

Below are highlights, resources and links to information mentioned on our most recent call (January 27, 2014). Thank you for your interest and participation.

Resources and Tools

- **CHARTS update:** CHARTS public health statistics web site: www.floridacharts.com. Vulnerable population updates were done with the Preparedness office and now includes 2011, 2012 and 2013 data. You can find these under the County Health Profile which is in the upper left-hand corner of the page. The Healthiest Weight Initiative link is on the CHARTS home page (under health initiatives). These two profiles are valuable to the counties. The 2013 data that has been collected should be released in March or April. We will be adding new indicators and working toward providing sub-county rates.
- **Pinellas County:** Melissa VanBruggen went through her examples, beginning with their CHIP quarterly report. She shared their background—they finished their CHIP and SP cycle and have 2013 new plans, as of July. As part of the accreditation process, they found opportunities for improvement in their monitoring and reporting on objectives. This led them to wanting to develop a system, which led to their becoming the first pilot county to work with Chris Keller. They created a local Performance Management Council and made them the program managers to develop implementation plans; they were each assigned an objective on the strategic plan and were responsible for its implementation. Quarterly, they use the template that was mirrored off of the electronic format to report on progress. They fill out the last two columns and the statuses mirror the state's dashboard. On the far right of the form, it explains how to do the status updates and links take you to the action report, where the details are and process measures are included. This is the nitty-gritty detail part. The challenge was working on this documentation and measurement through network folders and Excel spreadsheets, with hyperlinks to action plans. It was a challenge to keep all of the templates in one place, having multiple spreadsheets and having people working on them at the same time. We set a system up to share with the executive team and to use for strategic plan monitoring. CHIP is more complicated as it is owned by partner agencies. The community partners send quarterly updates to Melissa and she updates the CHIP. Daphne asked Melissa to share why they were interested in integrating with the state system. She shared that they wanted an interactive, real-time, online method for reporting, and thought it would be nice to have it all in one spot. It will be nice to have our CHIP and SP and be able to click between the 2 and look at trends, compare quarters to quarters and it will be easier to maneuver.
- **Florida Performs** is what central office has been using for performance management measurement to track SHIP, Agency Strategic Plan, LRPP, Governor's SC objectives and eventually we will integrate CHIP and Strategic measures for counties into the system. We just wanted to give you a heads-up on this and tell you a little about the features of Performance Management. Chris Keller shared that the Florida Performs website is a draft for our new homepage. The concept is to bring all of the information into a single site instead of having fragmented sites. The site will be internal to the department. Headquarters has SHIP and SP objectives that have been collected through this website for the past 3 quarters. We will be applying Melissa's work in Pinellas so even counties have this resource. Pinellas has done a great job preparing the data using Melissa's spreadsheets. This will make importing into the

system a fairly easy process. The system is still in development and we will add more features as we go through the year. This week we are collecting October-December quarterly data. Chris walked call participants through the entering of an objective status, then selecting a department group (Communicable Disease as an example), then how to click to get a list of all of the Communicable Disease objectives. He demonstrated where there is the ability to add a new record or edit a previous record and have it will link to the most recent project plan. This is the first time that we are collecting actual numeric values, in addition to the status. You can view the program plan that was entered, all in word format. And, similar to Melissa's, it is all color-coded to make a quick look easy to see objectives. There is a mixture of Strategic Plan and SHIP objectives in case there are duplicates; however, they will only have to be entered one time. The output side will capture that objective no matter what. Central office had approximately 2 weeks to get all of their objectives in and then they are not editable anymore. There are only windows of time during the year where data can be entered and edited. The ability to toggle between plans is built in, and you will be able to select different years and time periods. It shows status by division, as well as by issue area. Hyperlinked data points have the ability to see which objectives are at risk. Our SHIP plan has a book with issue areas and goals and objectives and it will link to who entered the information. Eventually you will see this in a web-based format. Chris asked call participants to imagine that counties will enter their data and will also be able to get a report. Eventually, we will have multiple data points to add to the report to see trends. Chris reiterated what a great job Melissa had done, and that she has basically created a formula/template that we need to import the information into the data system. We have designed the database to accommodate pilot counties. By the next Meet-Me-Call we have a county report to show you.

Questions/Comments from the field:

Comment: This is phenomenal! I am very impressed.

Q: How do you see the difference between performance management and quality improvement?

A: Performance management is more over-arching. Quality Improvement is one facet of performance management. QI is a subcomponent of the strategic plan. The point of the Florida Performs is to promote QI, be accountable and transparent. The idea is that we will be able to help you do that with this system.

Q: Is the state working on QI Objectives?

A: Yes, we have a statewide QI plan (the data system is more of a process plan)

Comment: We are struggling with the requirement to submit 2 QI projects and trying to fit it all together.

Reply: The QI projects could be part of your strategic plan.

Comment: This is an awesome dashboard and will be great when it rolls out to the counties. We've been working on our own dashboard to include our CHIP objectives but we have been working on it manually. It would be very helpful to us if we could use the Florida Performs system soon. It will be great to help collect information from community partners.

Reply: As we will probably have other counties that are ready to go, like Pinellas, we will do a trial and error approach to the launch of the system. If you are interested, please contact Chris Keller and your county can go into a queue for entry.

Q: Do we have access now?

A: Feel free to check out the site that is still in development:

<http://hpe04sdbdev1/DOHPerfManSys/home.aspx>

Upcoming Events and Opportunities:

Hospital Collaboration Workgroup

Jennifer D’Urso explained the upcoming opportunity to join a workgroup focused on hospital collaboration, in regards to assessment, evaluation and implementation efforts. National Health Reform Outlines New Expectations for Non-Profit Hospitals. The Patient Protection and Affordable Care Act requires non-profit hospitals to (1) conduct a community health needs assessment at least every three years and (2) adopt an implementation strategy to meet the community health needs identified by the assessment. The community health needs assessment must include input from persons who represent the broad interests of the community served by the hospital facility, including those with special expertise in public health, and it must be made widely available to the public. In the MAPP survey that grantees completed in December, results showed that 43 counties reported collaborating with a non-profit hospital, and 25 reported integrating assessment into the non-profit hospitals’ new IRS requirements. This is very exciting! We want to tap into your experiences, and work together to document lessons learned. Why are we so interested in this? A study by the University of Kentucky, Public Health Practice-Based Research Networks National Coordinating Center, in collaboration with the RWJF, found that both hospital participation and the interaction between hospitals and local health departments are statistically significant. A 10% increase in participation of hospitals results in a .9% increase in the total of available public health services in the system. The workgroup will collaborate on their shared experiences in this area, to ultimately develop recommendations for all Florida counties, which will be presented to the performance management advisory council for feedback, and ultimately, distribution. In this time of shoe-string budgets, greater collaboration impacts our efficiency and enhances “creative” ways of getting everything we need to get done, with less. As subject matter experts involved in this workgroup, we are looking for both counties with experience collaborating with non-profit hospitals as well as counties which have experienced the barriers to that collaboration. Both of these are important perspectives, and will strengthen the workgroup. Our hope is that we learn together by your participation.

What will be involved of the volunteers for this workgroup?

#1 Regular communication—primarily via email

#2 At the kick-off of the workgroup, which will not be until March, most likely monthly conference calls, with a natural move to quarterly.

And #3 Contributions and use of a shared folder with research and resources to build a foundation for Florida County stories (depending on whether or not representation from agencies outside of the Florida Department of Health—otherwise, we will just stick with SharePoint). Please email Jennifer.D’Urso@flhealth.gov if you are interested or a call for more information at 850-245-4444 ext. 3789

Survey on MAPP e-news

A link to an evaluation for our MAPP e-newsletter was sent out to you earlier today-- <https://www.surveymonkey.com/s/9QN3GF3>. We intend for the quarterly MAPP newsletter to truly be yours. We need your help in crafting it so that it best reflects your work and any assistance you might need. Please take about 5 minutes to complete the short survey that has been designed to gauge your interest, use and satisfaction with the existing newsletter. As you know, you currently get an email each quarter with a self-contained newsletter. Another option to consider, however, is rather than having us send it out to your email, we could simply update the website to have the information that we always include in the newsletter (news from the field, CHARTS updates, Events, grant opportunities and resources). This could keep grant opportunities more current. Can you think of any disadvantages to changing to the website route? Any comments or thoughts you would like to share? None were shared with the call participants.

News from the Field

St. Johns County shared that they are finishing up their 2014 CHA in July/August and were asked to share a few strategies on their successful experience in sustaining partners at the table. Brenda Fenech-Soler shared that they noticed a dwindled partnership at the end of the last MAPP process, but had a good 6-8 solid partners still at the table. Some steps that were followed to keep our partners at the table include the following: the roster for our Health Leadership Council is chaired by county health department and the co-chair is from Community Benefits for the hospital. We realized how we need people at the table who can make decisions so we invited executive leaders and “boots on the ground” members. Planning and holding effective meetings has been instrumental; starting the meetings on time, keeping accurate minutes so the team can see the value in the meetings; celebrating success and keeping partners engaged so that they can see the fruits of their labor. We listen to the Council and do member satisfaction surveys quarterly. We average a 94% for their seeing the progress made of strategic objectives. We use innovative technology, like PARTNER (University of Colorado in Denver) which is a social analysis tool that measures the partners’ level of trust and determines outcomes. Our website, Northeast Florida Counts, also <http://www.nefloridacounts.org/> helps. Last year, we did a virtual tabletop emergency exercise and worked with risk management because many had not had the opportunity to attend partnership meetings. There really is no single strategy—it is the combination of these strategies that serves us well. We have added new partners, such as Healthy Weight Initiative partners, the YMCA, Farmer’s Market representatives, Medical Society and community cycling group. Tony Bisselli is involved with a school health vaccine initiative. Daphne added that it is the **sustainability** piece to our work that is so important and often the most difficult part. She encouraged and invited all call participants to **share successes with this piece with us so that we may highlight them in our community spotlight.**

Mini-Grant Updates

Daphne gave a brief overview of the background of the funding that every county received as a result of collaboration between departments to implement their CHIP and two chronic disease objectives, as well as a local Environmental Public Health System Assessment.

http://dohiws.doh.state.fl.us/divisions/planning_evaluation/CHAI/PHInfrastructure/2014LocalProjects.htm

Jan Daly reminded call participants that the contact for any chronic disease related questions is Debbie Glotzbach: Deborah.glotzbach@flhealth.gov, but that she has been out of the office for 3 weeks. Julianne Price announced the counties that were selected through a competitive process for funding to support a PACE-EH project: Lee, Duval, Bay, Indian River, Monroe and Volusia, and commented that she is excited to see the results.

Q: How do we **EARS code** for the work being done with this funding?

A: *Staff whose salary costs are charged to OCA CIP13 should code time.*

The **Next call** is scheduled for **Monday, April 21, 2014 at 3 pm ET.**

Call participants represented the following CHDs and/or other organizations:

Alachua

Bay

Baker

Indian River

Jackson

Levy

Nassau

Okaloosa

Pinellas

Sumter

St. Johns

Health Council of South Florida

Office of Health Statistics and Assessment staff:

Sokny Lim

Daphne Holden

Chris Keller

Jennifer D'Urso

***If you participated in the call and are not listed or listed incorrectly, please email Jennifer.D'Urso@flhealth.gov. Please share these highlights with others who may be interested in community health assessment, health improvement planning and/or MAPP.