



COMMUNITY HEALTH IMPROVEMENT PLAN 2016–2020 Florida Department of Health in Hillsborough County

Revised January 2018





Mission

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

Vision

To be the healthiest state in the nation.

Values (ICARE)

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

Principles

Honesty, Fairness, Devotion, Courage, and Excellence

TABLE OF CONTENTS

INTRODUCTION	2
SUMMARY OF COMMUNITY HEALTH ASSESSMENT	5
CONFIRMING COMMUNITY PRIORITIES	7
CHIP REVISIONS	8
ACTION PLANS	9
PRIORITY AREA 1: ACCESS TO CARE	9
PRIORITY AREA 2: BEHAVIORAL HEALTH	11
PRIORITY AREA 3: OBESITY	14
PRIORITY AREA 4.1: HEALTHY MOMS AND BABIES	16
PRIORITY AREA 4.2: HEALTHY MOMS AND BABIES	17
PRIORITY AREA 5: HILLSBOROUGH HEALTH LITERACY INITIATIVE	19
CHIP MONITORING PLAN	20
CHIP ALIGNMENT WITH INTERNAL PLANS AND INITIATIVES	24
CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS	25
CHIP ALIGNMENT WITH PARTNERS’ PLANS AND INITIATIVES	28
APPENDIX	29

INTRODUCTION

The Florida Department of Health in Hillsborough County (DOH–Hillsborough) completes a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) every 3 – 5 years. The current CHA, *Florida Department of Health – Hillsborough Community Health Assessment 2015/2016*, was developed by DOH–Hillsborough staff with the assistance of Legacy Consulting Group. Completing the assessment involved input from many community members and partners. The CHA included assessing the Community Health Status, Community Themes and Strengths, Forces of Change, and the Local Public Health System to determine the overall health of the community. The Community Health Status Assessment was done using secondary data analysis from sources including Florida CHARTS, the US Census Bureau, and the Robert Wood Johnson Foundation. The Community Themes and Strengths Assessment was completed using primary data gathered by administering a community survey, conducting focus groups, and completing key-informant interviews. The survey questionnaire administered to community residents, as well as the questions used to lead focus groups and key-informant interviews, are included in the CHA. Results from the four assessments were used to determine priority areas for the county. The CHIP was created with action plans for partners to work on over a three year period, to address the priority areas identified in the CHA, and to improve the community’s health. The completed CHA report with the background, methods, assessment results, and list of assets and resources can be found at <https://hillsborough.floridahealth.gov>.

The CHA and CHIP were completed using the guidelines set out in the National Association of County and City Officials’ (NACCHO’s) Mobilizing for Action through Planning and Partnerships Model (MAPP).

Healthy Hillsborough was formed in October 2015 as a collaboration between DOH–Hillsborough, Florida Hospital, Moffitt Cancer Center, St. Joseph’s Hospitals and South Florida Baptist Hospital, Suncoast Community Health Centers, Tampa Family Health Centers, Tampa General Hospital, and Shriners Hospitals for Children – Tampa. The collaborative was established to complete a comprehensive Community Health Assessment (CHA)/Community Health Needs Assessment (CHNA) and to identify opportunities for collaboration to collectively impact and improve the health of Hillsborough County.

The Healthy Hillsborough collaborative, along with more than 140 community partners and stakeholders met on April 1, 2016 to identify priority areas to focus on for the next three years. During this *Strategizing for a Healthy Hillsborough* meeting, attendees brainstormed and ranked current issues facing the County to identify priority areas. The

INTRODUCTION

three Priority Areas identified include: Access to Care, Behavioral Health, and Obesity. The four themes of Encourage Healthy Behaviors, Prioritize Racial and Ethnic Health Disparities, Improve Health Collaboration, and Address the Social Determinant of Health, were interwoven throughout the three Priority Areas and will be systematically addressed within a three year plan as part of the individual CHIP action plans. Figure 1 below demonstrates the relationship between the identified priority areas and themes. A fourth priority area, Healthy Moms and Babies, focused on infant mortality, and was added as a result of the Florida Department of Health’s statewide Florida Healthy Babies (FHB) Initiative. FHB is a health equity focused initiative that aligns with DOH–Hillsborough’s greater vision to achieve health equity in the county through addressing health disparities and the social determinants of health.

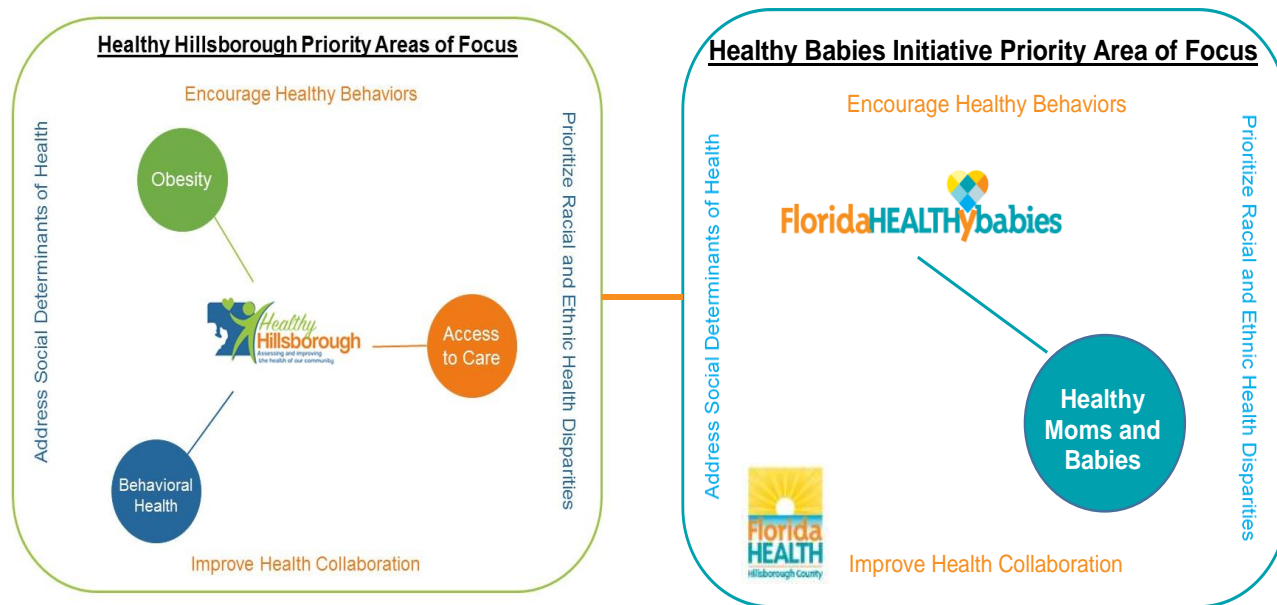


Figure 1: CHIP Priority Areas of Focus

Table 1: DOH–Hillsborough CHIP Priority Areas and Goals

CHIP Priority Areas	Goals
Access to Care	Increase access to health insurance among eligible individuals in Hillsborough County
	Understand transportation–related issues in accessing health care in Hillsborough County
Behavioral Health	Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County
Obesity	Increase participation in Evidence–Based Interventions for obesity
Healthy Moms and Babies	Eliminate or reduce infant mortality by increasing pregnancy interval to greater than 18 months
	Eliminate or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue
Hillsborough Health Literacy Initiative	Impact health inequities by addressing low health literacy

SUMMARY OF COMMUNITY HEALTH ASSESSMENT

The Mobilizing for Action through Planning and Partnerships Model (MAPP) model was the framework used for the CHA process.

Community Health Status Assessment: This assessment was conducted using secondary data to determine the health status of Hillsborough County and compare its performance in relevant indicators to peer counties. In many indicator measures, Hillsborough County did not perform as well as peer counties; however, in many of these same measures, the County has shown improvement since the previous CHA. Notable is the improvement in the rate of violent crime in the County. Disparities in health outcomes across race/ethnicity can be seen in many measures including modifiable behaviors, infant mortality, and adult health.

Community Themes and Strengths Assessment: Key informants mostly reported that Hillsborough County is a “great place to live” due to weather, cultural diversity, availability of health care providers and academic institutions. Survey participants mostly viewed themselves and their community as being healthy; however, they noted that the cost of health care and health insurance persist as barriers for those who were unable to access health care. They also identified obesity, cancer, and aging problems as the most important health problems facing the community. Survey respondents and focus group participants answered uniquely in identifying the most important health issues currently facing the community. Survey respondents did not perceive access to health care as importantly as did the focus group participants, and they ranked obesity as the most important health issue. A smaller percentage of these respondents identified obesity as the most important health issue when compared to the percentage of focus group participants who identified obesity as the most important health issue. However, focus group participants did not mention mental health issues as very important while survey participants did. And neither group identified infant health as an important issue.

Local Public Health System Assessment: This involved scoring the local public health system in its performance of the Essential Public Health Services. Overall, the system scored 69.4%, indicating that the agencies and organizations that make up the system perform a *significant number* of Essential Public Health Service activities. Three areas scored *optimum activity level*, which is the highest level of activity; however, opportunities for improvement exist in the overall local public health system.

Forces of Change Assessment: This assessment was conducted in April 2016 to determine the external changes that may affect the community, and the opportunities and potential threats that are associated with these changes. Major forces of change identified by the Healthy Hillsborough Collaborative include: political change/policy consequences, the affordability and access to health care, social determinants of health, care coordination and collaboration, shifts and changes in population, and the opportunity for Medicaid expansion.

The results of the Community Health Status Assessment, Community Themes and Strengths Assessment, and the Local Public Health System Assessment were presented at a community stakeholder meeting in April 2016. At this meeting, the Forces of Change Assessment was completed. From these four assessments, the top ten health issues were identified with Access to Care, Behavioral Health and Obesity selected as the key priorities. DOH–Hillsborough staff also included a fourth priority area to the CHIP, Healthy Moms and Babies. This was included to align with the Florida Healthy Babies initiative.

The complete CHA report with the background, methods, assessments results, and the list of assets and resources can be found at <https://hillsborough.floridahealth.gov>.

CONFIRMING COMMUNITY PRIORITIES

DOH-Hillsborough conducted a CHIP outreach project, *Confirming Community Priorities (CCP)* between May and July, 2017. The goals of the project were to inform residents about CHIP priority areas and solicit feedback on these and other health issues for DOH-Hillsborough. A brief visual survey was administered to over 700 community residents at 18 different locations throughout the county including the Ybor Saturday Market, Libraries & other community events (Figure 2). Over 80% of respondents affirmed that Access to Health Care, Mental Health & Substance Abuse and Obesity are important health issues in the county and that DOH-Hillsborough should be focused on them. Fewer respondents affirmed that Infant Mortality is an important issue in the county.



Figure 2: Residents Completing the Visual Survey at CCP Event

CHIP REVISIONS

This version of the CHIP is entitled *COMMUNITY HEALTH IMPROVEMENT PLAN 2016–2020*, reflecting the currently used 5 year MAPP cycle.

To address the lack of awareness of the importance of infant mortality in assessing our community's health, DOH-Hillsborough made changes to the language it uses in official communication. *Infant Death* will be used to refer to the death of an infant occurring between birth and 1 year.

In November 2017, DOH-Hillsborough launched a Health Literacy Initiative with the goal of creating an action plan by June 2018 to address health literacy in the community. This action plan has been included in the CHIP as priority area five.

Action plans were updated to reflect current members. New and past members are identified in the Appendix. Action plan monitoring will highlight the overarching themes of Health Equity, Encourage Healthy Behaviors, and Improve Health Collaboration. The monitoring tool has been updated to reflect this.

The tables demonstrating DOH-Hillsborough CHIP alignment with various plans and initiatives at the local, state and national levels, have been updated. The Healthy Moms and Babies action plans were removed, as one of these action plans is complete and the other has been discontinued. Tables also reflect a change in strategy of the Access to Care workgroup, and demonstrate alignments with the Hillsborough Health Literacy Initiative.

ACTION PLANS

The results of MAPP assessments, community discussions and a review of assets, were used by partners to create the action plans for the CHIP priority areas of focus. Healthy Hillsborough Steering Committee members serve as co–chairs and held meetings with relevant partners to identify the goals, objectives and other components of the actions plans. This was also done for the Healthy Moms and Babies action plans with input from DOH–Hillsborough staff and the Florida Healthy Babies workgroup. The resulting action plans are presented below. Evidenced–based, practice–based, or promising practices were considered for each action plan as well as policy and system changes needed to accomplish action steps or objectives.

Priority Area 1: Access to Care					
Action Plan Workgroup Co–Chairs: Jenna Davis and Sonia Goodwin					
Action Plan Workgroup Members: Keri Eisenbeis, Stefanie Alt and Debi Hines – Baycare; Liza Cruz Cepeda – Crisis Center of Tampa Bay; Allison Nguyen – DOH-Hillsborough; Melanie Hall – Family Healthcare Foundation; Artie Fryer – Hillsborough County; Jenna Davis – Moffitt Cancer Center; Laura Resendez, Sherri Gay, and Sonia Goodwin – Suncoast Community Health Centers, Inc.; Tamika Powe, Kimberly Brown – Tampa General Hospital					
Relevant Indicators: % of individuals under 65 years old who are uninsured in Hillsborough County (200,532;17.8% in 2014 (U.S. Census Bureau Small Area Health Insurance Estimate))					
Goal: Increase access to health insurance among eligible individuals in Hillsborough County					
SMART Objective: By September 30, 2019, reduce the percentage of uninsured individuals under 65 years old in Hillsborough County by 2%.					
Strategy: Implement outreach and advocacy efforts for health insurance coverage					
Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Assess current navigation resources throughout Hillsborough County	Jenna Davis, Sonia Goodwin, Melanie Hall	Staff time, technology	Inventory of navigation resources	October 1, 2016	March 31, 2017
Create and distribute educational videos about insurance and enrollment criteria information	All team members	IT assistance	Series of videos	April 1, 2017	April 1, 2018

ACTION PLANS

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Update 211 to reflect health insurance information and promote resource across the community	Liza Cruz Cepeda, Jenna Davis, Artie Fryer, Sherri Gay	Key partners	Updated 211 resource (annually)	October 1, 2016	September 30, 2019
Review and track the U.S. Census Bureau's Small Area Health Insurance Estimates for uninsured data	Jenna Davis, Sonia Goodwin	SAHIE database	Inventory of SAHIE uninsured data (annually)	October 1, 2017	September 30, 2019

PROGRESS TO DATE

The Access to Care workgroup initially focused on increasing access to health insurance among eligible individuals in Hillsborough County by implementing outreach and advocacy efforts for health insurance coverage. Due to the uncertainty surrounding the Affordable Care Act (ACA), the action plan activities were adjusted to focus broadly on information and guidance for navigating the system, thereby improving access to needed services. The workgroup has developed training videos aimed at helping the public to navigate various aspects of access including *Preventative care*, *Where Can You Go Besides the ER?* *Can I get covered?* and *What to do after you have made your appointment?* English & Spanish versions of videos have been completed. Creole versions of the videos are currently in production. Despite these changes the year one target of reducing the number of uninsured persons under 65 years old in Hillsborough County from 200,532 (17.8%) to 169,320 (14.7%) has been met.

The Access to Care workgroup acknowledged that issues related to transportation would factor into this priority area. However, a complete framework within which to address this component was not feasible when the workgroup was initially formed. The Healthy Hillsborough Steering Committee met on July 31, 2017 to provide action plan updates. During this meeting, pursuing a transportation-focused Access to Care action plan was also discussed. However, due to various local changes and some current transportation-related efforts that exist in Hillsborough County, the committee decided not pursue a new action plan focused on transportation at this time.

ACTION PLANS

Priority Area 2: Behavioral Health

Action Plan Workgroup Co-Chairs: Marsha Lewis-Brown and Clara Reynolds

Action Plan Workgroup Members: Jana Balicki – ACTS; Christina Bastone, Kathleen Chaykoski, Doug Leonardo, Marsha Lewis-Brown and Gail Ryder – BayCare; Michelle Whittier – Brandon Regional Hospital/HCA; Carol Eloian, Marcia Monroe and Ruth Power – Central Florida Behavioral Health Network (CFBHN); Clara Reynolds – Crisis Center of Tampa Bay; Deanna Obregon and Mary Lynn Ulrey – DACCO; Chante Shifflett – Department of Corrections; Ayesha Johnson, PhD – DOH–Hillsborough; Joe Lallanilla, Melissa Powell and Roaya Tyson – Gracepoint; Barbara Macelli – Healthy Start; Shannon Rhodes – Hillsborough County; Philip Conti – Hillsborough County Health Care; Marie Marino – Hillsborough County Public Defender’s Office; Dep. Christopher Cullinan, Ana Maria Daniels and Dep. Stephanie Krager – Hillsborough County Sherriff’s Office; Sean Powell – Moffitt Cancer Center; Heather Rohan – NAMI Hillsborough; Tina Young – Project LINK; Kimberly Browne, Juliana Castillo and Seema Weinstein, PhD – Tampa General Hospital; Ashley Wynn – Tampa Hillsborough Homeless Initiative; Officer Dan McDonald – Tampa Police Department; Joe Bohn, PhD – USF College of Public Health; Glenn Currier, MD and Saundra Stock, MD – USF Morsani College of Medicine

Relevant Indicators: Care Coordination Model drafted.

Goal: Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.

SMART Objective: By December 31, 2017, develop a Care Coordination Model for High Utilizers in Hillsborough County.

Strategy: Evaluate best practices and develop a care coordination model to address the needs of high-utilizers of behavioral health services in Hillsborough County.

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Identify and evaluate related care models & best practices	Healthy Hillsborough BH Workgroup	Key Partners	Compilation of model descriptions, key features and critical success factors	7/22/2016	9/30/2016
2) Define high-utilizers (ensure that both medical and behavioral health issues are included)	Healthy Hillsborough BH Workgroup	Key Partners	Definition of high-utilizers is drafted and approved by the Healthy Hillsborough Behavioral Health work-group	9/30/2016	12/31/2016
3) Inventory resources (including specific individuals & organizations working on similar initiatives)	Ruth Power, Marcia Monroe and/or Larry Allen (for publicly funded resources); Need leads to identify other non-public resources	Key Partners	Resource inventory document with key contact information	1/1/2017	3/30/2017

ACTION PLANS

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
4) Identify relevant data	Healthy Hillsborough BH Workgroup	Key Partners	Executive summary of data to define the current state / need	1/1/2017	3/30/2017
5) Select care coordination model for Healthy Hillsborough	Healthy Hillsborough BH Workgroup	Key Partners	Summary document to describe the proposed care model elements and structure	4/1/2017	6/30/2017
6) Establish care and coordination process and protocol	Healthy Hillsborough BH Workgroup	Key Partners	<ul style="list-style-type: none"> • Summary document to map the care coordination process • Protocol created • Protocol approved by participating providers 	6/30/2017	12/31/2017
7) Create multi-facility release	Marcia Monroe	Key Partners	Multi-facility release document and process in place for use	6/30/2017	12/31/2017
Additional Steps (if feasible)					
8) Identify potential funding sources to partner with to launch county-wide coordination model pilot	Healthy Hillsborough BH Workgroup	Key Partners & Funding Source	County-wide pilot project launched	1/1/2017	Ongoing
9) Evaluate the need for awareness campaign / Develop a communications plan to locate people in need	Healthy Hillsborough BH Workgroup	Key Partners	Awareness campaign & communications plan developed	1/1/2018	7/31/2018

PROGRESS TO DATE

The Behavioral Health workgroup is making progress toward its goal of providing the most appropriate level of care for those in need of behavioral health services in Hillsborough County. Activities included evaluating best practices, and developing a care coordination model to address the needs of high-utilizers of behavioral health services in Hillsborough County. The proposed model, *Hillsborough Coordinated Care Member Team*, was presented to the Steering Committee

on July 31, 2017. The model uses an integrated person-centered and care coordination plan that incorporates physical health and behavioral health conditions into a single treatment plan. Persons eligible for this plan have had six or more interactions with law enforcement, the emergency room and/or crisis stabilization unit within a one year period.

The workgroup is currently working on securing funding to implement this model as it would require at least two full time staff members. BayCare has committed \$50,000 in matched funds. DOH-Hillsborough has also committed \$25,000 towards this effort.

ACTION PLANS

Priority Area 3: Obesity

Action Plan Workgroup Co-Chairs: Tamika Powe

Action Plan Workgroup Members: Stefanie Alt, Danielle Mauck & Elaine Oliver – BayCare Health System; Allison Nguyen – DOH-Hillsborough; Mary Willis & Amber Windsor-Hardy – Florida Hospital-West Region; Carla Sparks & Maria Russ – Hillsborough County Public Schools; Rocio “Rosy” Bailey and Zulema Uscanga – In Season Pro; Tina Young – Project LINK, Inc.; Teresa Linder – Shriners Hospital for Children; Tamika Powe – Tampa General Hospital; Jamila Lepore – UF/IFAS Hillsborough Extension; Dawn Kita – YMCA

Relevant Indicators: Number of Participants in Evidence-Based Interventions for Obesity

Goal: Increase Participation in Evidence-Based Interventions (EBI) for Obesity

SMART Objective: By September 30, 2019, increase the number of people participating in evidence-based obesity intervention programs by 10%.

Strategy: Conduct outreach and education for obesity management and prevention classes and programs

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Inventory existing EBI obesity programs from CY 2015 to establish a baseline by recording 1) The name of the EBI program; 2) the Managing Organization of the EBI program; 3) the total number of participants in the first class for the entire year.	Obesity Work Group	The Department of Health will provide a template for each committee member to use to record our information	Inventory of Programs and Classes	June 1, 2016	October 1, 2016
Inventory existing EBI obesity programs from CY 2016 – September 30, 2019 and record 1) the name of the EBI program; 2) the Managing Organization of the EBI program; 3) the number of participants in the first class; and 4) the start date of the program.	Obesity Work Group	A template for each committee member to record their organizations relevant information	A spreadsheet will provide ongoing progress and additions on a quarterly basis	October 1, 2016	September 30, 2019

ACTION PLANS

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Date	
				Start	End
Develop and enhance relationships with partners who can help us increase the number of participants in EBI obesity programs.	Obesity Work Group	Committee Members	Number of partners who are partnering with the work group to help us accomplish the goal (annually)	October 1, 2016	September 30, 2019
Increase the number of access points for EBI Obesity programs as needed.	Obesity Work Group	Locations for access points will be needed as they become necessary	Access points are available, accessible and appropriate locations. (annually)	October 1, 2016	September 30, 2019
Increase healthcare provider awareness of work group's EBI Obesity programs.	Obesity Work Group	1) DOH website access for program originator link postings, with programs added as needed 2) A card directing patients/participants to the DOH website for access to EB-obesity-focused programs in the community	Cards are being distributed to healthcare providers (yes/no; annually)	October 1, 2016	September 30, 2019
Evaluate outcomes	Obesity Work Group	Work group members and evaluation tool	Completed evaluation (annually)	October 1, 2017	September 30, 2019

PROGRESS TO DATE

The Obesity workgroup continues to see an increase in participation in Evidence-Based Interventions (EBIs) for obesity. The workgroup conducts outreach and education for obesity management and prevention classes and programs. To date there have been 1,589 participants in the various programs, representing approximately 75% of the year one target of 2,145.

ACTION PLANS

Priority Area 4.1: Healthy Moms and Babies

Action Plan Workgroup Chair: Ivonne Hernandez

Action Plan Workgroup Members: Florida Healthy Babies Workgroup

Relevant Indicators: 3 Evidence-based strategies to increase access to Long Acting Reversible Contraceptives (LARC's); Host a community meeting to share findings

Goal: Eliminate or reduce infant mortality by increasing the pregnancy interval to greater than 18 months

SMART Objective: By December 31, 2018, identify a minimum of three evidence-based strategies to increase access to LARC's.

Strategy: Research/Assessment – Identifying best models and best practices that increase access to LARCs

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Research Colorado and other best practices for increasing access to LARC's	Ivonne Hernandez – USF Health	USF faculty, DOH staff	A summary identifying a number of best practices	October 31, 2016	March 31, 2017
2) Identify a minimum of three strategies that increase access to LARCs.	Florida Healthy Baby Partners	Florida Healthy Baby Partners	3 best practices are identified	April 30, 2017	May 31, 2017
3) Host a community meeting to share findings with partners who can advocate for policy changes or increased resources and/or implement best practice model	Sophia Hector - DOH	DOH staff and Florida Healthy Baby Partners	Community meeting convened.	June 30, 2017	October 31, 2017

ACTION PLANS

Priority Area 4.2: Healthy Moms and Babies

Action Plan Work Group Co-Chairs: Sophia Hector, Tara Spiller

Action Plan Work Group Team Members: Dr. Leslene Gordon, Sophia Hector, Allyson Sison, Noemi Padro, Bonnie Watson, Dr. Ayesha Johnson, Susan Schmidt, Tara Spiller, Meghna Desai

Relevant Indicators: Implemented Social Marketing Campaign

Goal: Eliminate or reduce infant mortality by raising awareness on infant mortality and morbidity as an important health issue.

SMART Objective: By December 31, 2018 create a county-wide social marketing campaign to raise awareness on infant mortality and provide education on preventative strategies to reduce infant mortality.

Strategy: Social Marketing and Education

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Research to identify any existing social marketing campaigns that raises awareness on infant mortality and provide education on preventative strategies.	Allyson Sison	Access to scholarly publications and public documents, DOH Staff	Summary of existing plans	October 1, 2016	March 31, 2017
2) Select an existing campaign or develop a campaign	CHIP Workgroup	DOH staff	Identified campaign or agency who will develop a campaign	March 1, 2017	July 31, 2017
3) Identify resources to implement social marketing campaign	CHIP Workgroup	Funding opportunities, DOH Staff	List of funding opportunities Complete any applications to acquire funding	May 1, 2017	June 30, 2018
4) Implement social marketing campaign and/or social media campaign	CHIP Workgroup	DOH Staff Acquired funding for campaign Vendor	Request for Proposal Contract Social marketing campaign	July 1, 2018	December 31, 2018

PROGRESS TO DATE

The priority area Healthy Moms and Babies was included in the CHIP because of Hillsborough County's infant mortality rate inequities, and to align with the statewide Florida Healthy Babies (FHB) initiative. The goal of this action plan is to eliminate or reduce infant mortality by increasing the interpregnancy interval to greater than 18 months through research and assessment. DOH-Hillsborough engaged Dr. Ivonne Hernandez from USF Health's College of Nursing to identify three best practices that increase access to Long Acting Reversible Contraceptives (LARCs). The strategies identified were increasing education on LARCs, immediate post-partum insertion, and identifying barriers to LARC access. Action plan 4.1 has been completed.

The Florida Department of Health launched a statewide initiative to address infant mortality through social marketing and education. To not duplicate efforts, DOH-Hillsborough decided to discontinue action plan 4.2 focused on social marketing and education.

DOH-Hillsborough continues to participate in the statewide Florida Healthy Babies (FHB) initiative and is currently working on an action plan created for phase III of this initiative. Additionally, DOH-Hillsborough was chosen to participate in the Enhanced Breastfeeding project, which is part of the FHB initiative. The county is currently pursuing this project through the work plan that was created.

ACTION PLANS

Priority Area 5: Hillsborough Health Literacy Initiative

Action Plan Workgroup Co-chairs: Rachel Chase, Taylor Caragan

Action Plan Workgroup Members: Victor Cruz – AHEC; Taylor Caragan, Rachel Chase, Dr. Leslene Gordon, Allison Nguyen - DOH-Hillsborough; Alexandra Demolina - Early Steps; Teddi Harris - ECHO/HCC; Lorie Tonti – HCPLC; Kareem Young - LIFT Health; Sherri Gay - Suncoast Community Health Centers; Rachel Logan, Dr. Cheryl Vamos - University of South Florida - College of Public Health

Relevant Indicators: Hillsborough Health Literacy Advisory Committee Established

Goal: Impact health inequities by addressing low health literacy

SMART Objective: To identify and create an action plan for implementation of at least one Health Literacy Program for providers, partners, department staff or community members by June 30, 2018.

Strategy: Collaboration

Action Steps	Responsible Team Members	Resources Needed	Output (Products)	Start	End
1) Recruit DOH-Hillsborough staff and other advisory committee volunteers.	Rachel Chase	DOH staff	3 DOH staff leads and 1 DOH staff volunteer	September 1, 2017	October 31, 2017
2) Develop Health Literacy Training module score sheet	Rachel Chase	Health Literacy training material	Health Literacy Module score sheet	September 1, 2017	September 15, 2017
3) Monthly Advisory committee meetings	Workgroup	DOH staff, community partners, workgroup	Meeting minutes, sign-in sheets	November 3, 2017	June 18, 2018
4) Identify a programmatic action to pursue	Workgroup	DOH staff, community partners, workgroup	Meeting minutes, sign-in sheets	November 3, 2017	February 7, 2018
5) Develop an action plan for a specific Health Literacy program	Workgroup	DOH staff, community partners, workgroup	Meeting minutes, action plan	February 7, 2018	June 30, 2018
6) Implement Action Plan for Health Literacy program	Workgroup	TBD	Action Plan	July 1, 2018	Ongoing
7) Monitor and evaluate Action Plan	Workgroup	TBD	Monitoring Tool; Quarterly Monitoring Reports	July 1, 2018	Ongoing

PROGRESS TO DATE

DOH-Hillsborough staff recruiting is complete and the score sheet has been developed.

CHIP MONITORING PLAN

The Action Plans will be monitored on a quarterly basis. Action Plan co-chairs will complete a monitoring tool provided by DOH–Hillsborough, at quarterly intervals. This monitoring tool will reflect the status of each action step within each action plan, and will track progress on the process and outcome indicators. Additionally, the Healthy Hillsborough Steering Committee will host an annual review meeting each October to review the progress made on the Healthy Hillsborough action plans and to make amendments as needed. An internal DOH–Hillsborough work group will review all the CHIP action plans and annually update the CHIP report. Figure 3 provides an illustration of the CHIP implementation and monitoring process for the 3 year cycle (10/1/2016 – 9/30/2019). An example monitoring tool is included on the next page.

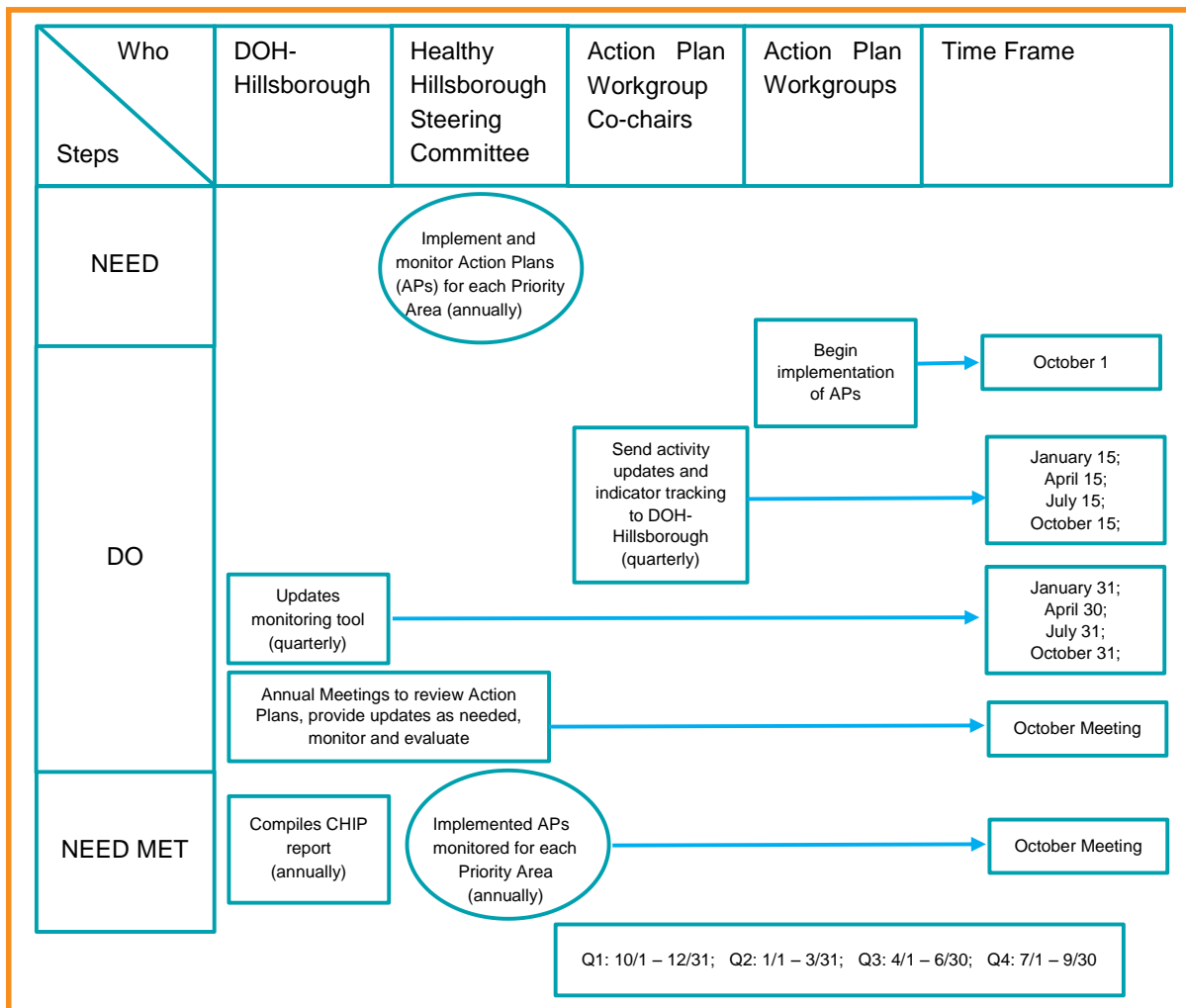


Figure 3: CHIP Implementation and Monitoring Process Map

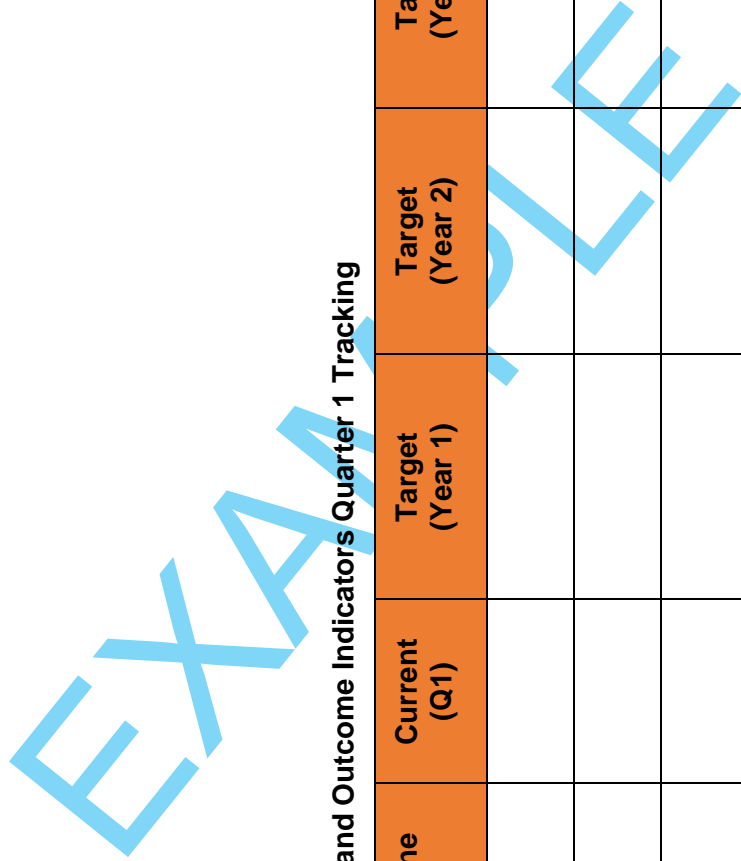
CHIP ACTION PLAN MONITORING TOOL

2016–2017 Quarter 1 Report (October 1, 2016 – December 31, 2016)

Goal:

Strategy:

Objective:



Process and Outcome Indicators Quarter 1 Tracking

Indicator	Baseline	Current (Q1)	Target (Year 1)	Target (Year 2)	Target (Year 3)
(Process Indicator)					
(Process Indicator)					
(Process Indicator)					
(Outcome Indicator)					

CHIP MONITORING PLAN

Action Steps Quarter 1 Tracking

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

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

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

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

Not On Schedule = It looks like the Action Step will not be met by the target date. Action Step may take longer to complete than originally anticipated.

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

Additional Progress and Comments Quarter 1 Tracking

Additional Progress and Comments

Additional comments on the overall progress of action plan activities during Q1. Example notes include: partner contributions, facilitating factors of success, barriers/issues encountered, plans to overcome barriers/issues, unanticipated outcomes, and overall progress and comments.

Overarching Themes

- Health Equity (Health Disparities & Social Determinants of Health)
- Encouraging Healthy Behaviors
- Improving Health Collaboration

CHIP ALIGNMENT WITH INTERNAL PLANS AND INITIATIVES

CHIP Priority Area	Goal	Strategy	Objective	Alignment with DOH-Hillsborough Strategic Plan
Access to Care	Increase access to health insurance among eligible individuals in Hillsborough County.	Increase support to help persons navigate various aspects of access to health care	By September 30, 2019, reduce the percentage of uninsured individuals under 65 years old in Hillsborough County by 2%.	Health Equity, Long Healthy Life.
Behavioral Health	Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.	Evaluate best practices and develop a care coordination model to address the needs of high-utilizers of behavioral health services in Hillsborough County.	By December 31, 2017, develop a Care Coordination Model for High Utilizers in Hillsborough County.	Health Equity, Long Healthy Life.
Obesity	Increase Participation in Evidence-Based Interventions for Obesity.	Conduct outreach and education for obesity management and prevention classes and programs.	By September 30, 2019, increase the number of people participating in evidence-based obesity intervention programs by 10%.	Health Equity, Long Healthy Life.
Hillsborough Health Literacy Initiative	Impact health inequities by addressing low health literacy.	Collaboration	By December 31, 2017, establish a health literacy advisory committee to develop an action plan and begin health literacy focused initiatives	Health Equity

CHIP ALIGNMENT WITH STATE AND NATIONAL GOALS

DOH– Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP) 2012-2015	Florida Department of Health Statewide Plans and Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Access to Care.</p> <p>Goal: Increase access to health insurance among eligible individuals in Hillsborough County.</p>	<p>Strategic Issue Area: Access to Care.</p> <p>Goal AC2: Improve access to primary care services for Floridians</p> <p>Goal AC7: Provide equal access to culturally and linguistically competent care.</p>	<p>Strategic Plan 2016-2018</p> <p>Priority Area: Health Equity</p> <p>Strategy: Eliminate health gaps between different communities.</p>	<p>Goal: Improve access to comprehensive, quality health care services.</p> <p>AHS-1: Increase the proportion of persons with health insurance.</p>	N/A	<p>Goal I: Transform Health Care.</p> <p>Strategy I.A: Reduce disparities in health insurance coverage and access to care.</p>
<p>Priority Area: Behavioral Health.</p> <p>Goal: Provide the most appropriate level of care for those in need of behavioral health services in Hillsborough County.</p>	<p>Strategic Issue Area: Community Redevelopment and Partnerships</p> <p>Goal CR1: Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.</p>	<p>Strategic Plan 2016-2018</p> <p>Priority Area: Health Equity</p> <p>Strategy: Eliminate health gaps between different communities.</p>	<p>Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.</p> <p>MHMD–9: Increase the proportion of adults with mental health disorders who receive treatment.</p>	<p>Priority 7: Mental and Emotional Well-Being.</p>	<p>Goal IV: Advance Scientific Knowledge and Innovation.</p> <p>Strategy IV.A: Increase the availability and quality of data collected and reported on racial and ethnic minority populations.</p>

CHIP ALIGNMENT WITH PLANS AND INITIATIVES

DOH— Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP) 2012-2015	Florida Department of Health Statewide Plans and Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Obesity.</p> <p>Goal: Increase participation in Evidenced-Based Interventions (EBIs) for obesity.</p>	<p>Strategic Issue Area: Chronic Disease Prevention.</p> <p>CD1: Increase the percentage of adults and children who are a healthy weight.</p> <p>CD2: Increase access to resources that promote healthy behaviors.</p>	<p>Healthiest Weight Florida:</p> <p>Strategy One: Increase opportunities for physical activity.</p> <p>Strategic Plan 2016-2018</p> <p>Priority Area: Long, Healthy Life</p> <p>Strategy: Improve the cardiovascular health of adults.</p>	<p>Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement of healthy body weights.</p> <p>NWS-8: Increase the proportion of adults who are at a healthy weight.</p> <p>NWS-9: Reduce the proportion of adults who are obese.</p>	<p>Priority 3: Healthy Eating.</p> <p>Priority 4: Active Living.</p>	<p>Goal III: Advance the Health, Safety, and Well-Being of the American People.</p> <p>Strategy III.A: Reduce disparities in population health by increasing the availability and effectiveness of community-based programs and policies.</p>

CHIP ALIGNMENT WITH PLANS AND INITIATIVES

DOH– Hillsborough CHIP	Florida Department of Health State Health Improvement Plan (SHIP) 2012-2015	Florida Department of Health Statewide Plans and Initiatives	Healthy People 2020	National Prevention Strategy: Priorities	HHS Action Plan to Reduce Racial and Ethnic Health Disparities
<p>Priority Area: Health Literacy</p> <p>Goal: Create an action plan to address health literacy, root causes and influences of health inequities through increased partnerships, social cohesion, and collaboration</p>	<p>N/A</p>	<p>Strategic Plan 2016-2018</p> <p>Priority Area: Health Equity</p> <p>Strategy: Adopt a system of ongoing agency capacity building on health equity</p>	<p>Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity.</p> <p>HIT-1: Improve the health literacy of the population.</p> <p>HIT-2: Increase the proportion of persons who report that their health care providers have satisfactory communication skills.</p> <p>HIT-3: Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted.</p>	<p>Strategic Direction 3: Empowered People – Support people making healthy choices.</p> <p>Strategic Direction 4: Elimination of Health Disparities – Eliminate disparities, improving the quality of life for all Americans.</p>	<p>Goal II: Strengthen the Nation’s Health and Human Infrastructure and Workforce.</p> <p>Strategy II.A: Increase the ability of all health professions and the health care system to identify and address racial and ethnic health disparities.</p> <p>Goal IV: Advance Scientific Knowledge and Innovation.</p> <p>Strategy IV.B: Conduct and support research to inform disparities reduction initiatives.</p>

CHIP ALIGNMENT WITH PARTNERS' PLANS AND INITIATIVES

Tampa General Hospital	X	X	X
Tampa Family Health Centers	X	X	X
Suncoast Community Health Centers	X	X	
Shriners Hospitals for Children-Tampa			X
South Florida Baptist Hospital	X	X	X
St. Joseph's Hospitals	X	X	X
Moffitt Cancer Center	X		
Florida Hospital-Tampa	X	X	X
Florida Hospital-Carrollwood	X		X
DOH-Hillsborough Community Health Improvement Plan	Access to Care	Behavioral Health	Obesity

APPENDIX

COMMITTEES

Healthy Hillsborough Steering Committee

Meeting Dates

April 5, 2016	April 25, 2016	June 22, 2016	July 29, 2016
August 24, 2016	October 13, 2016	July 31, 2017	

Current Members

Christina Bastone	BayCare Health System
Bob Costello	BayCare Health System
Marsha Lewis-Brown**	BayCare Health System
Clara Reynolds**	Crisis Center of Tampa Bay
Dr. Leslene Gordon	DOH–Hillsborough
Dr. Douglas Holt	DOH–Hillsborough
Dr. Ayesha Johnson	DOH–Hillsborough
Allison Nguyen	DOH–Hillsborough
Jenna Davis	Moffitt Cancer Center
Sonia Goodwin	Suncoast Community Health Centers, Inc.
Tamika Powe	Tampa General Hospital

**New Members

Past Members

Jan Baskin	Dr. Peter Bath	Keri Eisenbeis	Daragh Gibson
Karyn Glubis	Mary Jane Harrington	Edward Kucher	Michelle Robey
Mary Willis			

Healthy Hillsborough Access to Care Workgroup

Meeting Dates

June 8, 2016	July 20, 2016	September 8, 2016	January 11, 2017
April 6, 2017	April 25, 2017		

Current Workgroup Members

Stephanie Alt	BayCare Health System
Keri Eisenbeis	BayCare Health System
Debi Hines**	BayCare Health System
Liza Cruz Cepeda	Crisis Center of Tampa Bay
Allison Nguyen	DOH-Hillsborough
Melanie Hall	Family Healthcare Foundation
Artie Fryer	Hillsborough County
Jenna Davis (Co-Chair)	Moffitt Cancer Center
Sherri Gay	Suncoast Community Health Centers, Inc.
Sonia Goodwin (Co-Chair)	Suncoast Community Health Centers, Inc.

APPENDIX

Laura Resendez
Tamika Powe
Kimberly Brown
***New Members*

Suncoast Community Health Centers, Inc.
Tampa General Hospital
Tampa General Hospital

Past Members

Jennifer Kotwicki

Healthy Hillsborough Behavioral Health Workgroup

Meeting Dates

June 17, 2016	July 22, 2016	September 28, 2016	October 27, 2016
February 16, 2017	March 29, 2017	April 26, 2017	May 31, 2017
June 28, 2017	July 26, 2017	August 30, 2017	September 27, 2017
October 25, 2017	November 29, 2017		

Current Workgroup Members

Jana Balicki**	ACTS
Christina Bastone	BayCare Health System
Kathleen Chaykoski**	BayCare Health System
Doug Leonardo	BayCare Health System
Marsha Lewis-Brown (Co-chair)	BayCare Health System
Gail Ryder	BayCare Health System
Michelle Whittier**	Brandon Regional Hospital/HCA
Carol Eloian**	Central Florida Behavioral Health Network (CFBHN)
Marcia Munroe	Central Florida Behavioral Health Network (CFBHN)
Ruth Power	Central Florida Behavioral Health Network (CFBHN)
Clara Reynolds (Co-chair)	Crisis Center of Tampa Bay
Deanna Obregon	DACCO
Mary Lynn Ulrey	DACCO
Chante Shifflett**	Department of Corrections
Dr. Ayesha Johnson	DOH–Hillsborough
Joe Lallanilla	Gracepoint
Melissa Powell	Gracepoint
Roaya Tyson	Gracepoint
Barbara Macelli	Healthy Start
Shannon Rhodes**	Hillsborough County
Philip Conti**	Hillsborough County Health Care
Marie Marino	Hillsborough County Public Defender's Office
Dep. Christopher Cullinan**	Hillsborough County Sheriff's Office
Ana Maria Daniels**	Hillsborough County Sheriff's Office
Dep. Stephanie Krager	Hillsborough County Sheriff's Office
Sean Powell	Moffitt Cancer Center
Heather Rohan	NAMI-Hillsborough
Tina Young	Project LINK, Inc
Kimberly Browne**	Tampa General Hospital
Juliana Castillo**	Tampa General Hospital
Dr. Seema Weinstein	Tampa General Hospital
Ashley Wynn**	Tampa Hillsborough Homeless Initiative

Ofc. Dan McDonald
Dr. Joe Bohn
Dr. Glenn Currier
Dr. Saundra Stock

Tampa Police Department
USF College of Public Health
USF Morsani College of Medicine
USF Morsani College of Medicine

***New Members*

Past Members

Dr. Margarita Bobonis
Karyn Glubis

Daragh Gibson
Mary Jane Harrington

Sonia Goodwin
Pam Jeffre

Healthy Hillsborough Obesity Workgroup

Meeting Dates

June 15, 2016

July 18, 2016

August 10, 2016

Current Workgroup Members

Stefanie Alt	BayCare Health System
Danielle Mauck	BayCare Health System
Elaine Oliver	BayCare Health System
Allison Nguyen	DOH-Hillsborough
Mary Willis	Florida Hospital-West Region
Amber Windsor-Hardy	Florida Hospital-West Region
Maria Russ	Hillsborough County Public Schools
Carla Sparks	Hillsborough County Public Schools
Rocio "Rosy" Bailey**	In Season Pro
Zulema Uscanga**	In Season Pro
Tina Young	Project LINK, Inc.
Teresa Linder	Shriners Hospital for Children
Tamika Powe (Chair)	Tampa General Hospital
Jamila Lepore	UF/IFAS Hillsborough Extension
Dawn Kita	YMCA

***New Members*

Past Members

Jan Baskin

Dr. Peter Bath

Cindy Hardy

Mary Jane Harrington

Hillsborough Health Literacy Advisory Committee Members

Meeting Dates

November 3, 2017

December 8, 2017

January 17, 2018

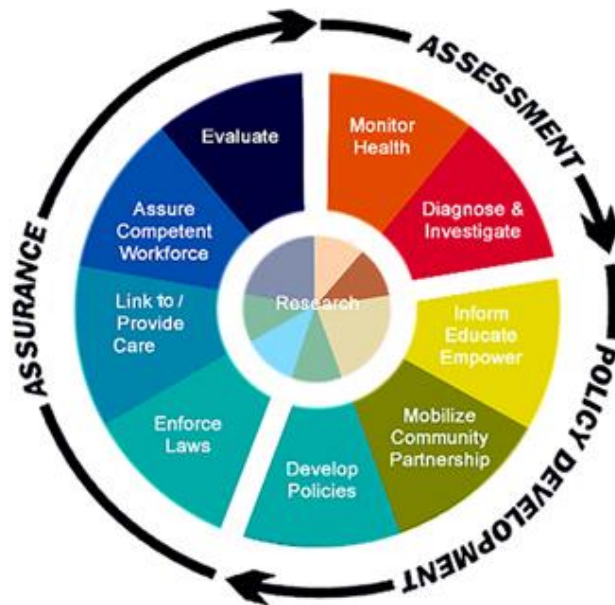
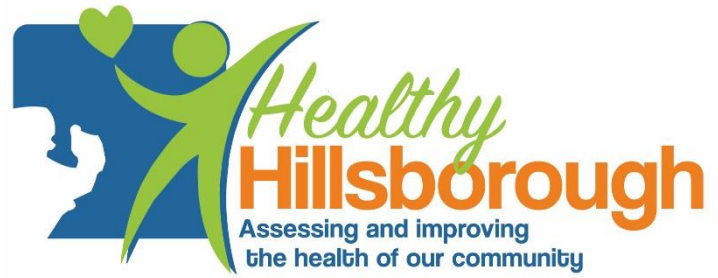
Current Workgroup Members

Victor Cruz	AHEC
Taylor Caragan	DOH-Hillsborough
Rachel Chase	DOH-Hillsborough
Dr. Leslene Gordon	DOH-Hillsborough
Allison Nguyen	DOH-Hillsborough
Alexandra Demolina	Early Steps

APPENDIX

Teddi Harris
Lorie Tonti
Kareem Young
Sherri Gay
Rachel Logan
Dr. Cheryl Vamos

ECHO/HCC
HCPLC (Library)
LIFT Health
Suncoast Community Health Centers
University of South Florida - College of Public Health
University of South Florida - College of Public Health



The Essential Public Health Services and Core Functions

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