

HILLSBOROUGH COUNTY HEALTH DEPARTMENT 2010/2011 COMMUNITY HEALTH PROFILE



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Community Health Improvement Plan

Following implementation of the National Public Health Performance Standards Program (NPHPSP) and Mobilizing for Action through Planning and Partnerships (MAPP) assessments, the Hillsborough County Health Department convened a broad group of system partners in a day long session to:

- Inform stakeholders
- Engage stakeholders in setting priorities
- Gain collaboration in initiating steps towards a community health improvement plan

The morning session was focused on presenting health indicator data and discussing health, social, and economic issues in the county. A presentation on the regional perspective was provided by One Bay Healthy Communities. This allowed attendees to view Hillsborough County in the context of our regional setting and compare the indicators of neighboring counties.

The afternoon was focused on identifying priorities. Broad priority areas included:

- Obesity
- Chronic diseases
- Communicable diseases
- Injury and violence
- Access to healthcare
- Social and mental health
- Physical environment
- Maternal and child health

Six work groups were later established and the priorities were narrowed down based on feedback from partners. Each work group met a number of times in person and by conference calls to develop a community health improvement plan for the area of focus. All work groups in their initial meetings had an opportunity to thoroughly explore relevant data, and discuss assets and gaps before preparing a plan.

The Hillsborough County Health Department is grateful to the organizations and individuals (Appendices) who donated their time to make this planning process a success. Partners were committed to the process and to the future work that needs to be done to ensure that county residents will benefit from this initiative.

Community Health Improvement Plan

Priority Area: Maternal and Child Health					
Community Status:					
<ul style="list-style-type: none"> • Highest 3-yr rate of nonwhite live births under 1500, 2500 grams. • Highest 3-yr rate of nonwhite infant deaths. • Highest 3-yr rate of births with first trimester prenatal care. • Teen pregnancy rates higher than Florida and US rates 					
Goal: Raise awareness on infant mortality and morbidity as important health issues in Hillsborough County					
Objective: Results from the next MAPP Community Health Survey (2015), will demonstrate that > than 3.8% of residents understand and have awareness on the incidence and impact of poor birth outcomes and the link between birth outcomes and the general health & wellbeing of the community and its residents.					
Baseline: In the HCHD 2010 Community Themes and Strengths survey only 3.8 % of respondents selected infant death as an important health problem. It was not in the top 10 but at the bottom, 20 th of 21 in a list of important health issues.					
Target: Increase percentage					
Strategy: Social Marketing, Advocacy, Education					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Support system partners in their efforts to implement evidence-based interventions to reduce poor birth outcomes.	HCHD	Leadership and staff time	Healthy Start Reach Up CMS Children's Board, Early Steps, March of Dimes	-Participation in Healthy Start, Reach up and other partner meetings. -Provide RFP letters of support for partners as appropriate. -Provide financial support when available from HCHD grant efforts.	2011 – 2015
Conduct focus groups with community	HCHD	Staff, interns, preceptors	USF & UT Community Health Nursing Program COPH	Perceptions and how to target message to the community	Aug 2011 - Aug 2012
Use results from focus group to identify priority issues	HCHD	Staff, Students, interns, preceptor	USF, Maternal & Child Health MAPP Partners	Identified list of specific issues that need to be targeted	Dec 2012
Determine if resources are available to develop and implement a social marketing campaign	HCHD	TBD	TBD	Funding for social marketing campaign	Dec 2012
Develop and implement a social marketing campaign	HCHD	TBD	TBD	Social marketing campaign	TBD

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop resource guide for partners? Check to see if this is available first	HCHD	TBD	TBD	Website with list of all resources available to residents of the community and it's impact on community	TBD
Evaluation & Review results for pertinent issues to address in a new CHIP	HCHD	Staff		Survey results from 2015 MAPP	2015

Community Health Improvement Plan

Priority Area: Obesity					
Community Status: <ul style="list-style-type: none"> 34.7% of Hillsborough County Residents are obese in 2009 which is a significant increase from 24.9% in 2007. Source: BRFSS 2007-2009					
Goal: Reduce prevalence of obesity in Hillsborough County					
Objective: Create and implement a social marketing campaign that increases self awareness of negative consequences of being overweight/obese among a selected population of Hillsborough County residents by December 2012					
Strategy: Social Marketing					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Select target group	Obesity Committee	School district area data with highest numbers of obese children, committee time	Obesity Committee, HC School District	Target group identified	May 2011
Identify and partner with social marketing expert	Obesity Committee	Committee Time	USF, UT, HCC, Arts School Bay News 9 Channel 32	Partnership with social marketing expert	Jun 2011
Develop a message	Social marketing expert, Evaluation Expert	Data, Community Feedback, Committee Time, Social Marketing Expert	Community Organizations, Social Marketing Expert	Message	May 2012
Create pre/post test for message	Social marketing expert and team, Evaluation Expert	Message, Social Marketing Expert	Community Organizations, Social Marketing Expert, Evaluation Expert	Evaluation tool (pre/post test)	Jun 2012
Implement Campaign	All stakeholders	List of community resources, Funding, Media Partners, Print or other media partners	Community Organizations, Print or other media partners, Evaluation Expert	Social Marketing Campaign/Materials	Dec 2012
Evaluate social marketing campaign	Social Marketing Expert, Evaluation Expert, Obesity Committee	Target group, Evaluation Tool Results,	Community Organizations	Results from Evaluation	Mar 2013

Community Health Improvement Plan

Priority Area: Communicable Diseases					
Community Status:					
<ul style="list-style-type: none"> Inadequate reporting by providers 					
Goal: Improve surveillance of communicable diseases in Hillsborough County					
Objective: Improve provider reporting by 25% among clinical practices for all reportable infectious diseases by 2015					
Current Measure/Level of Reporting: TBD					
Strategy: Promote					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Identify doctors who are routinely testing for reportable diseases	HCHD Epidemiology, Disease Control	Time, data	None	List of doctors needing updates on disease reporting	Aug 2011
Prepare packet & train staff and/or volunteers	Epidemiology & Disease Control	Epidemiology/Disease Control staff time	Volunteer healthcare professionals, Crisis Center	Staff and volunteers ready to deploy	Nov 2011
Provide information necessary to clinical practices on disease reporting through multiple types of avenues	Epidemiology & Disease Control Possibly LDO	Copies of Reportable Disease posters, documents, disease codes etc.	Community Partners for Beta Testing, Volunteer healthcare professionals, Crisis Center (link to Health Professions Students), USF Student Health Services	Clinical practices are educated Clinical practices are reporting	Ongoing until 2015 (Evaluate annually in Jan-Feb)
Provide information to healthcare providers about HCHD follow up protocol	Epidemiology & Disease Control Possibly LDO	Time, staff, volunteers, in-county travel	Volunteer healthcare professionals, Crisis Center, USF Student Health Services	Clinical practices understand HCHD follow up protocol	Ongoing until 2015 (Evaluate annually in Jan-Feb)
Evaluation	Epidemiology & Disease Control	Time and personnel for evaluation	Community Partners (for Beta Testing), LDO	Feedback	Annual Evaluation & Ongoing Qualitative Evaluation of Educational Component

Community Health Improvement Plan

Priority Area: Chronic Diseases					
		Hillsborough County		Florida State	
Population affected by diabetes		11.8%		10.7%	
Diabetes related hospitalizations		2401 per 10,000		2083 per 10,000	
<i>Blacks have twice the mortality rates of whites when it comes to Diabetes</i>					
Goal: Reduce disparities in Diabetes Hospitalizations and Deaths among vulnerable populations by first understanding community needs and assets.					
Objective: Determine availability of diabetes management/education for those at risk or diagnosed with the disease and initiate plans to improve access and availability by December 2013.					
Strategy: Research					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop project requirements for an internship	HCHD	Local academic institutions staff time	USF, UT, VA Dietetic Internship, Pasco/State Dietetic Internship	Student project requirements developed	Sep 2011
Interview and select student to evaluate diabetes management/education availability and capacity Hillsborough County	HCHD	Staff time	USF, UT, VA Dietetic Internship, Pasco/State Dietetic Internship	Student intern is selected	
Monitor student progress and provide guidance on project	HCHD	Staff time, student time, preceptor	Student's academic institution	Student produces final report with recommendations on diabetes management capacity	Dec 2012
Student presents results to Chronic Disease Committee	Student, HCHD	Staff time, student time, meeting space, presentation tools	Chronic Disease Committee	Presentation	Dec 2012
Chronic Disease Committee develops CHIP based on results and needs identified that will impact hospitalization and deaths.	Chronic Disease Committee	Committee time, meeting space	Chronic Disease Committee, Community Leaders	CHIP developed based on results	Dec 2013

Community Health Improvement Plan

Priority Area: Injury and Violence					
<p>Community Status:</p> <ul style="list-style-type: none"> Hillsborough County suffers disproportionately from unintentional injuries, with a County Adjusted Death rate of 50.74 compared to the state rate of only 44.17, putting it as third leading cause of death countywide and the number one cause of death for those 15-54 (Vital Statistics, 2011 for 2008 data) Hillsborough County's number of suicides is double (N=168) that of homicide (N=80) for all ages (Data Source: Florida Department of Health, Office of Vital Statistics, DeathStat Database, 2011) 					
<p>Goal 1: Support and further the work of the Hillsborough Prevention Collaborative in addressing common root problems leading to disparities in injury and violence in our county.</p>					
<p>Objective: A. Integrate the Hillsborough County Health Department as a member agency in the Hillsborough Prevention Collaborative by having a Health Department representative actively participate by December 2011.</p>					
<p>Strategy:</p> <ol style="list-style-type: none"> Share the data and Stakeholder priorities that emerged from the CHIP process with the Hillsborough Prevention Collaborative members. Assist the Hillsborough Prevention Collaborative with their on-going Needs Assessment process, reflecting the high priority given to injury and violence prevention across the life-span as a priority in public health. 					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
1. Meet with the Hillsborough Prevention Collaborative and present on the CHIP, looking for points of common interest	Laura Chan, DOH Consultant Alayne Unterberger	Handouts: 1. Data gathered to date 2. Working document and minutes from CHIP meetings to date	Stakeholders already identified and new stakeholders from Sherriff's Office, School System, domestic violence service providers, elder abuse providers, substance abuse providers, etc.	Begin a working relationship with the Hillsborough Prevention Collaborative Set a meeting between CHIP and Needs Assessment Committee of the Hillsborough Prevention Collaborative	Jul 2011
2. Meet with the Needs Assessment Committee of the Hillsborough Prevention Collaborative	Consultant Alayne Unterberger DOH Representative	Handouts: Data gathered to date Working document and minutes from CHIP meetings to date Professional: Expertise on needs assessment and data collection	Stakeholders already identified and new stakeholders from Sherriff's Office, School System, domestic violence service providers, elder abuse providers, substance abuse providers, etc.	Meet with Needs Assessment Committee of the Hillsborough Prevention Collaborative * Data sharing * Priority setting by group, age, vulnerability * Completion of Needs Assessment Phase * Planning Document as a blueprint for prevention of injury and violence	August 2011 and on-going

Community Health Improvement Plan

Objective: B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. *					
Strategy 1: Build capacity of medical personnel to address issues of injury and violence and make necessary referrals to community agencies, including 2-1-1, beginning in 2012 and continuing through 2016.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
1. Recommend and advocate for a comprehensive “clearinghouse” of services for referrals for intentional (suicide, domestic violence, rape, elder abuse, child abuse) and unintentional (poisonings, falls) injuries that includes 2-1-1 and key stakeholders	Hillsborough Prevention Collaborative	Time to review and update 2-1-1, including establishing new linkages as needed Personnel to work on the process Funding to publish compendium	Crisis Center 2-1-1 Staff will need to be involved in this step Domestic violence agencies and other agencies who should be included as partners (Spring, Elder Affairs, Child Abuse Council, MHC, Poison Center)	Updated compendium: Online: 2-1-1 and links 2-1-1 (phone) Print (for medical personnel)	Aug 2011 – Mar 2012
2. Assemble all existing trainings on topics of injury and violence that agencies already provide in Hillsborough County and create a list of “Social Injury Education and Training” Resources * indicate CEUs * indicate cost	Prevention Collaborative Trainers from Spring, BayCare, ElderAbuse, CAC, Crisis Center Hillsborough Prevention Collaborative CHIP Members	Time Trainers Printing and mailing resources	Health care systems that are either private or public, including hospitals, federally funded health centers and clinics	Social Injury Education Program that can be used for CEUs and delivered in one or two sessions, depending upon the audience	Pilot in March 2012 Revise as needed, roll out by May 2012

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
<p>3. Develop brief training that can be done by members to medical facilities as an overview of the Social Injury Resources and Awareness Training to include:</p> <p>* Resource Cards (provider tools for easier referrals) * How to Recognize and be an “Effective By-Stander” * Guide on where to get more training</p>	<p>Trainers from Injury and Violence Workgroup</p> <p>Hillsborough Prevention Collaborative</p>	<p>Time</p> <p>Personnel with expertise in training</p> <p>Personnel with expertise in “Effective By-Stander” training</p> <p>Printing and copying of Resource Cards and handouts</p>	<p>Hospital/medical facility trainers and continuing education specialists</p> <p>Crisis Center 2-1-1 Staff will need to be involved in this step</p> <p>Domestic violence agencies and other agencies who should be included as partners (Spring, Elder Affairs, Child Abuse Council, MHC, Poison Center)</p>	<p>Social Injury Resources and Awareness Training Program that could or could not grant CEUs</p>	<p>March 2012</p>
<p>Objective: B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. *</p>					
<p>Strategy 2: Engage four health care provider centers or networks to receive Social Injury Resource and Awareness Training by 2016 and track the impact of training by process and outcome measures that reflect higher rates of calls to 2-1-1, increased referrals to injury and violence intervention services, increased numbers of trainings and selected pre- and post-test measures from providers trained</p>					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
<p>1. Outreach various entities and enter into MOUs for four health care systems to participate in a year-long Social Injury Resource and Awareness Training which will: a) empower providers to better address issues of social injury and b) increase medical centers’ effectiveness</p>	<p>Hillsborough Prevention Collaborative</p> <p>CHIP members</p>	<p>Personnel</p> <p>Marketing materials</p> <p>Time to meet and explain to appropriate health care executives the ROI aspects of the Social Injury Resource and Awareness</p>	<p>Donors and sponsors for food to be served at the training: Panera, Chipotle, etc.</p> <p>Medical and Health care systems: Baycare Health, Suncoast Family Heath Centers Tampa Family Health Centers, Tampa General/USF</p>	<p>MOU and agreement to participate</p> <p>One system per year: 2012-13 2013-14 2014-15 2015-16</p>	<p>May 2012 – May 2015</p>

Community Health Improvement Plan

Objective: B. Increase and enhance linkages between medical personnel and injury and violence prevention and intervention providers, services and public awareness by 2016. *					
Strategy 2: Engage four health care provider centers or networks to receive Social Injury Resource and Awareness Training by 2016 and track the impact of training by process and outcome measures that reflect higher rates of calls to 2-1-1, increased referrals to injury and violence intervention services, increased numbers of trainings and selected pre- and post-test measures from providers trained					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
2. Sign MOUs with four health care provider networks that allows for us to conduct training, pre/post (as applicable) and data tracking	Hillsborough Prevention Collaborative CHIP members	Provider Agency Personnel authorized to enter into MOUs Trainers Marketing materials	Decision-makers at: Medical and Health care systems: Baycare Health, Suncoast Family Heath Centers Tampa Family Health Centers, Tampa General/USF	Set schedules per MOU for training for FY 2012-13 FY 2013-14 FY 2014-15 FY 2015-16	May 2012 – May 2015
3. Establish tracking and evaluation systems that are integrated into the Crisis Center's 2-1-1 and overall program design	Crisis Center 2-1-1 personnel Hillsborough Prevention Collaborative Providers	Point person to enter & manage data Survey Monkey or other on-line survey program Inclusion of tracking on the 2-1-1 site and telephone triage that will reflect that the call was generated by the Social Injury and Violence Program Evaluate through Hillsborough Prevention Collaborative Trainers: Process Measures # Trainings Type of trainings # Providers reached Satisfaction surveys: Optional but recommended * Evaluate trainers * Evaluate content * Evaluate approach * Evaluate decision-makers' and providers' perceptions of the value of the training (ROI) Outcome Measures: • Number of 2-1-1 calls • Change via Pre-/Post Test as applicable	Decision-makers at: Medical and Health care systems: Baycare Health, Suncoast Family Heath Centers Tampa Family Health Centers, Tampa General/USF	Evaluation of the effectiveness of the Social Injury Resource and Awareness Program over five years: Final Report: How well did it work? What parts worked the best? Lessons Learned Recommendations for future?	Tracking system piloted in 2012 Finalized at year 1 Data collected and analyzed by December 2016
* Note: Objective B is a proposed intervention, based on participant feedback to be shared with the collaborative. Implementation is pending acceptance by the Prevention Collaborative					

Community Health Improvement Plan

Priority Area: Social and Mental Health of children aged 0-5					
Goal: Every child living in Hillsborough County, by the time they are entering Kindergarten, will achieve and maintain a sense of worth, connection and the ability to contribute.					
Objective: Organize working committee of mental health stakeholders to address social mental health needs					
Strategy: Advocacy					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Meet with leadership of key organizations, as well as community members and parents in Hillsborough County to determine legislative, policy, and funding issues needed to create and implement a system for early childhood mental wellness.	Children's Board of Hillsborough County Parents Family Organizations	Coordinated review of access to local, state, and federal support services for children 0-5	Healthy Start, Head Start/Early Head Start, Children's Board of Hillsborough County (Children's Services Council), Child Abuse Council, Early Childhood Council, Dept. of Children and Families, Hillsborough County Public Schools, Hillsborough County Child Care Licensing, parents, all local hospitals, Early learning Coalition of Hillsborough County	Buy-in from the Hillsborough County community stakeholders. Widespread <i>involvement</i> of organizations, agencies, and community members in this effort; Implementation of <i>resource assessment</i> ; Development of legislative, policy, and funding <i>action plan</i> for Hillsborough County.	1 year

Community Health Improvement Plan

Objective: Develop social marketing campaigns to raise the public awareness of the mental health needs of children birth to age 5 and the consequences of poor social-emotional development.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Promote the infant mental health message to local policy makers.	Children's Board of Hillsborough County Hillsborough County Health Department Parents Family Organizations	Agency Staff Coordinator/ Director of Media Campaign	Appropriate government Public officers	Educate local policy makers about the importance of infant mental health and the importance of early emotional and social development for success in school, adult life and citizenship. Invite local policy makers to visit early childhood programs. Meet with heads of local various government agencies and departments regarding importance of infant mental health services for children and their families. Infuse concepts of infant mental health into existing public awareness campaigns.	1 year

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Develop public awareness campaigns with a clear, concise and consistent message for Hillsborough County residents (in English and Spanish or other languages) regarding the importance of infant mental health and prevention; and early social/emotional development.	Children's Board of Hillsborough County Hillsborough County Health Department Parents Family Organizations	Agency Staff Coordinator/ Director of Media Campaign	Appropriate Government/Public Officials English and Spanish Public Radio/TV/print/electronic media Community-based agencies Family organizations Local Businesses/Chambers of Commerce Hillsborough County Public Schools teen parenting services Hillsborough County Breastfeeding Task Force Hillsborough County Prevention Collaborative Faith-Based Institutions and Associations	Collaboration with English and Spanish child advocacy programs, press organizations, press clubs, media companies, television and radio station personnel and others to help organize and conduct the media campaigns throughout the Tampa Bay Area. Utilization of culturally and linguistically competent social marketing materials developed through statewide organizations and other reputable organizations. Incorporation of the subject of social and emotional development and healthy relationships into K-12 curricula. Development of print/electronic material in English and Spanish which includes ways to promote early emotional, social and behavioral development. Disseminate materials in appropriate locations to reach targeted group Development of family-centered business practices and strategies to promote the value of family, strong parent-child relationships such as on-site childcare, time for breastfeeding, and providing family leave.	2 years

Community Health Improvement Plan

Objective: Create and support a health care service system that integrates children’s mental health and social development					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Integrate early childhood mental health principles and practices into all programs serving children birth to age 5	<p>Early Childhood Council of Hillsborough County</p> <p>Child Abuse Council</p> <p>Infant Mental Health Committee</p> <p>Early Learning Coalition of Hillsborough County</p> <p>Parents</p> <p>Family Organizations</p>	Training of staff and other personnel and community members	Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, subsidized and other early child care and education programs, Pre-Kindergarten, Early Steps (Part C), teen parent programs and other school programs.	<p>Best practice guidelines will be developed to help ensure that social, emotional and behavioral development is promoted.</p> <p>Explore use of “Bright Futures” curriculum and materials; and “EQUIPO” or similar family focused education and training materials</p> <p>Cultural and linguistic competence education and training</p> <p>Providers will use culturally and linguistically competent materials in their screenings and treatment.</p>	3 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Make primary care settings more aware and knowledgeable about the need to identify social, emotional, and behavioral issues in young children (birth to 5) and their families and should be prepared to make referrals for services	Early Childhood Council Parents Family Organizations	Training of medical personnel	Dr. Offices Public Medical Facilities	Best practice guidelines for implementing good infant mental health practices in healthcare will be established. Include infant mental health in continuing education and mandatory training for healthcare professionals. Primary health care settings will use appropriate screenings, assessments and make appropriate referrals for young children and or family members in need of mental health services. Continuing education and mandatory training for healthcare professionals on culturally and linguistically competent care and services.	2 -3 years

Community Health Improvement Plan

Objective: Improve and expand mental health services for children under age 5 with risks, delays or disabilities.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
<p>Improve mental health services provided for children birth to age 5 with special needs. These are typically served by the Department of Health Children's Medical Services (CMS) Early Steps (Part C) service system and the Department of Education Part B service system.</p>	<p>Children's Board of Hillsborough County</p> <p>S Gilyard (Center for Autism and Related Disorder)</p> <p>CMS</p> <p>Infants and Young Children (IYC)/Early Steps</p> <p>FDLRS</p> <p>Parents</p> <p>Family Organizations</p>	<p>Coordinated Training/Resource Review</p> <p>Funding</p> <p>Improved clinic customer service</p>	<p>Funding Agencies</p> <p>Early Childhood Council of Hillsborough County</p> <p>Baby Bungalow (Child Abuse Council)</p> <p>Parents as Teachers (Child Abuse Council)</p> <p>Program Wide Positive Behavior Support (USF)</p>	<p>Increased awareness of how social emotional functioning impacts other areas of functioning and ensure that this area is addressed in evaluation and treatment.</p> <p>Focused therapies and treatment on fostering developmental gains through strengthening the parent/child dyad and the other relationships that the child has with caregivers. Dissemination of best practices and model programs that infuse infant mental health into services for children with delays or disabilities.</p> <p>Continuing education and other infant mental health training opportunities for practicing therapists, teachers and early interventionists.</p> <p>Strategies for improving early identification, referral, and treatment of social, emotional, and behavioral development in children in the Part B program.</p> <p>Provision of mental health consultation to special education teachers working with young children with disabilities and the provision of mental health services to children with disabilities who are experiencing emotional/behavioral problems in the classroom.</p> <p>Continuing education and mandatory training for healthcare professionals on linguistically competent care and services</p>	<p>3 years</p>

Community Health Improvement Plan

Objective: Develop a coordinated system to screen and assess mental health needs for children birth to age 5.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Maintain and expand Hillsborough County's system for developmental screenings, assessments and linkages to appropriate services.	<p>S Gilyard (Center for Autism and Related Disorder)</p> <p>Greg Van Pelt (Early Childhood Council -ECC)</p> <p>Membership of Community Screening Initiative (CSI)</p> <p>Family Support and Resource Centers</p> <p>Early Childhood Council of Hillsborough County</p> <p>Parents</p> <p>Family Organizations</p>	Expand ECC/Child Find developmental screening and case management	Early Learning Coalition of Hillsborough County, Hillsborough County Head Start/Early Head Start	<p>Coordinated eligibility requirements and referral procedures for each of the early childhood mental health programs should be understood by community practitioners and stakeholders.</p> <p>Pregnant women and mothers routinely screened for mental health and substance abuse issues and a system should be in place to refer them to services.</p> <p>All pregnant women and mothers who make contact with any child-serving organizations or agencies, or programs should be provided with information and materials on the importance of addressing social and mental health needs</p>	2 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Ensure that emotional, behavioral and social development domains are included in screening/assessment tools used in Hillsborough County.	<p>S Gilyard (Center for Autism and Related Disorder)</p> <p>Greg Van Pelt (Early Childhood Council -ECC)</p> <p>Membership of Community Screening Initiative (CSI)</p> <p>Family Support and Resource Centers</p> <p>Early Childhood Council of Hillsborough County</p> <p>Early Learning Coalition of Hillsborough County</p> <p>Parents</p> <p>Family Organizations</p>	Review existing instruments employed in the community	Medicaid providers, Healthy Start, Healthy Families, Early Head Start/Head Start, home visiting programs, health care providers, schools, and other early care and education programs.	<p>Screening/assessment instruments and evaluation procedures include social, emotional and behavioral development.</p> <p>Work with pediatric health care practitioners to improve their ability to identify emotional, behavioral, and social issues in well-child visits and other encounters with the child and family</p>	2 years
<p>Challenges</p> <p>Professionalism in reaching the families</p> <p>Ensuring that services that respond to family needs are culturally and linguistically competent</p> <p>Include social services (e.g. homeless population – families and children)</p> <p>Educate society about the vulnerable population/address the indifference</p> <p>Accessing primary care physicians, networks and associations</p> <p>Involving Planning and family organizations in the all activities</p> <p>Marketing communication must be linguistically competent Spanish/Creole and other languages</p>					

Community Health Improvement Plan

Priority Area: Social and Mental Health					
Goal: To Improve the social and mental health of children, youth, adults and seniors in Hillsborough County.					
Objectives: Create a systems approach to improve child/youth social well-being.					
Strategy: Integration of services along the continuum of prevention and intervention					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Ongoing integration of training and service awareness for multiple agencies	Children's Committee Hillsborough Local Planning Team	Agency staff Agency technology Agency space	Children's Board of Hillsborough County Crisis Center: 211 Family Justice Center Hillsborough Prevention Collaborative Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
Cross agency integration of Children's Mental Health services to include Juvenile Justice and Florida Department of Health	Juvenile Justice Advisory Board Florida Department of Health Hillsborough Local Planning Team	Agency staff Agency technology Agency space	Members of the Juvenile Justice Advisory Board Florida Department of Health Members of the Local Planning Team Hillsborough Prevention Collaborative Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Ongoing integration of all youth services to include Juvenile Justice and Florida Department of Health	Juvenile Justice Advisory Board Florida Department of Health Children's Committee	Agency staff Agency technology	Members of the Juvenile Justice Advisory Board Children's Board of Hillsborough County Crisis Center: 211 Family Justice Center Hillsborough Prevention Collaborative Public School	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
Defining data to determine impact of social and mental well-being services for youth	Children's Board Department of Juvenile Justice Florida Department of Health Public Schools	Agency staff Agency technology	Florida Futures Hillsborough County: Atlas Hillsborough County School System Public Schools Hillsborough Prevention Collaborative	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
Serving families by increasing outreach	Florida Department of Health: WIC outreach representative TANIF-outreach Children's Committee	Agency staff Agency technology	Neighborhood Resource Centers City and County: Parks and Recreation Tampa Housing Authority Parent Teachers Association (PTA) Family and School Support Team (FASST) Federation of Families Neighborhood Associations Churches Young Men Christian Association (YMCA) Hillsborough County Parenting Coalition For the Family Inc. Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Include families at all levels of program services to include Juvenile Justice and Florida Department of Health	Department of Juvenile Justice Florida Department of Health Children's Committee	Agency staff Agency technology	Federation of Families PTA FASST Hillsborough County Parenting Coalition For the Family Inc. Public Schools	Memorandum of Agreement	On-going 1 year 2 years 3 years 4 years 5 years
<p>Challenges</p> <p>Ensuring that services that respond to family needs are culturally and linguistically competent</p> <p>Ensuring that caregivers and families are engaged and involved throughout service delivery</p> <p>Ensuring that comprehensive family based supports are responsive to identified family needs</p>					

Community Health Improvement Plan

Priority Area: Social and Mental Health					
Goal: To Improve the social and mental health of adults in Hillsborough County.					
Objectives: Integration of behavioral healthcare with primary healthcare by 2014					
Strategy: Form key stakeholders workgroup to identify assets and resources for recommendations for objective and goal					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Create key stakeholder group (CFBHN)	-Health Dept. -Central FL. Behavioral Network -HMO's/AHCA Hillsborough County Health Plan	Data on Hillsborough County behavioral healthcare providers Data on Hillsborough County primary healthcare providers	Hillsborough County providers of Adult Behavioral and Co-Occurring SA - MH care Hillsborough County federally qualified healthcare Centers Health Dept. Central FL. Behavioral Network HMO's/AHCA	Meetings and forums to obtain community and provider engagement and buy-in	On-going 1 year 2 years 3 years 4 years 5 years
Mapping current resources	-Building collaboration with existing partners. -Substance Abuse and Domestic Violence	Determine what resource mapping has already occurred. Geographic Information System software	Contact local agencies and those that are part of CHIP and determine what is out there. Tampa Family Healthcare Centers Suncoast Community Health Centers Adult Behavioral Healthcare providers	Electronic referral system to 'flag' those needing further referral and assessment	On-going 1 year 2 years 3 years 4 years 5 years

Community Health Improvement Plan

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Key recommendations	-Health Dept. -Central FL. Behavioral Network -HMO's/AHCA Hillsborough County Health Plan	State and Federal Confidentiality Guidelines and Requirements	State Division of Medical Quality Assurance Key stake holders	Acceptable guidelines for assessment and referral linkages	On-going 1 year 2 years 3 years 4 years 5 years
Memorandum of Agreement to include public and private providers of primary and behavioral healthcare	County Commissioner Murman Regional Council Chair (Currently, Mary Lunn Urley for Hillsborough County	Hillsborough County behavioral healthcare providers Hillsborough County primary healthcare providers	Health Dept./CFBHN/ USF/Public Providers/ Private Providers/C 13 Consortium/Acute Care Comm/City, County, State Government	Enhanced and supportive collaborative communication system between behavioral healthcare and primary healthcare	On-going 1 year 2 years 3 years 4 years 5 years
Identify "Champion" to function as legislative liaison	-Health Dept. -Central FL. Behavioral Network -HMO's/AHCA Hillsborough County Health Plan	Hillsborough County behavioral healthcare providers Hillsborough County primary healthcare providers	Hillsborough County providers of Adult Behavioral and Co-Occurring SA - MH care Hillsborough County federally qualified healthcare Centers Health Dept. Central FL. Behavioral Network HMO's/AHCA	List of Champions that include county commissioners, state legislatures, professional organizations, associations and grassroots agencies	On-going 1 year 2 years 3 years 4 years 5 years
<p>Challenges</p> <p>Need to include/collaborate with agencies that provide Substance Abuse and Domestic Violence</p> <p>Need to find existing structures (word of mouth network to build awareness)</p> <p>Building collaborations with new and existing partners and creating a database of partnerships.</p> <p>Need to find other effective local and national service models</p> <p>Need mechanism to identify new stakeholders due to the fluidity of partners</p>					

Community Health Improvement Plan

<u>Priority Area: Social and Mental Health</u>					
Goal: To Improve the social and mental health of children, youth, adults and seniors in Hillsborough County.					
Objectives: Within five years, integrate evidence-based mental health and substance abuse services for older adults into primary care settings					
Strategy: To educate older adults and the primary care system concerning opportunities for integrating care. Develop workgroup of stakeholders to explore implementation of integrated care – mental health, social service, primary care, older adults.					
Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Identify Work Group Members	Representative of Hillsborough County Health Department	Time to contact potential partners and network Written overview to educate potential partners	Adult Protective Services AARP Area Agency on Aging Division of Aging Services Florida Coalition for Optimal Mental Health and Aging Family Nurse Practitioners Physician Assistants Primary Care Physicians DCF-SAMH Florida Council for Community Mental Health Centers Florida Alcohol and Addiction Association FMHI/USF AHCA/Managed Healthcare Central Florida Behavioral Network Attorneys – that work with the elderly Guardianship Assn. Sun City Assn/Professional Organization Grassroots agencies Circuit 6 Regional Council representative (need partners with significant influence e.g. county commissioner/state legislature)	List of committed partners First meeting scheduled and convened by Health Department representative	Months 1-2 On-going 1 year 2 years 3 years 4 years 5 years

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Work Group Convenes	Health Dept representative Co-facilitator	Meeting space, equipment, supplies Knowledgeable expert on integrated care to provide overview	Previous Potential Partner Listing	Meeting convened, minutes, action plan	Month 3 On-going 1 year 2 years 3 years 4 years 5 years
Explore the models of Behavioral Health and Primary Care Integration	Health Dept representative Co-facilitator	Time to conduct thorough literature review and prepare summaries for group	Previous Potential Partner Listing	Written summary comparing different models of integrated care	Month 4 On-going 1 year 2 years 3 years 4 years 5 years
Develop an Implementation Plan with ongoing Updates and Revisions	Health Dept representative Co-facilitator	Regular meetings with committed partners Identified resources to fund training, implementation, evaluation	Previous Potential Partner Listing	Implementation and evaluation plan	Months 5-12 On-going 1 year 2 years 3 years 4 years 5 years
<p>Assets Identified (List Resources in the community):</p> <p>Local aging service infrastructure and services:</p> <ul style="list-style-type: none"> - West Central Florida Area Agency on Aging - Hillsborough County Division of Aging Services - Florida Coalition for Optimal Mental Health and Aging (Suncoast chapter) - YMCA Silver Sneakers (exercise program for older adults) <p>Local medical associations:</p> <ul style="list-style-type: none"> - Hillsborough County Medical Association (main network for doctors) - Bay Area Medical Association-Dr. Emile Commedore - Hispanic Medical Association (relationship to Tampa Bay Latin American Medical Society?) - Large primary care groups: Florida Medical Clinic, Prime Medical Clinic, Access Medical Centers <p>Existing evidence-based models of integrated care (i.e., collocation of mental health services in primary care), such as IMPACT (http://impact-uw.org/)</p> <p>Major Challenges:</p> <ul style="list-style-type: none"> - Unfamiliar with primary care networks or associations in Hillsborough County (listed above) - Time and resource demands on primary care providers - Acceptance of mental health care by older adults (branding mental health and using other friendly terminology say emotional well being) - Time needed to explore appropriate models of integrated care and develop an implementation and evaluation plan - Upfront resources to train personnel and implement integrated care, including system changes - Impact of funders/partners and other influential entities on CHIP program goals and objectives - Ensuring that identified CHIP goals and objectives are compatible with managed healthcare mission and goals - Finding a common ground between for profit and not for profit providers - Integrating a system of care with older adult services 					



Florida Department of Health – Hillsborough County Community Health Improvement Plan

Version 2



August 2013

www.hillscountyhealth.org

Community Health Improvement Plan

Following implementation of the National Public Health Performance Standards Program (NPHPSP) and Mobilizing for Action through Planning and Partnerships (MAPP) assessments, the Florida Department of Health-Hillsborough County (FDOH-HC) convened a broad group of system partners in a day long session to:

- Inform stakeholders
- Engage stakeholders in setting priorities
- Gain collaboration in initiating steps towards a community health improvement plan

The morning session was focused on presenting health indicator data and discussing health, social, and economic issues in the county. A presentation on the regional perspective was provided by One Bay Healthy Communities. This allowed attendees to view Hillsborough County in the context of our regional setting and compare the indicators of neighboring counties. The afternoon was focused on identifying priorities. Broad priority areas included:

- Obesity
- Chronic diseases
- Communicable diseases
- Injury and violence
- Access to healthcare
- Social and mental health
- Physical environment
- Maternal and child health

Six work groups were later established and the priorities were narrowed down based on feedback from partners. Each work group met a number of times in person and by conference calls to develop a community health improvement plan for the area of focus. All work groups in their initial meetings had an opportunity to thoroughly explore relevant data and discuss assets and gaps before preparing a plan.

The FDOH-HC is grateful to the organizations and individuals who donated their time to make this planning process a success. Partners were committed to the process and to the future work that needs to be done to ensure that county residents will benefit from this initiative.

Monitoring and Reporting

The second version of the Community Health Improvement Plan (CHIP) is a product of the health department's plan to monitor and evaluate progress and changes made on the CHIP over time. This will be done on a biannual basis in the form of a CHIP Biannual Monitoring Report. The report will also include monitoring on relevant health indicators for each priority area. Version 2 of the CHIP no longer contains sections on Communicable Diseases or Injury and Violence. In addition, the goals of the Social and Mental Health priority area were deleted, and a new goal was developed. Community partners were asked to provide feedback on these changes in August 2013. These changes were made based on evaluation of the CHIP and the current needs/resources of the health department and community partners.

Priority Area: Maternal and Child Health					
<p>Community Status:</p> <ul style="list-style-type: none"> • Highest 3-yr rate of nonwhite live births under 1500, 2500 grams. • Highest 3-yr rate of nonwhite infant deaths. • Highest 3-yr rate of births with first trimester prenatal care. • Teen pregnancy rates higher than Florida and US rates. 					
<p>Goal: Raise awareness on infant mortality and morbidity as important health issues in Hillsborough County.</p>					
<p>Objective: Results from the next MAPP Community Health Survey (2015), will demonstrate that > than 3.8% of residents understand and have awareness on the incidence and impact of poor birth outcomes and the link between birth outcomes and the general health and wellbeing of the community and its residents.</p> <p>Baseline: In the FDOH-HC 2010 Community Themes and Strengths survey only 3.8 % of respondents selected infant death as an important health problem. It was not in the top 10 but at the bottom, 20th of 21 in a list of important health issues.</p> <p>Target: Increase percentage</p>					
<p>Strategy: Social Marketing, Advocacy, Education</p>					
Action Steps	Responsible Team Members	Resources Needed	Partners	Outcome (Products)	Time Frame
Support system partners in their efforts to implement evidence-based interventions to reduce poor birth outcomes	FDOH-HC	Leadership and staff time	Healthy Start, Reach Up	-Participation in Healthy Start, Reach up and other partner meetings -Provide RFP Letters of Support for partners as appropriate -Provide financial support when available from FDOH-HC grant efforts	2011 – 2015
Conduct focus groups with community	FDOH-HC	Staff, interns, preceptors	Reach Up	Perceptions and how to target message to the community	Aug 2011 - Aug 2012
Use results from focus group to identify priority issues	FDOH-HC	Staff, students, interns, preceptor	USF, MAPP Partners, FDOH-HC, Healthy Start, Reach up	Identified list of specific issues that need to be targeted	Dec 2012
Determine if resources are available to develop and implement a social marketing campaign	FDOH-HC	Funding, marketing vendor, Request for Proposal (RFP)	Healthy Start, Reach up, FDOH-HC	Funding for social marketing campaign	Dec 2012
Develop and implement a social marketing campaign	FDOH-HC	Funding, marketing vendor, RFP	Healthy Start, Reach Up	Social marketing campaign	Jan 2014

Priority Area: Obesity

Community Status:

- 34.7% of Hillsborough County Residents are obese in 2009, which is a significant increase from 24.9% in 2007.

Goal: Reduce prevalence of obesity in Hillsborough County.

Objective: Create and implement a social marketing campaign that increases self-awareness of negative consequences of being overweight/obese among a selected population of Hillsborough County residents by December 2012.

Strategy: Social Marketing

Action Steps	Responsible Team Members	Resources Needed	Potential Partners	Outcome (Products)	Time Frame
Select target group	Obesity Committee	School district area data with highest numbers of obese children, committee time	Obesity Committee, HC School District	Target group identified	May 2011
Identify and partner with social marketing expert	Obesity Committee	Committee Time	USF, UT, HCC, Arts School Bay News 9 Channel 32	Partnership with social marketing expert	Jun 2011
Develop a message	Social marketing expert, Evaluation Expert	Data, Community Feedback, Committee Time, Social Marketing Expert	Community Organizations, Social Marketing Expert	Message	May 2012
Create pre/post test for message	Social marketing expert and team, Evaluation Expert	Message, Social Marketing Expert	Community Organizations, Social Marketing Expert, Evaluation Expert	Evaluation tool (pre/post test)	Jun 2012
Implement Campaign	All stakeholders	List of community resources, Funding, Media Partners, Print or other media partners	Community Organizations, Print or other media partners, Evaluation Expert	Social Marketing Campaign/Materials	Dec 2012
Evaluate social marketing campaign	Social Marketing Expert, Evaluation Expert, Obesity Committee	Target group, Evaluation Tool Results	Community Organizations	Results from Evaluation	Mar 2013

Priority Area: Chronic Diseases					
	Hillsborough County		Florida State		
Population affected by diabetes	11.8%		10.7%		
Diabetes related hospitalizations	2401 per 10,000		2083 per 10,000		
<i>Blacks have twice the mortality rate of Whites from Diabetes.</i>					
Goal: Reduce disparities in Diabetes Hospitalizations and Deaths among vulnerable populations by understanding community needs and assets.					
Objective: Determine availability of diabetes management/education for those at risk or diagnosed with the disease and initiate plans to improve access and availability by December 2013.					
Strategy: Research					
Action Steps	Responsible Team Members	Resources Needed	Partners	Outcome (Products)	Time Frame
Develop project requirements for an internship	FDOH-HC	Local academic Institutions/FDOH-HC staff time	USF	Student project requirements developed	Sep 2011
Interview and select student to evaluate diabetes management/ education availability and capacity Hillsborough County	FDOH-HC	Staff time	USF	Student intern is selected	
Monitor student progress and provide guidance on project	FDOH-HC	Staff time, student time, preceptor		Student produces final report with recommendations on diabetes management capacity	Dec 2012
Student presents results to Chronic Disease Committee	Student, FDOH-HC	Staff time, student time, meeting space, presentation tools	Chronic Disease Committee	Presentation	Dec 2012
Chronic Disease Committee develops CHIP based on results and needs identified that will impact hospitalization and deaths	Chronic Disease Committee	Committee time, meeting space	Chronic Disease Committee, Community Leaders	CHIP developed based on results	Dec 2013

Priority Area: Social and Mental Health					
Goal: Continue to support partnerships focused on behavioral and mental health.					
Objectives: Attend scheduled Central Florida Behavioral Health Network (CFBHN) Circuit 13 Consortium meetings.					
Strategy: Support					
Action Steps	Responsible Team Members	Resources Needed	Partners	Outcome (Products)	Time Frame
Attend monthly scheduled meetings	Office of Health Equity staff, FDOH-HC	Agency staff and time	None	Provide RFP Letters of Support for partners, as appropriate, and financial support, when available, from DOH-HC grant efforts	Ongoing

From: Gibson, Daragh A.
Bcc: Gordon, Leslene E.; "A Doyle"; "Eddie Santiago"; "Felicia Wells"; "Francine Odio"; "Gwendolyn Hinson"; "Hillary Shaughnessy"; "Jessie Rogers"; "Ken Guaghan"; "Larry English"; "Lisa Tackus"; "Mary Ann Kershaw"; "michelle@planbeventsandpromotions.com"; "R Anders"; "R. Rolfes"; "Robin Ragan"
Subject: Social and Mental Health CHIP Update
Date: Tuesday, August 20, 2013 12:36:00 PM
Attachments: [Social and Mental Health v.2 CHIP.doc](#)

Hello everyone,

This email is being sent out to the members of the Social and Mental Health CHIP work group.

My name is Daragh Gibson, and I have been recently hired on at the health department to work on accreditation and other activities related to the Community Health Assessment, Community Health Improvement Plan, and Strategic Plan.

I am writing to inform you of some changes to the Social and Mental Health Priority Area of the CHIP.

Based on a review of activities related to this priority area, it was determined, by staff here at the health department, that the goals and objectives are not consistent with the current resources of the health department and the partners who participated in the creation of this CHIP. However, a new goal and objective have been developed. By creating a new goal, it allows us to maintain social and mental health as a priority area on our CHIP; given that it is an important area that needs to be addressed within our Hillsborough County community. We are requesting your feedback on this please.

I have attached the updated CHIP Action Plan for Social and Mental Health. Please look it over and send any questions, comments, or suggestions to me at: daragh_gibson@doh.state.fl.us, no later than Tuesday, September 3, 2013 (the Tuesday after the Labor Day Holiday).

Thanks, and I look forward to meeting you in person sometime in the future!

Best,

Daragh A. Gibson

Medical/Health Care Program Analyst
Community Health
Florida Department of Health - Hillsborough County
2313 E. 28th Ave
Tampa, FL 33605-1333
Phone: (813) 307-8015, ext 7107

Fax: (813) 307-8094

E-mail: daragh_gibson@doh.state.fl.us

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From: Gibson, Daragh A.
Bcc: "leenglish@earthlink.net"; "robin_ragan@dcf.state.fl.us"
Subject: Social and Mental Health CHIP Update
Date: Tuesday, August 20, 2013 12:49:00 PM
Attachments: Social and Mental Health v.2 CHIP.doc

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To: "A Doyle"; "Eddie Santiago"; "Felicia Wells"; "Francine Odio"; "Gwendolyn Hinson"; "Hillary Shaughnessy"; "Jessie Rogers"; "Ken Guaghan"; "Larry English"; "Lisa Tackus"; "Mary Ann Kershaw"; "R Anders"; "R. Rolfes"; "Robin Ragan"
Bcc: Gordon, Leslene E.; [Gibson, Daragh A.](#)
Subject: Reminder- Social and Mental Health CHIP Update
Date: Tuesday, September 03, 2013 9:02:00 AM
Attachments: [Social and Mental Health v.2 CHIP.doc](#)

Hello everyone,

This is just a friendly reminder that comments and feedback on the Social and Mental Health CHIP are due today by the end of the day. If you could please kindly make comments.

Thanks so much.

Best,

Daragh A. Gibson

Medical/Health Care Program Analyst
Community Health
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2313 E. 28th Ave
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From: Gibson, Daragh A.
Sent: Tuesday, August 20, 2013 12:37 PM
Subject: Social and Mental Health CHIP Update

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DOH-Hillsborough
Senior Management Team Meeting Agenda
September 9, 2013; 8:30 a.m. Hargrett Conference Room

Agenda Item	Expectation	Presenter
Introductions Agenda amendments Approval of minutes	Greet guests/roll call Changes and additions	C Morris
Business Employee Council EARS/DARS CHIP Davis Productivity Nominations Goal 5 (Objective 5.4 & 5.5) Goal 1 (Objective 1.2)	Report Report Report Discuss Update Update	L Matthews C Ciereck Dr Gordon C Morris F Coe & J Livingstone C Morris
Wrap-up Next meeting	Review, questions, adjourned	C Morris

Future Topics for SMT	OWNER	NEXT UPDATE
Divisional Training Plans	SMT	TBD
TB/STD/EPI Surveillance	Faye Coe	TBD
Develop Pathfinder session "Sharpen the saw"	LDO	TBD



DOH-Hillsborough
Senior Management Team Meeting Minutes

September 9, 2013 – 8:30 a.m. - Hargrett Conference Room

Facilitator: Cindy Morris

Present: Cindy Morris, Christina Ciereck, Brian Miller, John Livingstone, Ryan Pedigo, Faye Coe, Dr Holt, Terri Daunic and Robert Pullen (for Robert K.) Guest Lori Matthews (Employee Council)

Absent: Robert Kowalczyk

Scribe: Terri Daunic

Agenda changes: Add Lump Sum Bonus

Approval of minutes: Minutes were approved

Follow-up ACTIONS:

- **ACTION: August 12th:** Partnership and Evaluation Guidelines recommended due by Aug 26th - Complete
- **ACTION:** Pathfinders Critical Confrontations, communications series last session due by September 20th. Last class on Sept 11th - Complete
- **ACTION:** Faye, Christina and Dr Gordon to follow up on Contract positions and determine need after process is fully evaluated. **In Progress- Measures Stage**
- **ACTION:** By August 16th supervisors will review all employees PD's to ensure job duties are accurate and new language for ED (cell phone & VPN) is added – Not Complete –HR to provide progress report Sept 17th.
- **ACTION:** By July 31, 2013 all exemptions need to be completed. Some of them were on the wrong form. In progress
- **ACTION:** BY August 31, 2013, all employees need to sign form for emergency duty (ED) and all group #1 need to register in Serv FI. –PMT will not participate last report missing 168 ED forms per Ryan.
- **ACTION:** HR to report back at next meeting which new supervisors have not attended communication series. Sent by E-mail – Complete
- **ACTION:** Divisional Budget summaries completed except HR.
- **ACTION:** Florence Prescription Discussion set for Oct 14th - complete

Topic: Employee Council
Presenter: Lori Matthews

- Employee council identified strategic goals to be actively involved with and identified Goal 1 and Goal 4 by submitting objectives for consideration. It was decided EC will be involved with Goal 1 and HR-ED will be actively involved in Goal 4.
- EC members actively served on various workgroups to achieve these goals.
- Employee morale on GSD was very good. Great feedback on the Flash Mob was received.
- Reviewed the 2013 CHD Performance Snapshot.
- Wellness Committee: doing a great job. Re-launched the Smart Snacks Program at Hargrett and initiating one at Sulphur Springs. SMT support has increased membership.
- Satisfaction Survey: compiled data and the results should tell us what is going wrong with our hiring process, where the issues are, when is their an issue? Does the data tell us when the issue happened? And we should be training supervisors to follow-up when a selection is made to answer questions, comments and concerns for those not selected.
- Need standardized hiring process.
- Employee Morale Squad (formerly known as heat) still struggling with membership, reduced in size from 15-10 members. Combined Nutrition HR, Employee Development, PHP and the Director's Office. Tim and Lori represent the Admin section. They meet on a quarterly basis. Making recommendations and reviewing items and/or issues as received for input from the council.
- Safety Committee worked on a lot of issues, members bring attention to issues that need addressed, they work together to try and resolve them. Main and Annex building fire alarms are now connected and made enhancements to the main elevators. 100% received on annual safety assessment.
- Employee Council – SMT is very proud of their accomplishments.

Topic: EARS/DARS
Presenter: Christina Ciereck

DISCUSSION:

- Standard report sent by Todd Brushwood on a quarterly basis. Addressing the HMC records entered into HMS. Total timeliness of all divisions was 96.74%. PMT will be looking at this process. Todd needs to assist SMT with the report and our understanding of it. What is the breakdown of it and it is not "user friendly". There is a variation of EARS/DARS and CSRs, not a clear breakdown of numbers.

ACTION: Quarterly report to be redesigned for SMT & PMT reviews.

Topic: CHIP
Presenter: Dr. Gordon

DISCUSSION:

- The Community Health Improvement Plan (CHIP) had previously been monitored annually. Last completed in May of 2012. It will now be monitored biannually and a new monitoring tool has been created. We will continue to seek the input of relevant community partners and share changes with them via the CHIP News letter. It was suggested that the design of the current news Letter be changed. It's too busy and is hard to read. The monitoring in August resulted in changes. A new/amended CHIP was shared. There was some discrepancy with dates. We will need to work on a better process for updating the action plans, as steps are completed. Not doing that well yet, a work in progress
- Biannual Monitoring Report – August 2013, changes include, deletion of the Communicable disease objective and injury and violence objectives. A more realistic objective was created for behavioral and mental health. The rational for deletion and changes as well as the status of the other objectives are detailed on the monitoring tool and partner CHIP newsletter (meeting handouts)
- There was discussion related to community needs and priorities, resources and partner support related to the injury and violence and mental health CHIP objectives.

Topic: Davis Productivity Nominations
Presenter: C. Morris

DISCUSSION: (Cindy more information)

- No proposed at this time, deadline September 30th.

Topic: Goal 5 (Objective 5.4 & 5.5) Updates
Presenter: Faye Coe and John Livingstone

DISCUSSION:

- Use SMT Outline to ensure you are prepared to report as Goal Owners
- Action Plan leads need to keep their SharePoint site up to date for Owner's updates.
- Expectations are Owners will send update to Director's Office prior to SMT's.
- Both 5.4 & 5.5 on action plan began, using coding in HMS the first scorecard measure.

Topic: Goal 1 (Objective 1.2)
Presenter: C. Morris

DISCUSSION:

- Objective 1.2. Ensure relevant information is effectively communicated to our workforce. Defined relevant information for SMT, PMT & Frontline staff. Much discussion on what is relevant, communication process is the key
- Dr Holt suggests looking at present methods and how to augment and identify those of best practice. Find what is relevant and deliver a consistent message.
- Ryan need to look at consistent method of communication and look at from the employee's perspective.

- Action Plan is to use SMART Objectives as first focus area to develop process. SMT Assumed audience is supervisor's vs frontline staff.

Topic: Lump Sum Bonus

Presenter: C. Morris

DISCUSSION

- Salaried Position Report: Lump sum Bonus email was sent out. The spreadsheet was used to count the numbers that was in each of the groups (as provided in the email) It was suggested that offices be divided into 60, but SMT needs to discuss how to sort and group the employees in each work unit.
- Evaluations will determine if an employee is eligible or not, receiving a 3.5 or above. It will be a data system. Bonus payments will be distributed in June 2014 based on a combination of the supervisor's performance evaluation score and a peer vote. Each organizational unit is authorized to distribute bonus payments to a maximum of 35% of the established work unit. Each employee in the work unit will receive a set number of votes based on the size of the organizational unit.
- Example: If each respective unit is 40 positions, 35% - or 14 employees –are eligible to receive a bonus. Since there are 14 bonuses available in the work unit, each unit employee is eligible to cast 14 votes. Working on SMART objectives right now and won't be put in until January.
- Eligibility guidelines are in the draft template that was sent in the email. Please read them.
- A Call-In has been scheduled for next week, Thursday, September 19th at 12:30 to 1:00 to communicate to staff the guidelines for the Lump Sum Bonus Plan.

**** Identified the employee's work units and grouped them for the purpose of the bonus distribution****

- Administrative Services - 38 employees (includes the all but 1 Director's Office staff)
- AS Vital - 11 employees
- CH - 29 employees (All under Dr Gordon except School Health nurses)
- CH School Health - 13 employees
- DC Immunizations - 22 employees
- DC SCC - 37 employees (includes, dental & Pharmacy & Senior Manager)
- DC STD - 23 employees (includes Clinic & Surv)
- DC TB - 22 employees
- EH - 44 employees
- HR & Employee Development - 8 (Includes 1 staff from Director's Office)
- PHP - 6 employees
- State Program Office & AIDS - 12 employees
- WIC - Brandon/JE/PC - 28 employees
- WIC - FK/Harg/NH - 28 employees
- WIC -Admin - 29 employees
- WIC- Unv/SS - 25 employees

RT:

Dr. Holt: - Positive changes in Tallahassee. WCFPHA meeting: New chair and vice chair. Moving towards a possible new realignment with counties and where the meetings will be held.

Robert P. HR renovations, more secure need ID to enter. New HIPPA notifications. Will send out this week. New notification that we will be required to give to clients. Either post or handout to clients.

Brian: Audit: 99% score on safe drinking water. Northdale feral cat issues still swirling around. Cat tested negative for rabies. Another case of feral cat breaking through a dog door and attacking the homeowners. The feral cat tested negative for rabies as well.

Ryan: Incorrect reports were sent out to the community on Tuesday, when the building was evacuated for a possible gas leak. It was not a gas leak and issues arose when officials interpreted the information incorrectly and disseminated out to the public and chain of command. The actual odor came from College Hill, from a fertilizer. We need a better way to communicate to community, first responders. At the present, there have been communications issues with TPD, Fire and County officials. Meeting scheduled for this Friday with the City, County and PIOs to resolve these matters.

Faye: Sulphur Springs move scheduled for middle of October. The interior of the building is not ready, but in progress.

Christina: Beginning to move forward with Direct Secured Messaging, a way to securely communicate with providers for electronic medical records. Certain group are interested in establishing accounts (i.e. PHP and EPI) Todd Brushwood has formulated some talking points and recommendations for this technology. Knowledge Management is putting together a form for folks to fill out and keep track of who has Direct Secured Messaging. Will send out a point paper to answer questions and the general format of the program. Todd Brushwood will be the point of contact.

John: Public Health Nutrition Consultant position has been posted. Public Health Assistant to be posted as well. EBT – will be ready in November.

Adjourned by Cindy Morris, next meeting will be September 17, 2013.