

INDIAN RIVER COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN
2012



**INDIAN RIVER COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN
2012**

VERSION 1.2

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Executive Summary

The Indian River County Community Health Advisory Council (the “Council”) was charged with the development of the Community Health Improvement Plan (CHIP) for Indian River County. The Council came together to better understand the current and emerging public health needs of Indian River County and to outline a plan for community health improvement, including the integration of environmental health planning in the process.

The process of assessing, prioritizing and planning to address the needs in the community was facilitated by the Health Council of Southeast Florida. The product of this process is the CHIP, a model for strategic health improvement in the community. The Council met during August and September 2012 to create the Plan for Indian River County. The Council worked in the months previous to extensively review the data contained in the Community Health Assessment and the Environmental Health Assessment in preparation for the development of the CHIP. The health priorities addressed in this plan emerged from the review of the data and the input and discussions of the Council. It is important to note that the qualitative data reflects the sentiments of other key stakeholders, including consumers and providers.

Top Health Priorities

- Access to Care
- Prevention of STDs/HIV and Teen Pregnancy
- Built and Natural Environment and Transportation
- Chronic Disease Prevention
- Mental Health, Substance Abuse and Tobacco Prevention

The Council worked to identify the root causes of the top health priorities in an effort to ensure the CHIP plans for action to address the priorities in an appropriate and effective manner. The Plan that follows details the goals, objectives and action strategies that were developed to address the community’s health priorities.

Indian River County’s CHIP is the product of much collaboration, brainstorming, review and discussion by many dedicated individuals. It is a thorough and executable plan that can be used in the community’s health planning activities in the coming years. We hope that you will review this plan and consider how you can play a part in the achievement of a healthier Indian River County.

Acknowledgements

The 2012 Indian River County CHIP is the product of much input, discussion, collaboration and participation by a broad spectrum of stakeholders in the local public health system. These individuals, as advocates for their agencies, the populations they serve and the health of Indian River County as a whole, came together around the commitment to improve and enhance services for the betterment of the entire Indian River County community. Their participation brought tremendous value to the community health improvement planning process.

The Health Council of Southeast Florida wishes to extend our appreciation and thanks to all the organizations that participated and contributed to this comprehensive body of work. The commitment and collective efforts of these individuals, agencies and organizations will enable strides to be made towards improving access to health care on behalf of the residents of Indian River County. Special recognition is due to the dedicated members of the Indian River County Community Health Advisory Council (the "Council") whose ongoing input and participation in this assessment and planning process resulted in a thorough and executable plan with a focus on creating a healthier Indian River County.

Community Health Advisory Council Participating Organizations:

- Boys and Girls Club of Indian River County
- City of Fellsmere
- Community Advocate
- Department of Children and Families
- Florida Department of Health
- Gifford Youth Activity Center
- Indian River County Chamber of Commerce
- Indian River County Community Development
- Indian River County Fire Rescue
- Indian River County Health Department
- Indian River County Health Department, Environmental Health
- Indian River County Healthy Start Coalition
- Indian River County Hospital District
- Indian River County Human Services
- Indian River County Medical Society
- Indian River County Mosquito Control Mosquito-Bourne Disease and Surveillance
- Indian River County School District
- Indian River Medical Center
- Indian River State College
- Junior League of Indian River Initiative
- Florida Agency for Health Care Administration, Medicaid Office, Area 9
- Mental Health Association of Indian River County
- Pastor's Association of Indian River County
- RCMA Fellsmere
- School District of Indian River County
- School Health Advisory Board
- Senior Resource Center
- Treasure Coast Community Health
- United Way of Indian River County
- Visiting Nurses Association of the Treasure Coast
- Whole Child Indian River

We are grateful to the Indian River County Health Department for the assistance, guidance and funding for this process.

Introduction

The Indian River County Health Department contracted with the Health Council of Southeast Florida (HCSEF) to facilitate the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes. The completion of the CHA and the CHIP are pre-requisites for public health department accreditation. Additionally, carrying out these processes allows community health policymakers, planners and stakeholders to have an appraisal of the health of the community.

A CHIP is a long term systematic effort and set of actions that community partners take to improve health. The development of the CHIP was a collaborative effort and uses data from the Community Health Assessment (CHA) to identify priority issues and to aid in defining, developing and implementing strategies and actions for health promoting activities and plans. The goal of the Indian River County CHIP is have a workable, relevant, appropriate and actionable document that will help guide efforts to improve the health status of the community.

"Few will have the greatness to bend history itself; but each of us can work to change a small portion of events, and in total; of all those acts will be written the history of this generation.."

-- Robert F. Kennedy

Capacity, Collaboration and Continued Involvement

Essential ingredients in the achievement of the goals outlined in this plan are collaboration and commitment of the community. Strengthening partnerships, increasing collaboration and garnering support from a broad spectrum of individuals in the community and in local public health system will facilitate putting this plan into action.

Collaboration among the community partners will: increase opportunities for linkages and information sharing, build capacity, lessen the effects of working in silos, help reduce duplication of services and efforts and increase the reach and impact of programs.

When developing and implementing a Community Health Improvement Plan it is important to understand that processes such as these are often most effective and garner the most support when they are done with a community, rather than to a community.

The continued support and involvement of the Indian River County community will be an extremely valuable asset to the health improvement process.

"A goal without a plan is just a wish."-- Antoine de Saint-Exupery

Community Health Improvement Plan Timeline

May 2011	Indian River County Health Department contracted with Health Council of Southeast Florida (HCSEF) to facilitate Community Health Assessment process
July 2011	IRCHD Environmental Health (EH) convened community partners to conduct an assessment of its environmental public health delivery system, using the Environmental Public Health
September 2011	Local Public Health System Assessment (LPHSA) with external stakeholders
March 2012	Finalized Community Health Assessment (CHA)
June 2012	Invitations sent to potential Community Health Advisory Council members
July 2012	First meeting of the Council, introduction to the plan and process and review of Part I of the quantitative data
July 2012	Second meeting of the Council and review of Part II of the quantitative data
July 2012	Finalized teen pregnancy supplement for the CHA
August 2012	Third meeting of the Council and review of the qualitative data and the LPHSA
August 2012	Fourth meeting of the Council, data recap and prioritization of health issues
September 2012	Fifth meeting of the Council, root causes analysis and begin inventory of community resources
September 2012	CHIP deliverable
October 2012	Sixth meeting of Council, split into priority specific groups to define and refine objectives and action steps
November 2012	<i>Meeting of Council to review and approve CHIP</i>
2012-2015	<i>Implementation of Plan</i>

Indian River County Snapshot

Demographic and Socioeconomic Profile

- Residents of the county account for .73% of Florida's total population
- The highest proportion of the population is in the 60-64 year old range
- Nearly a third of the residents are 62 years or older
- Median age in the county is 49.1 (compared to 40.7 in FL)
- The county has a higher percentage of individuals who identify as White (84.3%) than Florida as a whole
- The segment of the population 85 and older is projected to grow more from 2000-2015 than other groups (↑116.9% to = 5% of total population)
- Between 2000 and 2015, the 0-4 population is projected to increase 65.6% (the population as a whole is projected to increase 36.4%)
- Poverty rates are higher among individuals under 18 (27.2%)
- Lower percentage of individuals 18-64 were living in poverty (14.3%) in Indian River which is slightly lower than Florida (16%) (2010)
- Per capita income in 2010 ~\$27,000
- Household income disparities between white and black households and Hispanic, non-Hispanic households
- Third highest among counties in income disparity
- Over 1/3 households have yearly income of less than \$35,000
- High school graduation rates have increased in the past decade (87.2% in 09/10 SY); Indian River's high school graduation rate is greater than Florida's (at 80.7%) in the 2009/10 school year
- Unemployment in May 2012 was 10.4%; 5th highest among Florida counties
- Nearly 2/3 of county lives in unincorporated Indian River
- Health care and social assistance industry employs the greatest number of individuals
- Public assistance usage including food stamps, cash assistance and Medicaid has increased
- In SY 11/12, 55.6% students eligible for free and reduced school lunch
- Foreclosure rate in the county is classified as 'high'

- 5.6% of housing units have no vehicles available
- Violent and property crimes have decreased in the past fifteen years

Health Status Profile

Maternal & Child Health Indicators

- Birth rates are highest to mothers 20-29 years of age
- The number of births to mothers ages 10-19 decreased between 2008- 2010 in Indian River and Florida. In 2010 in Indian River the rate was 16.3 per 1,000.
- 72.4% of births in 2010 had first trimester prenatal care; (Florida 79.3%)
- Births to mothers 15-19 decreased between 2008 and 2010
- The rate of births to black mothers ages 15-19 in Indian River in 2010 was 73.2 per 1,000, higher than the rate of birth to all mothers at 31.1 per 1,000.
- Repeat births to mothers 15-19 is 18.1%
- In 2010 52% of births were covered by Medicaid
- The birth rate is lower in the county than in Florida as a whole
- Immunizations in kindergarten were lower in 2010 than the previous two years (89.4% in 2010)

Behavioral Health Indicators

- 37.3% of adults 45-64 have been tested for HIV
- 20.5% of male adults and 12.7% of female adults report binge drinking
- 41.3% of high school students and 21.2% middle school students have used alcohol in the past 30 days; 20.6% high school students and 7.6% of middle school have used marijuana
- There were 24 suicides in 2010, a rate of 15.1 per 100,000

Hospital Utilization Indicators

- There are three hospitals and 551 licensed beds in the county
- There are six nursing homes and 645 beds in the county
- 'Normal newborn' and 'Psychoses' and 'Rehabilitation with complicating conditions, major complicating conditions' were the top diagnosis related group (DRG) for county residents (Inpatient)
- In 2010 just over 52,000 ER visits to county hospitals. Top diagnoses include:

- Urinary tract infection, non-specific
- Acute bronchitis
- Acute upper respiratory infection, non-specific
- Abdominal pain, unspecified site

Morbidity and Mortality Indicators

- Males in the county reported more heart attacks, angina or coronary heart disease; rates for both sexes were higher than Florida
- Hospitalizations due to coronary heart disease and stroke are greater in the county than in Florida as a whole
- Hospitalizations from chronic lower respiratory disease and diabetes are lower in the county than in Florida as a whole
- The age-adjusted breast cancer rate is lower than the state, the age-adjusted lung cancer rate is slightly higher
- Obesity rates in the county are slightly lower than the state as a whole
- STD rate in county (gonorrhea, chlamydia, infectious syphilis) increased 11% from 2010-2011 (502 - 556 cases)
 - Decrease in chlamydia and syphilis during the same time period
 - Spike in Gonorrhea (87.8% increase from Jan- May 2011 to Jan- May 2012)
- Leading causes of death are cancer and heart disease in 2010 in Indian River County
 - Cancer 26.3%
 - Heart Disease 23.3%
 - Alzheimer's Disease 6.2%
- The death rate due to unintentional injuries is higher in the county than in Florida as a whole

Health Resource Availability and Access Profile

- Number of physicians per person is lower in the county than in Florida as a whole
- There are three primary care health professional shortage areas (HPSAs), thirteen dental care HPSAs and five mental health care HPSAs
- There is one medically underserved population (MUP) in the county
- Access to dental care for low income persons has been steadily increasing since 2007

- Indian River County ranked 2nd best in state and rate was considerably higher than in Florida
- Nearly 30% of individuals 18-64 are uninsured; Higher % uninsured black or African American individuals (31%)
- Over 45% of individuals identifying as Hispanic are uninsured
- Medicaid enrollment increased from 2008-2010
- There is one federally qualified health center (FQHC) offering services at 4 different sites

Community Perspective Profile

Local Public Health System Assessment

- Top scoring ES: Diagnose and Investigate Health Problems and Health Hazards
- Lowest scoring ES: Research for New Insights and Innovative Solutions to Health Problems

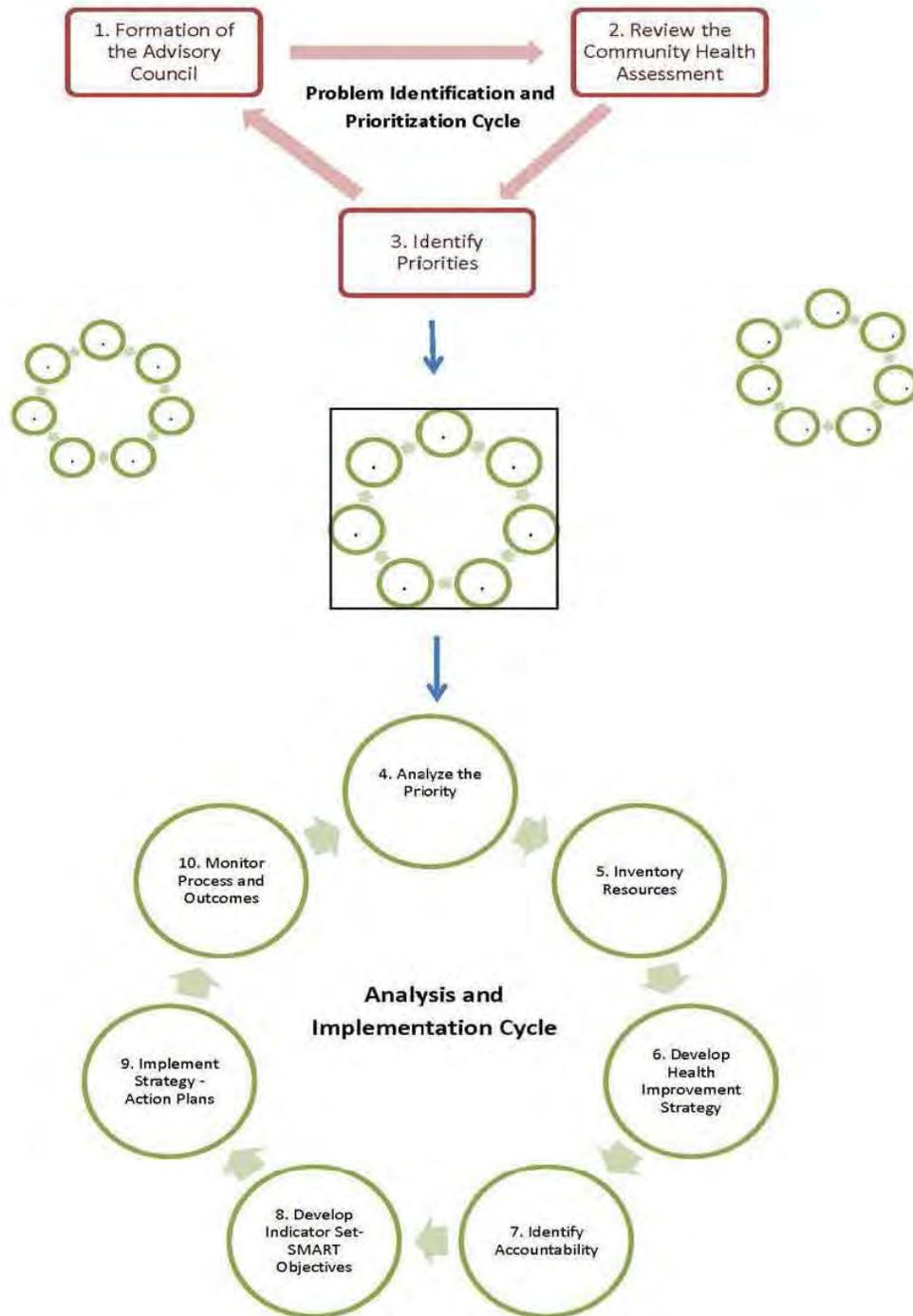
Focus Groups and Key Informant Interviews

- The cost of healthcare and lack of health insurance coverage are major barriers to accessing care
- There are perceived shortages of specialists and primary care providers (e.g., internists, pediatricians, dentists, and mental health professionals)
- Desire for expansion of public transportation services
- People reported a desire for “one-stop shopping” health centers, where primary care providers and specialists could offer better coordinated care.

Teen Pregnancy Supplemental Assessment – Focus Groups and Key Informant Interviews

- Increased education and awareness
- “Pressure from boyfriend/girlfriend” and “lack of direction/poor communication with parents” identified as biggest factors contributing to teen pregnancy
- The media, school peers/ friends and parents are believed to have the greatest influence on teenagers’ social attitudes and sexual behaviors
- More information needs to be made available to teenagers as to available services and community resources
- Parents need to be taught how to communicate early and often with their teenage children on issues related to teen pregnancy, sexually transmitted diseases (STDs) and HIV prevention

Indian River County Community Health Assessment and Community Health Improvement Framework



Adapted from Institute of Medicine's Community Health Improvement Process

The Framework: A Community Health Improvement Model

The Indian River County Health Department contracted with the Health Council of Southeast Florida to lead and facilitate the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes.

Problem Identification and Prioritization

Step 1: The Health Council of Southeast Florida worked with the Indian River County Health Department to identify invitees to participate on the Indian River County Community Health Advisory Council. A matrix was used to help guide the selection process and to help ensure that there was representation from a broad array of local public health system stakeholders.

The Indian River County Health Department Environmental Health (EH) convened community partners to conduct an assessment of its environmental public health delivery system, using the Environmental Public Health Performance Standards (EnvPHPS) in July 2011. The EnvPHPS's are a set of standards describing the level of performance and capacity that environmental public health systems and programs should aspire to achieve.

The Health Council led the community through the Local Public Health System Assessment (LPHSA), an instrument developed by the Centers for Disease Control (CDC). The tool was completed in two parts; one part was completed by a large group of stakeholders in the local public health system at a meeting in September 2011, the second portion was completed by Health Department staff. HCSEF worked with the Health Department to compile a list of stakeholders in the local public health system to invite to participate in the assessment.

Step 2: The Council met three times between July and August 2012. These meetings consisted of review and discussion related to the quantitative data and qualitative data contained in the CHA. The quantitative data in the CHA consisted of demographic and socioeconomic indicators, indicators related to health status including: maternal and child health, behavioral health, oral health, morbidity and mortality as well as data related to health resource availability and access including: hospital and nursing home utilization data, provider supply, health professional shortage areas and underserved populations, health insurance coverage and the safety net in the community; and environmental health. The qualitative data consisted of information from the

focus groups, the key informant interviews, the LPHSA, the Environmental Public Health Assessment, and information about IRCHD's work in the community utilizing the PACE-EH methodology.

Analysis and Implementation

Step 3: In August 2012, the Council and the process transitioned into work on the Community Health Improvement Plan (CHIP). A 'Trigger Report', which recapped highlights from the quantitative data and qualitative was presented to the group. A nominal group exercise was facilitated with the group to develop a list of issues and priorities.

The group consolidated the issues into 12 priorities. A multi-voting exercise was facilitated to establish a ranking of the priorities and to select which were going to be addressed in the CHIP. The ranking was as follows:

1. Access to Care/ Uninsured and Underinsured / Shortage of Specialists / 'One-Stop Shopping' / Inappropriate ER Usage / Transportation
2. STDs / HIV / Responsible Sexual Behavior / Teen Pregnancy Prevention / Education
3. Built and Natural Environment (lagoon) and Transportation
4. Health Education / Community Awareness & Engagement
5. Chronic Disease Prevention / Intervention / Management (including obesity)
6. Mental Health / Substance Abuse (including tobacco) / Addiction / Emotional Issues
7. 0-5 Population
8. Prevention Education
9. Health Disparity
10. Poverty – Economic Opportunities (jobs)
11. Prenatal Care
12. Aging Population

The group elected to move forward with the top six ranked priorities. After some discussion, the Council elected to weave the fourth ranked priority, 'Health Education / Community Awareness & Engagement' throughout the planning, rather than have it as a separate priority and thus, the priorities areas for the CHIP are: 'Access to Care', 'Prevention of STDs/HIV and Teen Pregnancy'; 'Built and Natural Environment and Transportation'; 'Chronic Disease Prevention' and 'Mental Health, Substance Abuse and Tobacco Prevention'.

Steps 4 and 5: HCSEF staff facilitated a Root Cause Analysis exercise with the group to identify the 'root causes' of the selected health priorities. The information derived from this exercise was used to develop the goals. There was also discussion about current activities and resources in the community related to the selected priorities.

Steps 6 -8: The next steps in the process entails further development of objectives, key activities and action steps, lead roles for the priorities. In October 2012 the Council met and broke into priority-specific work groups to review, revise and refine the goals, strategies, objectives and action step laid out in the CHIP. As the objectives and action steps were further outlined and refined, there was an emphasis on crafting them as S.M.A.R.T objectives. There was and continues to be a concerted effort to honor existing efforts and not duplicate them, so if there are current and ongoing activities in the community, strategies were devised related to the linkage to those activities. The specific goals, objectives, strategies and action steps are outlined in the Strategies and Action Steps section of this plan.

The Council will meet in late November 2012 to review and approve the CHIP.

Steps 9-10: The remaining two steps, the Implementation and Monitoring of the process and outcomes will be carried out through during term of the Community Health Improvement Plan 2012-2015.

The Community Health Improvement Plan

The Indian River County CHIP was designed by stakeholders in the local public health system, many of whom will be involved with implementation. The plan defines specific goals, objectives and strategies for the selected priorities.

The CHIP focuses on the top five health priorities that were selected by the Council. There were several other health indicators that emerged as well, and though they are not addressed herein, they are nonetheless important and, if possible, should be considered during future health planning activities in the community.

A few themes emerged that are woven through the planning for all selected priorities. The importance of identifying and reaching underserved populations in an effort to reduce racial and other disparities was stressed as well as the importance of addressing health planning and health improvement activities in a culturally competent manner.

Approach

The strategies in the CHIP attempt to:

- Address the underlying causes of the identified health priorities
- Utilize data to identify priorities and to measure the impact of interventions
- Outline approaches that are relevant and realistic in the community given the available time and resources
- Devise an action plan that can have a wide-reaching community-wide impact
- Detail measurable objectives to evaluate progress
- Engage a broad range of community stakeholders
- Support ongoing efforts in the community
- Implement evidence-supported models for community health improvement
- Include interventions that encourage beneficial behavior modification
- Focus on improving health factors and health outcomes in the community

Descriptions of evidence-supported programs related to the selected priorities are provided. It is recommended that the strategies and approaches detailed in this CHIP are modeled after these or other evidence-supported programs.

An important element to any process is continued evaluation. This allows for monitoring of progression toward outcome goals and allows for adjustments to be made, if necessary. Evaluation throughout the course of this plan will also help guide future planning activities in the community.

Strategic Priorities and Action Plans

This section of the report presents the culmination of the perspective, input and effort of the community in this improvement planning process.

The sections below detail, for each of the five priorities that are addressed in this CHIP: goals, specific objectives, strategies and action steps, and evaluation methods.

The goal is a broad, general statement about a desired outcome. It represents the destination the community hopes to reach with regard to the priority.

The objectives are more specific and detail what the community hopes to achieve and by when. Whenever feasible, the objectives in this plan are S.M.A.R.T., meaning they are: specific, measurable, achievable, relevant and realistic and time-bound.

The strategies detailed in the plan represent ways to achieve the objectives and the action steps provide more detail and specific steps to outline how the strategies should be approached.¹

When relevant, the formulation of the objectives were informed based on review of the State (Florida) Health Improvement Plan (SHIP), the National Prevention Strategy and Healthy People 2020.

The information in this plan lays a solid foundation and provides direction for the community health improvement planning efforts in Indian River County. This CHIP is a 'living document' and can be adapted throughout the planning cycle to meet the emerging needs of the community.

¹ Guide and Template for Comprehensive health Improvement Planning, Version 2.1, Planning & Workforce Development Section, Connecticut Department of Public Health, 2009

Access to Care in Indian River County – Why is it a Priority?

The Council selected 'access to care' as the top priority in the community. In the context of this CHIP, this includes barriers to accessing care for the uninsured or underinsured, the shortage of specialists in the community, inappropriate use of the emergency room and transportation as a barrier to accessing care.

Many residents in the community experience challenges primary, preventative and specialty care. A primary barrier related to the access of care is lack of insurance or underinsurance. A challenge in Indian River, and in many areas across the country, is the insufficient number of providers who provide services to the uninsured or who accept Medicaid. There are many repercussions resulting from this shortage. Affected individuals are unable to access preventative care, screenings and timely primary care, often resulting in the further progression and worsening of disease and conditions that would be benefited from earlier treatment. Increased costs, due to inappropriate use of the emergency room for conditions that could have been addressed on an outpatient basis and for treatment of preventable conditions, often result due to barriers accessing care. Additionally, the number of specialty care providers, particularly those who will accept Medicaid is a concern of the community.

Priority 1

Access to Care

 **KEY ACTIVITIES:** Development of a resource guide; Establishment of a task force; Improvement in the understanding of barriers and gaps in services; Collaboration with community organizations and programs and Research of evidence-based programs

 **COMMUNITY RESOURCES:** 2-1-1, Senior Resource Association, Community Coach through Council of Aging, GoLine, Visiting Nurses Association's mobile unit, Whole Child, Indian River County Medical Society, Indian River CHD, Treasure Coast Community Health, Indian River County Hospital District, Mental Health Association

GOAL 1.A: IMPROVE ACCESS TO HEALTH CARE FOR UNINSURED AND UNDERINSURED (PAYMENT, ENROLLMENT, ACCESS BARRIERS)

OBJECTIVE 1.A.1: Decrease the percentage of adults in Indian River who needed to see a doctor but could not because of cost from 19% to 18.1% by 2015.

 **Measure:** County-level data from the Behavioral Risk Factor Surveillance Survey.

 Consistent with Florida's SHIP's target of 5% improvement 
 Aligned with AHS-6 HP2020 

Strategies:

- Develop an online integrated resource guide for health information/education, services guide for providers, and best practices.
- Work with the Hospital District's Provider Collaborative to research evidence supported programs to improve client navigation behaviors.
- Work through We Care Foundation to expand fundraising and access for patients served through the We Care program.
- Conduct a survey to determine physician's interest in providing care for indigent residents of Indian River County and preferred model of care.

 Key Activities

 Community Resource

 Measure

 Benchmark

OBJECTIVE 1.A.2: Increase the number of adults in the community who report having any kind of health care coverage from 89.7% to 94.2% by 2015.

 20 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

 **Measure:** County-level data from the Behavioral Risk Factor Surveillance Survey.

 Consistent with Florida's SHIP's target of 5% improvement. 
 Aligned with AHS-1 HP2020. 

Strategies:

- *Increase number of Healthy Kids events and sign ups in the community.*
- *Partner with Access Florida to reach all eligible Medicaid recipients to minimize lost opportunities.*
- *Increase number of agencies in the community with health navigators working at their site.*

**GOAL 1.B.: IMPROVE ACCESS TO HEALTH CARE BY MINIMIZING
TRANSPORATION BARRIERS AND GAPS**

OBJECTIVE 1.B.1: By July 1, 2014, develop a plan to minimize transportation barriers and gaps for individuals accessing healthcare.

 *Measure:* Report of findings and plan.

Strategies:

- *Partner with the Senior Resources Association to assess gaps and barriers*
- *Partner with agencies in the Hospital District's Provider Collaborative to survey transportation barriers/gaps for patients served by provider agencies.*
- *Collaborate with the VNA on locations for the mobile unit based upon patient feedback*

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

Evidence-Supported Initiatives and Campaigns

Systems Navigators and Integration (Patient Navigators)

Patient navigators provide culturally sensitive assistance and care coordination, guiding patients through eligibility processes for available health insurance, and linkage with social support systems. These programs also seek to reduce racial, ethnic, and economic disparities in access to care and disease outcomes.² Other potential benefits include: increased use of preventive services; increased preventive screenings; improved birth outcomes; and improved maternal health.

Medical Homes

Medical homes provide access to ongoing, comprehensive, whole person primary care.³ In this model, providers and their teams work with patients to address their array of needs, while coordinating care across the spectrum of health services. Medical homes may offer enhanced access, including expanded hours and easy communication options for patients. They also practice evidenced-based medicine, measure performance, and strive to improve the quality of care. Other potential benefits include: decreased preventable hospitalizations and emergency room visits; improved effectiveness and safety; improved chronic condition care; decreased disparities in health care; and decreased overall cost of care.

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Indian River County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

² University of Wisconsin County Health Rankings & Roadmaps, www.countyhealthrankings.org, Access to Care, Systems Navigators and Integration, 2012.

³ University of Wisconsin County Health Rankings & Roadmaps, www.countyhealthrankings.org, Access to Care, Medical Homes, 2012.

Community Resources

Indian River County Medical Society

“Indian River County Medical Society is a private non-profit, professional association comprised entirely of physicians (MDs and DOs). It was founded by eight physicians in 1947. Today, the Medical Society has over 150 members. IRCMS serves Indian River County as the county component of the Florida Medical Association and the American Medical Association, but is administratively and financially independent.”

The Goal of the Indian River County Medical Society is to “aid Indian River County residents and visitors by providing information to meet their health care needs.”⁴

We Care

“Indian River County Medical Society’s We Care Program is based on the volunteer efforts of many of the county’s physicians, both retired and active. We Care was created as a cooperative venture between the IRCMS and the Indian River County Health Department to help provide free medical treatment to residents in Indian River County who are otherwise financially unable to afford specialty health care.” Since its inception in 1991, We Care has steadily grown and now has the support and participation of over 120 physicians. In 2010, We Care volunteers provided over \$1,000,000 worth of donated medical services.

“Only county residents who meet specific financial eligibility requirements (less than 150% of federal poverty income guidelines) can participate in this program. Patients may self-refer, or be referred by private physicians or Indian River Memorial Hospital. We Care patients first have a primary care evaluation and are then evaluated for subspecialty referral needs. Medication assistance is obtained via the Indigent Drug Programs from pharmaceutical manufacturers, with the laborious paperwork being completed by We Care. All services are organized by the We Care Coordinator office. Volunteer physicians sign a contract to become an “agent of the State of Florida,” which provides “sovereign immunity” liability protection for We Care medical services wherever the location. Currently, most subspecialty care is available through the volunteers”.⁵

⁴ <http://www.ircms.org/aboutus.html>

⁵ <http://www.ircms.org/wecare.html>

Prevention of STDs/HIV and Teen Pregnancy – Why is it a Priority?

The second priority identified by the Council is multi-faceted. It includes sexually transmitted diseases and infections (including HIV) teen pregnancy prevention, responsible sexual behavior and education.

Teen pregnancy and teen childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. These included increased costs for health care and foster care, increased incarceration rates for children of teen parents, and increased drop-out rates and unemployment for the parents.⁶ The birth rate to mothers ages 14-18 in the County was 19.5 per 1,000. The rate of repeat births to mothers ages 15-19 was 18.1%, slightly more than the rate in Florida as a whole.

Sexually transmitted infection/diseases (STDs/STIs) are also a burden on the community as they are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death.⁷ The rate of gonorrhea in the County increased 104% from 2010 to 2011.

Education and awareness, or lack thereof, was considered a major factor in the consideration of this priority.

⁶ <http://www.cdc.gov/TeenPregnancy/AboutTeenPreg.htm>

⁷ University of Wisconsin Population Health Institute. (2010). County Health Rankings 2010; retrieved from www.countyhealthrankings.org/health-factors/unsafe-sex

Priority 2

Prevention of STDs/HIV and Teen Pregnancy

 **KEY ACTIVITIES:** Implementation of an awareness campaign, Establishment of a task force, Dissemination of a survey and Research and implementation of an evidence-supported campaign

 **COMMUNITY RESOURCES:** Indian River County Health Department, churches, Pastor's Association, Treasure Coast Community Health, private doctors (OB/gyn) and Planned Parenthood

GOAL 2.A.: PREVENT EXPOSURE, INFECTION, AND DISEASE RELATED COMPLICATIONS FROM STDs THROUGH EDUCATIONAL OUTREACH, EXPANDED TESTING AND BEHAVIOR CHANGE.

OBJECTIVE 2.A.1: Reduce incidence of STD's among young adults aged 15-24 by 10% by July 2015.

 **Measures:** Combined STD rate ages 15-24, single year rates.

 *Consistent with HP2020 objectives.* 

OBJECTIVE 2.A.2 Decrease the number of new HIV cases in Indian River County by 20% by 2015.

 **Measures:** New HIV cases.

 **Measures:** Florida Department of Health, Bureau of Vital Statistics.

 *Target is number of cases in previous (2010) year*

 *Aligned with HIV-2, HP2020.* 

Strategies:

- *Research evidence supported campaigns and work with the Bureau of STD to formulate a campaign.*
 - *Include a component for encouraging parents talking to their kids about sex.*
- *Partner with community agencies and organizations to spread the word on the education and awareness campaign community wide*
- *Work through churches and faith based organizations to promote knowledge and awareness of responsible sexual behavior amongst congregations.*
- *Link with existing initiatives and community partners to investigate the knowledge gaps for youth regarding sex.*

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

- *Expand health department outreach activities and rapid HIV testing efforts.*

GOAL 2.B.: DECREASE THE NUMBER OF TEENAGE PREGNANCIES IN THE COMMUNITY

OBJECTIVE 2.B.1: **Decrease the rate of births to mothers aged 14-18 from 19.5 per 1,000 to 17.6 per year by 2015.**

 *Consistent with National Prevention Strategy target to decrease teenage pregnancy by 10%.*

 **Measure:** Florida Department of Health, Bureau of Vital Statistics.

Strategies:

- *Research evidence supported programs for decreasing teen pregnancies.*
- *In partnership with the school district, implement programs to decrease teen pregnancies.*

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

Evidence-Supported Initiatives and Campaigns

Comprehensive Risk Reduction Interventions for Adolescents

“Comprehensive risk reduction (CRR) interventions promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). These interventions may:

- Suggest a hierarchy of recommended behaviors that identifies abstinence as the best, or preferred method but also provides information about sexual risk reduction strategies
- Promote abstinence and sexual risk reduction without placing one approach above another
- Promote sexual risk reduction strategies, primarily or solely

The Community Preventive Services Task Force recommends group-based comprehensive risk reduction (CRR) interventions delivered to adolescents to promote behaviors that prevent or reduce the risk of pregnancy, HIV, and other sexually transmitted infections (STIs). The recommendation is based on sufficient evidence of effectiveness in:

- Reducing a number of self-reported risk behaviors, including:
 - Engagement in any sexual activity
 - Frequency of sexual activity
 - Number of partners, and
 - Frequency of unprotected sexual activity
- Increasing the self-reported use of protection against pregnancy and STIs
- Reducing the incidence of self-reported or clinically-documented sexually transmitted infections.

There is limited direct evidence of effectiveness, however, for reducing pregnancy and HIV.”⁸

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Indian River County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health

⁸ <http://www.thecommunityguide.org/hiv/riskreduction.html>

Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

Community Resources

The Indian River Health Department

The vision of the Indian River County Health Department is “a healthier future for the people of Florida” and their mission is, “to protect and promote the health of all residents and visitors in Indian River County.” The health department works under the Florida Department of Health and is part of the statewide system of health departments. The health department is staffed by licensed medical and environmental professionals, qualified support staff and interpreters as well a nurse on-call 24 hours a day, 7 days a week. There are two locations, 1900 27th Street, Vero Beach and the Gifford Health Center, 4675 28th Court, Vero Beach. The primary site offers “primary care services for adults and children, women's health, family planning, dental, WIC, TLC Newborn Program, chronic disease prevention program, sexually transmitted diseases (STDs), epidemiology, immunizations for adults, children and international travel, We Care Program, environmental health, and vital statistics (birth and death certificates).” The Gifford Health Center provides “primary care services for adults and children 3 and older, women's health, family planning, sexually transmitted diseases (STDs), eye clinic, immunizations for adults and children, Healthy Start Program, and houses the Indian River County Human Services office.”⁹

⁹ www.myirchd.org

Built and Natural Environment and Transportation – Why is it a Priority?

“Environmental health comprises those aspects of human health, disease, and injury that are determined or influenced by factors in the environment. This includes not only the study of the direct pathological effects of various chemical, physical, and biological agents, but also the effects on health of the broad physical and social environment, which includes housing, urban development, land-use and transportation, industry, and agriculture.”¹⁰

The Council elected to address the built and natural environment (with a particular interest in the Indian River Lagoon) in this CHIP. The wide-reaching influences of the environment and community infrastructure as they related to personal and community health were recognized by the group.

The built environment “refers to human-made (versus natural) resources and infrastructure designed to support human activity, such as buildings, roads, parks, restaurants, grocery stores and other amenities. The characteristics of the built environment can affect the health of residents in multiple ways.”¹¹ Lack of walkability, specifically, can contribute to overweight and obesity in the population. There are many facets of the environment that can contribute to lack of walkability including: lack of sidewalks, urban sprawl, insufficient street light and safety concern. The transportation infrastructure and public transportation availability and accessibility were of concern to the group so it is also being addressed under this priority as well. In essence, the Council acknowledged the importance of “smart growth” for Indian River. Smart growth reduces health threats from air and water pollution and indoor air contaminants through resource-efficient building design and offering transportation options such as mass transit, bike lanes, and pedestrian walkways. These engage residents and workers in a more active, healthy lifestyle.¹²

¹⁰ Healthy People 2010, US Department of Health and Human Services

¹¹ <http://www.countyhealthrankings.org/health-factors/built-environment>

¹² www.smarthgrowth.org, Health Issues, 2012.

The health of the Indian River Lagoon is of particular interest because of its ecological and economic value to the county and region. It is considered the most biologically diverse estuary in North America, and supports the economy of Indian River County through tourism, recreational and commercial uses. It is estimated that a significant increase in the amount and diversity of wildlife on the lagoon and improved water quality in the entire Indian River Lagoon Basin would increase the recreational use value by about \$80 million per year. The economic value of the entire Indian River Lagoon Basin's seagrass beds was estimated as \$329 million per year for 72,400 acres of seagrass.¹³ Discharge of freshwater, soils and pollutants into the lagoon negatively impacts the ecosystem, and in turn, the local economy.

¹³ Indian River Lagoon Economic Assessment and Analysis Update, 18 August 2008.
http://www.sirwmd.com/itsyourlagoon/pdfs/IRL_Economic_Assessment_2007.pdf

Priority 3

Built and Natural Environment and Transportation

 **KEY ACTIVITIES:** Membership with Pelican Island Audubon initiative; Certification of one beach as 'Blue Wave'; Collaboration with community organizations; Utilization of Florida Department of Health's "Healthy Communities Planning Checklist"; Support existing PACE EH projects; and Evaluation of the county's transportation system, (Aligned with HP 2.1.1 ).

 **COMMUNITY RESOURCES:** Stakeholders, Non-governmental organizations, Government agencies, technical capacity, Indian River PACE EH, Indian River Department of Environmental Health, Indian River County Metropolitan Planning

GOAL 3.A: IMPROVE INDIAN RIVER COUNTY'S NATURAL ENVIRONMENT.

OBJECTIVE 3.A.1: Decrease total nitrogen and phosphorous levels in the Central Indian River Lagoon (IRL) Basin to target total maximum daily loads (TMDLs) and timeframes adopted in the Central Indian River Lagoon Basin Management Action Plan (BMAP)¹⁴, or less, as identified by current scientific recommendations.

Strategies:

- Indian River County Health Department will continue to assist St. Johns River Water Management District (SJWMD) with monthly IRL water sampling to monitor Central IRL water quality (objective MON-1, IRL National Estuary Program (NEP) Comprehensive Conservation and Management Plan (CCMP))
 -  *Measure:* Monthly sample collection and submission to SJRWMD.
- Indian River County Health Department will continue partnership with National Atmospheric Deposition Program (NADP) to collect atmospheric nitrogen data as an Ammonia Monitoring Network (AMoN) site. (objective AD-1, IRL NEP CCMP)
 -  *Measure:* Weekly data collection, submission.

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

¹⁴ Indian River Lagoon Basin Central Indian River Lagoon Basin Management Action Plan, September 2012.

http://publicfiles.dep.state.fl.us/DEAR/BMAP/IndianRiverLagoon/BMAP_Documents/Central_BMAP/DRAFT%20Central%20IRL%20BMAP%20091312.doc

- Educate Indian River County residents about proper use of fertilizers, herbicides, pesticides by developing or adapting educational materials to be disseminated through multiple mechanisms, including presentations to stakeholders, website, print media, partnering with IFAS, etc. (objectives FSD-10, 11, PIE-1,2,4, IRL NEP CCMP).

 *Measure:* Educational materials developed and disseminated.

- Indian River County Health Department will continue to educate the public about proper care and maintenance of onsite sewage treatment and disposal systems (OSTDS), and educate the public about OSTDS sites near environmentally sensitive areas. (objectives OSDS-4, PIE-1, 2, 4, IRL NEP CCMP). Aligned with EH-11 

 *Measure:* OSTDS information disseminated to Indian River County residents; # of sewer connections replacing OSTDS in sensitive areas.

- Indian River County Health Department will advocate for maintenance of “Clean Marina” Program certification for those with existing certification. (objective MB-1, IRL NEP CCMP)

 *Measure:* Number of marinas certified as “Clean Marinas” in IRC.

- Pelican Island Audubon Society (PIAS) will coordinate with partners and stakeholders to plant 1500 native trees in Indian River County, concentrating on communities, schools and businesses with fewer trees (e.g., Gifford, Wabasso, Sebastian). (objectives BD-1, ETS-1, CC-3, IRL NEP CCMP)

 *Measure:* Number of native trees planted.

- PIAS will develop a list of clear, understandable economic, social, and environmental IRL indicators, based on available databases. (objectives PIE-2, 4, DIM-3, IRL NEP CCMP)

 *Measure:* List of indicators.

- Indian River County Health Department will continue to conduct surveillance for conditions of public health significance, including harmful algal blooms, and other marine toxins, harmful to both human and animal health. (objectives BAH-1, 2, 3, IRLNEP CCMP)

 *Measure:* Disease and condition surveillance data.



OBJECTIVE 3.A.2: By December 31, 2018, four beaches in Indian River County will meet “Blue Wave” criteria.

Strategies:

- Indian River County will partner with Beach Advisory Council and other stakeholders to certify at least one beach by 2014.

 **Measure:** Certification of one beach as “Blue Wave”.

 *Aligned with EH-7, Increase the proportion of days that beaches are open and safe for swimming. *

OBJECTIVE 3.A.3: By December, 2015, decrease the prevalence of animal bites in Indian River County by 5%.

 **Measure:** Decrease in prevalence of animal bites.

Strategies:

- Indian River County will conduct analysis of historic trends in demographics and reasons for bites; with community partners, adapt or develop bite prevention campaign materials; present curriculum to target groups.

GOAL 3.B. IMPROVE INDIAN RIVER COUNTY'S BUILT ENVIRONMENT.

OBJECTIVE 3.B.1: By 2016, 35% of new development applications will have a “Healthy Communities” planning score of at least 85%.

Strategies:

- Indian River County Health Department will review 90% of plans for new construction for Healthy Community planning concepts and provide recommendations on 100% of reviewed plans
Aligned with CR1.3.1. 

 **Measure:** # new construction plans reviewed and provided with Healthy Community planning recommendations.

- Indian River County Health Department will document % of developers and contractors that utilize Healthy Community planning concepts.

 **Measure:** # plans reviewed, % using Healthy Community planning concepts.

- Indian River County Health Department and Community Development Department will develop an Indian River County Healthy Communities logo to recognize developers and contractors using Healthy Community planning concepts.

 Key Activities

 Community Resource

 Measure

 Benchmark

 20 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

-  Measure: Approved logo.
- Indian River County Health Department and Community Development Department publicly recognize developers and contractors using these concepts.
-  *Measure:* # developers and contractors recognized.

OBJECTIVE 3.B.2: By 2017, three Indian River County communities with highest chronic disease rates will be retrofitted with infrastructure improvements.

Strategies:

- Indian River County Health Department will continue to participate in Protocol for Assessing Community Excellence in Environmental Health (PACE EH) project community planning. Aligned with HP2.1.2. 
- Indian River County Health Department will continue to assist communities in identification of resources and act as liaison to non-governmental and governmental organizations.
-  *Measure:* infrastructure improvements completed.

OBJECTIVE 3.B.3: By 2015, increase GoLine hours of operation to 6 am – 8pm.

Strategies:

- Indian River County Health Department and Community Development Department will review existing Transit Development Plan (TDP) and identify existing bus stop locations in relation to sources of healthy food choices, recreation, healthcare facilities, educational institutions and major employers.
-  Measure: spatial analysis of locations and routes.
- Indian River County Community Development Department and Metropolitan Planning Organization will continue bus shelter construction program.
-  *Measure:* Bus stop improvements cited in TDP.
- Indian River County Health Department will advocate for safe routes to bus stops; safety and weather protection, including solar lighting; bike racks at shelters and on buses. Aligned with CT1.2.3. 
-  Measure: safety improvements implemented.

-  Key Activities
-  Community Resource
-  Measure
-  Benchmark
-  Healthy People 2020
-  State Health Improvement Plan
-  Environmental Public Health Performance Standard

Evidence-Supported Initiatives and Campaigns

CDC's Healthy Community Design Initiative

"CDC's Healthy Community Design Initiative is part of the National Center for Environmental Health's Division of Emergency and Environmental Health Services. The Initiative works to improve public health by:

- Linking public health surveillance with community design decisions;
- Improving community design decisions through tools such as Health Impact Assessment;
- Educating decision makers on the health impact of community design;
- Building partnerships with community design decision makers and their influencers;
- Conducting research to identify the links between health and community design; and
- Translating research into best practices.

Healthy community design can improve people's health by:

- Increasing physical activity;
- Reducing injury;
- Increasing access to healthy food;
- Improving air and water quality;
- Minimizing the effects of climate change;
- Decreasing mental health stresses;
- Strengthening the social fabric of a community; and
- Providing fair access to livelihood, education, and resources."¹⁵

Smart Growth Network¹⁶

In 1996, the U.S. Environmental Protection Agency joined with several non-profit and government organizations to form the Smart Growth Network (SGN). The Network was formed in response to increasing community concerns about the need for new ways to grow that boost the economy, protect the environment, and enhance community vitality. The Network's partners include environmental groups, historic preservation organizations, professional organizations, developers, real estate interests; local and state government entities. The SGN works to encourage development that serves the economy, community and the environment. It is a forum for:

¹⁵ <http://www.cdc.gov/healthyplaces/>

¹⁶ www.smartgrowth.org

Raising public awareness of how growth can improve community quality of life;

- Promoting smart growth best practices;
- Developing and sharing information, innovative policies, tools and ideas;
- Cultivating strategies to address barriers to and advance opportunities for smart growth.

The Smart Growth Principles

- Mix Land Uses
- Take Advantage of Compact Building Design
- Create a Range of Housing Opportunities and Choices
- Create Walkable Neighborhoods
- Foster Distinctive, Attractive Communities with a Strong Sense of Place
- Preserve Open Space, Farmland, Natural Beauty and Critical Environmental Areas
- Strengthen and Direct Development Towards Existing Communities
- Provide a Variety of Transportation Choices
- Make Development Decisions Predictable, Fair and Cost Effective
- Encourage Community and Stakeholder Collaboration in Development Decisions

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Indian River County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

Community Resources

Indian River PACE EH

The Protocol for Assessing Community Excellence in Environmental Health (PACE EH) program addresses environmental concerns in at-risk neighborhoods in the community. Indian River has utilized the PACE EH to identify strengths and weaknesses of the Environmental Public Health System and then develop action plans using specific, measurable, attainable, realistic, and time-bound (SMART) objectives to address identified gaps and issues. Indian River has received recognition for its past and current work in communities with PACE EH.

Indian River Department of Environmental Health

“Indian River County Health Department's Environmental Health Services Division monitors major systems of community infrastructure that protect the public from disease and help maintain health. The scientific foundation of overall environmental health for the community is extensive and continued surveillance, with indicator testing, along with immediate investigation and mitigation of environmental conditions where disease transfer is possible or suspected.”¹⁷

The Indian River County Metropolitan Planning

“The Indian River County Metropolitan Planning Organization (MPO), formed in April 1993, is a legislative agency responsible for transportation planning in the urbanized area of Indian River County. The MPO can develop and adopt plans as well as set priorities for the programming of improvements to the County's transportation system. “Two advisory committees provide direction and recommendations to the MPO Board. These are the Technical Advisory Committee (TAC) and the Citizens Advisory Committee (CAC). The TAC provides technical expertise to the MPO Board regarding matters to be considered by the MPO and on planning issues being undertaken by MPO staff. The CAC provides citizen input into the MPO planning process and ensures a high degree of public involvement in that process. Another advisory committee, the Bicycle/Pedestrian Advisory Committee, meets on an as-needed basis to advise the MPO regarding bicycle and pedestrian issues.”¹⁸

¹⁷ <http://www.myirchd.org/ClinicsandServices/EnvironmentalHealth.htm>

¹⁸ <http://www.ircgov.com/boards/mpo/>

Chronic Disease Prevention – Why is it a Priority?

During the past two decades our nation has experienced a considerable increase in the percentage of overweight and obese children and adults. In Indian River County the rate of obese adults (BMI ≥ 30) is approximated to be 24.1%.¹⁹ This rate is of significant concern in the community, particularly due to the projections that the trend of overweight and obesity will continue to increase.

Obesity has serious health consequences. Research has shown that being overweight or obese can increase one's risk for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility).²⁰

The comorbidities of obesity are also a concern and are a focus of the county's CHIP. The rate of hospitalizations in the county from or with diabetes is 2736.2 per 100,000. Diabetes is a lifelong (chronic) disease in which there are high levels of sugar in the blood. There are many short term and long term complications and consequences of the disease including coma, eye problems, feet and skin problems, trouble controlling blood pressure and cholesterol, nerve damage, kidney damage and death.²¹

Another co-morbidity of diabetes, hypertension, is also of concern in the county. Hypertension is a term to describe high blood pressure. When blood pressure is not well controlled it can lead to internal bleeding chronic kidney disease, heart attack and heart failure, poor blood supply to the legs, stroke and vision problems. In Indian River 47.6% of males and 34% of females have been diagnosed with hypertension, both of these rates are higher than in Florida as a whole.

¹⁹ Behavioral Risk Factor Surveillance Survey, 2010

²⁰ NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf

²¹ US National Library of Medicine – PubMed Health

There are also economic consequences coupled with overweight and obesity and the associated conditions and comorbidities. In addition to the costs of prevention, diagnosis and treatment, there are also indirect costs from decreased productivity and missed work as well as costs associated with loss of future income due to premature death.²² There are several factors that play a role in overweight and obesity making it a complex issue to address. Health behaviors including diet and exercise, the environment, genes, certain health conditions and medications all are believed to play a part in causing overweight and obesity.²²

²² <http://www.cdc.gov/obesity/adult/causes/index.html>

Priority 4

Chronic Disease Prevention

 **KEY ACTIVITIES:** Promotion of community-wide evidence-supported campaigns; Development of centralized-resource website for nutrition and physical activity; Establishment of an obesity task force; Collaboration with community organizations; Collaboration with the schools; Investigation of ways to bring healthy food into the community and opportunities for physical activity.

 **COMMUNITY RESOURCES:** 2-1-1 Treasure Coast, schools, hospitals, Visiting Nurses Association, United Way, Senior Resource Association, RCMA and law enforcement entities

GOAL 4.A: DECREASE THE PERCENTAGE OF YOUTH AND ADULTS IN INDIAN RIVER COUNTY WHO ARE OVERWEIGHT OR OBESE AND THE PERCENTAGE WHO HAVE RELATED COMORBIDITIES.

OBJECTIVE 4.A.1.: Decrease the percentage of adults in the county who are overweight or obese from 66.4% to 59.8% by 2015.

 Consistent with HP 2020 target of reducing obese adults by 10%, NWS-9. 

 Consistent with Florida's SHIP's target of 5% improvement. 

 **Measure:** County-level data from the Behavioral Risk Factor Surveillance Survey.

OBJECTIVE 4.A.2: Decrease the percentage of youth in the community who are overweight or obese by 10% by 2015.

 Consistent with HP 2020 target of reducing obese children and adolescents by 10%, NWS-10. 

 Consistent with Florida's SHIP target of 5% improvement. 

 **Measure:** School Health report.

OBJECTIVE 4.A.3: Decrease the percentage of adults in Indian River County with diagnosed hypertension from 40.5% to 36.5% by 2015.

 Consistent with HP 2020 target of reducing adults with diagnosed hypertension by 10%, HDS-5. 

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

 **Measure:** County-level data from the Behavioral Risk Factor Surveillance Survey.

OBJECTIVE 4.A.4: Decrease the rate of hospitalizations from or with diabetes from 2736.2 per 100,000 to 2462.6 per 100,000 by 2015.

 *Consistent with HP2020 targets for 10% improvement for diabetes indicators.* 

 **Measure:** Florida Agency for Healthcare Administration.

Strategies:

- Create a countywide campaign to decrease obesity, including hospitals, chambers of commerce, county and city government, health clubs, etc.
- Research evidence based initiatives on how to eat healthy at home, and include as part of countywide campaign.
- Continue work with the national diabetes prevention program and Diabetes Self-Management Education program.
- Continue efforts to expand the Walking School Bus program in partnership with the county and school district.
- Work to implement existing campaigns similar to “Let’s Move” or “Eat Better, Do Better” in schools to promote physical activity and healthy eating.

GOAL 4.B: INCREASE ACCESS TO HEALTHY AND AFFORDABLE FOODS IN COMMUNITY.

OBJECTIVE 4.B.1: Decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day from 32.7% to 29.4% by 2015.

 **Measure:** County-level data from the Behavioral Risk Factor Surveillance Survey.

 *Consistent with HP2020 targets.* 

Strategies

- Develop plans to add one community or school garden in Indian River County within 2013.
- Explore methods of promoting/partnering/marketing existing farmer’s markets to expand access to healthy fruits and vegetables.

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

GOAL 4.C.: PROMOTE PHYSICAL ACTIVITY AMONG RESIDENTS OF INDIAN RIVER COUNTY.

OBJECTIVE: 4.C.1: Decrease the percentage of adults in Indian River County who report being sedentary from 24.2% to 21.8% by 2015.

 Represents 10% improvement, consistent with HP 2020 goals for adult physical activity, PA-1, PA-2. 

 **Measure:** County-level data from the Behavioral Risk Factor Surveillance Survey.

OBJECTIVE: 4.C.2: Increase the percentage of students who report participating in extracurricular activities (school sports and organized sports outside of school) by 10% by 2015.

 **Measure:** Florida Youth Substance Abuse Survey.

Strategies:

- Support and promote current efforts of the comprehensive plan to expand and link walking and biking trails in the community.
- Formulate a guide to existing walking/biking trails with directions and mileage.
- Partner with school district to promote sports involvement and extracurricular activities.

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

Evidence-Supported Initiatives and Campaigns

Let's Go!

"Let's Go" is a nationally recognized childhood obesity prevention program based in Maine. The focus is on creating healthy places to help children and families eat healthy and be active. The program can be implemented in six different settings to reach families where they live, study, work and play to reinforce the importance of healthy living. The 5-2-1-0 message (5 or more fruits and vegetables, 2 hours or less of recreational screen time, 1 hour or more of physical activity and 0 sugary drinks, more water and low fat milk a day) is used across the settings to remind families of these recommendations for healthy eating and active living".²³

Let's Move!

"Let's Move is a comprehensive initiative, launched by the First Lady, Michelle Obama, dedicated to solving the challenge of childhood obesity within a generation, so that children born today "will grow up healthier and be able to pursue their dreams." Combining comprehensive strategies with common sense, *Let's Move!* is about putting children on the path to a healthy future during their earliest months and years by:

- Giving parents helpful information and fostering environments that support healthy choices.
- Providing healthier foods in our schools.
- Ensuring that every family has access to healthy, affordable food.
- Helping kids become more physically active.

Everyone has a role to play in reducing childhood obesity, including parents, elected officials from all levels of government, schools, health care professionals, faith-based and community-based organizations, and private sector companies. [The community's] involvement is key to ensuring a healthy future for our children."²⁴

²³ www.lets-go.org

²⁴ www.lets-move.gov

National Diabetes Prevention Program

The CDC-led National Diabetes Prevention Program is “designed to bring to communities evidence-based lifestyle change programs for preventing Type 2 diabetes. It is based on the Diabetes Prevention Program research study led by the National Institutes of Health and supported by Centers for Disease Control and Prevention. The lifestyle program in this study showed that making modest behavior changes, such as improving food choices and increasing physical activity to at least 150 minutes per week, helped participants lose 5 to 7 percent of their body weight. These lifestyle changes reduced the risk of developing Type 2 diabetes by 58 percent in people at high risk for diabetes. People with pre-diabetes are more likely to develop heart disease and stroke.

Participants work with a lifestyle coach in a group setting to receive a 1-year lifestyle change program that includes 16 core sessions (usually 1 per week) and 6 post-core sessions (1 per month). The National Diabetes Prevention Program encourages collaboration among federal agencies, community-based organizations, employers, insurers, health care professionals, academia, and other stakeholders to prevent or delay the onset of Type 2 diabetes among people with pre-diabetes in the United States.

The inaugural partners of the National Diabetes Prevention Program were the Y (also known as YMCA of the USA) and UnitedHealth Group (UHG). These partner organizations were instrumental in starting up the national program and continue to expand the reach of evidence-based lifestyle programs. CDC is enthusiastic about other organizations becoming involved in the National Diabetes Prevention Program”.²⁵

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Indian River County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

²⁵ www.cdc.gov

Community Resources

2-1-1 Palm Beach / Treasure Coast

"2-1-1 is a *helpline and crisis line* service of 211 Palm Beach/Treasure Coast, providing crisis intervention, information, assessment and referral to community services."

"As a 501(c) 3 non-profit agency, 211 Palm Beach/Treasure Coast is into its fifth decade of providing a team of specially trained paid and volunteer staff to assist callers with crisis intervention, information, assessment and referral to community services, 24 hours a day, 365 days a year.

Additionally, 211 Palm Beach/Treasure Coast collects and maintains information on community health and human services and makes this information available via its hotlines, helplines, printed directories, and on the web. Services are provided at no cost to anyone regardless of race, age, religion, national origin, sexual orientation, or disability."²⁶

²⁶ <http://www.211palmbeach.org/index.cfm>

Mental Health, Substance Abuse, and Tobacco Prevention – Why is it a Priority?

Mental Health in the context of the CHIP for Indian River County is wide reaching and includes, mental illness, such as depressions, bipolar disorder, schizophrenia, post-traumatic stress disorder, Alzheimer's Disease, etc. as well as mental health defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."²⁷ It also includes substance use, including tobacco, and alcohol abuse and addiction.

Poor mental health, dangerous health behaviors or the presence of a mental illness often result in detrimental physical health and financial outcomes. Failure to access care is a significant issue among those suffering from mental or behavioral health conditions. Stigma, lack of education and awareness and missed opportunities for screenings are among the barriers for receiving appropriate care.

"Using alcohol and tobacco at a young age has negative health effects. While some teens will experiment and stop, or continue to use occasionally, without significant problems, others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others." In 2010, 41.3% of high school teens in Indian River County reported alcohol use in the past 30 days, 15.8% of middle school and high school students reported binge drinking in the past 30 days and 15.2% reported marijuana use.

Early use of alcohol and drug use is "associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide."²⁸

Due to the significant and impactful consequences of alcohol and substance use and the challenges and barriers experienced accessing care for mental health, these were deemed important issues to be addressed in Indian River County's CHIP.

²⁷ World Health Organization. *Strengthening Mental Health Promotion*. Geneva, World Health Organization (Fact sheet no. 220), 2001

²⁸ <http://aacap.org/page.wv?name=Teens:+Alcohol+and+Other+Drugs§ion=Facts+for+Families>

Priority 5

Mental Health, Substance Abuse, and Tobacco Prevention

 **KEY ACTIVITIES:** Collaboration with community organizations and programs; Support current programming the community; Collaboration with schools, Tobacco Free Partnership of Indian River, and Substance Awareness Council

 **COMMUNITY RESOURCES:** Mental Health Association, Mental Health Collaborative, schools, cultural- and faith-based groups

GOAL 5.A.: STRENGTHEN INTEGRATION OF SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES WITH DELIVERY OF PRIMARY CARE

OBJECTIVE 5.A.1: By December 31, 2014, determine the number of primary care providers who know where to refer children and adults for early intervention and treatment of substance abuse and mental health disorders.

 **Measure:** Survey results.

 Consistent with Florida's SHIP. 

OBJECTIVE 5.A.2: By December 31, 2015, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders by 10%.

 **Measure:** Survey results.

 Consistent with Florida's SHIP's target of 10% improvement. 
 Aligned with HP2020. 

GOAL 5.B.: INCREASE EDUCATION IN SCHOOL RELATED TO MENTAL HEALTH AND SUBSTANCE ABUSE

 Key Activities

 Community Resource

 Measure

 Benchmark

 Healthy People 2020

 State Health Improvement Plan

 Environmental Public Health Performance Standard

OBJECTIVE 5.B.1: Decrease rate of alcohol, marijuana, and tobacco use for the past 30 days amongst middle and high school students by 10% by 2015.

 **Measure:** Youth Substance Abuse Survey

 Aligned with HP2020. 

Objective 5. B.2: Decrease the rate of prescription drug overdoses amongst middle and high school students by 15% by 2015.

Strategies:

- Partner with school and community leaders to update and promote presentations, educational materials, and awareness about mental health and substance abuse.
- Partner with the Substance Awareness Council to promote substance abuse prevention.
- Partner with Tobacco Free Partnership of Indian River County and Substance Awareness Council to decrease rates of tobacco use among middle and high school students.
- Partner with NOPE program coordinated through the Sheriff's office to reduce prescription drug overdoses in middle and high school students.

Evidence-Supported Initiatives and Campaigns

Evidence-supported initiatives and campaigns will be identified depending on the goals and objectives outlined by the Council. “It’s Okay to Get Help” is a program that has been implemented in the community.

It’s Okay to Get Help

“It’s Okay to Get Help! It’s not just words; it’s a new approach for the mental health of our citizens. It’s a collaboration of all healthcare, private and government agencies. It’s a prevention and education campaign.” ‘It’s Okay to Get Help’ was developed in response to an identified gap in mental health services; prevention and education. ²⁹

It is recommended that the community invests time to research the available evidence-supported programs to identify a program that will be appropriate for Indian River County, taking into consideration the demographics, available resources, community partners, etc. For additional information on evidence-supported campaigns, there are many useful resources including: the Health Indicators Warehouse developed by the National Center for Health Statistics (www.healthindicator.gov), the County Health Rankings & Roadmaps website (www.countyhealthrankings.org), the Centers for Disease Control and Prevention (www.cdc.gov) and the National Prevention Strategy.

²⁹ <http://www.mhairc.org/index.html>

Community Resources

Mental Health Association of Indian River County

"The Mental Health Association seeks to strengthen and enrich the community by providing educational and crisis intervention programs and services that cultivate good mental health. The Association strives to provide good, strong programs and service to benefit the counties. The Mental Health Association has become a keystone in the quality of life and well-being of our residents by proudly sponsoring".

- Mental health walk-in center
- Informational and referral – Our resource specialist
- Diagnostic assessments
- Counseling and therapy
- Behavior modification classes and programs
- Self –help programs
- Advocacy³⁰

The Mental Health Collaborative of Indian River County

The Mental Health Collaborative of Indian River County is a group of dedicated individuals who have an interest in "cooperating to find mental health care solutions for [the] community." The mission of the collaborative is "to establish a continuum of care for mental health made up of private and public funders, mental health providers and individuals who work in collaboration to increase access, decrease duplication, and facilitate community wide support of mental health issues."³¹ The Mental Health Collaborative is a forum for key stakeholders to:

- Identify gaps in the mental health care continuum and search for innovative ways to fill those gaps
- Facilitate interagency relationships and cooperation, thereby decreasing turf issues, service duplication, and misallocation of funding
- Project a united front with local and State government
- Encourage early identification of emerging mental health concerns in our community
- Educate funders of opportunities to improve the lives of the mentally ill in our community

³⁰ <http://www.mhairc.org/pageflip/index.html>

³¹ www.mentalhealthcollaborativeofirc.org

Using the Plan and Next Steps

Indian River County has much to be proud of in terms of the health of the community; however there are always opportunities for improvement. The implementation of the CHIP will help strengthen the public health infrastructure, aid and guide planning, foster collaboration and capacity-building and ultimately promote the well-being and quality of life for Indian River County residents. Health improvement does not occur only at the governmental or agency level, but must be practiced in our homes, our schools, our workplaces and our faith based organizations. Below are some suggestions and strategies of ways that you can play a part in achieving a healthier community.

- Get the word out about the health priorities in the community and the CHIP.
- Support programs, policies, initiatives and campaigns aimed to address the health priorities in the community.
- Be an advocate in the community for healthy behaviors and for health improvement.
- Lead by example and practice healthy behaviors in your homes, workplaces and social circles.
- Share your resources whether it be time, support, funding, or expertise to strengthen the health improvement efforts.

The County Health Rankings & Roadmaps Take Action Center³² provides detailed, specific suggestions for: community advocates, community leaders, community members, healthcare professionals, public health professionals, government officials, businesses, employers, grantmakers and educators on how to use the Plan.

³² <http://www.countyhealthrankings.org/roadmaps/action-center>

Get Involved

Community health improvement is improvement of the community and it is done largely by the community. To that, all stakeholders are invited to participate in the improving Indian River County's health.

The Plan is a living document, and will be revised to meet the changing needs of the community. Council workgroups for each priority area will continue to work to achieve the goals and objectives of the Plan. The Council will meet at least annually to review progress and revise the document based on community needs. The Indian River County Community Health Improvement Plan can be accessed on Indian River County Health Department's website www.myirchd.com.

For more information or to get involved in the County's health improvement activities, please contact:

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Individual health is closely linked to community health -- the health of the community in which people live, work, and play. Likewise, community health is profoundly affected by the collective beliefs, attitudes, and behaviors of everyone who lives in the community.

-Healthy People 2010: Understanding and Improving Health

Appendix A – Priority 1: Access to Care

Action Plan

Background: The Council selected 'access to care' as the top priority in the community. In the context of this CHIP, this includes barriers to accessing care for the uninsured or underinsured, the shortage of specialists in the community, inappropriate use of the emergency room and transportation as a barrier to accessing care. Many residents in the community experience challenges primary, preventative and specialty care. A primary barrier related to the access of care is lack of insurance or underinsurance. A challenge in Indian River, and in many areas across the country, is the insufficient number of providers who provide services to the uninsured or who accept Medicaid. There are many repercussions resulting from this shortage. Affected individuals are unable to access preventative care, screenings and timely primary care, often resulting in the further progression and worsening of disease and conditions that would be benefited from earlier treatment. Increased costs, due to inappropriate use of the emergency room for conditions that could have been addressed on an outpatient basis and for treatment of preventable conditions, often result due to barriers accessing care. Additionally, the number of specialty care providers, particularly those who will accept Medicaid is a concern of the community.

Goal 1.A. Improve access to health care for uninsured and underinsured (payment, enrollment, access barriers).

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>1.A.1. Decrease the percentage of adults in Indian River who needed to see a doctor but could not because of cost from 19% to 18.1% by 2015.</p> <hr/> <p>Measure: County-level data from the Behavioral Risk Factor Surveillance Survey.</p>	<ul style="list-style-type: none"> • Develop an online integrated resource guide for health information/education, services guide for providers, and best practices. • Work with the Hospital District's Provider Collaborative to research evidence supported programs to improve client navigation behaviors. • Work through We Care Foundation to expand fundraising and access for patients served through the We Care program. • Conduct a survey to determine physician's interest in providing care for indigent residents of Indian River County and preferred model of care. 	<p>IRCHD (Nursing Director)</p>	<ul style="list-style-type: none"> • AHCA, Medicaid Area 9 • Treasure Coast Community Health • Dept of Children & Families • Junior League of Indian River County (Whole Child Florida Initiative) • IRC Healthy Start Coalition, Inc.

Appendix A – Priority 1: Access to Care

Action Plan

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>1.A.2. Increase the number of adults in the community who report having any kind of health care coverage from 89.7% to 94.2% by 2015.</p> <hr/> <p>Measure: County-level data from the Behavioral Risk Factor Surveillance Survey.</p>	<ul style="list-style-type: none"> • Increase number of Healthy Kids events and sign ups in the community. • Partner with Access Florida to reach all eligible Medicaid recipients to minimize lost opportunities. • Increase number of agencies in the community with health navigators working at their site. 	<p>IRCHD (Nursing Director)</p>	<ul style="list-style-type: none"> • AHCA, Medicaid Area 9 • Treasure Coast Community Health • Dept of Children & Families • Junior League of Indian River County (Whole Child Florida Initiative) • IRC Healthy Start Coalition, Inc.
<p>Goal 1.B. Improve access to health care by minimizing transportation barriers and gaps.</p>			
SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>1.B.1. By July 1, 2014, develop a plan to minimize transportation barriers and gaps for individuals accessing healthcare.</p> <hr/> <p>Measure: Report of findings and plan.</p>	<ul style="list-style-type: none"> • Partner with the Senior Resources Association to assess gaps and barriers. • Partner with agencies in the Hospital District's Provider Collaborative to survey transportation barriers/gaps for patients served by provider agencies. • Collaborate with the VNA on locations for the mobile unit based upon patient feedback. 	<p>IRCHD (Nursing Director)</p>	<ul style="list-style-type: none"> • AHCA, Medicaid Area 9 • Treasure Coast Community Health • Dept of Children & Families • Junior League of Indian River County (Whole Child Florida Initiative) • Built & Natural Environment (Priority 3) Workgroup

Appendix B – Priority 2: Prevention of STDs/HIV and Teen Pregnancy Action Plan

Background: The second priority identified by the Council is multi-faceted. It includes sexually transmitted diseases and infections (including HIV) teen pregnancy prevention, responsible sexual behavior and education. Teen pregnancy and teen childbearing bring substantial social and economic costs through immediate and long-term impacts on teen parents and their children. These included increased costs for health care and foster care, increased incarceration rates for children of teen parents, and increased drop-out rates and unemployment for the parents. The birth rate to mothers ages 14-18 in the County was 19.5 per 1,000. The rate of repeat births to mothers ages 15-19 was 18.1%, slightly more than the rate in Florida as a whole. Sexually transmitted infection/diseases (STDs/STIs) are also a burden on the community as they are associated with significantly increased risk of morbidity and mortality, including increased risk of cervical cancer, pelvic inflammatory disease, involuntary infertility, and premature death. The rate of gonorrhea in the County increased 104% from 2010 to 2011. Education and awareness, or lack thereof, was considered a major factor in the consideration of this priority.

Goal 2.A. Prevent exposure, infection, and disease related complications from STDs through educational outreach, expanded testing and behavior change.

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>2.A.1. Reduce incidence of STD's among young adults aged 15-24 by 10% by July 2015.</p> <hr/> <p>Measure: Combined STD rate ages 15-24, single year rates.</p>	<ul style="list-style-type: none"> • Research evidence supported campaigns and work with the Bureau of STD to formulate a campaign. • Include a component for encouraging parents talking to their kids about sex. • Partner with community agencies and organizations to spread the word on the education and awareness campaign community wide 	<p>IRCHD (School Health & Healthy Start Supervisor)</p>	<ul style="list-style-type: none"> • Gifford Youth Activity Center • Indian River County School Health Advisory Committee • Pastor's Association of IRC • Boys & Girls Club of IRC
<p>2.A.2. Decrease the number of new HIV cases in Indian River County by 20% by 2015.</p> <hr/> <p>Measure: New HIV Cases. Florida Department of Health, Bureau of Vital Statistics data.</p>	<ul style="list-style-type: none"> • Work through churches and faith based organizations to promote knowledge and awareness of responsible sexual behavior amongst congregations. • Link with existing initiatives and community partners to investigate the knowledge gaps for youth regarding sex. • Expand health department outreach activities and rapid HIV testing efforts. 		

Appendix B – Priority 2: Prevention of STDs/HIV and Teen Pregnancy Action Plan

Goal 2.B. Decrease the number of teenage pregnancies in the community.			
SMART Objective / Measure	Strategies	Lead Agency	Partners
2.B.1. Decrease the rate of births to mothers aged 14-18 from 19.5 per 1,000 to 17.6 per year by 2015. Measure: Florida Department of Health, Bureau of Vital Statistics.	<ul style="list-style-type: none"> • Research evidence supported programs for decreasing teen pregnancies. • In partnership with the school district, implement programs to decrease teen pregnancies. 	IRCHD (School Health & Healthy Start Supervisor)	<ul style="list-style-type: none"> • Gifford Youth Activity Center • Indian River County School Health Advisory Committee • Pastor's Association of IRC • Boys & Girls Club of IRC

Appendix C – Priority 3: Built and Natural Environment and Transportation Action Plan

Background: The Council elected to address the built and natural environment (with a particular interest in the Indian River Lagoon) in this CHIP. The wide-reaching influences of the environment and community infrastructure as they related to personal and community health were recognized by the group. The health of the Indian River Lagoon is of particular interest because of its ecological and economic value to the county and region. It is considered the most biologically diverse estuary in North America, and supports the economy of Indian River County through tourism, recreational and commercial uses. It is estimated that a significant increase in the amount and diversity of wildlife on the lagoon and improved water quality in the entire Indian River Lagoon Basin would increase the recreational use value by about \$80 million per year. The economic value of the entire Indian River Lagoon Basin's seagrass beds was estimated as \$329 million per year for 72,400 acres of seagrass. Discharge of freshwater, soils and pollutants into the lagoon negatively impacts the ecosystem, and in turn, the local economy. Indian River Lagoon National Estuary Program Comprehensive Conservation and Management Plan (2008) objectives referenced after each activity. (http://www.sjrwmd.com/itsyourlagoon/pdfs/CCMP_Update_2008_Final.pdf)

Goal 3.A. Improve Indian River County's Natural Environment

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>3.A.1. Decrease total nitrogen and phosphorous levels in the Central Indian River Lagoon (IRL) Basin to target total maximum daily loads (TMDLs) and timeframes adopted in the Central Indian River Lagoon Basin Management Action Plan (BMAP), or less, as identified by current scientific recommendations. http://publicfiles.dep.state.fl.us/DEAR/BMAP/IndianRiverLagoon/BMAP_Documents/Central_BMAP/DRAFT%20Central%20IRL%20BMAP%20091312.doc</p> <hr/> <p>Measure: Monthly sample collection and submission to SJRWMD.</p>	<ul style="list-style-type: none"> Indian River County Health Department will continue to assist St. Johns River Water Management District (SJWMD) with monthly IRL water sampling to monitor Central IRL water quality (objective MON-1, IRL National Estuary Program (NEP) Comprehensive Conservation and Management Plan (CCMP)) 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> IRC Environmental Control Board IRC Community Development Department Indian River Mosquito Control District Pelican Island Audubon Society (PIAS) Sustainable Indian River

Appendix C – Priority 3: Built and Natural Environment and Transportation Action Plan

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>Measure: Weekly data collection, submission.</p>	<ul style="list-style-type: none"> Indian River County Health Department will continue partnership with National Atmospheric Deposition Program (NADP) to collect atmospheric nitrogen data as an Ammonia Monitoring Network (AMoN) site. (objective AD-1, IRL NEP CCMP) 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> IRC Environmental Control Board IRC Community Development Department Indian River Mosquito Control District Pelican Island Audubon Society (PIAS) Sustainable Indian River
<p>Measure: Educational materials developed and disseminated.</p>	<ul style="list-style-type: none"> Educate Indian River County residents about proper use of fertilizers, herbicides, pesticides by developing or adapting educational materials to be disseminated through multiple mechanisms, including presentations to stakeholders, website, print media, partnering with IFAS, etc. (objectives FSD-10, 11, PIE-1,2,4, IRL NEP CCMP) 		<ul style="list-style-type: none">
<p>Measure: OSTDS information disseminated to Indian River County residents; # of sewer connections replacing OSTDS in sensitive areas.</p>	<ul style="list-style-type: none"> Indian River County Health Department will continue to educate the public about proper care and maintenance of onsite sewage treatment and disposal systems (OSTDS), and educate the public about OSTDS sites near environmentally sensitive areas. (objectives OSDS-4, PIE-1, 2, 4, IRL NEP CCMP) 		
<p>Measure: Number of marinas certified as “Clean Marinas” in IRC.</p>	<ul style="list-style-type: none"> Indian River County Health Department will advocate for maintenance of “Clean Marina” Program certification for those with existing certification. (objective MB-1, IRL NEP CCMP) 		

Appendix C – Priority 3: Built and Natural Environment and Transportation Action Plan

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>3.A.3. By December, 2015, decrease the prevalence of animal bites in Indian River County by 5%.</p> <hr/> <p>Measure: Decrease in prevalence of animal bites.</p>	<ul style="list-style-type: none"> Indian River County will conduct analysis of historic trends in demographics and reasons for bites; with community partners, adapt or develop bite prevention campaign materials; present curriculum to target groups. 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> Humane Society of Vero Beach & Indian River County Indian River County Animal Control

Appendix C – Priority 3: Built and Natural Environment and Transportation Action Plan

Background: The wide-reaching influences of the environment and community infrastructure as they related to personal and community health were recognized by the group. The built environment “refers to human-made (versus natural) resources and infrastructure designed to support human activity, such as buildings, roads, parks, restaurants, grocery stores and other amenities. The characteristics of the built environment can affect the health of residents in multiple ways.” Lack of walkability, specifically, can contribute to overweight and obesity in the population. There are many facets of the environment that can contribute to lack of walkability including: lack of sidewalks, urban sprawl, insufficient street light and safety concern. The transportation infrastructure and public transportation availability and accessibility were of concern to the group so it is also being addressed under this priority as well. In essence, the Council acknowledged the importance of “smart growth” for Indian River. Smart growth reduces health threats from air and water pollution and indoor air contaminants through resource-efficient building design and offering transportation options such as mass transit, bike lanes, and pedestrian walkways. These engage residents and workers in a more active, healthy lifestyle.

Goal 3.B. Improve Indian River County’s Built Environment

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>3.B.1. By 2016, 35% of new development applications will have a “Healthy Communities” planning score of at least 85%.</p> <hr/> <p>Measure: # new construction plans reviewed and provided with Healthy Community planning recommendations.</p> <hr/> <p>Measure: # plans reviewed, % using Healthy Community planning concepts.</p>	<ul style="list-style-type: none"> Indian River County Health Department will review 90% of plans for new construction for Healthy Community planning concepts and provide recommendations on 100% of reviewed plans. Indian River County Health Department will document % of developers and contractors that utilize Healthy Community planning concepts. 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> IRC Environmental Control Board IRC Community Development Department

Appendix C – Priority 3: Built and Natural Environment and Transportation Action Plan

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>Measure: Approved logo.</p> <hr/> <p>Measure: # developers and contractors recognized.</p>	<ul style="list-style-type: none"> Indian River County Health Department and Community Development Department will develop an Indian River County Healthy Communities logo to recognize developers and contractors using Healthy Community planning concepts. Indian River County Health Department and Community Development Department publicly recognize developers and contractors using these concepts. 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> IRC Environmental Control Board IRC Community Development Department
<p>3.B.2. By 2017, three Indian River County communities with highest chronic disease rates will be retrofitted with infrastructure improvements.</p> <hr/> <p>Measure: infrastructure improvements completed.</p>	<ul style="list-style-type: none"> Indian River County Health Department will continue to participate in Protocol for Assessing Community Excellence in Environmental Health (PACE EH) project community planning. Indian River County Health Department will continue to assist communities in identification of resources and act as liaison to non-governmental and governmental organizations. 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> IRC Environmental Control Board IRC Community Development Department Obesity Task Force of IRC Chronic Disease (Priority 4) Workgroup
<p>3.B.3. By 2015, increase GoLine hours of operation to 6 am – 8pm.</p> <hr/> <p>Measure: spatial analysis of locations and routes.</p>	<ul style="list-style-type: none"> Indian River County Health Department and Community Development Department will review existing Transit Development Plan (TDP) and identify existing bus stop locations in relation to sources of healthy food choices, recreation, healthcare facilities, educational institutions and major employers. 	<p>IRCHD (Environmental Health Director)</p>	<ul style="list-style-type: none"> IRC Community Development Department Metropolitan Planning Organization (IRMPO) Obesity Task Force of IRC Chronic Disease (Priority 4) Workgroup

Appendix C – Priority 3: Built and Natural Environment and Transportation Action Plan

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>Measure: Bus stop improvements cited in TDP.</p> <p>Measure: safety improvements implemented.</p>	<ul style="list-style-type: none"> Indian River County Community Development Department and Metropolitan Planning Organization will continue bus shelter construction program. Indian River County Health Department will advocate for safe routes to bus stops; safety and weather protection, including solar lighting; bike racks at shelters and on buses. 	IRCHD (Environmental Health Director)	<ul style="list-style-type: none"> IRC Environmental Control Board IRC Community Development Department Obesity Task Force of IRC Chronic Disease (Priority 4) Workgroup

Appendix D – Priority 4: Chronic Disease Prevention Action Plan

Background: During the past two decades our nation has experienced a considerable increase in the percentage of overweight and obese children and adults. In Indian River County the rate of obese adults (BMI ≥ 30) is approximated to be 24.1%. This rate is of significant concern in the community, particularly due to the projections that the trend of overweight and obesity will continue to increase. Obesity has serious health consequences. Research has shown that being overweight or obese can increase one's risk for the following conditions: coronary heart disease, Type 2 diabetes, cancers (endometrial, breast, and colon), hypertension (high blood pressure), dyslipidemia (for example, high total cholesterol or high levels of triglycerides), stroke, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis (a degeneration of cartilage and its underlying bone within a joint) and gynecological problems (abnormal menses, infertility). The comorbidities of obesity are also a concern and are a focus of the county's CHIP. The rate of hospitalizations in the county from or with diabetes is 2736.2 per 100,000. Diabetes is a lifelong (chronic) disease in which there are high levels of sugar in the blood. There are many short term and long term complications and consequences of the disease including coma, eye problems, feet and skin problems, trouble controlling blood pressure and cholesterol, nerve damage, kidney damage and death. Another co-morbidity of diabetes, hypertension, is also of concern in the county. Hypertension is a term to describe high blood pressure. When blood pressure is not well controlled it can lead to internal bleeding chronic kidney disease, heart attack and heart failure, poor blood supply to the legs, stroke and vision problems. In Indian River 47.6% of males and 34% of females have been diagnosed with hypertension, both of these rates are higher than in Florida as a whole. There are also economic consequences coupled with overweight and obesity and the associated conditions and comorbidities. In addition to the costs of prevention, diagnosis and treatment, there are also indirect costs from decreased productivity and missed work as well as costs associated with loss of future income due to premature death. There are several factors that play a role in overweight and obesity making it a complex issue to address. Health behaviors including diet and exercise, the environment, genes, certain health conditions and medications all are believed to play a part in causing overweight and obesity.

Goal 4.A. Decrease the percentage of youth and adults in Indian River County who are overweight or obese and the percentage who have related comorbidities.

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>4.A.1. Decrease the percentage of adults in the county who are overweight or obese from 66.4% to 59.8% by 2015.</p> <hr/> <p>Measure: County-level data from the Behavioral Risk Factor Surveillance Survey.</p>	<ul style="list-style-type: none"> • Create a countywide campaign to decrease obesity, including hospitals, chambers of commerce, county and city government, health clubs, etc. • Research evidence based initiatives on how to eat healthy at home, and include as part of countywide campaign. 	<p>IRCHD (Administrator)</p>	<ul style="list-style-type: none"> • Redlands Christian Migrant Association (RCMA) • IRC Chamber of Commerce • Treasure Coast Community Health • Obesity Task Force of IRC
<p>4.A.2. Decrease the percentage of youth in the community who are overweight or obese by 10% by 2015.</p> <hr/> <p>Measure: School Health report.</p>	<ul style="list-style-type: none"> • Continue efforts to expand the Walking School Bus program in partnership with the county and school district. • Work to implement existing campaigns similar to "Let's Move" or "Eat Better, Do Better" in schools to promote physical activity and healthy eating. 		

Appendix D – Priority 4: Chronic Disease Prevention Action Plan

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>4.A.3. Decrease the percentage of adults in Indian River County with diagnosed hypertension from 40.5% to 36.5% by 2015.</p> <hr/> <p>Measure: County-level data from the Behavioral Risk Factor Surveillance Survey.</p>	<ul style="list-style-type: none"> • Create a countywide campaign to decrease obesity, including hospitals, chambers of commerce, county and city government, health clubs, etc. (also see 1.A.1) • Research evidence based initiatives on how to eat healthy at home, and include as part of countywide campaign. (also see 1.A.1) • Continue work with the national diabetes prevention program and Diabetes Self-Management Education program. 	<p>IRCHD (Administrator)</p>	<ul style="list-style-type: none"> • Redlands Christian Migrant Association (RCMA) • IRC Chamber of Commerce • Treasure Coast Community Health • Obesity Task Force of IRC
<p>4.A.4. Decrease the rate of hospitalizations from or with diabetes from 2736.2 per 100,000 to 2462.6 per 100,000 by 2015.</p> <hr/> <p>Measure: Florida Agency for Healthcare Administration.</p>			
<p>Goal 4.B. Increase access to healthy and affordable foods in community.</p>			
SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>4.B.1. Decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day from 32.7% to 29.4% by 2015.</p> <hr/> <p>Measure: County-level data from the Behavioral Risk Factor Surveillance Survey.</p>	<ul style="list-style-type: none"> • Develop plans to add one community or school garden in Indian River County within 2013. • Explore methods of promoting/partnering/marketing existing farmer's markets to expand access to healthy fruits and vegetables. 	<p>IRCHD (Administrator)</p>	<ul style="list-style-type: none"> • Redlands Christian Migrant Association (RCMA) • IRC Chamber of Commerce • Treasure Coast Community Health • Built & Natural Environment (Priority 3) Workgroup

Appendix D – Priority 4: Chronic Disease Prevention Action Plan

Goal 4.C. Promote physical activity among residents of Indian River County.			
SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>4.C.1. Decrease the percentage of adults in Indian River County who report being sedentary from 24.2% to 21.8% by 2015.</p> <hr/> <p>Measure: County-level data from the Behavioral Risk Factor Surveillance Survey.</p>	<ul style="list-style-type: none"> • Support and promote current efforts of the comprehensive plan to expand and link walking and biking trails in the community. • Formulate a guide to existing walking/biking trails with directions and mileage. • Partner with school district to promote sports involvement and extracurricular activities. 	<p>IRCHD (Administrator)</p>	<ul style="list-style-type: none"> • Redlands Christian Migrant Association (RCMA) • IRC Chamber of Commerce • Treasure Coast Community Health • CHIP Built & Natural Environment Workgroup (Priority 3)
<p>4.C.2. Increase the percentage of students who report participating in extracurricular activities (school sports and organized sports outside of school) by 10% by 2015.</p> <hr/> <p>Measure: Florida Youth Substance Abuse Survey</p>			

Appendix E – Priority 5: Mental Health, Substance Abuse, and Tobacco Prevention Action Plan

Background:

Mental Health in the context of the CHIP for Indian River County is wide reaching and includes, mental illness, such as depressions, bipolar disorder, schizophrenia, post-traumatic stress disorder, Alzheimer’s Disease, etc. as well as mental health defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” It also includes substance use, including tobacco, and alcohol abuse and addiction. Poor mental health, dangerous health behaviors or the presence of a mental illness often result in detrimental physical health and financial outcomes. Failure to access care is a significant issue among those suffering from mental or behavioral health conditions. Stigma, lack of education and awareness and missed opportunities for screenings are among the barriers for receiving appropriate care. “Using alcohol and tobacco at a young age has negative health effects. While some teens will experiment and stop, or continue to use occasionally, without significant problems, others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.” In 2010, 41.3% of high school teens in Indian River County reported alcohol use in the past 30 days, 15.8% of middle school and high school students reported binge drinking in the past 30 days and 15.2% reported marijuana use. Early use of alcohol and drug use is “associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, and suicide.” Due to the significant and impactful consequences of alcohol and substance use and the challenges and barriers experienced accessing care for mental health, these were deemed important issues to be addressed in Indian River County’s CHIP.

Goal 5.A. Strengthen integration of substance abuse and mental health services with delivery of primary care

SMART Objective / Measure	Strategies	Lead Agency	Partners
<p>5.A.1. By December 31, 2014, determine the number of primary care providers who know where to refer children and adults for early intervention and treatment of substance abuse and mental health disorders.</p> <hr/> <p>Measure: Survey results.</p>	<ul style="list-style-type: none"> Survey IRC providers on their knowledge of available mental health resources. 	<p>IRCHD (Preparedness Coordinator)</p>	<ul style="list-style-type: none"> Mental Health Assoc of IRC United Way of IRC Pastor’s Association of IRC University of Florida Center for Psychiatry and Addiction Medicine

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SMART Objective / Measure	Strategies	Lead Agency	Partners
5.A.2. By December 31, 2015, increase the number of primary care providers who routinely screen for substance abuse and mental health disorders by 10%. Measure: Survey results.	<ul style="list-style-type: none"> Based on survey results, conduct appropriate outreach and education efforts in the medical community. 	IRCHD (Preparedness Coordinator)	<ul style="list-style-type: none"> Mental Health Assoc of IRC United Way of IRC Pastor's Association of IRC University of Florida Center for Psychiatry and Addiction Medicine
Goal 5.B. Increase education in school related to mental health and substance abuse.			
SMART Objective / Measure	Strategies	Lead Agency	Partners
5.B.1. Decrease rate of alcohol, marijuana, and tobacco use for the past 30 days amongst middle and high school students by 10% by 2015. Measure: Youth Substance Abuse Survey	<ul style="list-style-type: none"> Partner with school and community leaders to update and promote presentations, educational materials, and awareness about mental health and substance abuse. Partner with the Substance Awareness Council to promote substance abuse prevention. Partner with Tobacco Free Partnership of Indian River County and Substance Awareness Council to decrease rates of tobacco use among middle and high school students. 	IRCHD (Preparedness Coordinator)	<ul style="list-style-type: none"> Mental Health Assoc of IRC United Way of IRC Pastor's Association of IRC University of Florida Center for Psychiatry and Addiction Medicine
5.B.2. Decrease the rate of prescription drug overdoses amongst middle and high school students by 15% by 2015. Measure: Youth Substance Abuse Survey	<ul style="list-style-type: none"> Partner with NOPE program coordinated through the Sheriff's office to reduce prescription drug overdoses in middle and high school students. 		