



Community Health Improvement Plan
2016-2018
Annual Report - 2018

Florida Department of Health in Nassau County

Table of Contents

Introduction	3
Overview of Community Health Improvement Plan (CHIP).....	4
Summary of CHIP Annual Review Meeting	5
Strategic Issue Area #1	6
Strategic Issue Area #2	10
Strategic Issue Area #3	14
Revisions	15
Accomplishments	15
Conclusion	20
Appendices	21
Appendix A: Annual CHIP Review Community meeting minutes.....	22

Introduction

The Nassau County Community Health Improvement Plan (CHIP) Annual Report serves as a progress report of the strategies that were developed and the activities that have been implemented. The activities and collaborative efforts of the Florida Department of Health (FL DOH) in Nassau County and community partners are reflected in this report. While the CHIP is, a community driven and collectively owned health improvement plan, the FL DOH Nassau County is charged with providing administrative support, tracking and data collection, and preparing the annual report.

Overview of the Community Health Improvement Plan (CHIP)

In March 2015, the FL DOH Nassau County and Partnership for a Healthier Nassau (PHN) Steering Committee convened a planning meeting to review and update the 2012 – 2015 CHIP. The meeting was organized using the National Association of City and County Health Officials’ Mobilizing for Action through Planning and Partnership (MAPP) strategic planning model. Subject matter experts from eighteen (18) community partner organizations attended and learned more about the four assessments directed by the MAPP process. From this meeting, CHIP Subcommittees were created and team leads were identified for each assessment. Over the next 4 – 5 months, the assessments yielded in-depth analyses of factors and forces that impact population health. Taken together, the assessment findings contribute to a comprehensive view of health and quality of life in Nassau County.

On September 15, 2015, the PHN Steering Committee shared the assessment findings with the community. Priorities were identified through a facilitated consensus process by looking for cross-cutting strategic issues that emerged from the four assessments. The attendees reached consensus on four strategic issue areas: Access to Care, Transportation, and Behavioral Health and Substance Abuse. See Table below for Strategic Issue Areas with their goals, developed by workgroups of subject matter experts.

STRATEGIC ISSUE AREA	GOAL
Access to Care	<ol style="list-style-type: none"> 1. <i>Educate target populations regarding health resources.</i> 2. <i>Expand Access to Care in West Nassau and high-risk populations.</i>
Behavioral Health and Substance Abuse	<ol style="list-style-type: none"> 1. <i>Increase awareness and provide education to the community, providers, and Law Enforcement.</i> 2. <i>Create a sustainable Behavioral Health Professional Collaborative.</i>
Transportation	<ol style="list-style-type: none"> 1. <i>To improve the social determinants of health by reducing transportation barriers.</i>

Summary of CHIP Annual Review Meeting

On March 12, 2019 the PHN Steering Committee met to review the progress over the past year of each strategic issue area for this report. Over the past twelve months each strategic issue area lead has provided regular status updates. The summary of those reports was used to prepare this annual report. The committee used past meetings to determine continued CHIP strategic issue areas and discuss updates and revisions, especially during times of challenge or success.

Changes might include strategies, activities, timeframes targets, or responsibilities. Community partners represented at the review meeting included Barnabas Center, Nassau County School District, Family Support Services, Nassau TRANSIT, and FL DOH Nassau County.

Other committee members who were not able to attend but reviewed the CHIP Annual Report and confirmed approval via email were the State Attorney's Office, Starting Point Behavioral Healthcare, Baptist Medical Center Nassau, Nassau Alcohol Crime Drug Abatement Coalition, and Florida Psychological Associates.

Priority Areas with Lead Owners:

Priority Area	Lead Owners	Organization
Access to Care	Barbara Baptista Mary Snyder	Barnabas Center Baptist Medical Center
Behavioral Health and Substance Abuse	Valerie Ray/Kerrie Albert	Starting Point Behavioral Healthcare and Florida Psychological Associates
Transportation	Mike Hays	NassauTRANSIT

Strategic Issue Area #1: Access to Care

The Access to Care workgroup was led by Mary Snyder and John Bowls. Workgroup members began by formulating a vision: To improve access to care for minority and underserved groups. Members included Zayda Serrano, Teresa Rowe, Arridean Albertie, Jennett Baker, Danielle Lean, and Mary von Mohr. This group reviewed the summary findings and brainstormed specific strategies. Once strategies were created, members worked to draft goals, objectives, and action steps. Then the group evaluated and prioritized the strategies which resulted in two major goals related to access for care.

Goal 1: Educate target populations regarding health resources.

Strategy 1: To provide an Annual Health Fair on the Westside of the county.

Key Partners: Barnabas Center, Baptist Medical Center, Florida Department of Health, and community volunteers.

Why this is important to our community:					
<i>An annual community health fair takes place in Fernandina Beach, on the east side of the county. The city center of Callahan, on the west side of the county, is located approximately 27 miles from the location of the annual health fair in Fernandina Beach, making it difficult for those who are transportation disadvantaged to attend. An annual community health fair on the west side of the county will make it easier for transportation disadvantaged residents to attend the health fair and access resources.</i>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
By December 2018, increase the frequency of promotional health messaging on the Westside of the County.	Hold health fairs on the Westside of Nassau County	2	2		First health fair was in 2016 and second health fair was in 2017.

- *Strategy 1 has been accomplished and has proved to be effective with outreach to the Westside of the County. This work is planned to continue, facilitated by the Barnabas Center.*

Strategy 2: Formation of the Interfaith Health Ministry which will provide education, outreach, health linkages and screenings at places of worship across the county.

Key Partners: Barnabas Center, Baptist Medical Center, and Florida Department of Health.

Why this is important to our community:					
An Interfaith Health Ministry was established during the 2012 – 2015 CHIP, but it is no longer active. During the 2016 – 2018 assessment process, community members expressed interest in the Interfaith Health Ministry being re-established. To increase access to care, there should be an Interfaith Health Ministry on both sides of Nassau County.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, establish Interfaith Health Ministry on the Westside and re-establish in East Nassau.	Establish Interfaith Health Ministries	1	2		The Interfaith Health committee meets monthly and has been successful with outreach and assessment to three new churches on Amelia Island. They have planned a new educational series to be delivered in the Spring. This work is still only active on the Eastside of the county. Goal is to spread to the Westside.

- Strategy 2 is on target but the goal includes also establishing a Westside Health Ministry by December 2018. More work remains.

Strategy 3: Create a user friendly “Nassau Resource Card”/resource tool in both English/Spanish.

Key Partners: Barnabas Center, Baptist Medical Center, and Florida Department of Health.

Why this is important to our community:					
A community resource guide currently exists, but it is lengthy, only in English, and is primarily accessed online. The creation of an additional resource guide is needed to specifically target high risk populations, be easily accessible, and available in Spanish.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, assure written information is updated and available in locations accessible to high risk populations in Spanish and English.	Distribute resource cards in the community	750 cards have printed	N/A		Resource cards have been developed and printed by the Access to Care Workgroup and have been deployed to community venues. Over 520 cards have been distributed and they continue to be distributed across the county as needed.

- Strategy 3 has been successfully accomplished. The “Nassau Helps” resource cards continue to be distributed as needed monthly.

Goal 2: Expand Access to Care in West Nassau and high-risk populations.

Strategy 1: Identify health champions who will routinely identify and assess for unmet or new health needs of the Westside community.

Key Partners: Barnabas Center, Baptist Medical Center, and Florida Department of Health.

Why this is important to our community:
Identifying health champions on the Westside of the county will increase the community’s knowledge of health resources. The Westside of the county has historically been underrepresented in community outreach and organizing efforts.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, develop a West Nassau Health Team to determine the growing health needs of the community and identify champions to advocate for care.	Create West Nassau Health Team	N/A	N/A		The planned West Nassau Health Team strategy has been put on hold due to continued barriers in engagement and transportation. Informal input from west Nassau residents is sought at health fairs and community events.

- *Strategy 1 remains on hold and will be discussed in 2018 to identify opportunities to succeed with the concept.*

Strategy 2: Expand health services on the Westside by the expansion of Barnabas primary care services in Callahan and by exploring telehealth models for the community and schools.

Key Partners: Barnabas Center and Florida Department of Health.

Why this is important to our community:					
<i>The Westside of the county is considered a Federally Designated Primary Care Health Professional Shortage Area. Bringing more healthcare services to Callahan and Hilliard will increase access to healthcare.</i>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, develop and implement new health services in Callahan and Hilliard.	Provide new health services in Callahan and Hilliard	N/A	N/A		Barnabas has established a once weekly (Friday morning) clinic at the Health Department facility in Callahan.

- *Strategy 2 remains to be implemented and be a needed health service for Westside residents. The telehealth service model is being utilized by the FDOH staff dental program in Hilliard, Florida (northwest Nassau County).*

Strategy 3: Create a Men's Health team to promote men's health.

Key Partners: Barnabas Center and Florida Department of Health.

Why this is important to our community:					
Men have been identified as a group that seeks healthcare less often than women. The creation of a Men's Health Team will promote health and wellness among men and increase their frequency of accessing healthcare.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, create a Men's Health team to implement and promote men's health.	Creation of Men's Health Team.	N/A	N/A		The planned Men's Health Team has been absorbed by the Interfaith Health Ministry as an area to address.

- Strategy 3 has absorbed by the Interfaith Health Ministry.

Strategic Issue Area #2: Behavioral Health

The Behavioral Health workgroup was led by local psychologist Dr. Catherine Drew. Workgroup members began by formulating a vision: To Improve the Mental Health of Nassau County. Members included Susan Woodford, Valerie Ray, Renae Lewin, Diane Hall, Clete Deller, Stephanie Basey, and Mary von Mohr. These persons represent public and private mental health providers, Nassau County School District, Baptist Medical Center Nassau, and health department social service staff. Committee members reviewed the CHA data to create goals and action steps.

Goal 1: Increase awareness and provide education to the community, providers, and law enforcement.

Strategy 1: Provide Mental Health First Aid training to youth and law enforcement.

Key Partners: Starting Point Behavioral Healthcare, Nassau Alcohol Crime Drug Abatement Coalition, and Baptist Medical Center.

Why this is important to our community:
The suicide rate in Nassau County is higher than the state level, suggesting a need for more mental health awareness. Mental Health First Aid trainings for community members will help link more people to mental health services.

Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, expand training to Youth and Adults on Mental Health First Aid.	Trainings on Mental Health First Aid.	1,318	2,871 for 2016 2017 and 2018		Three agencies (Baptist Medical Center Nassau, Starting Point and NACDAC) continue to provide free or low cost Mental Health First Aid training to general population and target groups.

- *Strategy 1 remains to be effective. Over the past year three years over 2,871 people have been trained in Mental Health First Aid by our community mental health professionals. Over 1,553 persons were trained in the year of 2018 alone.*

Strategy 2: Increase promotion of behavioral health services by 10%.

Key Partners: Starting Point Behavioral Healthcare, Nassau Alcohol Crime Drug Abatement Coalition, and Florida Psychological Associates.

Why this is important to our community:					
<i>There are several agencies and individuals providing mental health services in Nassau County, but there is confusion about how and where to access those services. Promotion of available services will increase people's awareness of resources.</i>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, increase promotion of behavioral health services by 10%.	Promotion of behavioral health services.	N/A	N/A		Ongoing work by NACDAC to publish and disseminate a Behavioral Health Resource Guide is in place. Additionally, NACDAC continues to use a social marketing campaign (I am MORE) to reduce stigma.

- Strategy 2 has been accomplished in part through the “Nassau Helps” resource guide which links persons with mental health needs to Starting Point Behavioral Health and to the Suicide Hotline. This action item will be further addressed in the 2018 year.

Goal 2: Create a sustainable Behavioral Health Collaborative.

Strategy 1: Establish Collaborative vision and mission.

Strategy 2: Produce a visual tool that defines structure including branding and logo.

Strategy 3: Launch community needs assessment.

Strategy 4: Analyze findings and establish high risk/gap areas.

Strategy 5: Share Data and Monitor trends.

Strategy 6: Develop a Strategic Plan for Collaborative.

Key Partners: Starting Point Behavioral Healthcare, Nassau Alcohol Crime Drug Abatement Coalition, and Florida Psychological Associates.

Why this is important to our community:					
A recent increase in the availability of mental health services in Nassau County has created a need for providers to collaborate and communicate in order to better serve the community.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By January 2017, establish regularly scheduled Behavioral Health Collaborative meetings.	Behavioral Health Collaborative meetings A new Behavioral Health Collaborative was created in 2018 to provide Crisis Response teams across the county including the schools.	N/A	N/A		Three main behavioral health service providers participate in the CHIP Behavioral Health Workgroup (Starting Point, NACDAC, Florida Psychological Association) in addition to other private and non-profit groups. A successful service within this area of mental health is

					the Care Coordination program. This is a partnership between the Baptist Medical Center Nassau Emergency Department (ED) and Starting Point Behavioral Health. With a mental health counselor from Starting Point working in the ED, patients with serious mental health or substance use issues can be quickly assessed and referred to a coordinated program of care that addresses their physical and mental health needs.
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- Strategy 1 of Goal 2 has been accomplished. A new Behavioral Health Collaborative has been created over the past year to address behavioral health concerns within our schools and separately address substance needs within our community. This group is facilitated by Starting Point Behavioral Healthcare and DCF/Lutheran Social Services Florida. Meetings are held monthly and are currently addressing the Suicide rate, Building partnerships to support our Mobile Health Crisis Response teams and working to promote a Trauma Informed Care community by partnering with local partners promoting the ACE's survey and Resilience film.*

Strategic Issue Area #3: Transportation

As the CHIP was being created the transportation issue was already being addressed by another entity, the Nassau County Transit Strategy Workgroup. This established group had scheduled meetings to complete a full Nassau County transit assessment. This would allow for feedback to review how to determine what was needed in this area. Several PHN Steering Committee members attended meetings to share their ideas with the work group on expressed transportation needs. General ideas included creating additional bus stops and increasing the frequency of stops across the county. Separately, promotion of the NassauTRANSIT system was needed.

Goal 1: To improve the social determinants of health by reducing transportation barriers.

Strategy 1: Support the County Plan for expanded transportation by collaboration and generation of ideas.

Strategy 2: Advocate and promote existing transit system.

Key Partners: Transit Strategy Workgroup, Nassau TRANSIT, and PHN Steering Committee.

Why this is important to our community:					
<i>NassauTRANSIT is the designated transportation coordinator for Nassau County and runs the only public and para-transit systems in the county. Increasing the availability of transportation will help residents make and keep their health and wellness appointments.</i>					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
By December 2018, assist the County in planning for expanded transportation needs.	PHN attendance at County meetings	N/A	N/A		PHN and other community members provided information to County Transportation Workgroup to facilitate the development of an updated Plan. Since then promotion of NassauTRANSIT services have been extensively marketed through private and public

					partners. Rider utilization has increased over the past year.
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- Strategy 1 and 2 have both been accomplished over the past year and the NassauTRANSIT public transportation system has expanded in ridership and utilization. As one means of extending service across the county, NassauTRANSIT has started a "Public Transportation Partner" program that promotes businesses and service agencies who support public transportation. One advantage of the PTP program is that the partners can purchase multi-ride bus fare vouchers at discounted prices on behalf of their employees, customers and the general public. Baptist Nassau Hospital, WestRock, Starting Point Behavioral Health, Salvation Army Hope House, Barnabas and the Florida Department of Health (Nassau) are some of the partners currently participating in the Public Transportation Partner program.*

Revisions

At this point, there have not been any revisions to the CHIP. There have been two areas that remain on hold. This is the area of Access to Care, Goal 2 - Strategies 1 and 3. These include the formation of a Westside Health team and Outreach to Men on the Westside of the County. Challenges have been encountered which have caused the committee to delay initiation of the action steps.

Accomplishments

Community-wide strategic planning requires strong organization and a high level of commitment from partners, stakeholders, and the community residents who are recruited to participate. In addition to celebrating individuals and partner organizations, it is important to recognize and celebrate the accomplishments of the partnership as a whole. Below are details of community successes related to the Nassau Community Health Improvement Plan activities:

We will highlight seven (7) successes from the 2018 year.

Goal 1: Educate target populations regarding health resources.

Why this is important to our community:

An annual community health fair takes place in Fernandina Beach, on the east side of the county. The city center of Callahan, on the west side of the county, is located approximately 27 miles from the location of the annual health fair in Fernandina Beach, making it difficult for those who are transportation disadvantaged to attend. An annual community health fair on the west side of the county will make it easier for transportation disadvantaged residents to attend the health fair and access resources.

Goal	Objective	Accomplishment
By December 2018, increase the frequency of promotional health messaging on the Westside of the County.	Hold an annual health fair on the Westside of the county.	Two health fairs have now been held (2016, 2017) and have been well attended by the Westside of the County. Since this inception other planned health fairs have occurred on the Westside to promote health and educate about community resources. Key Stakeholders organize these annually in Callahan and Hilliard.

How it's important for our community: Nassau County has limited access to health information and services on the Westside of the county. By bringing health resources to them we are increasing their knowledge of providers and services available to support their personal health needs. The first year the health fair had over 60 attendees (with 22 organizations presenting) and the second year the fair had 40 persons (with 15 organizations presenting).

Why this is important to our community:

An Interfaith Health Ministry was established during the 2012 – 2015 CHIP, but it is no longer active. During the 2016 – 2018 assessment process, community members expressed interest in the Interfaith Health Ministry being re-established. To increase access to care, there should be an Interfaith Health Ministry on both sides of Nassau County.

Goal	Objective	Accomplishment
By December 2018, establish Interfaith Health Ministry on the Westside and re-establish in East Nassau.	Establish Interfaith Health Ministries in the county.	The Interfaith Health committee meets quarterly and had success with initial outreach and assessment to three new churches. They planned a new educational series to be delivered in the Spring of 2018 to churches however hit some barriers which prevented the work from being delivered fully. The goal remains to expand education and spread to the Westside, with a special focus on African American churches.

How it's important for our community: Churches have been found to be an existing venue where many residents regularly visit and feel safe and connected. Bringing health messages to church congregations may provide persons a safer environment to receive messaging which may pertain to themselves or a loved one. As well it may be one of few times they receive health education as many persons still do not visit health providers as often as needed for screenings or check-ups. Many still only go when critically ill or in pain. By providing this service the Interfaith Health Ministry will provide education, outreach, health linkages and screenings at places of worship across the county with the goal of expanded knowledge of health resources and healthy lifestyle behaviors.

Why this is important to our community:

A community resource guide currently exists, but it is lengthy, only in English, and is primarily accessed online. The creation of an additional resource guide is needed to specifically target high risk populations, be easily accessible, and available in Spanish.

Goal	Objective	Accomplishment
By December 2018, assure written information is updated and available in locations accessible to high risk populations in Spanish and English.	Distribute resource cards in the community	Resource cards have been developed and printed by the Access to Care Workgroup and have been deployed to community venues. Over 520 resource cards have been distributed across the county.

How it's important for our community: There was an identified need to promote resources for persons in need. The "Nassau Helps" resource cards were created, printed in both English and Spanish to provide to any person needing crisis services such as housing, food, clothing, healthcare and behavioral health care needs. The cards are distributed across the county in public locations (laundromats, libraries, consignment stores, shelters/meal assistance) and to service agencies and county service locations such as the jail and law enforcement offices.

Why this is important to our community:

The Westside of the county is considered a Federally Designated Primary Care Health Professional Shortage Area. Bringing more healthcare services to Callahan and Hilliard will increase access to healthcare.

Goal	Objective	Accomplishment
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By December 2018, develop and implement new health services in Callahan and Hilliard.	Provide new health services in Callahan and Hilliard	The Barnabas Center has established a once weekly (Friday morning) clinic in Callahan.
How it's important for our community: The Westside of the county still has limited medical providers and the travel across the county to access physicians at the hospital in Nassau County is an estimated 30-minute (minimum) car trip. By increasing medical care one day a week in the town of Callahan by the Barnabas Center there is an increased opportunity for persons to see a medical provider, especially if they have transportation and financial challenges.		

Strategic Issue Area #2: Behavioral Health

Goal 1: Increase awareness and provide education to the community, providers, and law enforcement.

Why this is important to our community:

The suicide rate in Nassau County is higher than the state level, suggesting a need for more mental health awareness. Mental Health First Aid trainings for community members will help link more people to mental health services.

Goal	Objective	Accomplishment
By December 2018, expand training to Youth and Adults on Mental Health First Aid.	Trainings on Mental Health First Aid.	Two entities (Starting Point, NACDAC) continue to provide free or low cost Mental Health First Aid training to general population and target groups. Over the past year three years 2,871 number of persons received this training.

How it's important for our community: Nassau County has far too many persons living with Behavioral Health and Substance Abuse issues. By aligning and coordinating efforts, mental health providers have been able to provide increased trainings to the community resulting in more persons with this specialized knowledge to help and assist those in need. The partnership through the CHIP will continue to educate the community on mental health first aid, prevention/intervention and care and treatment so we can improve the lives of Nassau residents.

Strategy 2: Increase promotion of behavioral health services by 10%.

Why this is important to our community:

There are several agencies and individuals providing mental health services in Nassau County, but there is confusion about how and where to access those services. Promotion of available services will increase people's awareness of resources.

Goal	Objective	Accomplishment
By December 2018, increase promotion of behavioral health services by 10%.	Promotion of behavioral health services through the Care Coordination program at Baptist Medical Center Nassau	The goals of the program include not only improved care and outcomes for the clients, but also a reduction in the number of return visits to the ED. When the individual is part of an ongoing system of care, fewer return visits to the ED are needed.

How it's important for our community: Nassau County has far too many persons living with Behavioral Health and Substance Abuse issues. By coordinating care with the hospital there has been an increase in persons following through with mental health referrals, staying actively engaged in services and fewer return visits to the ED with mental health issues.

Goal 1: To improve the social determinants of health by reducing transportation barriers.

Why this is important to our community:

NassauTRANSIT is the designated transportation coordinator for Nassau County and runs the only public and para-transit systems in the county. Increasing the availability of transportation will help residents make and keep their health and wellness appointments.

Goal	Objective	Accomplishment
By December 2018, assist the County in planning for expanded transportation needs.	PHN attendance at County meetings	PHN and other community members provided information to the County Transportation Workgroup to facilitate the development of an updated Plan. Since then promotion of NassauTRANSIT services have been extensively marketed through private and public partners. Rider utilization has increased over the past year.

How it's important for our community: Transportation is essential to care for one's health. Over the past year the NassauTRANSIT public transportation system has expanded in ridership and utilization. As one means of extending service across the county, NassauTRANSIT has a "Public Transportation Partner" program that promotes businesses and service agencies who support public transportation. One advantage of the PTP program is that the partners can purchase multi-ride bus fare vouchers at discounted prices on behalf of their employees, customers and the general public. Baptist Nassau Hospital, WestRock, Starting Point Behavioral Health, Salvation Army Hope House, Barnabas and the Florida Department of Health (Nassau) are some of the partners currently participating in the Public Transportation Partner program.

As the community utilizes NassauTRANSIT transportation they now have access to various resources including medical providers, healthy food at grocery stores, community service providers and even venues for exercise/physical activity we hope to see the overall health of our community improve.

Conclusion

The CHIP serves as a roadmap for a continuous health improvement process for the local public health system by providing a framework for the chosen strategic issue areas. It is not intended to be an exhaustive and static document. We will evaluate progress on an ongoing basis through our Partnership for a Healthier Nassau Steering meetings.

Looking at quarterly CHIP implementation reports and including discussion with community partners will support efforts and lead us to success. We will conduct annual reviews and revisions based on input from partners and create CHIP annual reports each year. The CHIP will continue to change and evolve over time as new information and insight emerge at the local, state and national levels.

By working together, we can have a significant impact on the community's health, improving where we live, work and play and realize the vision of a healthier Nassau County.

Appendices

The following appendices include:

Annual CHIP Review Community Meeting Minutes with attachments

Community Partner list

**Partnership for a Healthier Nassau
CHIP Steering Committee
March 12, 2019**



12-1:00 pm

**Location: Florida Department of Health Nassau Administration office
and Yulee clinic**

Agenda:

1. Minutes - SWOT review of January 30th meeting
2. CHIP draft plan
3. **Review CHIP Progress Report** CHIP Annual Progress Report **Approved**
4. Discuss progress of CHIP Action Plan
5. Meeting schedule – confirm quarterly
6. Discussion of PHN Steering committee membership – commitment

Propose to move to bi-monthly or quarterly meetings –

June 18, September 10, December 10

Or

May 14, July 9, September 10, November 12

Potential new PHN Steering committee members:

- Yvonne Medina (school employee – Hispanic families)
- Taylor Riffey, Micah's Place
- Pastor of church? (ideas)

Sign in: (initial)

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| 1. Kerrie Albert (BHSA) <i>KA - email</i> | 8. Renae Lewin (PR BHSA) <i>RL / email</i> |
| 2. Barb Baptista (HD) <i>BB / email</i> | 9. Lisa Rozier (CS) <i>LR / email</i> |
| 3. Adrienne Burke (Housing) <i>AB / email</i> | 10. Andreu Powell (CS) <i>AP - Yulee</i> |
| 4. BMC Nassau rep – (AC) <i>—</i> | 11. Valerie Ray (BHSA) <i>VR - email</i> |
| 5. Karrin Clarke <i>—</i> | 12. Eugenia Ngo-Seidel (AC) <i>ENS - Yulee</i> |
| 6. Mike Hays (AC) <i>my</i> | 13. Mary von Mohr - facilitator <i>mmv</i> |
| 7. Wanda Lanier (AC) <i>wj</i> | |

Nassau CHIP - Community Partner List

Included below is a list of community partners who assisted in the Health Assessment and the formation of the new CHIP. This list is not meant to be exclusive. Our gratitude goes to our many community partners, local residents, non--profit organizations, health care professionals, school representatives, and many other community members who lent their support to this assessment and continued the community's health vision.

About You Counseling	Nassau Board of County Commissioners
Angel Watch Home Care	Nassau County Council on Aging
Baptist Medical Center Nassau	Nassau County Fire and Rescue
Barnabas AmeriCorps	Nassau County Homeless Coalition
Barnabas Center	Nassau County Planning office
CAN, Independent Caregiver	Nassau County School District
Community Advocates	Nassau County Sheriff Office
Delores Barr Weaver – See the Girl	Nassau County Tax Collector
Department of Children and Families	Nassau County TRANSIT
Family Support Services of Northeast Florida	Nassau State Attorney
Florida Department of Health	National Youth Advocate Program
Florida Psychological Associates	St. Michael's Church
Guardian Ad Litem Program	Suicide Support Groups of Nassau
Gracie's Kitchen	Tobacco Free Nassau
Health Planning Council of NE Florida	Town of Hilliard
Healthy Start	Women's Center of Jacksonville
Hilliard Parks and Recreation	
Life South Blood	
MCCI – Callahan	
Micah's Place Domestic Violence	
Nassau Alcohol, Crime Drug Abatement Coalition	





PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Part 1: Agenda Summary

Florida Department of Health in NASSAU County
Friday, March 15, 2019 9:00 am-12:30 pm

MEETING PURPOSE:

- Advise and guide the creation, deployment and continuous evaluation of the performance management system and its components.
- Monitor and evaluate performance toward achieving strategic objectives in health improvement, strategic, quality improvement and workforce development plans and make recommendations to improve performance.

Topic	Lead	Summary of Key Points, Decisions & Action Items
<ul style="list-style-type: none"> ▪ Welcome, Review of Meeting Summary & Action Items 	E. Ngo-Seidel	February PMC minutes previously sent out via email for review. Action Items addressed in agenda. Items highlighted from March 2019 Business Meeting Minutes (attached) included Cash Handling Procedure, Change in Local Travel procedure to discontinue mileage reimbursement between duty stations effective June 30 th . The new Shared Outlook Clinic Schedule Calendar was demonstrated by David Lepore.
<ul style="list-style-type: none"> ▪ Communication Coordination 	PIO Team	Upcoming releases planned for County Health Rankings, PH Week, lifting Rabies Alert.
<ul style="list-style-type: none"> ▪ Strategic Plan 	M. von Mohr – Annual Report.	See attachment Strategic Plan Annual Report 2018 – reviewed and approved by PMC members. M. von Mohr reviewed the timeframe for new SP cycle, planned SWOT at March 29 All-Staff meeting. Managers will continue to complete program-level SWOT.
<ul style="list-style-type: none"> ▪ Quality Improvement 	M. von Mohr – Quarterly	QI Annual Report will be due in September, currently tracking two local agency projects - Employee Satisfaction/Leadership & Workforce Development QI and Healthy Start Process. WIC also working on three program level projects - WIC outreach, Breastfeeding Rate and Low Risk Contacts using rapid cycle model.
<ul style="list-style-type: none"> ▪ CHIP 	M. von Mohr - CHIP Annual Report	See attachment - 2016-2018 CHIP Annual Report which was approved by the Partnership for Healthier Nassau Steering Committee. PMC group reviewed and approved report.

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Topic	Lead	Summary of Key Points, Decisions & Action Items
		Three past priorities & continued promotion of successful initiatives such as Nassau Transit Vouchers for transportation disadvantaged clients was discussed.
<ul style="list-style-type: none"> Additional Performance Management Issues 	K. Taylor - Health Equity/CLAS survey	December meeting with Dr. Owen Quinones, FDOH Health Equity Officer who provided options for local CLAS survey. K. Taylor & T. Canady will conduct on-site surveys looking at the seven areas and will also conduct leadership interviews. Baseline CLAS awareness survey (attached) for all-staff was reviewed and PMC provided input/edits. Overview powerpoint will be presented at March 29 All Staff meeting prior to survey deployment.
<ul style="list-style-type: none"> Additional Performance Management Issues 	Policy Review – Information Security & Privacy	S. Sayre sent out local Information Security & Privacy policy – updates submitted to her by March 22 nd to finalize by end of the month. S. Thomas will send out Record Retention Policy; clarified that any original material created by staff is subject to archiving and destruction rules. If material is saved in electronic version, this can be considered original and paper work copies can be disposed. Electronic (H) folders are archived per IT policy.
<ul style="list-style-type: none"> Additional Performance Management Issues 	Employee Satisfaction – Joy in Work Step 1a Facilitated Discussion	T. Rowe and V. Eldridge-Bratsch conducted facilitated Joy-in-Work discussion for Question “What gets in the way of a good day?” Group sorted into general categories (see photo). Next month, will discuss final question – “What does it look like when we are at our best?”. Clarification that PMC will continue to work through JIW Framework, identify pebbles and solutions, possibly run through test intervention cycles prior to deploying further to divisions, local agency. Some tools such as the “what matters to you” questions can be used by supervisors during upcoming performance reviews, reviews of EDPs and position description updates. PMC members asked to continue to provide feedback on process.
<ul style="list-style-type: none"> Action Items 	County Health Rankings, Public Health Week, 3/29 All Staff	<p>See attachment - Leadership Update related to County Health Rankings 3/15/2019. Press release and Board of County Commissioner email summary will be developed. M. von Mohr will take lead on developing promotional PH messages for PH Week – request submit highlights/photos/client stories of public health impact by end of March. See observances.</p> <p>March 29 All Staff Meeting Agenda finalized to include – New Employee Introductions, Program Successes/Updates, Employee Recognition (Employee of the Quarter)/Booster Shout-Outs, New Travel System Demonstration, Handling Public Records Request (Skit), Language Line Video ASL Interpretation Demonstration, Nutrition Education Stations & Recipe Swap, CLAS/Cultural Competency, CHIP, Small group SWOT analysis, County Health Rankings & Public Health Week, Disaster Duty Exemption/HR Updates, Announcement of next All Staff Meeting (Disaster/Safety Training), Muir Park HW Florida Clean Up.</p>

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

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

Name	Updates	Role	Present
Eugenia Ngo-Seidel	\$15K Millions Heart Project Request initially approved but may be withdrawn if subcontracts not allowed.		<input checked="" type="checkbox"/>
Tracy Canady			<input type="checkbox"/>
Emily Cason	Hepatitis A IMT update		<input checked="" type="checkbox"/>
Dawna Cornelissen	First UFH HIV telehealth visit planned for this afternoon. ADAP budget approved. Some decline in ADAP pickup past month but year to date still >90%, increasing caseload with 44 active clients (4 out of county). Appointed as chair of By-Laws committee for Planning Council, so also will be on Executive Committee.		<input checked="" type="checkbox"/>
Valerie Eldridge-Bratsch	Concert for a Cause (pianist Dr. Renfro) sponsored by Memorial UMC raised donations for Healthy Start.		<input checked="" type="checkbox"/>
Kim Geib	Retirement planned for June – advertising replacement position pending vacancy. Cross-sector collaboration model on Perinatal Hep B tabled for next meeting.		<input checked="" type="checkbox"/>
Mike Godwin			<input type="checkbox"/>
Sherry Linback	Medical clinics will be short staffed next week, with possible impact on services by required staff deposition.		<input checked="" type="checkbox"/>
Jason Miller			<input type="checkbox"/>
Tiffanie Newman-Kennedy			<input type="checkbox"/>
Teresa Rowe	School Health Audit had very positive results with minor corrections made. Continues to enjoy a good relationship with the School District. Met all School Health screenings benchmark. SH team plans to show exercise videos at targeted schools during Every Kid Healthy Week in April.		<input checked="" type="checkbox"/>
Kenice Taylor			<input checked="" type="checkbox"/>
Stefanie Thomas			<input checked="" type="checkbox"/>
Mary von Mohr	Discussed Age Friendly Public Health Action Plan, next Advisory Council meeting will be May 8 th , currently working on modifying AARP Age-Friendly Community survey of domains. Will be manning a table at Senior Expo sponsored by Council on Aging on March 23.		x

Part 2: Planning and Tracking

This is a planning and tracking tool. Please add or delete lines as necessary and submit all pages when uploading to (placeholder for link).

Item	12/21/2018	1/18/2019	2/15/2019	3/15/2019	4/19/2019	5/17/2019	6/21/2019	7/19/2019	8/16/2019	9/20/2019	10/18/2019	11/15/2019	12/20/2019	1/17/2020	2/21/2020
PMQI Consortia Team Update (Quarterly)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP Performance Review (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHIP Progress Report (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
CHIP Development or Revision (Annually)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Strategic Plan Performance Review (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strategic Plan Progress Report (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Strategic Plan Development or Revision (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Plan Performance Review (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>										
Quality Improvement Plan Progress Report (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality Improvement Plan Development or Revision (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Performance Review (Quarterly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce Development Plan Development or Revision (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Management Council Assessment (Annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Satisfaction															
Customer Satisfaction															

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

SUMMARY ATTACHMENTS: March 2019 Business Meeting Minutes, Strategic Plan Report 2018, 2016-2018 CHIP Annual Report, Baseline CLAS Awareness Survey, Leadership Update related to County Health Rankings – March 15, 2019.

	<i>Progress Reports</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>
1	Strategic Plan		x			x			x			x	
	SP Annual									x			
2	CHIP	x			x			x			x		
	CHIP Annual												
3	Workforce Development Plan		x			x				x			x
	WFD Annual												
4	Employee Satisfaction	x						x					
	Wellness/Booster				x						x		
5	Customer Satisfaction						x						x
6	Quality Improvement			x			x			x			x
	QI Annual												

ACTION ITEMS:

Submit Information Security & Privacy Edits to S. Sayre

Submit Program Highlights/Photos/Stories to M. von Mohr for Public Health Week

Complete Program Level Strategic Plan SWOT Worksheets

DATE:

3/22/19

3/29/19

4/19/22

PERFORMANCE MANAGEMENT COUNCIL MEETING AGENDA, SUMMARY & TRACKING

Topic	Lead	Time	Summary of Key Points, Decisions & Action Items
▪ Action Items	County Health Rankings, Public Health Week, 3/29 All Staff		

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

Name	Title	Position/Role	Check Box if Present
Eugenia Ngo-Seidel <i>(Signature)</i>		Health Officer (Chair)	<input checked="" type="checkbox"/>
Tracy Canady		Senior Leadership Team	<input type="checkbox"/>
Emily Cason <i>(Signature)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Dawna Cornelissen <i>(Signature)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Valerie Eldridge-Bratsch <i>(Signature)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Kim Geib <i>(Signature)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Mike Godwin		Senior Leadership Team	<input type="checkbox"/>
Sherry Linback <i>(Signature)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Jason Miller		Senior Leadership Team	<input type="checkbox"/>
Tiffanie Newman-Kennedy		Senior Leadership Team	<input type="checkbox"/>
Teresa Rowe <i>(Signature)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Kenice Taylor <i>(on phone)</i>		Senior Leadership Team	<input checked="" type="checkbox"/>
Stefanie Thomas <i>(Signature)</i>		Workforce Development Lead	<input type="checkbox"/>
Mary von Mohr <i>(Signature)</i>		PMQI Champion, CHIP Lead, Strategic Plan Lead, QI Plan Lead, Accreditation Lead	<input checked="" type="checkbox"/>



FDOH/NASSAU COUNTY HEALTH DEPARTMENT BUSINESS MEETING MINUTES MARCH 7, 2019

Attendees: E. Seidel, M. Godwin, K. Taylor, S. Linback S. Thomas, (Via Phone W. Spears, K. Geib M Von Mohr).

Administrative Updates (S. Thomas) -

Need to start setting up budget meetings for next year. If you want to make adjustments we need to do it as we are entering the last quarter of the year. Our cash balance is in target area. Federal and State OCAs are being spent down appropriately.

Cash Handling procedure updates - Internal Controls were not being followed. Cashiers cannot close out cash drawers and run reports. Another staff member needs to put together the deposit. Sherri Sayre will come out to train. Will be attending clinic staff meeting on March 29th. Transfer of custody logs must be complete anytime bank bags/cash changes hands. In a perfect world, the deposit should be made from the clinics, EH, etc., as opposed to being sent to administration. Cash boxes will be assigned to geographic location if an employee works out of more than one location. Need to be sure these are secured overnight.

Statewide Pcard Training - To assist with the Department's conversion to the new PCard Works System, the Department of Financial Services has created Training Videos and an End User Manual. These materials are available at the links listed below. All cardholders, approvers (level 002), accountants (level 008), champions and super champions should watch the videos and save/print a copy of the End User Manual prior to any scheduled training sessions. I have watched these trainings and pcard holders should be thrilled. No more FLAIR input, very user friendly.

Works Overview Video – located under Reference Materials:

<https://www.myfloridacfo.com/division/AA/PCardWorks.htm>

Training Videos:

<https://www.myfloridacfo.com/Division/AA/WorksTrainingMaterials.htm>

Works End User Manual

<https://www.myfloridacfo.com/Division/AA/documents/WORKSEndUserManual.pdf>

Travel Training - For the forms, all Supervisors are **FINAL APPROVERS**. From there delegate (Lisa as the final, final approvers for checking accounting and accuracy. Still getting clarification from DMS on clarifications on reviewers and preparers. Please do not approve future travel after April 1 for travel unless it involves hotel reservations. Print out authorizations. All reimbursements need to be in before April 1. Please let employees know to submit travel for anything prior to March asap! New statewide system is supposed to go live. Forms needs to be returned to zzz by March 11. This is super important, if not completed timely and correctly will delay reimbursements. All training videos are located at the DMS website and must be accessed using google chrome. If you need Google chrome put on your desktop, send in an IT ticket. S. Sayre will do a quick demonstration at next all staff meeting.

https://www.dms.myflorida.com/agency_administration/statewide_travel_management_system

Mileage reimbursement between duty stations (with the exception of Baker County WIC travel) will cease effective June 2019. The current travel policy will be updated along with FAQs to be provided to staff in March and May at the staff meetings.

IT - David has set up a Conference Call (One Voice) call in line for updates on the renovations. Melissa has been assigned to coordinate call updates with staff. This line can be used for additional meetings as well. Similar to the conference call lines where people call in as opposed to you conferencing people in. Melissa to complete guidance and place in shared folder of supervisor's tools.

Language Line Video ASL Interpretation IPAD project. Each Ipad (location) must be registered with the company before use. David will do a quick intro at All Staff meeting. Check with David on the difference between wireless and internet and the use of the new booster.

Facilities – Will most likely put dumpster and pad somewhere in Hilliard lot, after container has been delivered and set up as well as other container being removed. Dealing with some cleaning staff issues in Hillard. Please keep Mike Daniel apprised and copy me. If we don't know there is a problem, we can't address.

HR Updates - Two OPS (EH and WIC) new hires to start next Thursday, Mach 14. Emergency exemption process to start through the automated HR system. Little to no input from counties on who is awarded an exemption, which is detrimental to emergency operations in a small CHD. Wes with input from Jason will craft an email to Alachua hub on whether staff can do equivalent jobs 8-5 in cells similar to what they do in their daily job just not be assigned to an actual shelter. Will call it a "partial exemption".

Policy Review – Cash Handling Policy is being updated in conjunction with regional support. Some identified changes have been disseminated, clinics, EH, Courier, vitals and Admin have new procedure is in place to separate duties in the deposit area. Information security procedures were sent out and need to be reviewed. Special attention needs to be paid to public records requests as next week is Government in Sunshine Week. Thomas to send out internal protocol to bolster what was sent out yesterday by legal and Dr. Seidel.

Old Business – Shared Outlook Calendar for Clinical Services is on the desktop. Data has been entered for clinic, still needing WIC and Dental. Evidently some issues as K. Taylor input and the next day information was gone. Will ask IT to follow-up and will ask administrative staff to test drive the system before rolling out to all staff. At that point, will need to let all staff know it is there and should be checked before sending clients to a clinic that may possibly have been cancelled.

New Business: County Health Rankings to come out to public 3/19 and embargoed copy on 3/12. Need to see how results align to CHIP and develop talking points and strategy to preempt any negative results to BOCC. Need to bear-in-mind that we are concerned about population health metrics and what trends we are seeing. See if can trend the measures for our county and also be cognizant that measurements may have changed and track what was not measured. Public Health Week events discussed. Where we are going in public health. Pictures and stories to be published.

Updates/Announcements:

K. Geib - Level funding for ADAP and RW. Following SP 1160 pertaining to school health funding.

M. Von Mohr - Added some additional items to staff meeting in March. Roleplay - public records request Taylor, Thomas, Miller. Kudos on accomplishments towards goals for QI projects. Web page hits have increased significantly. 2000 to 9000 per quarter. Where are they hitting? Send out an embedded links for programs during Public Health Week to see results (?) Try and measure foot traffic.

T. Canady- Conveyed appreciation for efforts on her behalf while she was out. February had many education classes. Great working relationship with Head Start. She is mentoring a student ambassador for a few more months. Wrapping up school-based sealants in Hilliard. Working on grant for additional funding for school-based sealants program at the request for Andreu Powell from school district. They would use funding to replace antiquated equipment. Medicaid reform and credentialing issues have effected revenues and solutions are being sought. Barnabas may be providing dental services if uninsured Friday's at Hilliard. January 2019 served 631 clients. Extremely busy and may look at OPS clerk. Mobile dental unit will be coming to do extractions and fillings.

K. Taylor - NICH speaking engagement. Working toward more staff outreach. Will be participating in active shooter training with Baker county. Will update Dr. Seidel on results of that training.

M. Godwin – Beach water sampling to resume. Legislative bills to watch which have been presented in the past. Nitrogen levels and septic being handled by DEP. Working on trailhead which potential grant funding for the Amos White center.

S. Linback- State Pharmacy budget has been decreased significantly for family planning limiting certain implants and other expensive birth control methods. Have a LPN vacancy which she will not fill. Lean and mean with only two RNs for the entire county. We are not current accepting Medicaid primary care and will be transitioning out of Medicare primary care. They are better served using other providers in the county. Only have 100 total clients whom are affected. Focus will be on Primary Care for low income uninsured residents with chronic disease and increasing clinical public health services (Family Planning, Immunizations, STD, TB, Communicable Disease prevention).

E. Seidel – Be careful how we message to the community. We are not getting totally out of primary care Working together with other community partners so that "we all stay in our lanes" Whomever has the best resource and infrastructure serves the client, so that there is not duplication of services. We need to assure vs providing direct services. We need to be clear on what direction we are going. Working with other safety net providers to increase coordination and outreach to target populations as part of CHIP.

CLAS Self Assessment Tool



The following questions are designed to help programs identify their own challenges and goals and develop a work plan with concrete tasks to achieve or address them and using basic elements of Culturally and Linguistically Appropriate Services (CLAS) standards. DPH considers CLAS work to be an ongoing improvement project. Your contract manager will help support your efforts to implement CLAS as part of your contractual expectations, and will monitor continuous improvement based on your program's self assessment and proposed work plan.

Organization

Organization Name: THE FLORIDA DEPARTMENT OF HEALTH IN NASSAU COUNTY

Contact Persons for CLAS Implementation

Tracy Canady and Kenice Taylor

Culturally Competent Leadership and Workforce

1. Does your program **recruit, retain, and promote** staff that reflects the cultural diversity of the community? (*CLAS Standard 3*) **Check one.**
 - Our staff fully reflects the cultural diversity of our community.
 - Our staff partially reflects the cultural diversity of our community.
 - Our program staff does not currently reflect the cultural diversity of our community.

2. Does your program have **written policies and procedures** that support recruitment, retention, training and promotion practices? (*CLAS Standard 2*) **Check one.**
 - All Our staff are aware of / universally trained on them.
 - Not all our staff are aware of / universally trained on them.
 - Our program does not currently have written policies and procedures that support these diversity practices.

3. Do program staff members at all levels and disciplines receive **training** in culturally- and linguistically-appropriate service delivery? (*CLAS Standard 4*) **Check ALL that apply.**
 - Training is provided to staff as standard part of orientation for new hires at all levels and disciplines.
 - Training is provided at least once a year to staff at all levels and disciplines.
 - Training is provided, but not in a standardized / routine manner.
 - Our program does not currently provide this training.

Language Access / Communication

4. Does your program provide **timely professional interpreter** services, at no cost, to all Limited English Proficiency (LEP) clients, including those clients who use American Sign Language? (CLAS Standard 5, Federal mandate) **Check one.**
- Always
 - Most of the time
 - Sometimes
 - Our program does not currently provide timely professional interpreter services.
5. Do all LEP or Deaf / Hard of Hearing clients receive **verbal and written notices** about their right to language assistance services? (CLAS Standard 6, Federal mandate) **Check ALL that apply.**
- Verbal notices are provided.
 - Written notices are provided.
 - Our program does not currently provide either verbal or written notice about this right.
6. Are Deaf / Hard of Hearing clients and clients with disabilities provided a copy of your program's **Disability Access notice**? (CLAS Standard 6, Federal mandate) **Check one.**
- Always
 - Most of the time
 - Sometimes
 - Our program does not currently provide Disability Access notice to clients.
7. Does your program offer **written materials** in languages that target the diverse cultural groups in your service area/population? (CLAS Standard 8, Federal mandate) **Check one.**
- Written materials are offered in the languages of all cultural groups in our service area/population.
 - Written materials are offered in the languages of some cultural groups in our service area/population.
 - Our program does not currently offer written materials in the languages of the cultural groups in our service area/population.
8. Does your program clearly **display images / post signage visibly** that shows inclusivity for the diverse cultural groups including LGBTQ and people with disabilities in your service area/population? (CLAS Standard 8, Federal mandate) **Check one.**
- Images / signage visibly posted in the languages of all cultural groups in your service area.
 - Images / signage visibly posted in the languages of most cultural groups in your service area.
 - Images / signage visibly posted in the languages of some cultural groups in your service area.
 - Our program does not currently post images / signage visibly in the languages of the cultural groups in our service area.

Organizational Support and Accountability

9. Does your program **have a plan** to identify and address CLAS needs for underserved populations? (CLAS Standard 9) **Check one.**
- A plan is fully developed and being implemented.
 - A plan is currently in draft form or only partially implemented.
 - Our program does not currently have a written plan.
10. Does your program **review** your written CLAS plan at least once a year to assess CLAS progress and needs? (CLAS Standard 10) **Check one.**
- Written CLAS plan is reviewed by program about once a year.
 - Our program does not currently review our written CLAS plan once a year.
 - Not applicable: our program does not currently have a written CLAS plan.
11. Does your program collect **client satisfaction data** to inform culturally- and linguistically-appropriate service (CLAS) delivery? (CLAS Standard 14) **Check one.**
- Always

Sometimes

Our program does not currently collect client satisfaction data to inform CLAS delivery.

12. Does your program use Race, Ethnicity Language (REL) **community/service area** data to help design and deliver program services? (*CLAS Standard 11*) **Check one.**

REL community data used in all applicable situations to design/deliver program services.

REL community data used most of the time to design/deliver program services.

REL community data sometimes used to design/deliver program services.

REL community data never used to design/deliver program services.

13. Does your program use REL **client** data to help design, deliver and evaluate program services? (*CLAS Standard 11*) **Check one.**

REL client data always used to design/deliver program services

REL community data used most of the time to design/deliver program services

REL client data sometimes used to design/deliver program services

REL client data never used to design/deliver program services

14. Does your program **participate in partnerships** with other agencies that target the diverse cultural groups in your service area/population? (*CLAS Standard 13*) **Check one.**

Our program participates in partnerships with other agencies that target all of the diverse cultural groups in our service area/population.

Our program participates in partnerships with other agencies that target some of the diverse cultural groups in our service area/population.

Our program does not currently participate in partnerships with other agencies that target the diverse cultural groups in our service area/population.

15. Have you used the *Making CLAS Happen* manual? (An electronic version of the manual is posted on the DPH Office of Health Equity's website.)

16. Yes

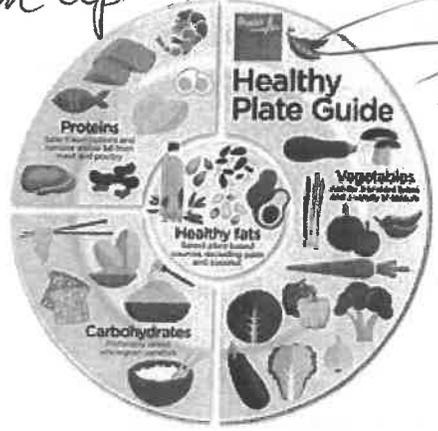
No, not yet

FDOH Nassau All Staff Meeting
March 29, 2019
Location: Red Bean Center, FSCJ Campus, Yulee Florida
Time: 1:00-4:00

- ❖ New employee introductions (5 min)
- ❖ Success/accomplishments/program updates (10 min)
- ❖ Employee of quarter (Oct-Dec 2018) ~~(10 min)~~ *5min* + *Booster Shout Out*
- ❖ New Travel system demo - ~~(10 min)~~ *5min* Sherri Sayre + *Recruit*
- ❖ Role play – public records request (10 min) – Stefanie Thomas
- ❖ Demo sign language video option through Language Line ~~(15 min)~~ *10min* – David Lepore
- ❖ Nutrition Month – Kenice Taylor and WIC staff (30 min)
- ~~❖ Booster/Wellness activity (5 min)~~
- ❖ CLAS/cultural competency training ~~(10 min)~~ *20* – video on listening and patient care ?
- ❖ Nassau Community Health Improvement Plan 2019-2021 (10 min) – Mary von Mohr
- ❖ Strategic plan SWOT analysis by small group. (30 Min) – Program managers
- ❖ County health rankings (10 min) – Kim Geib/Dr. Seidel/Mary von Mohr + *PH week*
- ❖ Disaster Duty Exemption Process/other HR updates (15 min) – Wes Spears
- ❖ ~~Questions – plans for next meeting Thursday, May 30th 9:00-4:00 PM~~

Announcement

- Clean up - Mur Park



SPRING IS HERE!

National Nutrition Month

Leadership Update related to County Health Rankings 3/15/2019

New - NEW RANKED MEASURES

- ▶ Quality of Care
- ▶ Mapping Medicare Disparities
- Preventable Hospital Stays
- Mammography Screening
- Flu vaccinations

NEW ADDITIONAL MEASURES

- ▶ Life Expectancy
- ▶ Severe Housing Cost Burdens
- ▶ Homeownership
- ▶ Disconnected Youth (redefined)

Important: WHAT DO WE MEAN BY HEALTH EQUITY?

HEALTH EQUITY means that everyone has a fair and just opportunity to be as healthy as possible. *This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*

Tell the story you want to tell

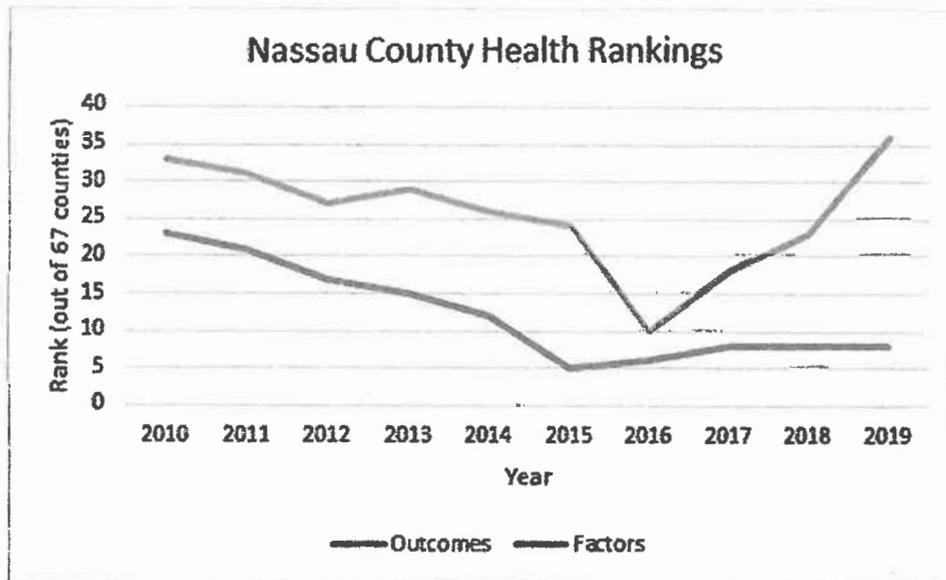
- ▶ Focus on action and assets
- ▶ Include a call to action
- ▶ Rally the community
- ▶ Highlight solutions

Focus on Equity -- Digging deeper:

- ▶ Who isn't thriving? – Hispanic children in poverty, youth in single-parent households, families affected by rural makeup limiting access to providers, opioid users
- ▶ Who doesn't have the same opportunities for good health? Blacks, persons affected by rural makeup of county, those without insurance and LEP.
- ▶ What differences are there by race? Infant mortality,
By place?

Nassau Key Findings: County Health Rankings

From 2010-2016 Health Factors and Health Outcomes trended in a parallel manner.



From 2016-2018 Health Outcomes is inversely related to the health outcome trend. We are now (36 rank) similar to a decade prior (33 rank).

2019 Results: (out of 67)

Health Outcomes decreased from 23 to 36 (Change of -13)

Length of life decreased from 24 to 44 (Change of -20)

Premature death worsened from 7,400 to 9,200 (highest among black)

Quality of Life measure worsened from 19 to 24 (Change -5)

Low Birth Weight is the same with the noted disparity consistent with last year – blacks

	<u>2018</u>	<u>2019</u>
• Black rate	20%	19%
• Hispanic	6%	7%
• White	7%	7%

Premature age-adjusted mortality worsened from 380 to 410. Note the increase in White's.

	<u>2018</u>	<u>2019</u>
• Black	510	521 (-11)
• White	380	414 (-34)

Suicide was listed in the top 5 leading causes of death (at #5) in Nassau in the 2017 and 2018 county health rankings data but this year has been replaced by chronic liver disease and cirrhosis.

Leading Causes of Death under age 75 in Nassau (NA) County

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant neoplasms	395	105
Diseases of heart	229	61.6
Accidents (unintentional injuries)	146	66.1
Chronic lower respiratory diseases	76	18.2
Chronic liver disease and cirrhosis	51	16.2

Source: CDC WONDER. Premature Mortality includes all deaths among people under age 75 and the rates are age-adjusted to the US 2000 population. Since counties have different age make-ups, age-adjustment can help in comparing health measures between counties.

Health Factors remained at 8 from last year. (no change)

Health Behaviors improved from 17 to 16 (change +1)

Access to exercise opportunities – 69% (2018) vs. 68% (2019) Nassau County compared to 89% in St. John’s County.

Alcohol impaired driving deaths – 32% (2018) vs 29% (2019) Nassau County compared to 20% in St. John’s County. Nassau improved by 3%.

Sexually transmitted infections – 246.7 (2018) to 242.2(2019) improvement of 4.5. St. John’s is 264.3. (worse)

Teen Birth rate – 29 (2018) to 26 (2019) Nassau County compared to 11 (2019) in St. John’s County.

- Note Nassau County is 49% rural compared to St. John’s 23%. Possible factors to consider include lack of transportation, access to providers, and persons living in poverty (\$).
- Resilience of youth living in poverty/increased isolation with limited resources lends to strengthened coping/survivor skills, acceptance of teen parenting?

NR Food Insecurity – 15% (2018) to 14% (2019) Nassau County compared to 12% in St. John’s County.

NR Drug Overdose deaths – 16 (2018) to 23 (2019) Nassau County compared to 14 in St. John’s County.

NR Motor Vehicle crash deaths – 19 (2018) to 20 (2019) Nassau County compared to 15 in St. John’s County. 25% difference.

NR Insufficient Sleep – 35 (2018) to 35 (2019) Nassau County compared to 29 in St. John’s county. Top US performers are 27%

Clinical Care – 17 (2018) and 10 (2019) Nassau County. St. John's ranked #2.

Uninsured adults – 12% (2018 to 2019) Nassau compared to 10% in St. John's County. (state rate is 15%)

Uninsured Children – 7% (2018) to 6% (2019) Nassau compared to 5% in St. John's County.

Primary Care physicians – 2180:1 (2019) Nassau County compared to St. John's County at 1,500:1
Medical workload in St. John's county is lower.

Dentist ratio – 3360:1 (2018) to 3310:1 (2019) Nassau County compared to St. John's at 1920:1 Almost a 3:1 ratio in Nassau compared to 2:1 ratio in St. John's.

Mental health providers – 980 (2018) 930 (2019) Nassau County compared to 920:1 in St. John's.

Preventable Hospital stays – 4,522 (2018) Nassau County. (Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.) 4,097 in St. John's County.

Mammography Screening – 67% (2018) to 44% (2019) Nassau County compared to 49% in St. John's.
This is a decrease by 34%.

Uninsured adults – 14% (2018) to 12% (2019) Nassau compared to 10% in St. John's County. (state rate is 15%)

Uninsured Children – 7% (2018) to 6% (2019) Nassau compared to 5% in St. John's County.

Other primary care providers – 1753:1 (2018) to 1,591:1 (2019) Nassau County compared to 1,573:1 in St. John's. We are using physician extenders more (PA, ARNP etc.)

Social and Economic Factors – 5 (2018) and 5 (2019) compared to St. John's County at #1.

High school - 91% (2018 to 2019) Nassau County to 90% in St. John's County. State rate is 82%.

Some college – 58% (2018) to 60% (2019) Nassau County to 78% in St. John's County.

Unemployment – 4.6% (2018) to 3.4% (2019) Nassau County to 3.3% in St. John's County. Improvement.

Children in poverty – 14% (2018) to 13% (2019) Nassau County to 9% in St. John's County.
Improvement.

Children in poverty (2019)

% Children in Poverty (Black) 26%

% Children in Poverty (Hispanic) 32%

% Children in Poverty (White) 15%

Children in Single-parent households – 33% (2018) to 33% (2019) Nassau compared to 21% in St. John's.

Social Associations – 11.5 (2018) to 11.8 (2019) Nassau County compared to 6.8 in St. John's County.
Tighter social bonds may lend itself to protective factors. (We exceed St. John's by 57%)

Violent Crime – 131 (2018) to 166 (2019) Nassau County compared to 225 in St. John's County.
Worsening slightly but better than the state rate of 484.

Injury Deaths – 93 (2018) to 99 (2019) Nassau County compared to 68 in St. John's County. We exceed the state rate of 76. (Number of deaths due to injury per 100,000 population)

Disconnected Youth (NR) – 19% (2018) to 6% (2019) Nassau County compared to 5% in St. John's County. (Percentage of teens and young adults ages 16-19 who are neither working nor in school.) Positive trend.

Children eligible for free or reduced lunch – 51% (2018) to 48% (2019) Nassau County compared to 24% in St. John's County. (two parent households higher in St. John's)

Residential Segregation (black/white) – 31 (2018) to 26 (2019) Nassau County compared to 47 in St. John's County.

Homicides – 5 (2018) to 6 (2019) Nassau County to 3 in St. John's County.

Firearm Fatalities – 21 (2018 and 2019) however we exceed the state rate of 13. St. John's County is 14 (2019).

Physical Environment – 57 (2108) to 35 (2019) Nassau County. Significant improvement. St. John's ranks 52. We believe this is due to having no drinking water violations as all other measures are similar in scoring. (2018 to 2019 then compared to St. John's)

Long commute – 50% (2018) to 49% (2019) Nassau County to 43% in St. John's County.