



Department of Health in Indian River

STRATEGIC PLAN ANNUAL PROGRESS REPORT

January-December 2020

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Governor

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Administrator, DOH-Indian River

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Florida Department of Health in Indian River County
Strategic Planning Committee

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Florida Department of Health in Indian River County

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Foreword from our Administrator

The purpose of the Florida Department of Health in Indian River County's (DOH-Indian River) Strategic Plan is to advance our work towards achieving our Vision: To be the healthiest state in the nation. Each year, DOH-IR review 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 Strategic Plan Annual Report provides an overview of accomplishments made during the 2019-20 plan year. This report assesses and communicates the progress and accomplishments over the past year that DOH-Indian River has made in meeting our plan's goals and objectives outlined within each of the following five strategic priorities: 1-Access to public health services, 2-Protect health and prevent disease, 3-Community health planning, 4-Environmental stewardship, 5-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.

DOH-IR is pleased to share this annual report with the community, as well as key stakeholders who have worked collaboratively with DOH-Indian River staff towards successful outcomes and will continue to develop and utilize the strategic plan to help guide our ongoing efforts to improve the health and wellness of those in Indian River County.

Sincerely,



Miranda C Hawker, MPH
Health Officer, Administrator
DOH-Indian River



Introduction

The Florida Department of Health in Indian River County (DOH- IR) initiated a new strategic planning process in September 2016. 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 approached the strategic planning process with several objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services.

DOH- IR also sought to articulate what DOH-IR plan to achieve as an organization, how DOH-IR will achieve it, and how DOH-IR will know if DOH-IR have achieved it. Quarterly monitoring will take place (see appendix B). 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- IR to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to give our customers high quality public health services.

Mission – Why does DOH-IR exist?

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

Vision – What does DOH-IR want to achieve?

To be the Healthiest State in the Nation.

Values – What do DOH-IR use to achieve our mission and vision?

- I nnovation: DOH-IR search for creative solutions and manage resources wisely.
- C ollaboration: DOH-IR use teamwork to achieve common goals & solve problems.
- A ccountability: DOH-IR perform with integrity & respect.
- R esponsiveness: DOH-IR achieve our mission by serving our customers & engaging our partners.
- E xcellence: DOH-IR promote quality outcomes through learning & continuous performance improvement.



Background and Overview

Public health touches every aspect of our daily lives. Public health aims to provide the maximum benefit for the largest number of people. It is what DOH-IR does collectively to assure conditions in which people can be healthy. Public Health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact population-wide health.

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Through research, surveillance, and data analysis, DOH-IR develops programs and policies that protect the health of the entire community.

Demographics. The Florida Department of Health in Indian River County serves a population of 162,659 people.

Where DOH-IR live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Indian River County apart is the high percentage of people over age 50 and the income disparity between very affluent and under resourced individuals.

Population by Age Indian River County and Florida

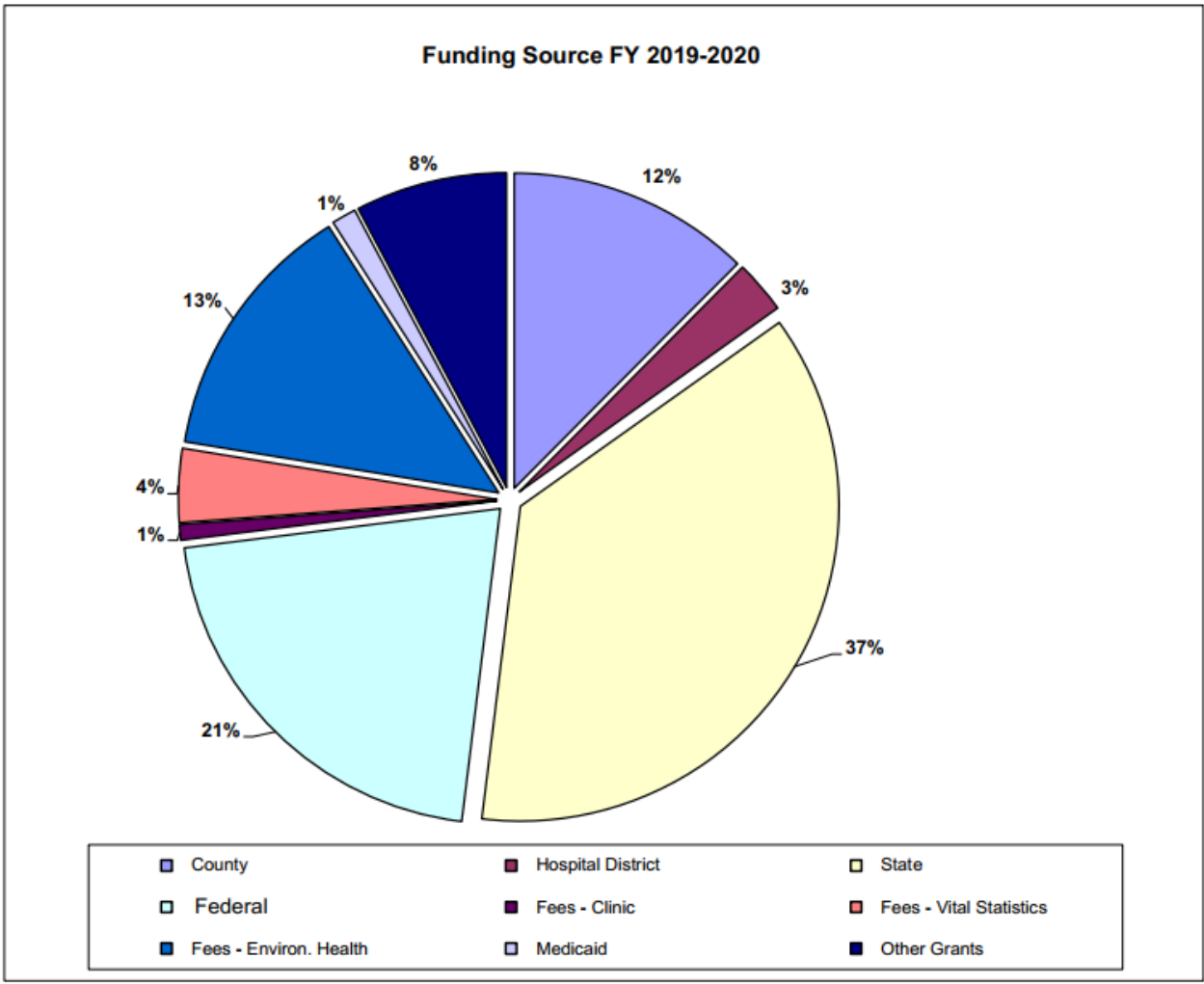
Median Age	
Indian River County	53.5
Florida	42.0
United States	38.0

Income and Wages	
Per Capita Personal Income	\$51,066
Median Household Income	\$54,740
Average Annual Wage	\$41,808
Unemployment Rate (2019)	3.2%
Unemployment Rate (4/2020)	14.0%

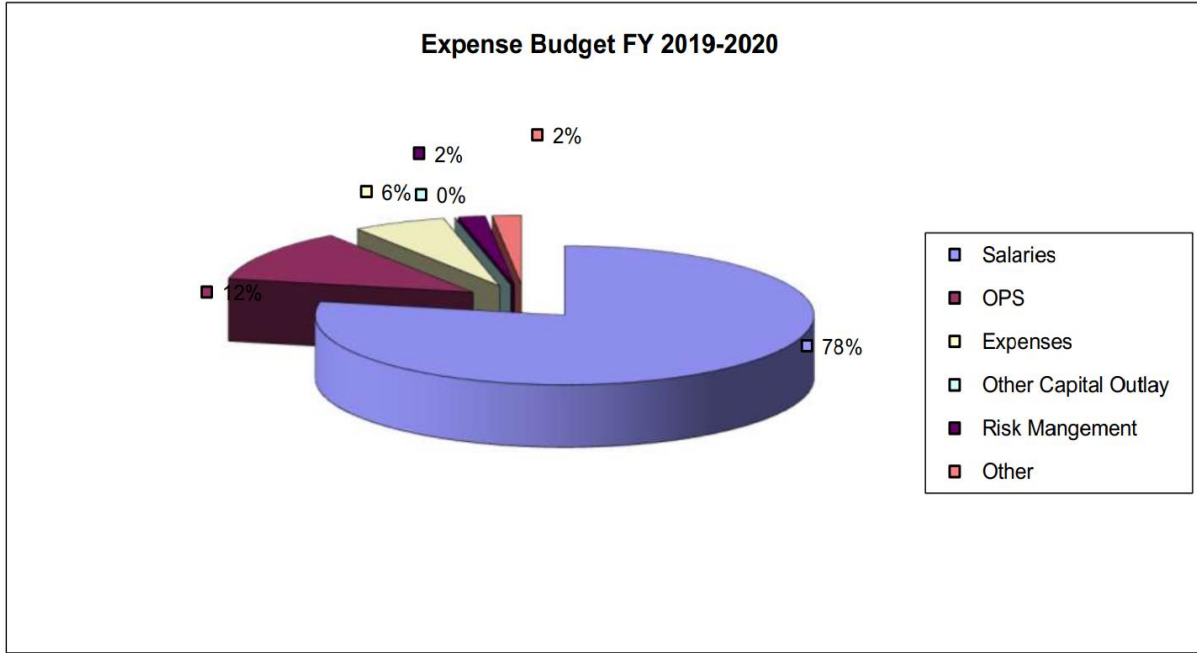
Source: http://indianrivered.com/about_us/demographics

Budget and Revenue

Florida Department of Health in Indian River County financial resources are provided through multiple sources. These include fees, grants, and budget allocations from the County, State and Federal governments.

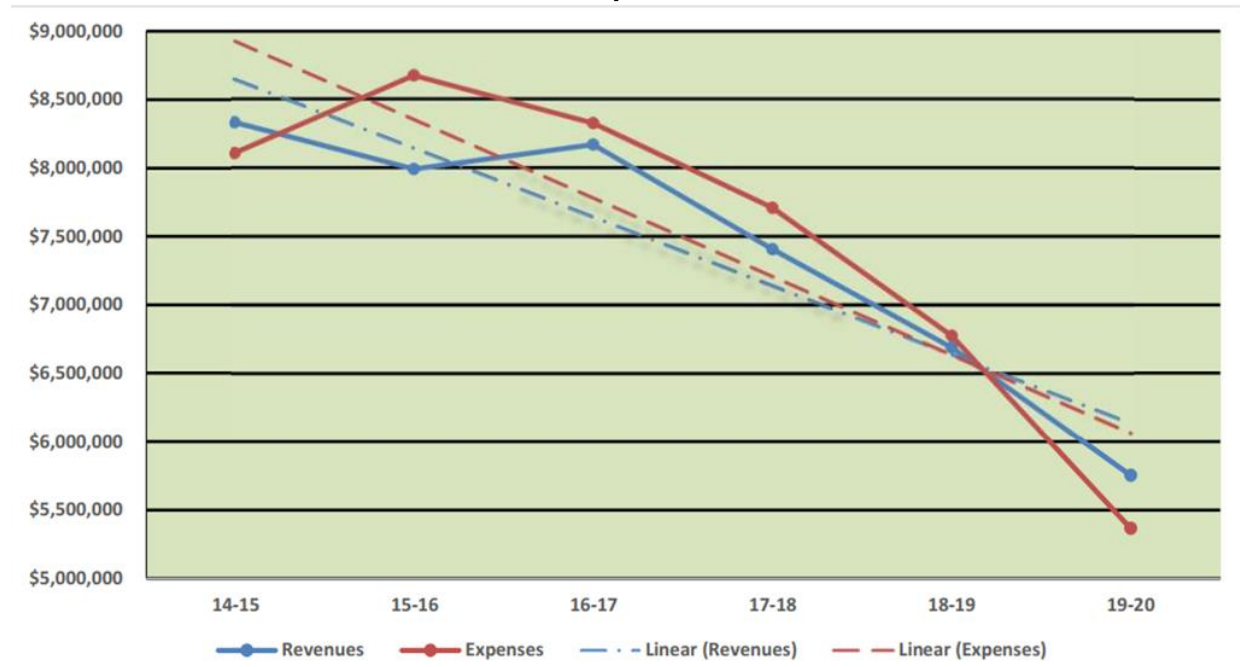


Budget. Florida Department of Health in Indian River County has a variable budget (which has decreased since 2016) that covers salaries and other personal service (OPS) employees, business expenses, other expenses associated with programs, and risk management. Below is a breakdown of the expense budget for the last two years:



Revenue. Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid, state and federal cuts to the Florida Department of Health in Indian River County. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly. Over the past five years, the Florida Department of Health in Indian River County has reduced expenses commiserate with lower revenue.

**The Florida Department of Health in Indian River County
Revenue and Expenses 2014 – 2019**





Programs and Services. Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for Florida Department of Health in Indian River County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health. DOH-IR protects the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, complaint investigations and enforcement of public health laws.

Communicable Disease Control. DOH-IR protects the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control.

Public Health Preparedness. DOH-IR partners with the local healthcare system, emergency management, government and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and minimize loss.

Family Planning. DOH-IR offers education and counseling to help women plan their families and improve their reproductive health and birth outcomes.

Community Health. DOH-IR plans and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships.

Women, Infants and Children (WIC). DOH-IR provides nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

School Health. DOH-IR collaborates with the local school boards to improve student health by offering immunizations, vision and hearing screenings, and tracking of physical development in all children.

Vital Statistics. DOH-IR maintains Florida birth and death records locally and can assist with birth, death, marriage and divorce records for all fifty states. Using data collected by our office, DOH-IR can assist the state with tracking causes of morbidity and mortality— two main indicators of health status

SWOT Analysis

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis*

Strengths (Internal)

- People / staff (warm, friendly, caring, dedicated)
- Legal authority to provide public health services
- Partnerships and collaboration
- Reputation and presence in community
- Responsive
- Leadership
- Experience of staff and public health presence

Weaknesses (Internal)

- Demand for services exceeds funding
- Redundancies and complicated service delivery
- Minimal staffing doesn't allow for training time
- Special Needs Shelter staff shortage
- Challenges of internal and external communication
- Lack of evidence-based decision making
- Lack of resources to review policy development and consistent application
- Lack of external resources and support
- Interpreters

Opportunities (External)

- Process management
- Identify additional funding sources
- Grow infrastructure and technological capabilities
- Improved community outreach, education, marketing and communication
- Increased public health impact
- Use data to drive Public Health action
- Seek additional community resources
- Increase capability to deal with a multi-lingual population

Threats or Challenges (External)

- Administrative cost not included grants
- Expectation of free service
- Providing unfunded, required services
- Retaining good employees
- Unintended local consequences from DOH policy change(s)
- Information Management
- Response to emerging and reemerging threats
- Staff reductions

*See Appendix B for a description of the SWOT process

Strategic Priorities

Strategic Priorities	Goals	Objectives	Organizational Unit
<p>Access to Public Health Services</p>	<p>Improve access to health care for uninsured & underinsured</p>	<ul style="list-style-type: none"> • By June 30, 2021 improve access to dental care by increasing the number of sealants received in schools by 10%. • By December 31, 2018, increase the number of mental health screenings performed in schools by 10%. 	<p>Public Health (Miranda Hawker, Officer) / Nursing (Rose Parker, Director)</p>
	<p>Reduce teen pregnancy</p>	<ul style="list-style-type: none"> • By December 31, 2019, reduce birth rate (rate per 1000 females) for mothers ages 15-19 from 22.1% to 17.1%. 	<p>Nursing (Rose Parker, Director)</p>
	<p>Reduce infant mortality</p>	<ul style="list-style-type: none"> • By July 31, 2019, reduce total infant mortality to 7 per 1000 live births or below (1.5 in 1,000 as of 2018). • By December 31, 2019, increase annual percent of entry into prenatal care in the 1st Trimester from 71.6% to 76.6% (completed 2017). • By June 30, 2021 increase annual percent of birth mothers who were at a healthy weight before pregnancy from 43% (2018) to 48% (best case to 50.6%). • By December 31, 2019, reduce the three-year rolling average of black infant mortality rate from 11.5% to 1.5% (completed 2018). 	<p>Nursing (Rose Parker, Director)</p>
<p>Protect Health & Prevent Disease</p>	<p>Prevent exposure, infection and disease related complications from STDs and HIV/AIDS</p>	<ul style="list-style-type: none"> • Increase number of outreach events that include HIV testing of high-risk populations (MSM populations) by December 31, 2020. • ≥90% of DOH-Indian River STD cases are treated according to the most recent STD guidelines within 14 days of diagnosis by December 31, 2020 (89% as of 2018). • By December 31, 2020 DOH-Indian River will meet or exceed DOH target for percent of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis (100% in 2018). 	<p>Nursing (Rose Parker, Director)</p>
	<p>Prevent disease and injury</p>	<ul style="list-style-type: none"> • By December 31, 2020 have ≥93% of active TB patients complete therapy within 12 months of initiation of treatment (Zero TB patients as of 2018). • By December 31, 2020 ≥90% of 2-year-old 	<p>Nursing (Rose Parker, Director)</p>



Strategic Priorities	Goals	Objectives	Organizational Unit
		<p>DOH-Indian River clients are fully immunized (92.3% for the county in 2018).</p> <ul style="list-style-type: none"> By December 31, 2020 DOH-Indian River will maintain an annual composite score of $\geq 67\%$ for core epidemiology measures (88% in 2018). By December 31, 2020 100% of staff will be fit tested for N95 masks at least once every four years (completed). 	
	A community prepared for all hazards	<ul style="list-style-type: none"> 100% of staff will be trained on special needs shelter support and services by June 30, 2017 and annually thereafter. 100% of ICS Command Staff will receive specific ICS FEMA training by December 31, 2019. 	Emergency Preparedness (Stacy Brock, Coordinator)
Community Health Planning	Improve public health outcomes through effective collaboration with community partners	<ul style="list-style-type: none"> By June 30, 2019, DOH-Indian River will develop an action plan for a 2020 Community Health Assessment including funding mechanism. By December 31, 2020 DOH-Indian River will maintain a collaborative community health improvement process and evaluate and update outcomes annually. By June 30, 2021, decrease the number of fall-related hospitalizations among adults age 55 or older from 722 to 686. By June 30, 2019, decrease the number of related hospitalizations (intentional and unintentional) among children ages 19 and younger (53 in 2018). By December 31, 2020, establish new and enhance existing partnerships collaboration with community stakeholders and agencies to address the social determinants of health. 	Accreditation, Community Health, Human Services (Julianne Price, Manager) / Public Health (Miranda Hawker, Officer)
	Decrease the percentage of youth and adults in Indian River County who are overweight or obese and the percentage who have comorbidities	<ul style="list-style-type: none"> By December 31, 2019, utilize baby friendly funding to increase breastfeeding rates for newborns (self-assessment measurement) (completed 2017). By June 2021, decrease the percentage of adults in the county who are overweight or obese (BMI ≥ 25) from 64.9% to 62.9%. By December 31, 2019, decrease the percentage of youth in first grade who are 	Nursing (Rose Parker, Director) / Accreditation & Human Services (Julianne Price, Manager)



Strategic Priorities	Goals	Objectives	Organizational Unit
		<p>overweight or obese from 29% to 24%.</p> <ul style="list-style-type: none"> By December 31, 2019, decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day from 16.8% to 11.8%. 	
	<p>Increase COVID-19 education to vulnerable populations throughout Indian River County</p>	<ul style="list-style-type: none"> By December 1, 2021 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 By August 30, 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 	<p>Environmental Health Division (Julianne Price, Manager)</p>
<p>Environmental Stewardship</p>	<p>Improve Indian River County's natural environment</p>	<ul style="list-style-type: none"> Actively participate and aid in efforts to decrease the total nitrogen and phosphorous levels in the Central Indian River Lagoon to levels determined by the Central Indian River Lagoon Basin Management Action Plan (BMAP), or less by December 31, 2020, as identified by current scientific recommendations. By December 31, 2020 maintain an Annual Comprehensive Environmental Health Score (ACEHS) of $\geq 85\%$ (completed 2018; 94.6%). 	<p>Environmental Health Division (Julianne Price, Manager)</p>
	<p>Improve Indian River County's built environment</p>	<ul style="list-style-type: none"> Perform one county wide walkability assessment with low income identifiers by December 31, 2018. Adopt and implement a Complete Streets Policy by December 31, 2019. 	<p>Accreditation & Human Services (Julianne Price, Manager)</p>
	<p>Strengthen public health infrastructure</p>	<ul style="list-style-type: none"> Maintain DOH-Indian River's strategic planning process, with measurable goals and objectives to guide our activities, that is communicated to our stakeholders by December 31, 2020. Assess progress toward goals annually. Conduct 8 Performance Management Council meetings annually to support and govern a continuous quality improvement culture by December 31, 2019. 	<p>Quality Improvement and Workforce Development (Stacy Haas, Coordinator) / Public Health (Miranda Hawker, Officer) / Accreditation & Human Services (Julianne Price, Manager)</p>



Strategic Priorities	Goals	Objectives	Organizational Unit
Organizational Excellence: Effectiveness, Efficiency and Sustainability		<ul style="list-style-type: none"> Utilize the NACCHO Roadmap to a Culture of Quality Improvement and conduct an annual assessment to measure progression from phase 4 to phase 5 by December 31, 2019. Submit documents for accreditation annual report to DOH (Tallahassee) by March 31, 2020. 	
	Provide excellent customer service	<ul style="list-style-type: none"> Maintain a “satisfactory” or better rating for ≥90% of customer satisfaction surveys completed by December 31, 2020. Utilizing quality improvement tools, implement an action plan for reducing adult clinic wait time by July 31, 2017. 	Quality Improvement and Workforce Development (Stacy Haas, Coordinator)
	Operate in a fiscally efficient and sound environment	<ul style="list-style-type: none"> By July 31, 2017, 100% of DOH-Indian River’s departments and/or divisions will operate within their annual operating budget. By December 31, 2020, 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. By December 31, 2020, Schedule C other cost accumulation (OCA) cash balances are managed to ensure State General Revenue and Trust Funds do not have negative cash balances 100% of the time. 	Business (Mayur Rao, Manager)
	Develop, sustain and improve a competent and engaged workforce	<ul style="list-style-type: none"> By March 31, 2017, develop a worksite wellness action plan to implement at DOH-Indian River. By December 31, 2019, all DOH-Indian River staff shall complete one employee development training. By December 31, 2020, implement one quality improvement project annually which is based upon feedback from the employee satisfaction survey. 	Quality Improvement and Workforce Development (Stacy Haas, Coordinator)



2020 Progress and Revisions

Strategic Priority 1: Access to Public Health Services

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

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
1.1.1	By June 30, 2021 improve access to dental care by increasing the number of sealants received in schools by 10%.	342	Reductions in staff that have impacted these numbers. 2017 at 342. 2018 at 275. 2019 at 59.	377	2018	▼	<i>Not Completed</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	2018	▲	<i>Completed</i>
2021 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							

Goal 2: Reduce teen pregnancy

2020 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	17.1%	December 31, 2019	▼	<i>Not Completed</i>
2021 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



Goal 3: Reduce infant mortality

2020 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	▼	Completed
1.3.2	By December 31, 2019, increase annual percent of entry into prenatal care in the 1 st trimester by 5%.	81.7%	Achieved in 2017. 81.7 % in 2017; 2016 = 71.6 %.	71.7%	December 31, 2019	▼	Completed
1.3.3	By June 30, 2021, increase annual percent of birth mothers with healthy weight by 5%.	42.2%	2019 = 35.85% 2018 = 38.9% 2017 = 39% 2016 = 42.3% 2015 = 42.2%.	47.2%	December 31, 2019	▼	Not on Track
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	▼	Completed
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							

Progress in 2020

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 these and other numbers such as the birth rate- our birth rate has decreased from 2015-2019. This service like other primary care services is not ongoing and therefore considered completed. Despite these drawbacks we have 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. Prenatal care and healthy weight initiatives continue to be challenging. DOH-IR partners with entities and works with vulnerable populations to improve health access. Black infant mortality rate reduction will be addressed through continued partnership with NAACP and Healthy Start. SNAP-ED is also critical 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 1.1.1, the DOH communicated with the county school board monthly to obtain the number of sealants received in schools. For objective 1.1.2, mental health screenings performed in schools were obtained by through communication with the county



school board and monitoring of FL CHARTS website. The same method was used to monitor teen birth rate (which was objective 1.2.1). 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 next objective was 1.3.3, which was the annual percent of birth mothers with who were at a healthy weight 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 form STDs and HIV/AIDs

2020 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	N/A	▲	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%	N/A	▲	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	N/A	▲	Completed
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



Goal 2: Prevent disease and injury

2020 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	N/A	▼	Completed
2.2.2	By December 31, 2020 have ≥ 90% of 2-year-old DOH-Indian River clients be fully immunized.	100	2018= 92.3% for county 100% for DOH-IR clients.	90	N/A	▲	Completed
2.2.3	By December 31, 2020 DOH-Indian River 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%	N/A	▲	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%	Every four years	▲	Completed
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



Goal 3: A community prepared for all hazards

2020 Performance							
Objective Number	Objective	Baseline	Performance	Target Value	Target Date	Trend	Status
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	▲	Completed
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%	Within 30 days of any new hire	▲	Completed
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							

Progress in 2020

Outreach events went from 16 in 2017 to 22 in 2018, and three were completed in 2019 due to a reduction in staffing. In 2020, five were completed within the first three months (prior to COVID-19 restrictions). The health department has prioritized core public health over primary care because of 2019 reduction in staff. 100% of HIV positive patients are linked with documentation. TB patients were 100% treated in the year 2019. 100% of 2-year olds were immunized in 2018. In 2020, all DOH-IR staff are trained with ICS. New hires complete the training within 30 days of hire. Each year DOH-IR does Special Needs Shelter (SpNS) training or an actual activation. Fit testing is currently at about 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 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 of care and disease. The DOH-IR’s medical records and communicable disease departments aided in fulfilling the objective. For the next objectives (2.2.1, 2.2.2, 2.2.3, & 2.2.4), the DOH communicated with local practitioners and internally monitored TB therapy, immunizations, epidemiology measures (as well as the overall composite score), and fit testing. The final



objectives (2.3.1 & 2.3.2) for this priority were only pertaining to DOH employees, and the objectives here were monitored monthly through the FL TRAIN website and annually at special group a group meeting/training session for Special Needs Shelter support.

Strategic Priority 3: Community Health Planning

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

2020 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	Annual	▲	Completed
3.1.3	By June 30, 2021, decrease the number of fall-related hospitalizations among adults age 55 or older by 5%	670 (2016 baseline data).	2019 count 794 2018 count of 722. 2017 count 666 2016 count 670.	636	January 31, 2019	▲	Not on Track
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	June 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
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



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

2020 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
3.2.2	By June 30, 2021, decrease the percentage of adults in the country who are overweight or obese (BMI ≥25) by 2%.	64.9%	Only have 2016 data (3-year cycle). 64.9% FLDOH-IR will continue to partner with agencies to improve results	62.9%	December 31, 2019	▲	Not on Track
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

2020 Revisions							
3.3.1	By December 1, 2021 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	0	A COVID-19 Health Education Campaign QI program is in progress utilizing FSU Medical Interns	1	December 1, 2021	▲	<i>On Track</i>
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	▲	<i>Completed</i>
Rationale							
The objectives were created to address the needs of the county's population as a result of the COVID-19 pandemic, targeting the needs of under resourced communities.							

Progress in 2020

Most objectives are on schedule or have been completed in this priority, and the obesity-related adult objectives have been challenging to "move the needle" in the right direction. Our community health assessment planning is going very well. With the utilization of the baby friendly funding, there has been success in increasing black mothers who are breastfeeding numbers. Efforts will continue for monitoring the fall-related hospitalization data and 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. COVID-19 Outreach has assisted non-profit organizations, underserved communities, migrant labor camps and included partnerships with county agencies and Florida State University Medical School.

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 on a monthly basis. 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. For the next 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%).

Strategic Priority 4: Environment Stewardship

Goal 1: Improve Indian River County’s natural environment

2020 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.	2020BMAP 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
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



Goal 2: Improve Indian River County’s built environment

2020 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
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							

Progress in 2020

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. 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 and action planning is occurring with the results of the survey. Environmental Health staff have been actively engaged throughout 2020 through participation with healthy Indian River Lagoon efforts as well to include serving as board members and technical assets.

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-Indian River communicated with the Florida Department of Environmental protection to aid in improving the Central Indian River Lagoon Basin Management Action Plan (BMAP) in order 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. 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

2020 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 annual 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
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



Goal 2: Provide excellent customer service

2020 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
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							



Goal 3: Operate in a fiscally efficient and sound environment

2020 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. 2	By June 30, 2021, 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	Federal Funds have a zero balance within 60 days of end of grant period	100%	December 31, 2020	▲	On Track
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
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A



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

2020 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- IR	0	Completed.	1	March 31, 2017	▲	Completed
5.4.2	By December 31, 2020 all DOH-IR staff shall complete annual employee development training	0	Completed in 2019 and 2020	1	December 31, 2019	▲	Completed
5.4.3	By December 31, 2020, implement one quality improvement project annually based upon the employee satisfaction survey.	0	QI Project - Improve employee morale.	1	N/A	▲	Completed
2020 Revisions							
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Rationale							
N/A							

Progress in 2020

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 2019/2020. The NAACHO Roadmap is on schedule; in April 2018 the DOH- IR PMC completed a formal assessment utilizing the Roadmap. 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. 2020/21 projects include COVID-19 education campaign in under resourced communities, improve DOH-IR phone service, update DOH-IR stakeholder database and a project focused on sharing best practices. As of December 2020, customer satisfaction data is above 90%. 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. In 2019 and 2020, all staff complete at least one development training.

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. 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 were monitored internally through survey data and completion of a QI project. All objectives in this last section (5.3.1, 5.3.2, & 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.

Trend and Status Descriptions

*Trend 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

**Status Descriptions:

- **On Track** = objective progress is exceeding expectations or is performing as expected now.
- **Not on Track** = objective progress is below expectations now.
- **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.



Appendix A: Strategic Planning Committee Members

The Florida Department of Health in Indian River County County Strategic Planning Committee Members as of October 11, 2019

The DOH-Indian River **Performance Management Council** (PMC) includes:

- Miranda Hawker, Health Officer
- Rose Parker, Nursing Director
- Mayur Rao, Business Manager
- Julianne Price, Environmental Health Manager
- Cheryl Dunn, Indian River County Environmental Control Officer
- Molly Steinwald, Community Improvement Manager. Accreditation Lead

The **Quality Improvement Committee** (QIC) includes:

- Brenda Bennett, Registration Clerk
- Rebeca Padilla, Staff Assistant
- Cindy Boyle, Medical Records Supervisor
- Cathy Papitto, Accountant II
- Joni Gathmann, WIC Supervisor
- Rose Parker, Nursing Director
- Michael Gray, Purchasing Agent III
- Julianne Price, Environmental Health Manager
- Miranda Hawker, Health Officer
- Holly Roberson, Environmental Specialist I
- Sarah Howard, Senior Clerk, Administration
- Lisa Schutt, SCHN Supervisor
- Margaret Kearney, Performance Improvement Manager
- Molly Steinwald, Community Improvement Manager. Accreditation Lead
- Bonnie Kemp, Government Operations Consultant I
- Fatima Zayas, Clinical Services, Outreach

Finally, the **Expanded Management Team** includes:

- Cindy R Boyle, Medical Records Supervisor
- Stephen A Marion, Information Technology
- Stacy S Brock, Emergency Preparedness Coordinator & Public Information Officer
- Avie Rose Parker, Nursing Director
- Cheryl L Dunn, Indian River County Environmental Control Officer
- Deanna Z Parker, Accounting Supervisor
- Joni I Gathmann, WIC Supervisor
- Julianne Price, Environmental Health Manager
- Miranda C Hawker, Health Officer
- Mayur K Rao, Business Manager
- Nancy A Knox, SCHN Supervisor
- Lisa D Schutt,, SCHN Supervisor
- Vonnie L Lindsey, Administrative Assistant



Appendix B: Planning and Monitoring Summary

Planning Summary

Florida Department of Health in Indian River County’s Strategy and Performance Improvement Leadership (SPIL) Team, made up of leadership, Quality Improvement Liaison, and planners, oversaw the development of the Strategic Plan.

NOTE: The SPIL team named changed to the Performance Management Council or the PMC in late 2018.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
July 16, 2019	Establish timeline for strategic plan review
June 28, 2018	SWOT Analysis
Aug. 29, 2018	Review strategic issue areas and goals for Agency Strategic Plan
Sept.15, 2018	Discuss and modify draft Agency Strategic Plan
Oct. 10, 2018	Review final draft of Agency Strategic Plan goals and objectives
Set. 17, 2019	Review of SWOT Analysis, strategic issue areas within the Strategic Plan
Oct. 9, 2019	Review final draft of Agency Strategic Plan and its Annual Report - goals and objectives and updating any if necessary
Nov. 12, 2019	Review of Strategic Plan Annual Report
Jan. 27, 2020	Final review of Strategic Plan Annual Report
Nov. 24, 2020	Quarterly review of CHA, CHIP, SP and WFD

In preparation for the SWOT analysis, staff from DOH-IR summarized data from the Community Health Assessment, the Community Health Improvement Plan, the Employee Satisfaction Survey, and customer satisfaction data. Further, they looked at the following data sets and sources:

- financial data from the county,
- key stakeholder interviews,
- The County’s Profile (<http://edr.state.fl.us/Content/area-profiles/county/indianriver.pdf>)
- FL CHARTS (<http://www.flhealthcharts.com/charts/default.aspx>)



- 2020 DOH-IR Community Health Assessment
- 2016-2020 Agency Strategic Plan
- 2016-2020 DOH-IR Strategic Plan
- Numerous other FL CHARTS profiles and county snapshot data sets

DOH-IR County staff presented their environmental scan to the Performance Management Council (PMC), who reviewed the findings and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these findings. They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in their SWOT meeting.

PMC Team members then used the SWOT analysis by focusing on emerging trends, diseases, and technologies, and analyzing the agency mission, vision and values to choose strategic issue areas and agency goals. Emerging trends in the 2019 year include a Hepatitis A outbreak over the summer, increased data sources, and decreased funding which has led to staff reduction. In 2020, the emerging trend was the COVID-19 pandemic, which has led to increased demand for monitoring, testing and tracing services.

Members arrived at the final strategic issue areas: access to public health care services, protect health and prevent disease, environmental stewardship, community health planning and organizational excellence. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area, which were then routed back to the PMC Team for comment and approval.

Monitoring Summary

The PMC Team is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item. On a quarterly basis, the SPIL Team will review quarterly Strategic Plan Tracking Reports, showing progress toward goals, and annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. DOH-IR revises the Strategic Plan based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.

Appendix C: Stakeholder Engagement

The Florida Department of Health in Indian River County has been working diligently to maintain transparency throughout the Strategic planning process. Miranda Hawker, Julianne Price, Molly Steinwald and numerous other health department staff have engaged community stakeholders through numerous channels. Some key activities include community meetings, public presentations, community workshops and staff holding positions on community boards and committees.

Evaluations are periodically performed throughout the year with community stakeholders and groups to determine the effectiveness of the level and quality of community engagement. An annual meeting with local stakeholders is held as well. The following events in 2020 included evaluations of programs and services:

- Jan. 2020: SNAP-ED survey following up to the Fall 2019 survey W. Wabasso after school program participants
- Feb. 2020: National Black HIV Awareness Day
- Mar. 2020: Children's Services Advisory Committee
- Jun. 2020: United Way – COVID-19 Revenue Distribution, Unmet Needs Meeting
- Oct. 2020: COVID-19 Education survey of W. Wabasso after school program participants
- Dec. 2020: Senior Collaborative, Community & Health Services Group Meeting
- Dec. 2020: PACE-EH program community engagement and initial survey distribution for residents of W. Wabasso



Appendix D: Priority and Goal Alignment with State and Local Plans

SP Priority	QI Project	Plan Alignment	Aligned Priorities
Strategic Priority 1: Access to Public Health Services - Improve access to health care for uninsured and underinsured (Goal #1)	Local Administrative (Clinic): Create Process for New Patient Portal to Meet Meaningful Use	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<u>SHIP</u> <ul style="list-style-type: none"> Health Equity, Goal #2 (Strategy HE1.2) <u>FDOH Agency Strategic Plan</u> <ul style="list-style-type: none"> Health Equity, Goal 1.1 (Ensure Floridians in all communities will have opportunities to achieve healthier outcomes)
	Local Administrative: Improve our Internet Website ADA Compliance	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan	<u>SHIP</u> <ul style="list-style-type: none"> Health Equity, Goal #3 (Strategy HE3.2) <u>FDOH Agency Strategic Plan</u> <ul style="list-style-type: none"> Health Equity, Goal 1.1
Strategic Priority 1:	N/A	<input type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan	<u>CHIP</u> <ul style="list-style-type: none"> Infant Mortality, Goal 1, 2 (Improve access to prenatal



SP Priority	QI Project	Plan Alignment	Aligned Priorities
<p>Access to Public Health Services - Reduce teen pregnancy (Goal #2) and reduce infant mortality (Goal #3)</p>		<p><input checked="" type="checkbox"/> Community Health Improvement Plan</p> <p><input checked="" type="checkbox"/> State Health Improvement Plan</p> <p><input type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p>care, Reduce disparities in infant mortality)</p> <p><u>SHIP</u></p> <ul style="list-style-type: none"> • Maternal & Child Health, Goal 1
<p>Strategic Priority 2:</p> <p>Protect Health and Prevent Disease - Prevent exposure, infection and disease related complications from STDs and HIV/AIDS (Goal #1), and to prevent disease and injury (Goal #2)</p>	<p>Programmatic: Epidemiology Increase Hepatitis A Vaccination</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input checked="" type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>SHIP</u></p> <ul style="list-style-type: none"> • Sexually Transmitted Diseases and other infectious diseases, Goal #3 <p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> • Priority 3: Readiness for Emerging Health Threats • Goal: Demonstrate readiness for emerging health threats
<p>Strategic Priority 2:</p> <p>Protect Health and Prevent Disease - A community</p>	<p>Programmatic: Public Health Preparedness Create Gifford Emergency</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input checked="" type="checkbox"/> State Health Improvement Plan</p>	<p><u>SHIP</u></p> <ul style="list-style-type: none"> • Sexually Transmitted Diseases and other infectious diseases, Goal #3



SP Priority	QI Project	Plan Alignment	Aligned Priorities
<p>prepared for all hazards (Goal #3)</p>	<p>Preparedness Plan</p>	<p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> Priority 3: Readiness for Emerging Health Threats Goal: Demonstrate readiness for emerging health threats
<p>Strategic Priority 3:</p> <p>Community Health Planning - Improve public health outcomes through effective collaboration with community partners (Goal #1)</p>	<p>Programmatic: Epidemiology Identify Local Healthcare Stakeholders and Providers</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input checked="" type="checkbox"/> Community Health Improvement Plan</p> <p><input checked="" type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>CHIP</u></p> <ul style="list-style-type: none"> Mental health, Goal 2: Enable messaging in the county that nurtures an individual, including children <p><u>SHIP</u></p> <ul style="list-style-type: none"> Health Equity, Goal 2: Strengthen the capacity of state and local agencies <p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> Health equity, Goal 1.1
<p>Strategic Priority 3:</p> <p>Community Health Planning - Decrease percentage of youth and adults in IRC who are overweight or</p>	<p>Programmatic: Population Based: Snap Ed – Improve Childhood Obesity</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input checked="" type="checkbox"/> Agency PMQI Plan</p> <p><input checked="" type="checkbox"/> Community Health Improvement Plan</p> <p><input checked="" type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>CHIP</u></p> <ul style="list-style-type: none"> Healthy weight Goal 1: Ensure Indian River County residents strive and sustain a healthy weight through a holistic approach. <p><u>SHIP</u></p> <ul style="list-style-type: none"> Priority 5: Healthy weight, Goal 2:



SP Priority	QI Project	Plan Alignment	Aligned Priorities
obese (Goal #2)			<p>...increase healthy weight.</p> <p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> • Priority 2: Long, Healthy Life, Goal 2.1
<p>Strategic Priority 3:</p> <p>Community Health Planning – Increase COVID-19 education to vulnerable populations throughout Indian River County</p>	<p>Programmatic: Population Based: COVID-19 Health Education Campaign</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> CHD PMQI Plan <input type="checkbox"/> Agency PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p><u>PMQI</u></p> <ul style="list-style-type: none"> • Goal 2- PHAB defined population-based projects. <p><u>CHIP</u></p> <ul style="list-style-type: none"> • Healthy weight Goal 1: Ensure Indian River County residents strive and sustain a healthy weight through a holistic approach. <p><u>SHIP</u></p> <ul style="list-style-type: none"> • Health Equity, Goal HE3 Strengthen capacity to work with vulnerable populations <p><u>ASP</u></p> <ul style="list-style-type: none"> • Priority 2, Strategy 2.1.7 Improve public health messaging about COVID-19 • Priority 3: Readiness for Emerging Health Threats.



SP Priority	QI Project	Plan Alignment	Aligned Priorities
<p>Strategic Priority 4:</p> <p>Environmental Stewardship</p>	<p>N/A</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input checked="" type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>DOH-Indian River CHIP</u></p> <ul style="list-style-type: none"> • Priority: Environmental Health • Goal 1: Improve the quality of the natural environment in Indian River County. • Goal 2: Improve Indian River County's built environment
<p>Strategic Priority 5:</p> <p>Organizational Excellence:</p> <p>Effective, Efficient and Sustainable - Strengthen public health infrastructure (Goal #1)</p>	<p>Administrative: Sharing of Best Practices</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> • Priority 4: Effective Agency Processes, Goal 4.1.3: share best practices



SP Priority	QI Project	Plan Alignment	Aligned Priorities
<p>Strategic Priority 5:</p> <p>Organizational Excellence:</p> <p>Effective, Efficient and Sustainable - Promote a culture of excellent customer service (Goal #2)</p>	<p>Customer Satisfaction: Improve Phone Customer Service</p>	<p><input checked="" type="checkbox"/> CHD PMQI Plan</p> <p><input checked="" type="checkbox"/> Agency PMQI Plan</p> <p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>PMQI</u></p> <ul style="list-style-type: none"> • Foundational Element 6: Continual Process Improvement <p><u>FDOH Agency PMQI</u></p> <ul style="list-style-type: none"> • Section 6: Systematic Approach to Customer Feedback <p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> • Priority 4: Effective Agency Processes, Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce
<p>Strategic Priority 5:</p> <p>Organizational Excellence:</p> <p>Effective, Efficient and Sustainable - Operate in a fiscally efficient and sound environment (Goal #3)</p>	<p>N/A</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> • Priority 4: Effective Agency Processes, Goal 4.1.2: Ensure balanced operational budget
<p>Strategic Priority 5:</p>	<p>Local Administrative:</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p>	<p><u>FDOH Agency Strategic Plan</u></p> <ul style="list-style-type: none"> • Priority 4, Goal 4.1

SP Priority	QI Project	Plan Alignment	Aligned Priorities
<p>Organizational Excellence:</p> <p>Effective, Efficient and Sustainable - Develop, sustain and improve a competent workforce (Goal #4)</p>	<p>Create Internal Policy Updates Process</p>	<p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input checked="" type="checkbox"/> Agency Strategic Plan</p> <p><input checked="" type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>DOH-Indian River Workforce Development Plan</u></p> <ul style="list-style-type: none"> Recruit, retain and train public health current and future public health workforce
	<p>Employee Satisfaction: Improve Employee Morale</p>	<p><input type="checkbox"/> CHD PMQI Plan</p> <p><input type="checkbox"/> Agency PMQI Plan</p> <p><input type="checkbox"/> Community Health Improvement Plan</p> <p><input type="checkbox"/> State Health Improvement Plan</p> <p><input type="checkbox"/> Agency Strategic Plan</p> <p><input checked="" type="checkbox"/> CHD Workforce Development Plan</p> <p><input type="checkbox"/> Agency Workforce Development Plan</p>	<p><u>DOH-Indian River Workforce Development Plan</u></p> <ul style="list-style-type: none"> Recruit, retain and train public health current and future public health workforce



Appendix E: Summary of Revisions to the Strategic Plan Annual Report

This is not for the revisions to the individual objectives, rather the overall changes to the document. It should be noted that a different cover page was used in the 2019 Strategic Plan Annual Report. Otherwise, all document changes will be noted here:

Page	Section	Change	Date Changed
2	A message from...	Updated County Statistics	1/11/20
4-7		Updated Budget figures	1/11/20
9	SWOT Analysis	Updated strengths, weaknesses, opportunities and threats matrix to reflect 2020 survey results	1/11/20
10	2020 Progress & Revisions Goal 3 Objective 3.1	Added COVID-19 Health Education Goal and QI project information	1/14/21
14-29	2020 Progress & Revisions	Updated status of objectives relative to the Strategic Plan	1/14/21
14	2019 Progress & 2020 Revisions, Goal 1, Objective 1.2	Updated outcome measures for mental health screening	10/22/19
30	Appendix A	Updated titles of all committee members	10/23/19
34-40	Appendix D	Updated alignment table	10/30/19
34-40	Appendix D	Updated alignment table	11/27/19
16	Strategic Priority 3	Added objective	1/28/20
10-29	Objectives	Per PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1b and c: updated objectives to SMART guidelines	1/28/20
14-29	2020 Progress & Revisions	Updated status of objectives relative to the Strategic Plan	1/25/21
33	Appendix C Stakeholder Engagement	Updated stakeholder meetings	1/25/21