



Florida Department of Health in Indian River

2016-2022 STRATEGIC PLAN

FINAL ANNUAL PROGRESS REPORT

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Executive Summary

The purpose of the Florida Department of Health in Indian River County's (DOH-IR) Strategic Plan is to advance our work towards achieving our Vision: To be the healthiest state in the nation. Each year, DOH-IR staff reviews our plan accomplishments, looking at the progress made towards our goals, and identifying opportunities for continued improvement – all to help build a future where everyone can thrive.

This Final Annual Report for DOH-IR's 2016-2022 Strategic Plan provides an overview of accomplishments made during the 2022 plan year as well as reviewing progress throughout the plan's duration. This report assesses and communicates the progress and accomplishments that DOH-IR has made in meeting our plan's goals and objectives outlined within each of the following five strategic priorities:

- Access to public health services
- Protect health and prevent disease
- Community health planning
- Environmental stewardship,
- Organizational excellence: effective, efficient, and sustainable.

The report includes monitoring and conclusions on progress towards meeting the goals and identifies any areas requiring further development. During the years included under the plan there were continuing challenges with the COVID-19 pandemic and DOH-IR's response. Education and vaccination events as well as testing and tracing were all opportunities to serve the community. Some restriction on physical access reduced our ability to provide community outreach for senior services, STD, and HIV/AIDS at times.

Community health planning included the completion of a community assessment survey and community health needs assessment. Stakeholders used the survey and assessment to form three working groups focused on mental and physical health, housing and economic opportunity and employment. The resulting Community Health Improvement Plan (CHIP) supports DOH-IR's strategic priorities and enhances our ability to protect health and provide access and opportunity.

DOH-IR works to improve the county's natural environment by maintaining an Annual Comprehensive Environmental Health Score (ACEHS) of $\geq 85\%$ and monitoring the nitrogen and phosphorous levels in the Central Indian River Lagoon.

Training, including topics such as cultural awareness, employee development and problem-solving methodology were accomplished by DOH-Indian R staff. Best practices and lessons learned developed before and during pandemic response are documented and available for future needs.

Looking ahead, DOH-IR will work to strengthen partnerships with community organizations and build communication, education, and delivery of equitable care to all Indian River County residents. Our focus remains on increasing access to care, preventing disease, protecting our natural environment, implementing our Community Health Improvement Plan (CHIP), and educating and preparing our organization for future growth.

Strategic Plan Review Process

Public Health Accreditation Board (PHAB) 5.3.3.A: The health department must provide reports developed since the plan's adoption showing that it has reviewed the strategic plan and has monitored and assessed progress towards reaching the goals and objectives. Reports must be completed no less frequently than annually.

This strategic plan annual progress report provides a unified vision and framework for action for the Department of Health in Indian River (DOH-IR). The DOH-IR Strategic Plan serves as the roadmap to protect, promote, and improve the health of Floridians. As part of the performance management system, the strategic planning review cycle takes place all year round with quarterly reviews and evaluations on the status of strategic issues, goals, and objectives. Progress towards achieving goals and objectives is continuously monitored by the Performance Management Council (PMC). In addition, multiple staff from all levels in the organization, including objective leads, participate during the review and preparation process of the Annual Progress Report.

DOH- IR initiated a strategic planning process in September 2016, re-focusing efforts on core public health functions and ensuring the provision of essential public health services. The process involved numerous internal stakeholders including senior leadership, program managers, and a dedicated Strategic Planning Committee. External stakeholders were also engaged in the planning process through multiple channels that included community meetings, legislative presentations, and collaborative partnerships.

DOH- IR also sought to articulate what we plan to achieve as an organization, how we will achieve it, and how we will know if we have achieved it. The DOH-IR Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, administrators, and legislators seeking to understand the work of Indian River County public health. Our Strategic Plan is intended to position DOH- Indian River to operate as a sustainable local health office within Florida's integrated public health system, under the current economic environment and to give our customers high quality public health services.

The Strategic Plan monitoring process is led by the strategic planning committee and is vetted through the Performance Management Council (PMC). The strategic planning committee is comprised of members of the Performance Management Council, the Quality Improvement Committee, and the Expanded Management Team. The membership represents leadership, supervisors, and front-line staff.

DOH-IR consults the Strategic Planning and Performance Tracking, Bureau of Community Health Assessment, Division of Public Health Statistics and Performance Management for content and structural guidance as well as alignment with Agency plans and directives.

The monitoring process includes data collection and analysis via the performance management system (ClearPoint / PIMS), to identify accomplishments and areas needing improvement to meet the target. If the area is deemed to need improvement, a strategy is developed to address the issue, or a Quality Improvement project may be put in place to improve performance and accomplish the goal. In all these activities, we make sure that our efforts are closely aligned with the Agency Strategic Plan and the State and County Community Health Improvement Plans.

The progress towards objectives and goals is communicated to all staff through the QI Connections newsletter, all staff meetings, DOH-IR SharePoint site, email and messages on bulletin boards that are located throughout our

offices. Objectives that are not progressing towards their goals are discussed in PMC meetings and related to the Strategic Plan Participants. Supervisors work with staff to increase efforts toward success.

During the Plan's duration, there were events that shaped the direction of the Strategic Plan and were the center of discussions by the committees and PMC.

- In 2018, there were discussions about reductions in staff and refocusing manpower to core public health services while transferring clinical care to partner organizations.
- In 2019, there were discussions about delaying target dates for achievement of goals due to the demands of COVID-19 pandemic response. Other objectives, such as interval N-95 mask fitting and COVID-19 education became part of the pandemic response and were accelerated.
- In 2020, some programs were discontinued or limited due to pandemic restrictions.
- In 2021, DOH- Indian River focused on pandemic response, surge capacity and ensuring staff was trained and equipped both physically and mentally for the job at hand.
- In 2022, renewed efforts to address SDOH in our communities and an evaluation of DOH-IR policies and practices to ensure equitable treatment. The lessons of the pandemic highlighted inequalities in access to care, quality of care and increased morbidity because of underlying health issues in underserved communities.
- In 2022, DOH-IR developed its Community Health Improvement Plan for 2022-2026, focusing on Healthy Weight and Mental Health, Housing and Economic Opportunity and Employment. These focus areas influenced actions taken under the Strategic Plan

Progress and Revisions- 2022 Objectives

Strategic Priority 1: Access to Public Health Services

Goal 3: Reduce Infant Mortality

| Performance | | | | | | | |
|---|--|----------|---|--------------|-------------------|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 1.3.3 | By December 30, 2022, Increase the annual percent of birth mothers with healthy weight by 5% | 42.2% | 2021 = 36.2% 2020 = 39.6% 2019 = 35.8% 2018 = 38.9% 2017 = 39.0% 2016 = 42.3% 2015 = 42.2%. | 48% | December 30, 2022 | ▼ | Not Completed |
| Revisions | | | | | | | |
| <p><i>In 2020 the wording of the objective was updated to match indicator on FLCharts- By December 31, 2019, increase annual percent of birth mothers with who were at a healthy weight before pregnancy by 5%.</i></p> <p><i>In 2021 the target date was extended from June 30, 2021, to provide more time to work on the objective- staff availability reduced by COVID-19 pandemic response</i></p> | | | | | | | |
| Revision Rationale | | | | | | | |
| | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress- PHAB 5.3.3.A.1

Prenatal care and healthy weight initiatives continue to be challenging, although percentages increased from 2019 to 2020, in 2021 there was a decrease. DOH-IR partners with entities and works with vulnerable populations to improve health access. Healthy weight percentages for birth mothers are addressed through continued partnership with Healthy Start, Care-Net and Partners and their coordinated intake and referral system. Support from Nurse Family Partnership (NFP), access to Medicaid benefits through Presumptive Eligibility for Pregnant Women (PEPW) and education using SNAP-ED is also critical as well as our work through PACE EH.

Frequency and number of appointments necessary to gain access to services creates barriers to accessing programs and information that change habits and behaviors for clients who hold one or more than one job. In 2022 DOH-IR and partners focused on consolidating appointments and reducing delays. This objective was extended to 2022. During 2022 DOH-IR increased nutrition education and worked with partner organizations to increase access to healthy foods and plans to bring WIC services to underserved communities.

How Targets Were Monitored- PHAB 5.3.3.A.1:

The number of healthy weight birth mothers is measured using data in FLCharts. Healthy weight is defined as body mass index of 18.5-24.9. This indicator is a count of the number of births to mothers with a pre-pregnancy BMI of 18.5 - 24.9. Mothers with unknown pre-pregnancy BMI are excluded from the denominator in calculating the percentage. Data is available on an annual basis. The Performance Improvement Manager is responsible for monitoring the data and reporting it to the PMC and staff that are involved with the objective. Reports include past performance and trend lines to highlight progress or areas for improvement.

Healthy Weight is a focus area for the Indian River County Community Health Improvement Plan and monitoring health weight birth mothers will continue as part of those efforts.

Strategic Priority 2: Protect Health and Prevent Disease

Goal 3: A community prepared for all hazards

| Performance | | | | | | | |
|--------------------|--|----------|----------------------------|--------------|---|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 2.3.1 | 100% of staff will be trained on special needs shelter support and services by June 30, 2017, and annually thereafter. | 100% | Completed annually in July | 100% | Jun 30, 2017; June 30, 2018; June 30, 2019; June 30, 2020; June 30, 2021, June 30, 2022 | ▲ | Completed |
| Revisions | | | | | | | |
| n/a | n/a | n/a | | n/a | n/a | | |
| Revision Rationale | | | | | | | |
| n/a | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress- PHAB 5.3.3.A.1

Each year DOH-IR does Special Needs Shelter (SpNS) training or an actual activation if necessary. In 2022, training was given to all employees and two activations added hands on experience to employee education. Fit testing for N-95 masks is currently at 100% of staff because of the COVID response. Employee health staff has been actively working to maintain the 100% for all new hires as well.

How Targets Were Monitored- PHAB 5.3.3.A.1:

This priority only pertains to DOH employees, and the objectives here were monitored annually at special group a group meeting/training session for Special Needs Shelter support.

Strategic Priority 3: Community Health Planning

Goal 1: Improve health outcomes through effective collaboration with community partners

| Performance | | | | | | | |
|--------------------|--|----------|---|--------------|--------------------|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 3.1.3 | By September 30, 2022, decrease the number of fall-related hospitalization among adults aged 55 or older from 670 in 2016 to 636 | 670 | 2021 count 713 2020 count 725 2019 count 794 2018 count of 722 2017 count 666 2016 count 670 | 636 | September 30, 2022 | ▼ | Not Completed |
| Revisions | | | | | | | |
| n/a | n/a | n/a | | n/a | n/a | | |
| Revision Rationale | | | | | | | |
| | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress- PHAB 5.3.3.A.1

DOH-IR adult objectives have been challenging to "move the needle" in the right direction. Progress was made in 2020 and 2021 with reducing rather than climbing rates. In 2021 restrictions in access to seniors during the COVID-19 Pandemic limited opportunities to evaluate living conditions or provide education. In 2022 efforts continue for monitoring the fall-related hospitalization data and work with the Visiting Nurse Association (VNA), Senior Resource Association (SRA) and other community-based organizations to get community-based services for our county's most vulnerable populations. Plans include educational presentations during senior congregate meals at DOH-IR's satellite location in Wabasso, FL. In 2022 living conditions evaluations by the VNA and education efforts by SRA and DOH-IR were increased.

How Targets Were Monitored- PHAB 5.3.3.A.1:

The number of non-fatal hospitalizations is measured using data in FLCharts form Florida Agency for Health Care Administration. Rates are per 100,000 population. Data is available on an annual basis. The Performance Improvement Manager is responsible for monitoring the data and reporting it to the PMC and staff that are involved with the objective. Reports include past performance and trend lines to highlight progress or areas for improvement.

Strategic Priority 3: Community Health Planning

Goal 2: Decrease the percentage of youth and adults in Indian River County who are overweight or obese

| Performance | | | | | | | |
|--|--|----------|---|--------------|--------------------|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 3.2.2 | By September 30, 2022, decrease the percentage of adults in the country who are overweight or obese (BMI ≥25) by 2%. | 64.9% | 2019 data (most recent available) shows 59.7% | 62.9% | September 30, 2022 | ▼ | Completed |
| Revisions | | | | | | | |
| In 2021 this objective was extended the target date from June 30,2021 to increase the impact on underserved communities. | | | | | | | |
| Revision Rationale | | | | | | | |
| | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress- PHAB 5.3.3.A.1

The obesity-related adult objectives have been accomplished using SNAP-Ed interventions that were aimed at reducing obesity and providing healthy eating education. In 2022, nutrition education and access to healthy foods became our focus as well and physical activity education. DOH-IR worked with Senior Resource Association, Visiting Nurse Association and other organizations to increase the number of community members that are exposed to educational messages.

How Targets Were Monitored- PHAB 5.3.3.A.1:

The metrics were for this objective are statistical data, so the data was monitored through FL CHARTS on a yearly basis, however in 2020 and 2021 Indian River county data was not measured for adults who are overweight (overall).

Strategic Priority 3: Community Health Planning

Goal 3: Increase COVID-19 education to vulnerable populations throughout Indian River County

| Performance | | | | | | | |
|---|---|----------|--|--------------|--------------------|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 3.3.1 | By September 30, 2022, increase communication and health education strategies by promoting behavior change to improve the health and access to health education regarding COVID-19 in under resourced communities from 0 in 2020 to one or more in 2022 | 0 | Education campaign QI program utilizing FSU Medical Interns and community partners, on-site vaccinations | 1 | September 30, 2022 | ▲ | Completed |
| Revisions | | | | | | | |
| In 2021, the target date for this objective was extended from December 1, 2021, to include a second education campaign that focused on vaccine hesitancy and increase the impact on underserved communities | | | | | | | |
| Revision Rationale | | | | | | | |
| n/a | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress- PHAB 5.3.3.A.1

COVID-19 Outreach assisted underserved communities, migrant labor camps, and partnered with non-profit organizations and county agencies to distribute preventative supplies including masks, hand sanitizer and gloves. In 2021/22 a QI program focused on education and behavior modification was conducted by DOH-IR and FSU Medical School students. It included distribution of educational materials, presentations, and behavior observations. The program was extended to include outreach to vaccine hesitant communities offering education and on-site vaccinations.

How Targets Were Monitored- PHAB 5.3.3.A.1:

Change in behavior was measured in two ways. A pre and post campaign survey was taken to demonstrate an increase in knowledge about good hygiene behavior during the pandemic. The second method of measurement was observation of changes in behavior by project participants. Both showed improvement. The extended program uses census tract level vaccination data obtained through the Qlik portal. The data is monitored quarterly by the Community Health Improvement Manager and reported to the PMC and staff that are involved with the objective. Reports include past performance and trend lines to highlight progress or areas for improvement

Strategic Priority 5: Organizational Excellence: Effectiveness, Efficiency, and Sustainability

Goal 3: Operate in a fiscally efficient and sound environment

| Performance | | | | | | | |
|--|--|----------|--|--------------|--------------------|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 5.3.2 | By September 30, 2022, schedule C other cost accumulation (OCA) cash balances are managed to ensure Federal Funds have a zero balance within 60 days of end of grant period 100% of the time | 0 | Spending patterns interrupted by pandemic response in 2019/20, but compliance restored in 2021 | 1 | September 30, 2022 | ▲ | Completed |
| Revisions | | | | | | | |
| In 2021, the target date for this objective was extended from June 30, 2021. The achievement of this objective was directly affected by COVID-19 activity which caused reallocation of staff and pauses in grant activities. | | | | | | | |
| Revision Rationale | | | | | | | |
| n/a | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress- PHAB 5.3.3. A.1

Schedule C cost accumulation was on schedule and compliant 100% of time annually in 2019/2020. The achievement of this objective is directly affected by COVID-19 activity. In 2021, staff was reallocated to address pandemic response leaving balances in activities that were delayed due to the pandemic. Increased fund distribution in the latter part of 2021 restored compliance with zero balance for Federal funds within 60 days of grant termination and in 2022 schedule C cost accumulation was compliant with the objective goal 100% of time.

How Targets Were Monitored- PHAB 5.3.3.A.1:

This objective was monitored through the budget process in the business department of DOH-IR. Communications between the staff in charge of these objectives and the accreditation team happened weekly- monthly, and targets were also monitored through these communications.

Completed Objectives 2016-2021

Strategic Priority 1: Access to Public Health Services

Goal 1: Improve access to health care for uninsured and underinsured

| 2016-2021 Performance | | | | | | | |
|-----------------------|--|----------|---|--------------|-------------------|--------------------|---------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend ¹ | Status ² |
| 1.1.1 | By June 30, 2021, improve access to dental care by increasing the number of sealants from 342 in 2017 to 377 | 342 | 2017 at 342. 2018 at 275. 2019 at 59. | 377 | June 30, 2021 | ▼ | <i>Deleted</i> |
| 1.1.2 | By December 31, 2018, increase the number of mental health screenings performed in schools by 10%. | 0 | 872 in 2019. | Any increase | December 31, 2018 | ▲ | <i>Completed</i> |
| Revisions | | | | | | | |
| n/a | n/a | n/a | n/a | n/a | n/a | | |
| Revision Rationale | | | | | | | |
| | | | | | | | |

¹ & ²: See Trend and Status Descriptions on last page.

Progress:

1.1.1- In 2016-2017, the number of sealants received in schools was 342. In 2017-2018, the number was at 275, and in 2019 the number was at its lowest at 59. This is because of reductions in staff that have impacted the program. This service like other primary care services is not ongoing and therefore was deleted in 2021. **1.1.2** Mental health screenings increased from 0 to 872 after instituting screening as a standard procedure in schools in 2019.

How the targets were monitored:

The number of sealants supplied to schools was recorded by the School District of Indian River County and monitored by DOH-IR staff yearly to ensure that adequate supply was available. Mental health data was provided through the school district.

Strategic Priority 1: Access to Public Health Services

Goal 2: Reduce teen pregnancy

| 2016-2021 Performance | | | | | | | |
|-----------------------|--|----------|--|--------------|-------------------|-------|------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 1.2.1 | By December 31, 2019, reduce teen birth rate (rate per 1000 females) for mothers ages 15-19 by 5%. | 22.1% | Achieved 4% reduction in 2019 with trend continuing to lower. 2019 rate was 18.4 Achieved more than target in 2020 2020 rate 11.6 | 17.1% | December 31, 2019 | ▼ | <i>Completed</i> |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

Partnership with NAACP, the hospital and Healthy Start were instrumental in achieving and exceeding the goal of reducing teen pregnancy by 5%. DOH-IR partners with entities and works with vulnerable populations to improve health access.

How Targets Were Monitored:

Teen birth rates were obtained by through communication with the county school board and monitoring of FL CHARTS website.

Strategic Priority 1: Access to Public Health Services

Goal 3: Reduce infant mortality

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|----------|---|--------------|-------------------|-------|------------------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 1.3.1 | By July 31, 2019, reduce total infant mortality to 7 per 1000 live births below. | 7/1,000 | Rate for 2018 was 1.5 (3-year data; completed). | 6/1,000 | July 31, 2019 | ▼ | <i>Completed</i> |
| 1.3.2 | By December 31, 2019, increase annual percent of entry into prenatal care in the 1 st trimester by 5%. | 71.7% | Achieved in 2017. 81.7 % in 2017; 2016 = 71.6 %. | 81.7% | December 31, 2019 | ▲ | <i>Completed</i> |
| 1.3.4 | By December 31, 2019, reduce the three-year rolling average of black infant mortality rate by 10%. | 11.5% | Rate was reduced by over 10% in years 2017 and 2018. 2018 rate is 1.5%. | 1.5% | December 31, 2019 | ▼ | <i>Completed</i> |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| | | | | | | | |

Progress

DOH-IR has strengthened our partnership with Healthy Start Coalition and our collaborative strategies are working. Mental health data is being completed through the school district. Our workgroup continues to progress, and our partnership with NAACP, the hospital and Healthy Start has been very helpful. The rolling rate for black infant mortality improved through continued partnership with NAACP and Healthy Start as well as our work through PACE EH.

How Targets Were Monitored

Targets were monitored for these objectives quarterly and annually in required reporting to the State Health Office. For objective 1.3.1, total infant mortality was monitored monthly through FL CHARTS and by communications with partner organizations such as the county's Healthy Start Program and WIC. The next objective (1.3.2) which was the percent of women who have entry into prenatal care in the 1st trimester was monitored through FL CHARTS and communication with partner organizations. The last objective (1.3.4: three-year rolling average of black infant mortality rate) was monitored through FL CHARTS and communication with partner organizations.

Strategic Priority 2: Protect Health & Prevent Disease

Goal 1: Prevent exposure, infection and disease related complications from STDs and HIV/AIDS

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|---|--|------------------------------|--------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 2.1.1 | Increase number of outreach events that include HIV testing of high-risk populations (MSM population) by December 31, 2020. | 1 | This goal was achieved in 2017. 5 Outreach events were held in 2020 | 3 | December 31, 2020. | ▲ | Completed |
| 2.1.2 | Have ≥ 90% of DOH-IR STD cases treated according to the most recent STD guidelines within 14 days of diagnosis by December 31, 2020. | 89% | In 2019 the number of STD cases treated within 14 days of diagnosis exceeded the target value reaching 95.8% | 90% | December 31, 2020. | ▲ | Completed |
| 2.1.3 | By December 31, 2020, DOH-IR will meet the DOH target for percent of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis. | DOH Target for percent of new HIV positives | In 2020 8 out of 9 new cases were linked within 90 days of testing. One client refused | Stay at baseline or increase | December 31, 2020 | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

2.1.1 Outreach events went from 16 in 2017 to 22 in 2018, then 3 in 2019 due to a reduction in staffing. In 2020 and 2021, 5 each year (COVID-19 restrictions). In 2022, 12 events. 2.1.2: 100% of HIV positive patients are linked with documentation.

How Targets Were Monitored: Targets were monitored for these objectives quarterly and annually in required reporting to the State Health Office. For the first goal, which was to prevent exposure, infection and disease related complications from STDs and HIV/AIDS, the DOH internally monitors the ongoing STD & HIV case rates as they are confidential protected health information; this was objective 2.1.1. Objective 2.1.2, which was to have ≥ 90% of DOH-IR STD cases are treated according to the most recent STD guidelines within 14 days of diagnosis by December 31, 2020, the DOH-IR communicated with local practitioners and organizations to review the required reporting of STDs. For objective 2.1.3: DOH-IR will meet or exceed DOH target for percent of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis, targets were monitored through internal channels and personnel specifically hired to document linkage

Strategic Priority 2: Protect Health & Prevent Disease

Goal 2: Prevent disease and injury

| 2016-2021 Performance | | | | | | | |
|-----------------------|--|----------|--|--------------|---|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 2.2.1 | By December 31, 2020, have ≥ 93% of active TB patients complete therapy within 12 months of initiation of treatment. | 0 | There was one TB patient in 2019 who entered therapy | 0 | December 31, 2020 | ▼ | Completed |
| 2.2.2 | By December 31, 2020, have ≥ 90% of 2-year-old DOH-IR clients be fully immunized. | 100 | 2018= 92.3% for county 100% for DOH-IR clients. | 90 | December 31, 2020 | ▲ | Completed |
| 2.2.3 | By December 31, 2020, DOH-IR will maintain an annual composite score of ≥ 67% for core epidemiology measures. | 88% | 2017 and 2018 data maintained 88% composite score. No data available for 2019/20 | 67% | December 31, 2020 | ▲ | Completed |
| 2.2.4 | By December 31, 2020, 100% of staff will be fit tested for N95 masks at least once every four years. | 100% | Completed. All staff fit tested | 100% | December 31, 2020, and every four years following | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

TB patients were 100% treated in the year 2019. This rate has been maintained in following years. 100% of 2-year-olds were immunized in 2018 and after. In 2020, all DOH-IR staff are trained with ICS. New hires complete the training within 30 days of hire. Fit testing is currently at 100% of staff because of the COVID response. Employee health staff has been actively working to maintain the 100% for all new hires as well.

How Targets Were Monitored: Targets were monitored for these objectives quarterly and annually in required reporting to the State Health Office. For 2.2.1, which was to ensure completion of therapy by TB patients, and 2.2.2 regarding infant immunizations, DOH internally monitors the ongoing TB case rates as they are confidential protected health information; Florida Shots is used for immunization information. DOH communicated with local practitioners and internally monitored TB therapy, immunizations, epidemiology measures (as well as the overall composite score), and fit testing.

Strategic Priority 2: Protect Health & Prevent Disease

Goal 3: A community prepared for all hazards

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|----------|--|--------------|---|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 2.3.2 | 100% of ICS Command Staff will successfully receive specific ICS FEMA training 2019 BY December 31, 2019. | 100% | Completed within 30 days for all new hires (IS-100.C). | 100% | December 31, 2019, and within 30 days of any new hire following | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress:

In 2020, all DOH-IR staff are trained with ICS. New hires complete the training within 30 days of hire.

How Targets Were Monitored:

This objective only pertains to DOH employees, and the objectives here were monitored monthly through the FL TRAIN website.

Strategic Priority 3: Community Health Planning

Goal 1: Improve public health outcomes through effective collaboration with community partners.

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|-------------------------|---|--------------|-------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 3.1.1 | By June 30, 2019, DOH- IR will develop an action plan for a 2020 Community Health Assessment including funding mechanism. | 0 | Work on the CHA has been completed and submitted | 1 | June 30, 2019, | ▲ | Completed |
| 3.1.2 | By December 31, 2020, DOH-IR will maintain at least one collaborative community health improvement process and will continue to evaluate and update measurable objectives and outcomes to be reported annually. | 0 | Snap-Ed is an ongoing program with community partners and tracked annually | 1 | December 31, 2020 | ▲ | Completed |
| 3.1.4 | By June 30, 2019, decrease the # of hospitalizations (intentional and unintentional) among children ages 19 and younger. | 54 (2016 baseline data) | 2018 count was 53. (completed) 2017 count was 54. 2016 count was 54. | Any decrease | Jun 30, 2019 | ▼ | Completed |
| 3.1.5 | By December 31, 2020, establish new and enhance existing partnerships and collaborations with stakeholders and agencies address the social determinants. | 0 | NAACP is the new partnership and has been evaluated. Numerous existing partnerships have been enhanced. | 1 | December 31, 2020 | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress: 3.1.1: Our community health assessment was completed and published in 2020 and will be updated in 2022. 3.1.2: In 2019, DOH Indian River began utilizing SNAP Ed programming with schools and community partners. 3.1.4 DOH-IR conducted a campaign to increase awareness and monitored related hospitalization data to track vulnerable populations. Efforts will continue for monitoring the fall-related hospitalization data and work with the Visiting 3.1.5 Community partnerships continue to increase year over year. In 2020, DOH-IR established a collaboration with NAACP.

How Targets Were Monitored

Targets were monitored for these objectives quarterly and annually in required reporting to the State Health Office. For objective 3.1.1, which was the funding mechanisms regarding the new Community Health Assessment, the DOH-IR collaborated with the Indian River Community Foundation and other stakeholders to fund a third party to complete the initial needs assessment. The next objective (3.1.2) was monitored by the DOH-IR utilizing the MAPP process in their community planning; this is reflected in these accreditation documents, among other pieces of documentation (including a local public health system assessment which took place between November 2019 and February 2020). Objectives 3.1.3 and 3.1.4 both had to do with decreasing the number of hospitalizations (one metric having to do with falls, and the other to do with children 19 and younger); their targets were monitored through FL CHARTS monthly. For the next objective 3.1.5, which was to establish and/or strengthen partnerships, DOH-IR evaluated and monitored ongoing collaborations and reached out to similar organizations.

Strategic Priority 3: Community Health Planning

Goal 2: Decrease the percentage of youth and adults in Indian River County who are overweight or obese and the percentage who have related co-morbidities

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|----------|--|--------------|-------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 3.2.1 | By December 31, 2019, utilize baby friendly funding to increase breastfeeding rates for newborns (self-assessment measurement). | 81% | 2016= 81%. 2017=83.2%. 2018=83.8%. 2019= 84.3% | Any increase | December 31, 2019 | ▲ | Completed |
| 3.2.3 | By December 31, 2019, decrease the percentage of youth in first grade who are overweight or obese by 5%. | 29% | 2017-18 data. 2020- No new data available | 24% | December 31, 2019 | ▼ | Completed |
| 3.2.4 | By December 2019, decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day by 5%. | 16.8% | 2015 BRFSS median data for daily consumption 10.3% for vegetables, 14.0% for fruits. | 11.8% | December 31, 2019 | ▼ | Completed |
| 3.3.2 | By August 15, 2020, hire a community COVID-19 outreach coordinator to increase awareness of and facilitate distribution of supplies and services available to the citizens of Indian River County to include education on the COVID-19 vaccine. | 0 | A COVID-19 Outreach Coordinator was hired on August 14, 2020 | 1 | August 15, 2020 | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

The obesity-related adult objectives have been challenging to "move the needle" in the right direction. Our community health assessment planning has been effective. With the utilization of the baby friendly funding, there has been success in increasing black mothers who are breastfeeding numbers. We will continue to work with the Visiting Nurse Association and other community-based organizations to get community-based services for our county's most vulnerable populations. Our obesity initiative, 5210 has



been most impactful on youth. SNAP-Ed continues to implement interventions started in 2019 that are aimed at reducing obesity and providing healthy eating education as well and physical activity education.

How Targets Were Monitored

For the objectives in this priority area, the metrics were all statistical data, so all four objectives were monitored through FL CHARTS on a weekly to monthly basis. To be clear, the objectives were 3.2.1 (increase breastfeeding rates for newborns), 3.2.2 (decrease the percentage of adults in the country who are overweight or obese), 3.2.3 (decrease the percentage of youth in first grade who are overweight or obese by 5%), and 3.2.4 (decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits or vegetables per day by 5%).

Goal 3: Increase COVID-19 education to vulnerable populations throughout Indian River County

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|----------|--|--------------|-----------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 3.3.2 | By August 15, 2020, hire a community COVID-19 outreach coordinator to increase awareness of and facilitate distribution of supplies and services available to the citizens of Indian River County to include education on the COVID-19 vaccine. | 0 | A COVID-19 Outreach Coordinator was hired on August 14, 2020 | 1 | August 15, 2020 | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

The response to the COVID-19 pandemic was focused on vaccine distribution and community education. Adding an outreach coordinator was essential to distribute information and preventative supplies.

How Targets Were Monitored

DOH employee records were monitored.

Strategic Priority 4: Environment Stewardship

Goal 1: Improve Indian River County’s natural environment

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|--|--|--------------|-------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 4.1.1 | By December 31, 2020, participate in efforts to decrease total nitrogen and phosphorous levels in the Central Indian River Lagoon to levels determined by the Central Indian River Lagoon BMAP by 5% or less as identified by current scientific recommendations. | ~85 (low levels of nitrogen & phosphorus) Save the IRL released report of nitrogen & phosphorus levels in 2018; completed in 2017 per GIS data. | 2020 BMAP data reports lbs. removed: TN=138,369 TP=27,979 and 125 septic systems were abandoned | ≤5% | N/A | ▼ | Completed |
| 4.1.2 | By December 31, 2020, maintain an Annual Comprehensive Environmental Health Score (ACEHS) of ≥ 85%. | 94.6% | 2018 data reported to be 94.6%. | Any score | Annual | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

The Environmental Health CHIP work group has actively participated and partnered with numerous lagoon initiatives, councils, and meetings. Members of the work group are committed to continuing their participation in lagoon efforts to decrease total nitrogen and phosphorous levels. Annual Comprehensive Environmental Health Score has been maintained at >85%. The Marine Resources Council released a report in early 2019 with comprehensive levels of nitrogen in the Indian River Lagoon (among other substances), most parts of which have passing scores as set by state and federal regulatory targets.

How Targets Were Monitored

Targets were monitored for these objectives quarterly and annually in required reporting to the State Health Office. For the first objective in this priority area (4.1.1), DOH-IR communicated with the Florida Department of Environmental protection to aid in improving the Central Indian River Lagoon Basin Management Action Plan (BMAP) to decrease the total nitrogen and phosphorous levels in the Central Indian River Lagoon. This target was monitored by reviewing the Marine Resource Council annual report, as they completed the nitrogen and phosphorus analysis in their report. The next objective, 4.1.2, had to do with the Annual Comprehensive Environmental Health Score (ACEHS); this was monitored through the analysis of environmental inspections, ongoing projects (such as stormwater treatment), community readiness to withstand emerging health threats, communications between the environmental health and administration departments, and by gauging the ACEHS on a quarterly basis.

Strategic Priority 4: Environment Stewardship

Goal 2: Improve Indian River County’s built environment

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|----------|--|-----------------|-------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 4.2.1 | By December 31, 2018, perform one county wide walkability assessment with low-income identifiers. | 0 | Completed in 2017 (401 assessments). | 300 assessments | December 31, 2018 | ▲ | Completed |
| 4.2.2 | By December 31, 2019, adopt and implement a Complete Streets Policy. | 0 | Policy adopted and one project implemented in Gifford. | 1 | December 31, 2019 | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

A Complete Streets Policy has been adopted and implemented on 45th St. in Gifford in 2018. The county wide walkability assessment was completed in June 2018 Planning and projects commenced in part because of with the results of the survey.

How Targets Were Monitored

Objective 4.2.1 was monitored through a community walkability survey completed in 2017. The last objective in this priority was monitored by the implementation and completion of the Complete Streets Policy in Gifford, FL (specifically, on 45th street).

Strategic Priority 5: Organizational Excellence: Effectiveness, Efficiency, and Sustainability

Goal 1: Strengthen public health infrastructure

| 2016-2021 Performance | | | | | | | |
|--|--|----------|--|-----------------|-------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 5.1.1 | Maintain DOH-IR's strategic planning process, with measurable goals and objectives to guide activities, assessed annually, communicated to stakeholders by December 31, 2020 | 1 | The strategic plan is updated quarterly, contains SMART goals, shared with community partners and stakeholders | 1 | December 31, 2019 | ▲ | Completed |
| 5.1.2 | Conduct 8 Performance Management Council meetings annually to support and govern a continuous quality improvement culture by December 31, 2019. | 0 | Completed 10 already this year (one monthly). | 8 | December 31, 2019 | ▲ | Completed |
| 5.1.3 | Utilize the NACCHO Roadmap to a Culture of Quality Improvement and conduct assessments of progress from phase 4 to phase 5 by December 31, 2019. | 1 | An assessment has been conducted and showed progress from phase 4 to phase 5 on the NACCHO Roadmap | 1 | December 31, 2019 | ▲ | Completed |
| 5.1.4 | Submit CHIP & Strategic Plan documents for accreditation annual reports to DOH (Tallahassee) by March 31, 2020. | 0 | Documents have been submitted | 4 (submissions) | December 31, 2019 | ▲ | Completed |
| Revisions | | | | | | | |
| 5.1.3 Revised in 2020 because the assessment is conducted every three years (removed reference to annual | | | | | | | |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

Accreditation targets for submitting information at every deadline have been met. DOH- IR Performance Management Council (PMC) meetings are also on schedule; DOH-IR had 10 meetings each year from 2016-2019 and 11 in 2020 and 2021. The NAACHO Roadmap is on schedule; in April 2018 the DOH- IR PMC completed a formal assessment utilizing the roadmap. Another assessment will be completed in 2024. The opportunities for improvement were formalized in a QI action plan. QI projects are ongoing with progress being made; to keep up with SMART goals the DOH-IR includes timeframes within the PDCA format of ongoing QI projects.

How Targets Were Monitored

Targets were monitored for these objectives quarterly and annually in required reporting to the State Health Office. The first objective in this priority (5.1.1) was monitored through communications with stakeholders for the strategic planning process, as well as the meeting of specific goals & objectives (like in this Strategic Plan) and overall annual assessment by the DOH-IR's PM Council and QI Committee. The next objective (5/1/2) was monitored through the completion of eight PMC meetings over the course of one year. Objective 5.1.3: utilize the NACCHO Roadmap to a Culture of Quality Improvement and conduct an assessment to measure progression from phase 4 to phase 5 was monitored by the completion of surveys of DOH-IR staff, and completion of an assessment of QI projects (including completed projects). Objective 5.1.4 was monitored annually through the submission of the CHIP and Strategic Plan Accreditation documents.

Strategic Priority 5: Organizational Excellence: Effectiveness, Efficiency, and Sustainability

Goal 2: Provide excellent customer service

| 2016-2021 Performance | | | | | | | |
|-----------------------|---|----------|------------------------------------|--------------|---------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 5.2.1 | Maintain a “satisfactory” or better rating for ≥ 90% of customer satisfaction surveys completed by December 31, 2020. | 100% | Satisfaction survey rate was 100%. | 90% | N/A | ▲ | Completed |
| 5.2.2 | Utilizing quality improvement tools, implement an action plan for reducing adult clinic wait time by July 31, 2017. | 0 | QI tools utilized. | 1 | July 31, 2017 | ▲ | Completed |
| Revisions | | | | | | | |
| N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Rationale | | | | | | | |
| N/A | | | | | | | |

Progress

As of December 2020, customer satisfaction data was above 90%. This rate has been maintained through 2021. Clinic wait times were reduced utilizing a QI project that analyzed patient flow and clinician efficiencies.

How Targets Were Monitored

Both objectives under the next goal were delayed due to staff reductions; 5.2.2 was dropped completely due to the DOH-IR not having an adult clinic after July 2019 (marked as complete per guidance from the State Health Office), and 5.2.1 was delayed due to the pandemic, but completed. Both objectives were monitored internally through survey data and completion of a QI project

Strategic Priority 5: Organizational Excellence: Effectiveness, Efficiency, and Sustainability

Goal 3: Operate in a fiscally efficient and sound environment

| 2016-2021 Performance | | | | | | | |
|--|---|----------|--|--------------|-------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 5.3.1 | By July 31, 2020, 100% of DOH- IR's department and/or divisions will operate within their annual operating budget. | 1 | Revenues exceeded expenditures in FY 2019/ 2020 | 1 | December 31, 2020 | ▲ | Completed |
| 5.3.3 | By December 31, 2020, Schedule C OCA cash balances are managed to ensure State General Revenue and Trust Funds do not have negative cash balances 100% of the time. | 0 | Schedule C other cost accumulation (OCA) cash balances are managed to avoid negative cash balances | 100% | December 31, 2020 | ▲ | Completed |
| Revisions | | | | | | | |
| 5.3.1-Revised in 2020 to extend target date from 2017 to 2020 because of annual operating budget decreases | | | | | | | |
| | | | | | | | |

Progress

As of July 2018, the operating within annual operating budget objective is complete. Schedule C cost accumulation is on schedule and compliant 100% of time annually in 2019/2020.

How Targets Were Monitored

Objectives in this section (5.3.1 & 5.3.3) were monitored through the budget in the business department of DOH-IR. Communications between the staff in charge of these objectives and the accreditation team happened weekly- monthly, and targets were also monitored through these communications, as well as at PMC meetings.

Goal 4: Develop, sustain and improve a competent and engaged workforce

| 2016-2021 Performance | | | | | | | |
|---|--|----------|---------------------------------------|--------------|-------------------|-------|-----------|
| Objective Number | Objective | Baseline | Performance | Target Value | Target Date | Trend | Status |
| 5.4.1 | By March 31, 2017, develop a worksite wellness action plan to implement at DOH- Indian River. | 0 | Completed | 1 | March 31, 2017 | ▲ | Completed |
| 5.4.2 | Annually, all DOH- Indian River staff shall complete one employee development training by December 31, 2020 | 0 | Completed | 1 | December 31, 2020 | ▲ | Completed |
| 5.4.3 | By December 31, 2020, implement one quality improvement project annually which is based upon feedback from the employee satisfaction survey. | 0 | QI Project - Improve employee morale. | 1 | December 31, 2020 | ▲ | Completed |
| Revisions | | | | | | | |
| 5.4.2- 2020 Revision: Extended target date from July 31,2017 to give added opportunities for staff to participate and learn | | | | | | | |
| Rationale | | | | | | | |
| | | | | | | | |

New Objectives 2016-2022

Strategic Priority 3: Community Health Planning

Goal 3: Increase COVID-19 education to vulnerable populations throughout Indian River County

| New Objective Number | Year Added | New Objective | Baseline | Target Value | Target Date |
|--|------------|---|----------|--------------|-------------|
| 3.3.1 | 2020 | By September 30, 2022, increase communication and health education strategies by promoting behavior change to improve the health and access to health education regarding COVID-19 in under resourced communities from 0 in 2020 to 1 or more in 2022 | 0 | 1 | 9/30/22 |
| 3.3.2 | 2020 | By August 15, 2020, hire a community COVID-19 outreach coordinator to increase awareness of and facilitate distribution of supplies and services available to the citizens of Indian River County to include education on the COVID-19 vaccine | 0 | 1 | 8/15/20 |
| New Objective Rationale: | | | | | |
| Pandemic response highlighted the need for supplies and education regarding contagious disease spread, reducing spread and benefits of vaccination | | | | | |
| Target Source: | | | | | |
| Quality Improvement project documentation, spreadsheets, and phone logs from outreach coordinator | | | | | |

Trend and Status Descriptions

¹Trend Descriptions:

-  = Data trend is upward and in the desired direction for progress.
-  = Data trend is downward and in the desired direction for progress.
-  = Data trend is upward and in the undesired direction for progress.
-  = Data trend is downward and in the undesired direction for progress.

²Status Descriptions:

- **On Track** = Objective progress is exceeding expectations or is performing as expected at this point in time.
- **Not on Track** = Objective progress is below expectations at this point in time.
- **Decision Required** = Objective is at risk of not completing/meeting goal. Management decision is required on mitigation/next steps.
- **Completed** = Objective has been completed or has been met and the target date has passed.
- **Not Completed** = Objective has not been completed or has not been met and the target date has passed.