>Objective 2.1:</b> Create a Law Enforcement Task Force that will decrease by 50% the rate of crime and violence in the City of Fort Pierce</p> <p><b>Objective 2.2:</b> Provide to 50% of the people in the crime affected areas with community resources and information</p>	<ul style="list-style-type: none"> <li>• FBI</li> <li>• Fort Pierce Police</li> <li>• St. Lucie County Sheriff’s Dept</li> <li>• NAACP</li> <li>• Ministers in the community</li> <li>• St. Lucie County Health Dept. and other partner agencies that provide health and human services</li> </ul>	<ul style="list-style-type: none"> <li>• Number of shootings in the crime infested areas in Fort Pierce</li> <li>• Number of violent crimes</li> </ul>

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal 3: Increase funding resources for human health</b></p>	<p>Strategies:</p> <ol style="list-style-type: none"> <li>1. Educate our</li> </ol>	<ul style="list-style-type: none"> <li>• United Way of St. Lucie</li> <li>• Board of County</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Advocacy activities in the community</li> </ul>

<p><b>services</b></p> <p><b>Lead: United Way of St. Lucie County</b></p> <p><b>Alignment:</b></p> <p><b>State Health Improvement Plan: Issue 5-Health Finance and Infrastructure</b></p>	<p>Representatives and members of the Florida Legislature about disparities in funding for St. Lucie County</p> <ol style="list-style-type: none"> <li>2. Educate and increase the awareness of the community about health problems and issues the county faces.</li> <li>3. Assuring re-certification for Children’s Services Council by educating the public about positive outcomes for children’s health</li> <li>4. Educate the public about the different funding streams going into United Way</li> </ol> <p><b>Objective 1:</b> Increase of 10% resources and funding going into the United Way of St. Lucie.</p> <p>Objective 2: Identify other 5 funding streams</p>	<p>Commissioners</p> <ul style="list-style-type: none"> <li>• City Mayors</li> <li>• Legislative Delegation for St. Lucie County</li> </ul>	<ul style="list-style-type: none"> <li>• Investments in healthcare and prevention \$\$, ROI.</li> <li>• Number of \$\$ in new funding streams.</li> </ul>
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<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal 4</b> Increase Access to Health Through partnerships with the three hospitals in the area, the Florida Community Health Centers, the St. Lucie County Health Department, and the St. Lucie Health Access Network</p> <p>Lead: St. Lucie Health Access Network</p> <p>Alignment: State Health Improvement Plan-Issues 3 and 4, Community Redevelopment and Partnerships and Access to Care, respectively</p>	<p><b>Objective 4.1:</b> Increase the volunteer base by 5% for primary care and pediatric oral health</p> <p>Objective 4.2: Increase by 5 % the number of collaborating partners and medical providers who may serve as a safety net in the community.</p> <p>Objective 4.3: Increase participation in the St. Lucie Health Access Network by 10% annually</p> <p>Objective 4.4: Provide Primary Care Triage and prevention activities such as A1C3 control to 100 % of people with Diabetes and Chronic Disease who participate in the Self-Management of Chronic Diseases and Tobacco Cessation classes</p>	<ul style="list-style-type: none"> <li>• Lawnwood Regional Medical Center</li> <li>• St. Lucie Medical Center</li> <li>• Florida Department of Health at St. Lucie</li> <li>• Florida Community Health Centers</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the Number of people who have a medical home</li> <li>• Decrease the number of ED visits by the uninsured and the indigent</li> <li>• Participants in Self-Management classes have achieved acceptable A1C3 levels and are Tobacco Free</li> </ul>

**Appendix.**

**Community Health Improvement Planning Meeting  
Friday, May 10, 2013**

NAME	AGENCY	OFFICE NUMBER	CELL NUMBER	EMAIL ADDRESS
Renee Scott	St. Lucie County	772-462-1777	954-214-8539	scottr@stlucieco.org
Cris Adams	U.W.	464-5300	284-2542	cris.adams@unitedwaysflc.org
Kim Thomas	Roundtable	871-5880	341-4959	kthomas@roundtableslc.org
Rachel Terlizzi	Martin Health	223-4904	486-9474	Rachel.Terlizzi@MartinHealth.org
Jan Bennett	Martin & UW	772-885899	772-979-4707	Jan.Bennett@Martin.health.org
Christania Selph	HANDS	772-344-2552	772-201-1878	CHRIS.Selph@handsofslc.org
Ronda Wilburn	SLMC + LENC	772-618-0859	772-618-0859	ronda.wilburn@healthcare.com
Jaudette Johns	Whole Family HC	772-468-9900	772-332-1962	jjohns@wholefamilyhealthcenter.com
Donna Harris	SLCHD	772-785-6184		Donna--harris@doh.state.fl.us
Karla Cantu	Treasure Coast Food Bank		772-971-3346	Kcantu@tcfdbank.org
Roxanne Wells	United Way SL	464-5300	579-0041	Roxanne.wells@unitedwayslc.org
Karen Knopp	UW SL	464-5300		Karen.Knopp@unitedwaysflc.org
Annease Hall	SLCHD	370-1391	370-1391	
Helga Snure	SLCHD	<del>878-5074</del>	878-5074	Helga-Snure@doh.state.fl.us
Jim Dwyer	CSC	772-408-1107		jdwyer@cso5lc.org
ANN Hubbard	IRSC	772-462-7570	519-1190	ahubbard@irsc.edu
Lisa von Seelen	Kids Connected by Design	772-359-2004	772-467-2016	lvonseelen@healthykidsflc.org
Terri Palumbo	Whole Family Health Center	468-9900		tpalumbo@wholefamilyhealthcenter.com



Community Health Improvement Planning  
June 7, 2013

Name	Agency	Phone#	Cell#	E-mail
Renee Scott	SLC Comm. Serv.	462-1777		scottr@stlucieco.org
Roger D Baker	Hands	344-2578		roger.baker@handsofslc.org
Christine Cobb	IRSC			christinejacob@gmail.com
Helga Snure	SLCHD			Helga-Snure@doh.state.fl
Marcella Bianco	SLCHD	370-2423		marcella_capar@doh.state.fl FL US
Donna Hargis	SLCHD	785-6184		
Karen Knapp	United Way	464-5300		Karen.Knapp@unitedwaystc.org
TERRI Ann Palumbo	Whole Family Health Center	468-9900		TPALUMBO@WHOLEFAMILYHEALTHCENTER.COM
Larry Cep	SLCHD	572-4922	823-971-2893	larry_cep@hhs.state.fl.us
Jane Harris	SLCHD	370-3430		
Lisa von Seelen	Kids Connected By Design	467-2016	359-7004	Lvonseelen@healthykidsstluc.or

**Strategic Issues:**

**Group 1**

- 1. How do we increase awareness of access to services available in our community, ie: WiFi, Social Marketing tools?**
- 2. How do we effectively promote healthy behaviors among the high risk members of our community? Addressing risk factors such as:**
  - 1. Racial disparity,**
  - 2. Obesity,**
  - 3. Injury prevention.**
- 3. How do we address the rising mental health needs of our community, especially in the area of substance abuse?**

Other issues considered during discussion that were not highlighted:

How do we provide transportation to needed services, ie: Health education?

How do we address childhood and adult obesity?

How do we address safety and security issues and trauma in our community.

How do we increase resource development and partnerships to efficiently address our most critical needs.

How do we develop inter-related communication database to prevent duplication of services?

**Strategic Issues:**

**Group 2**

**1. Generational Poverty:**

**Risk Factors-**

- Under-insured**
- Hunger and insecurity**
- Single head of household**
- Financial illiteracy**
- Unprepared Workforce**
- Homelessness**

**Areas to consider to mitigate generational poverty are: After School Programs and Transportation.**

**2. Preventative Care:**

**Risk Factors-**

- Access to low cost healthcare and dental services**
- Access to prescription drugs**
- Access to specialists**
- Chronic disease prevention programs**
- Obesity and other unhealthy lifestyles**
- Mental health/Behavioral health/Substance Abuse**

**3. Working Poor/Workforce:**

**Risk Factors:**

- Lack of Education**
- Hunger insecurity**
- Lack of high paying jobs**
- Single head of household**
- Affordable housing**
- Undocumented individuals**

**Strategic Issues:**

**Group 3**

**1. Availability of preventive health care**

**Doctors in clinics**

**Community knowledge that is culturally competent for how to access**

**Who is or isn't taking new clients?**

**Lack of enough primary care providers (Physician to Patient Ratio)**

**Not all physicians take Medicaid**

**Preventive health under-developed**

**Need to recruit physicians to community**

**2. Viability (long-term) of HANDS Clinic**

**3. Collaboration among agencies to provide one-stop shop to community, and consideration of economies of scale.**

**4. Best Practices to increase income, ie: Homeless Family Center, Bridges Out of Poverty**

**5. Expand HANDS Patient Navigator exploring patient needs and securing referrals**

**6. Effective communication vehicle in community not dependent on newspapers, etc.**

**Public Service announcements**

**Reach ethnic groups, take services to where they are**

**Mobile services**

**In-school service (STDs, vaccines)**

**7. Development of new resources**

**8. Re-certification of Children's Services Council**

**9. Poverty**

**Community Health Improvement Planning Goals**  
**St. Lucie County, FL**  
**Meeting in July, 2013**  
**2013-2015**

Goals

1. In order to improve population health, develop a network of providers and specialists willing to accept Medicaid, uninsured or under-insured adult and pediatric clients.
2. Provide access to mental, social, and health services with effective transportation services by year 2015. Theory: providing transportation, WiFi, web-based and hand written information, using churches.
3. Reduce generational poverty by 1% to 2% every year for the next 5 years. Improve post secondary education, provide mentoring, apprenticeship programs, expand on mentoring programs-ie, Boys and Girl's Club, Big Brothers Big Sisters, etc. Target the middle school age group
4. Reduce Socio-economic disparities of working poor by 1% within the first year to 5% by year 5. By using community partnerships, education, pooling of resources to create programs to address issues. Reducing the proportion of the working poor by increasing the programs and knowledge of this population getting the resources to the people by going to them.
5. Provide the poor and people in need of services with best practice programs, such as Bridges Out of Poverty. Increase their ability to overcome income challenges.
6. The community will receive effective, accurate, culturally sensitive, ongoing communication developed to provide education on community health care resources available. A communication strategy must be culturally sensitive and age appropriate (ie. Social

media). Knowledgeable residents will choose preventive health and services which should reduce the burden on emergency departments. Targeting population from teens to the elderly that has limited or no access to health care.

7. Maximize agency program funds by creating a shared geographical site for multiple agencies allowing them to reduce operational costs through economies of scale (shared board room, copiers, and equipment, receptionist, etc) and redirecting those savings to program activities. A shared location for multiple agencies would lessen resident transportation burdens. Staff for reception, IT, etc, can be cost-shared, as well as major equipment resources.

8. Maintain children and family-based prevention services through passage of the recertification for Children's Services Council. CSC will continue to function as an advocate for children prevention services. Programs and services developed on basis of need assessments and community partnerships to improve the lives of all children in St. Lucie County. Programs target children and families with children across the county to prevent child abuse and neglect and develop support and services to assist in development and growth of children.

9. Identify and increase funding sources for the Health Access Network. Assure access to medical, dental, and preventative services. Increase and diversify funding resources to support continued services by raising \$600,000 per year. Target population: uninsured, low-income, chronically ill adults, to St. Lucie County as our geographic target.

10. Increase awareness of preventative health care among parents. Target parents.

Priority Process and decisions made during community meeting on :

# 3, 4, and 5 address SE factors

8 and 9 supports and ensure the recertification of CSC to improve health outcomes for children, the org is a key resource in supporting children's health. Major funding sources could be in jeopardy

Sustain and expand resources for children with the possibility of healthcare cost savings – this being a strategy for economic savings and a strategy for advocacy on these services.

7. Connect agencies thru HANDS. Engage collaboration by having agencies being connected through HANDS. System of referrals- the Whole Family Center. Create a council of non-profits (Roger Baker). Increase the role of HANDS and bring other agencies in.

6 and 10.

1 and 2 as the ultimate goal

Themes:

1. Increasing Funding and resources
2. Addressing SE factors and determinants of health
3. Prevention
4. Access to Health care services

**SE factors 3,4, and 5 (the Roundtable addresses these)**

Reduce the number of children in poverty by % by time.

Why: unemployment, educational levels, teen moms, single parenting, little support.

Strategies:

1. Bring jobs to parents (Parent Academy and Bridges out of poverty initiatives)
2. Engage parents in children's education
3. Reduce teen pregnancy
4. Access to family planning services

5. Affordable child care and transportation services
6. After school programs
7. training for workforce- Economic Development council

Roundtable of St. Lucie County-Five year objectives

Academic Success

Objective 1: By FY 2016-2017 maintain the rate of attendance at 95% among middle and high schools (4 PBS/KAH and 4 Non-PBS/KAH) as measured by the ASN Survey and school attendance records.

Objective 2: By FY 2016-2017 increase by 10% the number of 6<sup>th</sup>-10<sup>th</sup> grade students that can articulate their future as it relates to the Kids at Hope Destination Points (Home/Family, Education/Career, Community/Service, Hobbies/Recreation).

Objective 3: By FY 2016-2017 increase by 10% the number of 6<sup>th</sup>-10<sup>th</sup> grade students who can understand the connection between education and a successful future.

Objective 4: By FY 2016-2017 increase by 10% teacher/student connectedness.

Substance Abuse:

Objective 1: By 2016-2017 there will be a 10% reduction in the number of middle school students reporting drinking alcohol in the past 30 days as measured by the Florida Youth Substance Abuse Survey.

Objective 2: By 2016-2017 there will be a 10% reduction in the number of middle school students reporting using marijuana or hashish in the past 30 days as ;measured by the Florida Youth Substance Abuse Survey>

Objective 3: Of parents/guardians that attend a substance abuse awareness or family management training by FY 2016-2017, \_\_\_\_\_% report an increase in the frequency of weekly pro-social involvement with their children as measured by a pre and post survey.

Economic Sufficiency:

Objective 1: Establish the need for Bridges Out of Poverty.

Objective 2: Promote Bridges out of Poverty constructs to the community.

Objective 3: Promote “Getting Ahead” opportunities to those in poverty.

Objective 4: Promote Bridges Out of poverty constructs to industry sectors.

### **Funding Resources – United Way**

**7, 8, 9**

Recession, not able to raise funds; SLC receives different allocation of funding compared to other counties.

Strategies:

5. Advocacy to political reps and legislature
6. making community aware of the issues
7. assuring re-certification for CSC by making agencies aware and to show support
8. funding streams going to United Way

Objective: the development of resources necessary to Sustain and increase and id new resources

Activity – Advocacy

Investments in healthcare and prevention \$\$, ROI.

### **Prevention and control of:**

Chronic Diseases

Infant Mortality (EPi, FIMR)

Injury

Strategies:

Education, people at all levels need education about prevention

Self-management (empowering people through self-management)

Test and screen people

Worksite wellness, educate employers about prevention

Best practices (evidence-based trainings and programs)

**Access to Health Care Services:** Meeting with Roger Baker on 6/25/13 at 9:00 am at log center

The main purpose for HANDS (St. Lucie Health Access Network) is to provide primary care services to the uninsured. St. Lucie County has approximately 50,000 (1 in 4) residents who are uninsured

Measures of success:

Increase the Number of people who have a medical home

Decrease the number of ED visits by the uninsured and the indigent

Chris Christania can provide these numbers

Primary Care Triage and prevention activities such as A1C3 to diabetics and Self-Management of Chronic Diseases and Tobacco Cessation classes

Challenges: Main challenge is the need for more capacity

Currently serving 3,000 people

Need to increase the volunteer base for primary care and pediatric oral health

The main objective for HANDS is the increase or expansion of collaboration among partners and through medical providers, and serve as a safety net in the community.

Increase participation in the network by 10% annually