



Florida Department of Health in Hillsborough County Community Health Improvement Plan 2020–2025

Published: March 2020



Mission

To protect, promote and improve the health of all people in Florida through integrated, state, county, and community efforts.

Vision

To be the healthiest state in the nation.

Values (ICARE)

- **Innovation** – We search for creative solutions and manage resources wisely.
- **Collaboration** – We use teamwork to achieve common goals and solve problems.
- **Accountability** – We perform with integrity and respect.
- **Responsiveness** – We achieve our mission by serving our customers and engaging our partners.
- **Excellence** – We promote quality outcomes through learning and continuous performance improvement.

Principles

Honesty, Fairness, Devotion, Courage, and Excellence

This report is available at the Florida Department of Health–Hillsborough County website at:

<http://hillsborough.floridahealth.gov/>

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INTRODUCTION

The Healthy Hillsborough Coalition was formed in October 2015, with collaboration between: The Florida Department of Health in Hillsborough County (DOH-Hillsborough), Florida Hospital (Tampa and Carrollwood – now AdventHealth), Moffitt Cancer Center, St. Joseph’s Hospitals and Florida Baptist Hospital (now BayCare), Suncoast Community Health Centers, Tampa Family Health Centers, and Tampa General Hospital. The coalition was created for the purpose of conducting joint community health assessment and improvement planning. The current steering committee membership includes all organizations aforementioned and Johns’ Hopkins All Children’s Hospital.

DOH–Hillsborough utilizes the National Association of County and City Health Officials (NACCHO)’s Mobilizing for Action through Planning and Partnerships (MAPP) model to complete its Community Health Assessment (CHA). The Assessments Phase consists of compiling and analyzing primary and secondary data through four individual assessments to evaluate the health of the community. The four assessments are The Community Health Status Assessment, The Community Themes and Strengths Assessment, The Forces of Change Assessment, and The Local Public Health System Assessment. Data from the four assessments are analyzed collectively to determine strategic issues / priority areas for the health department and local public health system to address to improve health outcomes within the jurisdiction.

Assessment 1: The Community Health Status Assessment answers the questions: *How healthy is the community? What does the health status of the community look like?* Socioeconomic data reveals that 16% of county residents, and 21% of children live in poverty. While 14% of adults do not have health insurance, and 7% of the civilian labor force is unemployed. The leading cause of death remains chronic and non-communicable diseases which is not surprising as 63% of adults are overweight or obese. The suicide rate is 13 suicides per 100,000 people. Health inequities persist as seen in the county’s infant death rates as Black infants die at three-times the rate of White infants.

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Assessment 2: The Community Themes and Strengths Assessment answers the questions: *What is important to the community? How is the quality of life perceived in the community? What assets does the community have that can be used to improve community health?* These three questions were mostly answered from primary data collected by a community survey, key informant interviews, and focus groups. The demographic profile of community survey respondents matched very closely to the county's demographic profile from U.S. Census data. Approximately two in five community survey respondents reported having an unmet health need, and one in four ran out of food at least once during the past 12 months. Survey respondents identified: mental health, being overweight, cancers, heart disease, stroke, and high blood pressure as the most important health issues. Key informants identified: chronic diseases, mental health, access to health care, and infectious diseases as the most important health issues. Focus group participants identified: exercise, nutrition, weight; environmental health; mental health; substance abuse; heart disease; and stroke as the most important health issues. Community assets identified include programs and services offered by hospitals and other agencies, along with aspects of the built environment such as community walkability and lighting.

Assessment 3: The Forces of Change Assessment answers the questions: *What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?* Approximately 150 community partners conducted this assessment. Forces of change identified were: Policy & Economics, Race & Other types of Discrimination, and Technology. The rising cost of health care, the stigma surrounding behavioral health, along with low wage jobs being replaced by technology were identified as threats to the local public health system. While telemedicine was identified as an opportunity that can help to improve the function of the local public health system.

Assessment 4: The Local Public Health System (LPHS) Assessment answers the questions: *What are the activities, competences, and capacities of the local public health system? How are the 10 Essential Public Health Services (EPHS) being provided to the community?* System partners from various sectors including: public health agencies, hospitals, other

INTRODUCTION

government agencies, and local businesses responded to a survey asking them to rate the LPHS. Partners rated the system as performing with significant activity. The system performed the best in EPHS 1, monitoring health status to identify community health problems. EPHS 5, developing policies and plans that support individual and community health efforts, presented the most opportunity for improvement. Many partners were unaware of some of the activities performed by the LPHS.

Data from the assessments were presented to more than 150 community partners at the coalition's 2019 prioritization meeting. These community partners then voted and identified Mental Health; Access to Health Services; Exercise, Nutrition & Weight; Substance Use; and Diabetes as the top five health issues facing the community. The Healthy Hillsborough coalition will develop implementation plans to address Access to Health Services; and Exercise, Nutrition & Weight over the next three to five years which will be included in DOH-Hillsborough's 2020 – 2025 Community Health Improvement Plan (CHIP). Mental Health and Substance Use (Behavioral Health) will be addressed through the newly established All4HealthFL collaborative.

All4HealthFL is a newly established collaborative between departments of health in Hillsborough, Pasco, Pinellas, and Polk counties along with the not-for-profit hospitals that serve those counties. Members decided to develop a coordinated implementation plan to address Behavioral Health, the top priority across all four counties. This implementation plan will also be included in DOH-Hillsborough's 2020 – 2025 CHIP.

The complete CHA report can be found at <https://hillsborough.floridahealth.gov>.

INTRODUCTION



Figure 1: Most Important Health Issues

DOH–Hillsborough CHIP Priority Areas and Goals

| CHIP Priority Areas | Goals |
|------------------------------|---|
| Behavioral Health | To improve mental health and reduce substance abuse in adults and youth in Hillsborough, Pasco, Pinellas, and Polk counties. |
| Access to Health Services | To support existing efforts to increase access to health services. |
| Exercise, Nutrition & Weight | To reduce food insecurity through local DOH systems changes and policy initiatives related to economic development. |
| Health Literacy | To provide DOH staff with a health literacy initiative relevant to their jobs and personal lives and increase health literacy capacity. |

COMMUNITY HEALTH ASSESSMENT

SUMMARY OF 2019 COMMUNITY HEALTH ASSESSMENT



Every five years DOH-Hillsborough works with community partners to assess the health of Hillsborough County. The Community Health Assessment follows a nationally-recognized framework (MAPP) and combines results from four individual assessments to help leaders prioritize the top health concerns in the county. The top health concerns from the 2019 CHA are **Behavioral Health, Access to Health Services, and Exercise, Nutrition & Weight.**



Assessment 1: Community Health Status

How healthy is the community? What does the health status of the community look like?

DATA SOURCES

FDOH's *Florida Health CHARTS*
RWJF's *County Health Rankings*
United Way's *ALICE Report*
US Census

SOCIOECONOMIC DATA:

16% of individuals and 21% of children live in poverty.
86% of adults have health insurance coverage.
7% of civilian labor force is unemployed.

HEALTH BEHAVIOR DATA:

16% of adults are current smokers.
77% of adults have had a medical checkup in the last year.
57% of adults are inactive or insufficiently active.
More than 96% of 7th graders received recommended immunizations.



1 in 5 adults engage in heavy or binge drinking.

HEALTH OUTCOME DATA:

Top causes of death: heart disease; cancer; chronic lower respiratory disease; stroke; and diabetes.

63% of adults are overweight or obese.

There are 13 suicides per 100,000 people.

There were 75 acute & 1,233 chronic Hepatitis C cases in 2019.*

Many **health inequities** exist in Hillsborough County. Health Inequities are differences in health across groups of people that are systemic, avoidable, and unjust.

- Example: Black infants die at 3x the rate of white infants (13.6 black infant deaths per 1,000 live births compared to 4.6 white infant deaths per 1,000 live births).

*Provisional data



Assessment 2: Community Themes & Strengths

What is important to the community? How is quality of life perceived in the community? What assets does the community have that can be used to improve community health?

DATA SOURCES

Community Survey (5,304 people)
Key Informant Interviews (25 people)
Focus Groups (40 people)

COMMUNITY SURVEY:

Survey respondents were 72% female with median age 35-44. The racial distribution reflected that of Hillsborough County.

In the last year...



2 in 5 had an unmet health need.



1 in 4 ran out of food.

14% had at one time been diagnosed with depression.

Most important health problems: mental health; being overweight; cancers; and heart disease, stroke & high blood pressure.

Most important factors to improve quality of life: low crime & safety; access to health care; and good schools.

Most harmful risky behaviors: drug abuse; distracted driving; and alcohol abuse.

Perceptions of community safety, health & resources vary by race/ethnicity.

KEY INFORMANT INTERVIEWS:

Important health issues: chronic diseases; mental health; access to care; and infectious diseases.

Community assets: food pantries; healthcare providers; specialized services (e.g. refugee and translation services); education programs; and mental health service providers.

Ways to address health issues: increasing access to care; education; connecting community to resources; cultural sensitivity; and expanding partnerships.

COMMUNITY FOCUS GROUPS:

Important health issues: exercise, nutrition, weight; environmental health; mental health; substance abuse; and heart disease & stroke.

Ways to address health issues: education & messaging; programs & services; access to care; and nutrition & access to food.

COMMUNITY HEALTH ASSESSMENT



Assessment 3: Forces of Change

What is occurring or might occur that affects the health of the community or the local public health system? What specific threats or opportunities are generated by these occurrences?

DATA SOURCE
Discussions among
150 community
partners

Threats & Opportunities

Policy & Economic

Rising cost of health care
Changes in program eligibility
Population growth
Gentrification

Race & Discrimination

Stigma of behavioral health & services
Cultural barriers in health services
Patient trauma from discrimination
Stigma of seeking social services

Technology

Low wage jobs replaced by technology
Telemedicine & telehealth



Assessment 4: Local Public Health System

What are the activities, competencies, and capacities of the local public health system?
How are the 10 Essential Public Health Services being provided to the community?

DATA SOURCE
Survey among 46
local public health
partners



Respondents were from public health agencies, hospitals, non-profits, government agencies, schools, health clinics, behavioral health services, civic & faith organizations, and local businesses. Respondents rated the public health system's activity level on the ten essential services. **ACTIVITY LEVEL (Lowest to Highest): None → Minimal → Moderate → Significant → Optimal**

Overall, the local public health system was rated as performing with "significant activity."

Essential Service 1—Monitor Health—scored highest performing with "significant activity."

Essential Service 5—Develop Policies—scored lowest performing with "moderate activity."

Essential Service 6—Enforce Laws—had the largest number of "don't know or unaware" responses (41%).

Essential Public Health Services & Core Functions



Priority Health Issues

Process:

On July 24, 2019, 150 community leaders discussed results from the 4 assessments and then voted on which health issues should be priorities.

Top Priorities After Voting:

1. Mental Health
2. Access to Health Services
3. Exercise, Nutrition & Weight
4. Substance Abuse
5. Diabetes
6. Maternal, Infant & Fetal health
7. Heart Disease & Stroke
8. Immunizations & Infectious Disease
9. Cancer
10. Oral Health
11. Respiratory Disease

Top 3 Priority Health Issues:

- Behavioral Health**
(Mental Health & Substance Use)
- Access to Health Services**
- Exercise, Nutrition & Weight**

The top 3 priorities will be addressed through DOH-Hillsborough's Community Health Improvement Plan from 2020-2025.

IMPLEMENTATION PLANS

The results of the four MAPP assessments, community discussions and a review of assets, were used by partners to create implementation plans for the CHIP priority areas of focus. Healthy Hillsborough Steering Committee members have developed implementation plans for the priority areas Access to Health Services and Exercise, Nutrition & Weight. The implementation plans are presented below. Evidenced-based, practice-based, or promising practices were considered for each implementation plan as well as policy and system changes needed to accomplish action steps. Partners also considered how best to address social determinants of health through the implementation plans. In developing the Exercise, Nutrition and Weight (ENW) implementation plan, the steering committee sought input from local area Community Development Corporations. This was aimed at understanding their work in addressing affordable housing in their communities, as housing is a social determinant of health that is closely related to food insecurity. The second implementation plans developed in the area of Exercise, Nutrition & Weight has the goal of screening DOH-Hillsborough clients for social determinant of health and then helping clients by making referrals.

IMPLEMENTATION PLANS

Priority Area: Access to Health Services

Implementation Plan Workgroup Co-Chairs: Dr. Ayesha Johnson (DOH-Hillsborough); Harold Jackson (Tampa Family Health Centers)

Implementation Plan Workgroup Members: Dr. Ayesha Johnson, Dr. Leslene Gordon, Allison Nguyen, Grace Liggett (DOH-Hillsborough); Kimberly Williams (AdventHealth), Colleen Mangan, Vasthi Ciceron (BayCare), Tamika Powe (Tampa General Hospital), Stephanie Sambatakos (Johns Hopkins All Children's Hospital), Jenna Davis (Moffitt Cancer Center), Harold Jackson (Tampa Family Health Centers), Sherri Gay (Suncoast Community Health Centers)

Relevant Health Indicators:

- Navigator needs identified
- 37% of adults have an unmet health need (CHA, 2019)
- 18% of adults with children in their home have an unmet health need (CHA, 2019)
- 67% of adults have a personal doctor (BRFSS, 2016)

Goal: To support existing efforts to increase access to health services

SMART Objective: By July 2020 identify needs, factors and gaps to be addressed to improve access to health services.

Strategy: Research and Collaboration

| Activities | Lead | Output (Products) | Status | Date | |
|---|--------------------|---------------------------|-------------|------------|------------|
| | | | | Start | End |
| 1. Create navigator survey. | DOH | Electronic survey created | Complete | 10/25/2019 | 11/05/2019 |
| 2. Distribute survey to patient navigators, care coordinators, etc. | Steering Committee | Feedback from navigators | In progress | 11/05/2019 | 01/10/2020 |
| 3. Summarize survey results. | DOH | Report summary | Complete | 01/10/2020 | 01/30/2020 |

IMPLEMENTATION PLANS

| Activities | Lead | Output (Products) | Status | Date | |
|---|---------------------------------|--|-------------|------------|------------|
| | | | | Start | End |
| 4. Reaching out to identify existing navigator networks. | Steering Committee | Guests attend meeting | Complete | 01/17/2020 | 07/01/2020 |
| 5. Invite 211, and other community partners to discuss gaps in services. | Steering Committee | Guests attend meeting | On going | 01/17/2020 | 07/01/2020 |
| 6. Update implementation plan to include new research resulting from research and collaboration. | Steering Committee | Updated Implementation Plan | On schedule | 02/21/2020 | 07/01/2020 |
| 7. Make policy recommendations. | Steering Committee | Policy recommendation | On schedule | 07/01/2020 | 12/31/2020 |
| 8. Schedule at least one community resource meeting / conference for patient navigators / care coordinators, etc. | DOH | Meeting scheduled | On schedule | 07/01/2020 | 10/31/2020 |
| 9. Explore options to collaborate with 211 to systematically update their database. | Steering committee | Systematic update framework implemented | On Schedule | 03/01/2020 | 12/31/2020 |
| 10. Provide update to the steering committee on BayCare's resource referral Aunt Bertha platform. | Colleen Mangan / Vasthi Ciceron | Update provided at steering committee meeting. | On schedule | 01/01/2021 | 12/21/2021 |

IMPLEMENTATION PLANS

Priority Area: Exercise, Nutrition & Weight (1)

Implementation Plan Workgroup Co-Chairs: Grace Liggett (DOH-Hillsborough), Kimberly Williams (AdventHealth)

Implementation Plan Workgroup Members: Dr. Ayesha Johnson, Dr. Leslene Gordon, Allison Nguyen, Grace Liggett (DOH-Hillsborough); Kimberly Williams (AdventHealth), Colleen Mangan, Vasthi Ciceron (BayCare), Tamika Powe (Tampa General Hospital), Stephanie Sambatakos (Johns Hopkins All Children's Hospital), Jenna Davis (Moffitt Cancer Center), Harold Jackson (Tampa Family Health Centers), Sherri Gay (Suncoast Community Health Centers).

Relevant Health Indicators (CHA 2019 survey):

- 33% reported food insecurity
- 39% of persons with children living in their home reported food insecurity
- Higher rates of reported food insecurity among Black non-Hispanic and Hispanic respondents

Goal: To reduce food insecurity through local DOH systems change and policy initiatives related to economic development.

SMART Objective: By Dec 2020 identify economic policy initiatives that impact food insecurity

Strategy: Policy development and System changes

| Activities | Lead | Output (Products) | Status | Date | |
|--|------|--|----------|------------|------------|
| | | | | Start | End |
| 1. Meet with community experts in food insecurity. | DOH | Meetings convened with USF Faculty, Feeding Tampa Bay, TBNEH | Complete | 10/25/2019 | 01/08/2019 |
| 2. Invite community-based organizations to inform strategies to address housing and other economic factors related to food insecurity. | DOH | Guests attend steering committee meeting | Complete | 12/05/2019 | 01/17/2020 |

IMPLEMENTATION PLANS

| Activities | Lead | Output (Products) | Status | Date | |
|---|--------------------|-----------------------------|-------------|------------|------------|
| | | | | Start | End |
| 3. Update implementation plan to address food insecurity through policy development strategies related to economic development. | Steering Committee | Updated Implementation Plan | On schedule | 01/17/2020 | 12/31/2020 |
| 4. Make policy recommendations. | Steering committee | Policy recommendations | On schedule | 07/01/2020 | 12/31/2020 |

IMPLEMENTATION PLANS

| Priority Area: Exercise, Nutrition & Weight (2) | | | | | |
|--|--------------------|---------------------------------|-------------|------------|------------|
| Implementation Plan Workgroup Co-Chairs: Grace Liggett, Allison Nguyen (DOH-Hillsborough) | | | | | |
| Implementation Plan Workgroup Members: Dr. Leslene Gordon, Allison Nguyen, Grace Liggett (DOH-Hillsborough) | | | | | |
| Relevant Health Indicators (CHA 2019 survey): | | | | | |
| <ul style="list-style-type: none"> • 33% reported food insecurity • 39% of persons with children living in their home reported food insecurity • Higher rates of reported food insecurity among Black non-Hispanic and Hispanic respondents | | | | | |
| Goal: To reduce food insecurity through local DOH systems change and policy initiatives related to economic development. | | | | | |
| SMART Objective: By Dec 2020 implement SDOH screenings in DOH clinics | | | | | |
| Strategy: Policy development and System changes | | | | | |
| Activities | Lead | Output (Products) | Status | Date | |
| | | | | Start | End |
| 1. Meet with DOH Senior Leadership to discuss and propose implementing SDOH screen in DOH clinics. | DOH | Meeting convened | On schedule | 03/25/2020 | 04/30/2020 |
| 2. Implement SDOH screen in clinics. | DOH | Screenings conducted in clinics | On schedule | 03/01/2020 | 07/31/2020 |
| 3. Report findings to steering committee. | DOH | Report | On schedule | 07/01/2020 | 09/01/2020 |
| 4. Make policy recommendations for implementing screening tool. | Steering committee | Policy recommendations | On schedule | 07/01/2020 | 12/31/2020 |

IMPLEMENTATION PLANS

| Priority Area: Hillsborough Health Literacy Initiative | | | | | |
|--|--|------------------------------------|----------|------------|------------|
| Implementation Plan Workgroup Co-chairs: Rachel Chase | | | | | |
| DOH Implementation Plan Workgroup Members: Christy Altidor, Rachel Chase, Kelsey Christian, Dr. Leslene Gordon, Grace Liggett, Allison Nguyen, Tracey Olivella Rosemberg, Noemi Padro, James Waldroff, Bonnie Watson, Brenda Wendt | | | | | |
| Relevant Indicators: Staff and organizational assessments conducted; program, policy and evaluation plans created and implemented. | | | | | |
| Goal: To provide DOH staff with a health literacy initiative relevant to their jobs and personal lives and increase health literacy capacity. | | | | | |
| SMART Objective: By June 30, 2020 have in place an agency-wide initiative to improve the health literacy capacity of the agency and of at least 80% of agency staff. | | | | | |
| Strategy: Social marketing assessments, Program planning, and Policy development. | | | | | |
| Activities | Lead | Output (Products) | Status | Start | End |
| 1. Get on the agendas of PMT, SLT and other divisional meetings for surveys. | Rachel Chase | Time on meeting agendas | Complete | 06/06/2018 | 07/15/2018 |
| 2. Conduct an organizational environmental scan of health literacy for assessing current capacity. | OHE MPH intern, Rachel Chase, work-group members | Information on gaps and challenges | Complete | 08/01/2018 | 10/31/2018 |

IMPLEMENTATION PLANS

| Activities | Lead | Output (Products) | Status | Start | End |
|--|------------------------------------|---|----------|------------|------------|
| 3. Survey divisional staff for health literacy awareness through a pen and paper approach at standing meetings. Gather optional staff contact information for further in-depth interviews (social marketing approach). Promote for health literacy month in October. | OHE MPH intern, Rachel Chase | Data on staff knowledge, perceptions, abilities, barriers, needs, and motivations | Complete | 10/01/2018 | 12/31/2018 |
| 4. Interview individual staff from different divisions and staffing levels to probe deeper on findings and to inform program planning (social marketing approach). | OHE MPH intern, Rachel Chase | Data on staff knowledge, perceptions, abilities, barriers, needs, and motivations | Complete | 01/01/2019 | 01/15/2019 |
| 5. Revisit internal messaging, branding, and communications plan (explore “health literacy”, definitions used etc.) | Workgroup | Updated messaging platform | Complete | 03/01/2019 | 04/30/2019 |
| 6. Meet with agency PIO and Employee Council to discuss health literacy and potential areas of alignment. | Rachel, Taylor, work-group members | Information, ideas, direction for program plan and policies identified | Complete | 03/01/2019 | 04/30/2019 |

IMPLEMENTATION PLANS

| Activities | Lead | Output (Products) | Status | Start | End |
|--|--|--|-------------|------------|------------|
| 7. Develop draft program, policy, and evaluation recommendations. | OHE MPH intern, Rachel Chase, work-group members, employee council | Draft program and policy plans | Complete | 05/01/2019 | 06/30/2019 |
| 8. Present senior leadership with the draft recommendations. Include the “emotional why”, regulatory (accreditation and otherwise), fiscal and ethical considerations for integrating health literacy into the agency. | Rachel Chase, Allison Nguyen, or Dr. L. Gordon | Data summary, presentation and recommendations from senior leaders | Complete | 07/01/2019 | 08/31/2019 |
| 9. Implement program and policy recommendations with pilot phases as appropriate. | Workgroup | New policies and/or programs | In progress | 09/01/2019 | 06/30/2020 |
| 10. Evaluate, assess and report on the programs and policies for increased capacity, effectiveness and sustainability. | Rachel Chase | Recommendations for program and policy improvements | | 04/01/2020 | 09/30/2020 |

ALL4HEALTHFL



All4HealthFL is a collaborative between departments of health in Hillsborough, Pasco, Pinellas, and Polk counties along with the not-for-profit hospitals that serve those counties. As each county conducted their prioritizations exercises, Behavioral Health emerged the top priority for

all four counties. As such, members decided to develop a coordinated plan to address this issue across all four counties. The Implementation Plan is presented below.

Priority Area: Behavioral Health

Implementation Plan Workgroup Co-Chairs: Dr. Ayesha Johnson (DOH-Hillsborough); Colleen Mangan (BayCare)

Implementation Plan Workgroup Members: All4HealthFL Collaborative

Florida Departments of Health

- Hillsborough
- Pasco
- Pinellas
- Polk

Hospital Partners

- AdventHealth
- BayCare
- Johns Hopkins All Children's Hospital
- Lakeland Regional Hospital
- Moffitt Cancer Center
- Tampa General Hospital

Relevant Indicators:

- Mental Health and Substance Use both ranked as top health priorities across all four counties in their 2019 prioritization meetings.
- In the 2019 Community Health Survey:
 - Thoughts of suicide and self-harm were reported in 12% of respondents in Hillsborough, Pasco, and Pinellas, and 9% in Polk.
 - An unmet mental health need was reported by 14% of respondents in Hillsborough, 15% in Pasco, 13% in Pinellas, and 11% in Polk.
 - Four or more Adverse Childhood Experiences were reported by 35% of respondents in Hillsborough, 41% in Pasco, 40% in Pinellas, and 31% in Polk.
- In the most recent Opioid Use Dashboard on FLHealthCHARTS (2017):
 - 26 per 100,000 in Pasco County, 23 opioid overdose deaths per 100,000 people in Pinellas County, and 12 per 100,000 in both Hillsborough and Polk counties. The State rate is 22 per 100,000.
- In the most recent BRFSS data (2016):
 - The % of adults who have been told they have a depressive disorder is higher in each of the four counties than in the state overall. (Hillsborough – 15%, Pasco – 19%, Pinellas – 15%, Polk – 15%, Florida – 14%)
 - The % of adults who engage in heavy or binge drinking is higher in Hillsborough, Pasco, and Pinellas counties than in the state overall. (Hillsborough – 19%, Pasco – 19%, Pinellas – 21%, Polk – 12%, Florida – 18%)

Goal: To improve mental health and reduce substance abuse in adults and youth in Hillsborough, Pasco, Pinellas, and Polk counties.

SMART Objective: From January 2020 through January 2023

- Provide 16 Mental Health First Aid trainings throughout Hillsborough, Pasco, Pinellas, and Polk counties for Florida Department of Health staff, community organization personnel, law enforcement agents, community members, and others.
- Provide an additional 8 Mental Health First Aid – Youth trainings throughout Hillsborough, Pasco, Pinellas, and Polk counties for teachers, youth-serving organization personnel, juvenile justice system staff, and others.

Strategy: Equip service providers and community members with Mental Health First Aid (MHFA) training to develop the knowledge and skills needed to identify and respond to behavioral health concerns in their specific communities (both adult and youth populations).

| Activities | Lead | Output (Products) | Status | Start | End |
|--|----------------------------------|---|-------------|------------|------------|
| 1. Develop an inventory of MHFA trainings being offered. | Grace Liggett, Vasthi Ciceron | List of where MHFA is currently being offered. | In progress | 01/24/2020 | 02/14/2020 |
| 2. Develop an inventory of MHFA Trainers and Master Trainers. | Grace Liggett, Vasthi Ciceron | List of where MHFA is currently being offered. | In progress | 01/24/2020 | 02/14/2020 |
| 3. Develop a list priority populations and organizations for MHFA. | Ayesha Johnson, Grace Liggett | List of priority populations and organizations and All4HealthFL contacts with plans for MHFA. | In progress | 12/01/2019 | 06/30/2023 |
| 4. Determine current resources available for MHFA (trainers, master trainers, funds for workbooks and/or space). | All | List of resources needed. | In progress | 12/01/2019 | 02/28/2020 |
| 5. Schedule MHFA trainings. | All | Shared schedule of trainings. | Ongoing | 01/24/2020 | 06/30/2023 |
| 6. Explore document sharing options. | Lisa Bell | Report out on options. | In progress | 01/24/2020 | 02/01/2020 |

| Activities | Lead | Output (Products) | Status | Start | End |
|---|------|--|-------------|------------|------------|
| 7. Explore strategies for reducing substance use. | All | Discussion on strategies that All4HealthFL can align with. | On schedule | 01/01/2023 | 06/30/2023 |
| 8. Make policy recommendation | All | Policy recommendations. | On schedule | 01/01/2023 | 06/30/2023 |

CHIP MONITORING PLAN

Implementation Plans will be monitored for each priority area on a quarterly basis. Implementation Plan co-chairs will provide information to complete a monitoring tool provided by DOH–Hillsborough, at quarterly intervals. This monitoring tool will reflect the status of each action step within each implementation plan, and will track progress on the process and outcome indicators. Additionally, the Healthy Hillsborough Steering Committee will host an annual review meeting to review the progress made on the Healthy Hillsborough implementation plans and to make amendments as needed. The internal DOH–Hillsborough work group will review all the CHIP implementation plans and develop the CHIP annual progress report. Figure 2 provides an illustration of the CHIP implementation and monitoring process for the five-year cycle.

CHIP MONITORING PLAN

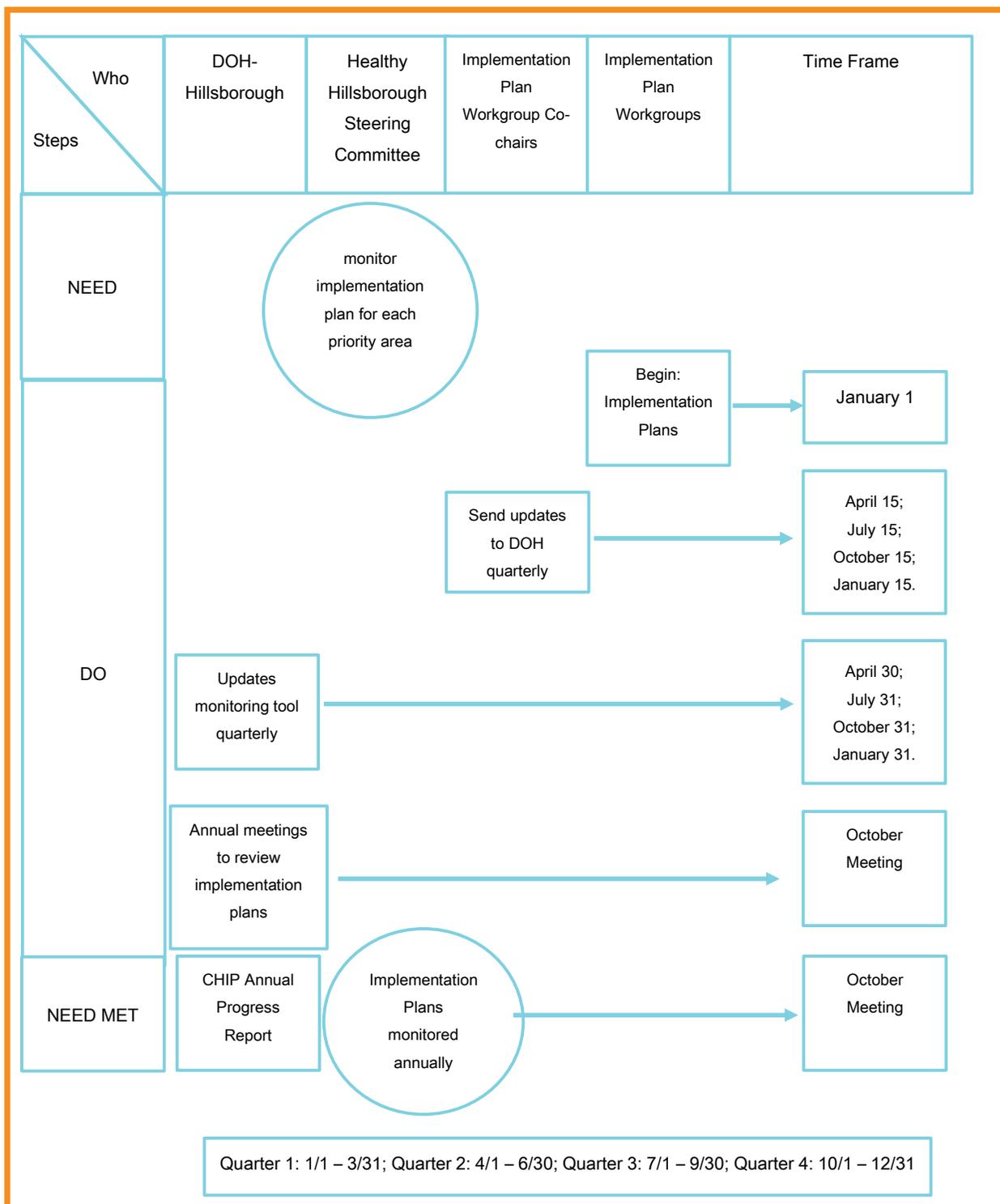


Figure 2: CHIP Implementation and Monitoring Process Map

CHIP IMPLEMENTATION PLAN MONITORING TOOL

2020 Quarter 2 Report (April 1, 2020 – June 30, 2020)

Goal:

Activity / Strategy:

Objective:

Process and Outcome Indicators Quarter 2 Tracking

| Indicator | Baseline | Current (Q2) | Notes | Target (Year 1) | Target (Year 5) |
|---------------------|----------|--------------|-------|-----------------|-----------------|
| (Process Indicator) | | | | | |
| (Process Indicator) | | | | | |
| (Process Indicator) | | | | | |
| (Outcome Indicator) | | | | | |

CHIP MONITORING PLAN

Action Steps Quarter 2 Tracking

| Action Step | Action Status (Complete, On Schedule, At Risk, Not on Schedule, Not Feasible) | Completed Deliverables/Outputs of Action | Key Partners | Actual Start Date | Actual Finish/End Date | Progress Notes |
|-------------|--|--|--|--|---|--|
| 1. | See status definitions below | Description of any products or results of the action completed during Q1 | Names of partners, consultants, contractors, etc. who helped carry out the action step in Q1 | Actual start date of action step described | Actual finish/end date of action step described | Any information that would be helpful in knowing more about this action step's progress and activities in Q2 |
| 2. | | | | | | |
| ... | | | | | | |
| 6. | | | | | | |

Complete = Action Step is complete on or after the target date.

On Schedule = No changes/delays and no scope changes.

At Risk = Action Step needs some attention; milestones in action step are maybe being met, but results are not as anticipated.

Not On Schedule = Action Step will not be met by the target date.

Not Feasible = Action Step has been excluded from the Action Plan.

Additional Progress and Comments Quarter 2 Tracking

| Additional Progress and Comments |
|--|
| <p><i>Additional comments on the overall progress of implementation plan activities during Q1. Example notes include: partner contributions, facilitating factors of success, barriers/issues encountered, plans to overcome barriers/issues, unanticipated outcomes, and overall progress and comments.</i></p> |
| Overarching Themes |
| <p><i>-Health Equity (Health Disparities and Social Determinants of Health)</i></p> <p><i>-Encouraging Healthy Behaviors</i></p> <p><i>-Improving Health Collaboration</i></p> |

CHIP ALIGNMENT WITH PLANS AND INITIATIVES

CHIP ALIGNMENT WITH INTERNAL PLANS

| CHIP Priority Area | Goal / Strategy | DOH- Hillsborough Strategic Plan 2016-2020 |
|---|---|--|
| Behavioral Health | <p>Goal: To improve mental health and reduce substance abuse in adults and youth in Hillsborough, Pasco, Pinellas and Polk counties.</p> <ul style="list-style-type: none"> • Strategy: Equip service providers and community members with Mental Health First Aid Training to develop the knowledge and skills needed to identify and respond to behavioral health concerns in their specific communities (both adult and youth populations). | Health Equity |
| Access to Health Services | <p>Goal: To support existing efforts to increase access to health services.</p> <ul style="list-style-type: none"> • Strategy: Research and Collaboration. | Health Equity |
| Exercise, Nutrition & Weight (1 & 2) | <p>Goal: To reduce food insecurity through local DOH systems change and policy initiatives related to economic development.</p> <ul style="list-style-type: none"> • Strategy: Policy development. | Obesity |
| Hillsborough Health Literacy Initiative | <p>Goal: To provide DOH staff with a health literacy initiative relative to their jobs and personal lives to increase health literacy capacity.</p> <ul style="list-style-type: none"> • Strategy: Social marketing assessments, Program planning, and Policy development. | Health Equity |

CHIP ALIGNMENT WITH PLANS AND INITIATIVES

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

| | | | |
|---|--|--|---|
| <p>DOH–Hillsborough CHIP 2020-2025</p> | <p>Florida Department of Health State Health Improvement Plan (SHIP) 2017-2021</p> | <p>National Prevention Strategy: America’s Plan for Better Health and Wellness</p> | <p>HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care</p> |
| <p>Priority: Area: Behavioral Health Goal: Improve mental health and reduce substance in adults and youth across Hillsborough, Pasco, Pinellas and Polk counties.</p> | <p>Priority: Area: Behavioral Health Goal: Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.</p> | <p>Priority: Area: Mental & Emotional Well-Being</p> | <p>Priority Area: Advance Health, Safety, and Well-Being of the American People</p> |
| <p>Priority Area: Access to Health Services Goal: Support existing efforts to increase access to health services.</p> | <p>Priority Area: Chronic Diseases & Conditions Goal: Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity.</p> | <p>Priority: Area: Mental & Emotional Well-Being</p> | <p>Priority Area: Transform Health Care</p> |

CHIP ALIGNMENT WITH PLANS AND INITIATIVES

| | | | |
|---|---|---|--|
| <p>DOH–Hillsborough CHIP 2020-2025</p> <p>Priority Area: Exercise, Nutrition & Weight Goal: Reduce food insecurity through policy initiatives related to economic development.</p> | <p>Florida Department of Health State Health Improvement Plan (SHIP) 2017-2021</p> <p>Priority Area: Healthy Weight, Nutrition & Physical Activity Goal: Improve the food environment and nutrition habits across the lifespan to increase healthy weight.</p> | <p>National Prevention Strategy: America’s Plan for Better Health and Wellness</p> <p>Priority Areas: Healthy Eating, Active Living</p> | <p>HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care</p> <p>Priority Area: Advance Health, Safety, and Well-Being of the American People</p> |
| <p>Priority Area: Health Literacy: Goal: Provide DOH staff with a health literacy initiative to increase health literacy capacity.</p> | <p>Priority Area: Health Equity Goal: Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in Social Determinants of Health and advance Health Equity.</p> | <p>Priority Areas: Healthy Eating, Active Living</p> | <p>Priority Area: Transform Health Care</p> |

CHIP ALIGNMENT WITH PLANS AND INITIATIVES

CHIP ALIGNMENT WITH PARTNERS' PLANS AND INITIATIVES

| | | | |
|--|-------------------|---------------------------|---------------------------------|
| Tampa General Hospital | X | X | X |
| Tampa Family Health Centers | X | X | X |
| Suncoast Community Health Centers | X | X | |
| Moffitt Cancer Center | | X | |
| Johns' Hopkins All Children's Hospital | X | | X |
| BayCare | X | X | X |
| AdventHealth | X | | X |
| DOH-Hillsborough Community Health Improvement Plan | Behavioral Health | Access to Health Services | Exercise, Nutrition, and Weight |

APPENDIX

Healthy Hillsborough Steering Committee

Members

| | |
|----------------------|---|
| Kimberly Williams | AdventHealth |
| Lisa Bell | BayCare Health System |
| Vasthi Ciceron | BayCare Health System |
| Colleen Mangan | BayCare Health System |
| Dr. Leslene Gordon | DOH-Hillsborough |
| Dr. Douglas Holt | DOH-Hillsborough |
| Dr. Ayesha Johnson | DOH-Hillsborough |
| Grace Liggett | DOH-Hillsborough |
| Allison Nguyen | DOH-Hillsborough |
| Stephanie Sambatakos | Johns Hopkins All Children's Hospital |
| Jenna Davis | Moffitt Cancer Center |
| Sherri Gay | Suncoast Community Health Centers, Inc. |
| Sonia Goodwin | Suncoast Community Health Centers, Inc. |
| Harold Jackson | Tampa Family Health Centers |
| Tamika Powe | Tampa General Hospital |

Meeting Dates

2018

July 31 November 14 December 7

2019

January 15 February 11 February 27 March 11

March 26 April 8 April 23 May 13

May 28 June 10 June 25 July 8

APPENDIX

August 14

September 10

September 24

November 1

December 6

2020

January 17

February 21

INSIDE OF BACK COVER



The Essential Public Health Services and Core Functions

Source: Center for Disease Control and Prevention and National Public Health Performance Standards (January 2015)