



Strategic Plan Progress Report, 2017

Florida Department of Health in
Nassau County

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Introduction

This strategic plan provides a unified vision and framework for action for the Florida Department of Health in Nassau County. As part of a larger performance management system, the DOH-Nassau Strategic Plan allows us to identify the critical issues that must be addressed to protect, promote and improve the health of Floridians. DOH-Nassau Strategy and Performance Management Council (PMC) team, made up of the leadership team and program managers oversaw the strategic plan progress report and the revision of the strategic plan in January 2016.

The PMC team reviewed the state integrated mission, vision and values statements for any changes and the FDOH strategic plan was reviewed to align strategic priorities. Next, the PMC team reviewed any changing needs to customer and partnership requirements. An environmental scan and strengths, weakness, threats and opportunities (SWOT) analysis was completed in September 2016. This was completed through Survey Monkey with community partners and staff.

In assessing the current status with the previous strategic plan, we addressed the following questions which follow the SWOT framework:

- What do we do well?
- What could we improve?
- What changes are coming to our community and our organization?
- What obstacles do we face from external events, entities or groups?

Starting in 2017, the priority areas changed to better align to the agency strategic plan and to align with the outcomes of the Community Health Assessment that was completed in 2016. The four strategic priority areas for this reporting period are: Population Health, Individual Health, Health Protection and Organizational Excellence.

Plan owners establish, implement, monitor action plans and evaluate results. Under each strategic priority area, strategic objectives are developed to reflect measurable, time-framed targets which support agency objectives and community priorities. Additional key participants are program managers and supervisors who establish action plans with action steps to be taken for each objective. Resources are aligned with the budget to implement, monitor and evaluate the progress and results.

The enclosed strategic plan progress report shows the progress towards reaching goals and objectives, revisions to goals, strategies and objectives and accomplishments in reaching goals, strategies and objectives.

Overview

This strategic plan provides a unified vision and framework for action for the Florida Department of Health in Nassau County. As part of a larger performance management system, the DOH-Nassau Strategic Plan allows us to identify the critical issues that must be addressed to protect, promote and improve the health of Floridians.

DOH-Nassau Strategic Planning Council, made up of executive management and program directors on the PMC team, oversaw the development of this Plan in January 2016. The Council reviewed key findings from the Strategic Plan (2016-2018), the DOH-Nassau Community Health Improvement Plan and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT) based on the findings. They considered information management, workforce development, communication and financial stability in their discussion.

Council members then used the SWOT analysis and the agency mission, vision and values to choose strategic issue areas and agency goals. After a face-to-face meeting, members arrived at the final strategic issue areas: Population Health, Individual Health, Health Protection and Organizational Excellence.

STRATEGIC ISSUE AREA	GOAL
Population Health	1.1 Increase immunization rates.
	1.2 Reduce infant mortality
	1.3 Reduce chronic disease and health disparities
	1.4 Increase breastfeeding rates of black infants on WIC
Individual Health	2.1 Increase access to contraception
	2.2 Increase HIV linkage to care/decreasing viral load
Health Protection	3.1 Increase community resilience in their ability to respond to all hazards and mitigate threats
	3.2 Strengthen epidemiology surveillance and linkage with community partners
Organizational Excellence	4.1 Increase staff training opportunities
	4.2 Increase satisfaction on the employee satisfaction survey with questions 21 and 23 - employee wellness and satisfaction
	4.3 Increase IT network capacity, resources and support
	4.4 Increase marketing and provide role clarity to Customer and Stakeholders
	4.5 Increase knowledge of cultural competency and health equity.

Progress Toward Goals

On March 16th, 2018, the FDOH - Nassau Performance Management Council/PMC met to review the progress of the local FDOH Nassau Strategic Plan. The review looked at the timeframe of 2017. Over the last year each goal and strategic issue area had a primary lead assigned to oversee the implementation of work activities. Updates to the action steps were discussed quarterly at PMC meetings to assure progress, monitoring and assessment for barriers. Progress was noted on a quarterly basis.


STRATEGIC ISSUE AREA: POPULATION HEALTH

Priority Issue Area #1.1: Increase immunization rates for school age children

Limited access to health care services, including immunizations to prevent from illness may contribute to poor health outcomes and high health care costs.

Goal: Increase school immunization rates to 95% for private school age children by December 30, 2019.

Strategy 1: Prevent disease, disability and death through immunization by utilizing the Florida State Health Online Tracking System (Florida SHOTS).

Why this is important to our agency:					
One of the main barriers to improving community-wide health outcomes is in the inability to access available resources. Causes of inaccessibility include, but are not limit to, poverty and low health literacy. These social determinants disproportionately affect low income groups.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status*
Increase the rate of immunizations among kindergarten students in private schools.	FL Immunization report	81.6%	95%		This activity has developed into a QI project. Current project has included creating a project team, Aim Statement, gathering of data, root causes and defined action steps. Currently the team are implementing action steps.

Status: current action steps included:


1. Conduct Private School Immunization Record Review by September 15th
2. Review Public School Immunization Report for Kindergarten and 7th Grade Students by September 30th
3. Submit Private School Immunization Record Review Reports to School Health Coordinator by October 15th

4. Distribute 7th Grade Immunization Requirement Letter to 6th Grade Students in April-May
5. Remind County Wide Medical Community via Epigram of Required School Immunization Requirements

Priority Issue Area #1.2: Reduce Infant Mortality

Goal: Reduce the rate of black infant mortality to 15.0 by December 30, 2019.

Strategy 1: Reduce Infant Mortality

Why this is important to our agency:					
One infant death is one too many for our community. We seek to support healthy babies, healthy prenatal women and their families and support the integrated county public health system in our county.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Decrease the rate of black infant mortality from 20.4 to 15 by December 2019, using a measure of a single year rate for timely reporting.	Healthy Start community events reporting tool	4	4		Safe sleep education will be provided at least once per quarter at a community health fair or event.


Status: Deleted objective 2 and revised objective 1 to better fit the most recent data. Now uses a single year rate for reporting. Safe sleep education is being provided quarterly is being successfully accomplished.

Priority Issue Area #1.3: Reduce chronic disease and health disparities

Goal: Reduce chronic disease and health disparities by December 30, 2019.

Strategy 1: Increase amount of healthy eating information provided to the community

Why this is important to our agency:					
Heart disease, cancer and high blood pressure are the leading causes of death in Nassau County and linked to poor eating.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status


Reduce chronic disease and health disparities by implementing 5210 through church or faith based settings.	Email list through Microsoft outlook	3	6		This is a new initiative and progress is occurring, but time is needed to accomplish full outreach to faith based settings.
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Status: This work is in progress and currently being completed by the WIC department. A new venue to deliver this messaging will be through the Interfaith Health Ministry of the Nassau County Community Health Improvement Plan.

Priority Issue Area #1.4: Increase breastfeeding rates of non-Hispanic black infants on WIC

Goal: Increase breastfeeding among non-Hispanic black clients in the WIC program to from 72.1% to 74% by December 30, 2019.

Strategy 1: Increase Breastfeeding rates.

Why this is important to our agency:					
Babies that are breastfed have a reduced rate of infant mortality. Currently Nassau County has a higher rate of black babies who die each year and a lower rate of breastfeeding among the population.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Increase breastfeeding rates of non-Hispanic black infants on WIC from 72.1% to 74% by December 2019.	WIC Breastfeeding SharePoint data	Four quarter Average 78% 1-76% 2-77% 3-79% 4-79%	74%		The WIC staff have completed planned training to improve knowledge of cultural differences to enhance skills when educating women of color about breastfeeding. They have currently surpassed the planned goal.



Status: This strategy has been successfully accomplished. Over the past year the staff have completed two in-services to support care to diverse populations. One in-service included discussion of current breastfeeding rates and information regarding Cultural Humility vs. Cultural Competency in improving breastfeeding disparities in non-Hispanic black dyads.

STRATEGIC ISSUE AREA: INDIVIDUAL HEALTH

Priority Issue Area #2.1: Increase access to contraception

Goal: Increase number of clients served in the Family Planning Program age 12-19 by 5% and clients age 20-49 by 8% by December 30, 2019.

Strategy 1: Increase number of clients served.

Why this is important to our agency:					
Limited access to health care and family planning resources/options (medications) contribute to teen pregnancy and unplanned pregnancy.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
1) Increase clinic availability and contraceptive methods for those seeking Family Planning services.	Data from HMS Report Portal on clients seen in Family Planning Program (23).	Jan 1, 2016 thru December 30, 2016: Clients 12-19=153 Clients 20-49=400 Total FP Clients=553.	2018 & 2019 Calendar Year: Clients 12-19: increase 5% or by 8 clients. Clients 20-49=increase 8-10% or by 32-40 clients.		This issue area has developed into a QI project. Currently staff have developed an AIM statement, Project Charter, have completed a Fishbone diagram looking at root causes by the low utilization rate of FP services by teens. Action steps will be created and implemented in the Spring 2018.
2) Distribute information and education on Family Planning Services at FDOH, Nassau to target population.	Quarterly record of distribution.				

Status: this work is in progress and is being followed as a QI project.

Key Accomplishments 1# - Have a walk-in clinic located at the Yulee Clinic every day, Callahan two days per week and Fernandina one day per week so clients can start on birth control as same day service, as well as STD screening at visit. Offer all birth control methods as well as Emergency Contraception at all sites. Have streamlined process for IUD and Nexplanon insertion. Have created provider afternoon clinic in Yulee. Developed better follow-up process for missed appointments and scheduling clients. Barriers/opportunity for improvements - Limited staff and limited trained staff on insertion of IUD and Nexplanon. Transportation issues of patients. Plans to overcome the barrier - County developing better transportation. Provider training accomplished.





Key accomplishment 2# - Updated FP Program educational flyer. Developed business card to give to all teens to share with other teens and encourage teens to use their social media to advertise for us. Developed Working with WIC and Healthy Start for referral process of clients

into FP. Identified educational flyers, printed and distributed at events and at local community businesses, especially where teens may visit. Barriers/opportunities for improvement - Many activities occur after hours and have limited staff. Turnout at events sometimes low. Need to identify places where population served. Can't go to schools. Hard to determine where the clients live that are not being served that should be.



Priority Issue Area #2.2: Increase HIV linkage to care/decreasing viral load

Goal: Increase the percentage of persons living with HIV with a suppressed viral load by December 30, 2019.

Strategy 1: Early intervention to identify potential adverse trends in medication compliance for ADAP clients

Why this is important to our agency:					
Consistency with the taking of antiretroviral medication will support and enhance optimal health for persons living with HIV.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
1. Increase monthly ADAP pickup rate.	Average annual (calendar year) pickup rate as calculated in PROVIDE.	2016 = 74% 2017 = 96% 2018	5% increase annually/15% increase by 12/31/2019.		For 2016 average ADAP pickup rate was 74%. For 2017, average ADAP pick up rate was 96%, a 30% increase from 2016.
2. Create Monthly Dashboard report template for monitoring ADAP pickup rates.	Creation of a dashboard template.	Template implemented 9/2017.	Template implemented by 12/2017.		Objective met and implemented.
3. Monitor monthly ADAP pickup rate with Monthly Dashboard report.	Number of completed Monthly Dashboard reports.	2016 = 0 2017 = 4 2018 = 3	One report per month for 2018 and 2019.		Monthly Dashboard reports began in 9/2017.
4. Develop written instructions for monitoring monthly ADAP pickup rates.	Creation and adoption of Desktop Guidelines for monitoring and reporting monthly ADAP pickup rates.	0	Desktop Guideline created and adopted by 4/30/18.		Desktop Guideline is being drafted.

Strategy 2: Provide support services to ADAP clients to eliminate barriers to picking up medication on-time.

Why this is important to our agency:					
Support services will decrease barriers to care that keep clients from taking their antiretroviral medication.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
1. Implement medication reminder recall system for ADAP clients to include a threshold for CM intervention.	Document recall intervention in HMS.	Sporadic reminder system in place.	90% of those that meet the threshold have a documented intervention at quarterly chart reviews.		Partially implemented.
2. Provide incentives that address transportation disadvantages and food insecurity.	Document need in individualized service plan (ISP).	Implementation phase.	90% of ADAP clients with identified barriers will be offered transportation and/or food vouchers.		Partially implemented.

Status: Work continues in this area and data continues to be gathered. Clients continue to be monitored for monthly ADAP pickup rate, with an average of 82% for timeliness during the first two months of 2018.





STRATEGIC ISSUE AREA: HEALTH PROTECTION

Priority Issue Area #3.1: Increase community resilience in their ability to respond to all hazards and mitigate threats

Goal: Increase response level of community members by December 30, 2019.

Strategy 1: Increase outreach to non-CHD providers, community members and staff to improve ability to respond to a preparedness event.

Why this is important to our agency:					
A well-educated and trained community will provide needed response during a disaster event.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status




Complete Initial review of the CHD EOP by 12/31/17.	Review of EOP	0	1		Completed
Complete full scale updated EOP by 12/31/17.	Completed EOP exercise.	0	1		Completed
Increase the rate of confirmation for Everbridge notification from 70% to 80% regularly.	Everbridge has a self-contained measuring software.	73%	80%		Noted improvement which succeeds 80%
Increase outreach activities to non-traditional community partners by providing two (2) outreach events per year.	Preparedness minutes	2	2		Two events have been completed with non-traditional community partners this year.

Status: Regarding the Everbridge notification system current quarter is 73%, however past rates have spiked during announced tests to 96.23% and 98.18%. However, these are not indicative of a trend since they were announced tests. The testing of Everbridge has become a QI project to assure improvements are consistent. Current action steps have included increased staff training and random testing. Community partners who are actively involved in preparedness efforts include: Baptist Nassau Hospital, University of Florida Extension office, Nassau County Emergency Management, Nassau County School Board, Nassau County Code Enforcement, Town of Callahan, Town of Hilliard, City of Fernandina Beach, Nassau County Tourism Development, Florida Restaurant and Lodging Association, Nassau County Sheriff's Office, Region 3 SpNS Consultants, Region 3 RERA, and the Region 3 Planner.

Priority Issue Area #3.2: Strengthen epidemiology surveillance and linkage with community partners

Goal: Increased communication with community regarding disease control by December 30, 2019.

Strategy 1: Strengthen and expand communications regarding epidemiology trends, surveillance findings and disease control.

Why this is important to our agency:					
The Florida Department of Health aims to prevent and control infectious disease in our community.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Monitor disease trends and conduct surveillance for infectious diseases and outbreaks	Number of surveillance services coded in HMS (program code 16 or 06, service code 2544)	2016: average of 68.3 surveillance services coded per month	5% increase annually		In 2017, an average of 76.0 surveillance services were coded per month which is an 11% increase from 2016.
Inform medical providers about surveillance findings and disseminate information about emerging health threats	Number of documented outreach activities (blast faxes, presentations, etc.) to medical providers in the Epidemiology activity log	2016: 25 outreach activities to medical providers	5% increase annually		In 2017, there were 29 outreach activities to medical providers in the Epi activity log; a 16% increase from 2016.
Educate community partners, medical providers, and the public about infectious disease and epi activities	Number of documented outreach activities (health fairs, presentations, press releases, etc.) to partners and the public in the Epidemiology activity log plus number of epi consultations coded in HMS (program code 16 or 06, service code 8009)	2016: 114 total outreach activities to partners and the public	5% increase annually		In 2017, there were a total of 143 outreach activities to partners and the public; a 25% increase from 2016.

Status: This goal is on track for successful attainment. The target increase was exceeded for all three strategies in 2017, and we are on track to meet or exceed the targets for 2018 as well. Widespread influenza activity during the 2017-18 flu season prompted increased surveillance and outreach activities in early 2018. This included submitting influenza situation reports to the state IMT twice per week, weekly communication with flu sentinel partners, communicating with medical providers about the availability of antivirals, biweekly calls to pharmacies to assess the availability of antivirals and influenza vaccines, and promoting influenza vaccination to the public and community partners.

STRATEGIC ISSUE AREA: ORGANIZATIONAL EXCELLENCE




The goal of Organizational Excellence is to excel with delivery of the public health mission and optimize communications to best meet the public health needs of the community.


Priority Issue Area #4.1: Increase training opportunities for employees and increase participation rates

The Florida Department of Health in Nassau County aims to achieve the goals of Workforce Development by providing comprehensive training to meet the tailored needs of employees and the community.

Goal: Increase training opportunities for employees and increase participation rates by December 30, 2019.

Strategy 1: Provide monthly training to employees after completion of assessment of need which aligns with specific agency and community needs.

Why this is important to our agency:					
Limited access to training, continued education and leadership opportunities may contribute to staff turnover and dissatisfaction. Developing and maintaining a competent workforce is critical to meet the public health needs. The Florida Department of Health in Nassau County is committed to maintain a skilled public health workforce essential for protecting and improving the health and wellness of the public and responding to major health threats.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Assess barriers to gaining new knowledge to perform job duties.	# of trainings taken by employees that are non-mandatory as documented in TRAIN reports, other training certificates and rosters.	75 6/16 - 6/17 (TRAIN)			We are in the process of assessing barriers to gaining new knowledge to perform job duties and we are providing designated time for staff training for individual professional development.
Plan for Quarterly Training Tuesdays using feedback from the responses of staff surveys.					Current efforts include:
Repeat surveys after each quarterly Training Tuesday to assess for increased knowledge.					1. Training Needs Assessment 2. Employee Development Plans


Analyze findings and present to staff at staff meetings throughout the year.					3. Designated Training Days 4. Ongoing evaluation 5. Staff messaging.
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Status: During the 2017 Employee Satisfaction Survey 26% of staff neither agreed or disagreed to the question that “Leadership development opportunities are available to me.” This statistic was identified by the workforce development group as an opportunity for improvement. A brand was chosen which would identify any LDOs via email. A pilot program was developed which hosted a cohort for one year. The thought was that as each cohort went through the program, they would be responsible for running the next cohort. A survey was developed after the initial program was completed to gage the effectiveness from the participant’s perspective. Initially, 12 staff members signed up to participate.

Priority Issue Area #4.2: Increase satisfaction on the Employee Satisfaction Survey with questions 21 and 23 by 5% - employee wellness and satisfaction

Goal: Increase satisfaction on the Employee Satisfaction Survey with questions 21 and 23 - both of which relate to Employee Wellness and Satisfaction by December 2019.

Strategy 1: Maintain employee Wellness program and Recognition program.

Why this is important to our agency:					
Appreciation through recognition motivates employees to perform at their optimal level and improves retention.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Increase the strongly agree (SA) and agree(A) response rate on question 21 on ESS survey by 5%. From 86.9% to 92% – “the people I work with care about my well-being”.	State Employee Satisfaction survey and internal surveys created by agency. Offers at least one employee wellness and one employee engagement activity/event per quarter. Source - Booster/Wellness minutes	86.9%	92%		Wellness Program is being maintained. Employee Recognition continues is being maintained quarterly. The Booster and Wellness Committee held its first meeting

Increase the strongly agree (SA) and agree (A) response rate on question 23 on ESS survey by 5%. From 81.9% to 86.9% - "I have opportunities to connect with others at my job."	Employees of the quarter recognition Conduct at least one SWOT Analysis per year and share with PMC.	81.9%	86.9%		of the year in February. By the last meeting on May 17, 2017, the Committee had ten active members from five out of six site locations. The Wellness Initiative started in July, 2017.
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Update: The Booster and Wellness Committee took a poll at the March All Staff Meeting to illicit staff input on desired wellness activities. The Booster and Wellness (B&W) Committee has compiled results, and put together a wellness initiative which started in July 2017. The first Booster and Wellness recognition initiative was staff shout outs written down at the March All Staff meeting and entered into the weekly Line Up newsletter. B&W offered a survey monkey in line up to provide staff shoutouts weekly, allowing staff to recognize and provide positive reinforcement for peers. Staff vote for 3 Employees of the Quarter and recognize them at All-Staff meetings and in line up. The third opportunity was the promotion and participation in the Maintain Don't Gain Holiday Challenge including messaging in weekly Line Up newsletters. The fourth opportunity was a Gratitude Challenge in the Nectarine Clinic. It was difficult to complete a SWOT survey with the Holiday Challenge because we were unsure who participated. Next time we will send out an email asking for feedback from any participants. The next plan for a wellness project will include a step to ensure feedback from employees to improve on future projects.

Priority Issue Area #4.3: Increase IT network capacity, resources and support

Goal: Reduce the percentage of help desk tickets by 25% for password resets by December 2019.

Strategy 1: Increase network capacity, resources and support

Why this is important to our agency:					
The Florida Department of Health in Nassau County aims to optimize network communications to support excellence in the delivery of public health services for our community.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status

Reduce the percentage of help desk tickets by 25% for password resets by December 2019.	Search of help desk ticket system of key words (lock out, Password Reset, etc.)	157 (Annual data from 2016)	10 (Qtr. 4)		This goal has been successfully completed. Qtr. 1 there were 49 tickets put in and Qtr. 2 there were only 10. improvement has been shown which exceeds 90%. Volusia county is still engaged to assist with lockouts but only as needed. A sticker was placed on all monitors with the telephone number of Volusia help desk ticket. Central office number has been distributed as well thereby provide two alternative sources to password resets.
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Status: This project has been successfully completed.

Priority Issue Area #4.4: Increase marketing and provide role clarity to Customer and Stakeholders

Goal: Improve viewing time of DOH Nassau website by 10% by December 30, 2019.

Strategy 1: Conduct monthly checks to our website to assure messaging matches highlighted community needs.

Why this is important to our agency:					
The Florida Department of Health in Nassau County strives to improve external communication messaging to support a health community which is clear on core public health services.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status

Improve viewing time of DOH Nassau website by 10% by end of December 2019.	Hits per page to the website	2000 visits per quarter	2200 visits/quarter		Volusia CHD web team are working on getting both the Web Trends and Google analytics working.
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Status: This goal has been addressed by the Volusia County Health Department web team. We continue to make improvements to the site and are working to promote the FDOH Nassau website to the community and to community partners. Separately staff worked with central office to come up with a concept for a vehicle wrap which will increase exposure of "Florida Public Health is Everywhere". The vehicle is now in service and provides a brief synopsis of Nassau CHD services. To further promote services to our community we have updated our agency services brochure and are having it translated into Spanish in order to increase visibility of services offered by DOH Nassau.

Priority Issue Area #4.5: Increase knowledge of cultural competency and health equity

Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views.

Goal: Increase knowledge of cultural competency and health equity by December 30, 2019.

Strategy 1: Increase the percentage of staff who have completed training on health equity to 80%.

Why this is important to our agency:					
The Florida Department of Health in Nassau County aims to provide excellence service to each customer which includes respect and incorporation of their cultural differences.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
Increase the percentage of staff who have completed training on health equity to 80%.	% of staff trained - TRAIN reports, Training Sign in Sheets, Certificates.	36% (12/30/17)	95%		Identified challenges and barriers include (1) time and (2) position-specific training. A plan was created and has shown improvements. Several

					managers continue to use training on health equity for their unit of work.
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Status: This strategy is being improved upon, however there is still room for improvement. We have utilized All Staff meetings to provide health equity education for ease to reach a larger audience. We have encouraged all staff to take the TRAIN health equity training and some managers have incorporated this into staff performance expectations.

Revisions

This section will contain the revisions being made to the strategic plan as agreed upon in the strategic plan progress meeting. **Nine (9) goals/strategies** have been revised each with new dates for completion.

Priority Issue Area #1: Increase Immunization rates for school age children

Goal: Increase school immunization rates by December 30, 2019

Strategy 1: Strategy 1: Prevent disease, disability and death through immunization by utilizing the Florida State Health Online Tracking System (Florida SHOTS).

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Increase the rate of immunizations among kindergarten students in private schools.	Increase the rate of immunizations among 7 th grade students	Private School Immunization Record Review	81.6%	95%	Private schools consistently are below the state rate for student immunizations. By addressing this unique population of students, we hope to improve student health and raise the overall immunization numbers for the county.

Priority Issue Area #1.2: Reduce Infant Mortality

Goal: Reduce the incidence of black low birth weight and preterm births by December 30, 2019.

Strategy 1: Reduce Infant Mortality

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Decrease the rate of black infant mortality from 20.4 to 15 by December 2019, using a measure of a single year rate for timely reporting.	Decrease the rate of black low birth weight babies from 18.0 to 16.0 by Dec, 2018	Healthy Start Community reporting tool	4	4	The former objective was hard to assess for measurement as it was only posted every three years.
deleted	Decrease the rate of black preterm births from 19.4 to 17.5 by December, 2018				No longer being addressed.

Priority Issue Area #2.1: Increase access to contraception

Goal: Increase number of clients served in the Family Planning Program.

Strategy 1: Increase number of clients served age 12-19 by 2% and clients 20-49 by 5% by December 30, 2018.

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Added end date of December 30, 2019 Added: 2) Distribute information and education on Family Planning Services at FDOH, Nassau to target population every quarter.	Did not have end date	Data from HMS Report Portal on clients seen in Family Planning Program (23).	Jan 1, 2016 thru December 30, 2016: Clients 12-19=153 Clients 20-49=400 Total FP Clients=553.	2018 & 2019 Calendar Year: Clients 12-19: increase 5% or by 8 clients. Clients 20-49=increase 8-10% or by 32-40 clients.	This issue area has developed into an QI project. Currently staff have developed an AIM statement, Project Charter, have completed a Fishbone diagram looking at root causes by the low utilization rate of FP services by teens. Action steps will be created and

					implemented in the Spring 2018.
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Priority Issue Area #2.2: Increase HIV linkage to care/decreasing viral load



Goal: Increase the percentage of persons living with HIV with a suppressed viral load by December 30, 2019.

Strategy 1: Develop a protocol to identify and flag ADAP clients who are picking up medications to monitor adherence

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
1. Increase monthly ADAP pickup rate.	ADAP clients enrolled in DOH Nassau case management program will meet or exceed state ADAP medication pick up rate goal (85%) by December 30, 2019.	Average annual (calendar year) pickup rate as calculated in PROVIDE.	2016 = 74% 2017 = 96% 2018	5% increase annually/ 15% increase by 12/31/2019.	For 2016 average ADAP pickup rate was 74%. For 2017, average ADAP pick up rate was 96%, a 30% increase from 2016.
2. Create Monthly Dashboard report template for monitoring ADAP pickup rates.		Creation of a dashboard template.	Template implemented 9/2017.	Template implemented by 12/2017.	Objective met and implemented.
3. Monitor monthly ADAP pickup rate with Monthly Dashboard report.		Number of completed Monthly Dashboard reports.	2016 = 0 2017 = 4 2018 = 3	One report per month for 2018 and 2019.	Monthly Dashboard reports began in 9/2017.
4. Develop written instructions for monitoring monthly ADAP pickup rates.		Creation and adoption of Desktop Guidelines for monitoring and reporting monthly ADAP pickup rates.	0	Desktop Guideline created and adopted by 4/30/18.	Desktop Guideline is being drafted.

New Strategy added below (3/16/2019):

Strategy 2: Provide support services to ADAP clients to eliminate barriers to picking up medication on-time.

Why this is important to our agency:					
Support services will decrease barriers to care that keep clients from taking their antiretroviral medication.					
Objective	Indicator	Current Level	Target	Status	Explanation of Status
1. Implement medication reminder recall system for ADAP clients to include a threshold for CM intervention.	Document recall intervention in HMS.	Sporadic reminder system in place.	90% of those that meet the threshold have a documented intervention at quarterly chart reviews.		Partially implemented.
2. Provide incentives that address transportation disadvantages and food insecurity.	Document need in individualized service plan (ISP).	Implementation phase.	90% of ADAP clients with identified barriers will be offered transportation and/or food vouchers.		Partially implemented.

Status: Work continues in this area and data continues to be gathered. Clients continue to be monitored for monthly ADAP pickup rate, with an average of 82% for timeliness during the first two months of 2018.

Priority Issue Area #3.2: Strengthen epidemiology surveillance and linkage with community partners

Goal: Increased communication with community regarding disease control by December 30, 2019.

Strategy 1: Strengthen and expand communications regarding epidemiology trends, surveillance findings and disease control.

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Added end date of December 30, 2019. Also, added in words to clarify the objectives:	Did not have end date				Previous activities were vague and did not have collected data below:

Monitor disease trends and conduct surveillance for infectious diseases and outbreaks		Number of surveillance services coded in HMS (program code 16 or 06, service code 2544)	2016: average of 68.3 surveillance services coded per month	5% increase annually	In 2017, an average of 76.0 surveillance services were coded per month, which is an 11% increase from 2016.
Inform medical providers about surveillance findings and disseminate information about emerging health threats		Number of documented outreach activities (blast faxes, presentations, etc.) to medical providers in the Epidemiology activity log	2016: 25 outreach activities to medical providers	5% increase annually	In 2017, there were 29 outreach activities to medical providers in the Epi activity log; a 16% increase from 2016.
Educate community partners, medical providers, and the public about infectious disease and epi activities		Number of documented outreach activities (health fairs, presentations, press releases, etc.) to partners and the public in the Epidemiology activity log plus number of epi consultations coded in HMS (program code 16 or 06, service code	2016: 114 total outreach activities to partners and the public	5% increase annually	In 2017, there were a total of 143 outreach activities to partners and the public; a 25% increase from 2016.

Priority Issue Area #4.1: Increase training opportunities for employees and increase participation rates

The Florida Department of Health in Nassau County aims to achieve the goals of Workforce Development by providing comprehensive training to meet the tailored needs of employees and the community.

Goal: Increase training opportunities for employees and increase participation rates by December 30, 2019.

Strategy 1: Provide monthly training to employees after completion of assessment of need which aligns with specific agency and community needs.

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Added end date of December 30, 2019	Did not have end date				

Priority Issue Area #4.2: Increase satisfaction on the Employee Satisfaction Survey with questions 21 and 23 by 5% - employee wellness and satisfaction

Goal: Increase satisfaction on the Employee Satisfaction Survey with questions 21 and 23 - both of which relate to Employee Wellness and Satisfaction **by December 30, 2019.**

Strategy 1: Maintain employee Wellness program and Recognition program.

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Added an end date on the goal.	Did not have end date	State Employee Satisfaction survey and internal surveys created by agency.	86.9%	92%	Needed a date for final measurement.
Increase the strongly agree (SA) and agree(A) response rate on question 21 on ESS survey by 5%. From 86.9% to 92% – “the people I work with care about my well-being”.					
Increase the strongly agree (SA) and agree (A) response rate on question 23 on ESS survey by 5%. From 81.9% to 86.9% - “I have opportunities to connect with others at my job.”			81.9%	86.9%	

Priority Issue Area #4.5: Increase knowledge of cultural competency and health equity

Cultural competence is the ability to understand, communicate with and effectively interact with people across cultures. Cultural competence encompasses developing positive attitudes towards cultural differences, gaining knowledge of different cultural practices and world views.

Goal: Increase knowledge of cultural competency and health equity by December 30, 2019.

Strategy 1: Increase the percentage of staff who have completed training on health equity to 80%.

Revised Strategic Objective	Current Strategic Objective	Indicator (Data Source)	Current Level	Target	Explanation for Revision
Added end date of December 30, 2019	Did not have end date	TRAIN system	36%	80%	Did not have calculated numbers of staff trained or an end date for accomplishment.

Accomplishments

Strategic planning requires a high level of commitment from the leadership team, manager, supervisors, and the community residents to achieve the intended goals, strategies and objectives. It is important to recognize and celebrate the accomplishments of the agency as it demonstrates commitment and dedication from all employees across the board. Below are **five (5) examples** of agency success related to the FDOH Nassau Strategic Plan.

Goal	Strategy	Accomplishment
Reduce the incidence of black low birth weight and preterm births.	Decrease the rate of black infant mortality to 15 from 20.4 by December 2018, using a measure of a single year rate for timely reporting.	Safe sleep education has been provided at least twice per month all year long across the county at community health fair or events.
How it's important for our agency: Education about safe sleep practices can save an infant's life. Routine education is provided to all Health Start clients and their families as well at pediatricians and OB offices for their patients. Health fairs and community events allow us to reach an even broader audience often touching grandparents. Over the past year 24 community events occurred with Safe Sleep education provided.		

Goal	Strategy	Accomplishment
Increase breastfeeding among non-Hispanic black clients in the WIC program by December 2019.	Increase breastfeeding rates of non-Hispanic black infants on WIC from 72.1% to 74% by December 2019.	For the past four quarters the average breastfeeding rate for non-Hispanic Black women enrolled on WIC has been 78%. Staff are working hard to address this unique factor by training and practicing new skills. Over the past year the staff have completed two in-services to support care to diverse populations. One in-service included discussion of current

		breastfeeding rates and information regarding Cultural Humility vs. Cultural Competency in improving breastfeeding disparities in non-Hispanic black dyads.
How it's important for our agency: Breastfed babies are documented to be healthier, have stronger attachments to their mother and experience less adverse health challenges.		

Goal	Strategy	Accomplishment
Increase community resilience in their ability to respond to all hazards and mitigate threats	Increase the rate of confirmation for Everbridge notification from 70% to 80% regularly.	Regarding the Everbridge notification system current quarter is 73%, however past rates have spiked during announced tests to 96.23% and 98.18%. However, these are not indicative of a trend since they were announced tests. The testing of Everbridge has become a QI project to assure improvements are consistent. Current action steps have included increased staff training and random testing.
How it's important for our agency: Communication is a key to success in any organization. Effective and timely communication is essential with the role we play in preparedness. A quick response with the Everbridge system allows staff to be informed of the nature of the event, the role they will fill in response and provides needed time to leave their personal environment and report to work duties. Having a team of "well trained and ready" employees provides our agency and the community the highest level of response for emergency events. The Everbridge system routinely tests our capability to respond.		

Goal	Strategy	Accomplishment
Strengthen epidemiology surveillance and linkage with community partners	<p>Monitor disease trends and assess reporting of infectious disease and outbreaks</p> <p>Inform medical providers about surveillance findings and disseminate information about emerging health threats</p> <p>Educate community partners, medical providers, and the public about disease surveillance and epi activities</p>	The Epigram is used monthly as a tool to provide medical professionals updates on disease outbreaks and illness trends/surveillance. The Epidemiology team routinely are in communication with medical providers to assure surveillance is accurate and reporting is occurring.

How it's important for our agency: Disease in our community affects all persons. With a strong medical surveillance team and linkage with medical provider's outbreaks can be minimized and the general health of all persons optimized.

Goal	Strategy	Accomplishment
Increase IT network capacity, resources and support	Reduce the percentage of help desk tickets by 25% for password resets by December 2019.	This goal has been successfully completed. Qtr. one there were 49 tickets put in and Qtr. four there were only 10 tickets. Improvement has been significant.

How it's important for our agency: Independence and the highest level of functionality with one's workstation/computer allows FDOH Nassau IT staff to problem solve the larger, most complex issues. Freeing their time to support innovation with our IT systems.

Conclusion

Quality improvement in public health refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, and performance of services or processes which improve the health of populations.

The PMC team remains committed to assess the agency needs and priorities while ensuring to align them with the state of Florida's mission, vision and values through monthly meetings. The diverse composition of the PMC team assure that expert advice, critical thinking and innovative ideas are brought to the process.

We have monitored, reviewed and revised the Plan and believe that it will continue to be a roadmap for our agency to improve the health of the residents of our county.

Appendices

The following appendix contains templates for the required agenda and minutes:

1. Progress Review Meeting Agenda
2. Meeting Minutes



Florida Department of Health in Nassau County
Performance Management Council & Leadership Team Meeting
March 16, 2018 9-10:00 am
Quality Improvement Learning Collaborative 10:30-12:00
AGENDA

Welcome/Call to Order
 Review of February PMC Minutes
 Review of Action Items

Action Items	Person Responsible	Due Date
Submit Strategic Plan updates to M. von Mohr	Strategy Owners	2/23/2018
Calendar use guidelines/migrate Conference Room Calendar	E. Seidel/M. Godwin	3/16/18
Finalize March 30 All STAFF Meeting Agenda	Taylor, von Mohr, Geib	3/16/2018
Finalize Resilience Promotional/Logistics for PH Week	Eldridge, Norman, Seidel	3/16/18
Public Health Week Program Write Ups to J. Miller	Program Managers	3/23/18
Establish Charter for Promoting Pediatric Medical Homes work group	E. Seidel	3/23/18
Post Training Sign In Sheets & Agendas	PMC Leadership	Ongoing

Communications Coordination – Calendar(s) Demonstration

- FDOH Outlook Events/Submissions
- Local Media Releases/Responses
- Next Month/Next Quarter Events/Key Messages
- Branding/Website/Social Media

Progress Reports – (see FRAMEWORK/Review Schedule)

- QI Plan
- Strategic Plan/Annual Review
- CHIP
- **QI Projects/Metrics & QI Training** (QI Learning Collaborative)
- Plans - **Workforce Development Plan/Leadership Development**
- Engagement (Survey) Opportunities and Results

Recognition of Improved Performance

Additional Discussion Items – March 30 All Staff, April PH Week , County Health Rankings

Action Items

Announcements

Name (PRINT)	Initial	Name (PRINT)	Initial
E. Nge Seidel	ES	Sherry Lumbra	SL
Miller, Jason	JM	Emily Cason	EC
Stefanie Thomas	ST	TERESA ROWE	TR
Valerie Eldridge Bratsel	VEB		
Mary von Mohr	MVM		
KENICE TAYLOR	KTD		
Tracy L. Gredy	TR		

**Florida Department of Health in Nassau County
Performance Management Council & Leadership Team Meeting
March 16, 2018 9-10:00 am
Quality Improvement Learning Collaborative 10:30-12:00
AGENDA**

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



**Florida Department of Health in NASSAU County
Leadership Team Performance Management Council Meeting
March 16, 2018**

MINUTES

Purpose: Monthly Performance Management Council (PMC) and Leadership team meeting to monitor implementation of local plans/projects, review and assign action items, and recognize practices with improved performance.

***Members—Required**

Position	In Attendance	Position	In Attendance
Health Officer - E. Seidel	x	Accreditation/CHIP (von Mohr)	x
Executive Management Team:		QI Plan Lead (T. Rowe)	x
K. Taylor	x	Strategic Plan Lead (von Mohr)	
S. Thomas (Facilitator)	x	V. Eldridge	x
T. Canady	x	T. Newman-Kennedy	
K. Geib		E. Cason	x
M. Godwin		D. Cornelisson	
S. Linback	x	J. Miller	x

*Note: Quorum was met.

Attendees (e.g. community partners, additional CHD staff)- No additional attendees

Name	Organization	Name	Organization

Topic	Discussion																
Welcome/Call to Order	M. Godwin called meeting to order. January PMC minutes approved with no edits.																
Previous Action Items from February PMC	<table> <tr> <th>Action Items (*)=Agenda Item</th><th>Due Date</th></tr> <tr> <td>Strategic Plan Updates*</td><td>2/23/18</td></tr> <tr> <td>Calendar use guidelines/migrate Conference Room Calendar</td><td>3/16/18</td></tr> <tr> <td>Finalize March 30 All Staff meeting*</td><td>3/16/18</td></tr> <tr> <td>Finalize Resilience Promotional/Logistics for PH Week (April 2-8)*</td><td>3/16/18</td></tr> <tr> <td>Public Health Week Program Write ups to S. Thomas*</td><td>3/23/18</td></tr> <tr> <td>Charter for Promoting Pediatric Medical Homes Work Group</td><td>Change date to 4/13/18</td></tr> <tr> <td>Post Training Sign In Sheets & Agendas (H Drive Training Folder)</td><td>Ongoing</td></tr> </table>	Action Items (*)=Agenda Item	Due Date	Strategic Plan Updates*	2/23/18	Calendar use guidelines/migrate Conference Room Calendar	3/16/18	Finalize March 30 All Staff meeting*	3/16/18	Finalize Resilience Promotional/Logistics for PH Week (April 2-8)*	3/16/18	Public Health Week Program Write ups to S. Thomas*	3/23/18	Charter for Promoting Pediatric Medical Homes Work Group	Change date to 4/13/18	Post Training Sign In Sheets & Agendas (H Drive Training Folder)	Ongoing
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Post Training Sign In Sheets & Agendas (H Drive Training Folder)	Ongoing																
COMMUNICATION COORDINATION	(1) From Task List – Event Calendars are on Internet and Internal Share Point. Vehicle Calendars have also migrated. E. Seidel will send out posting guidance after consulting with M. Norman.																



**Florida Department of Health in NASSAU County
Leadership Team Performance Management Council Meeting
March 16, 2018**

MINUTES

	<ul style="list-style-type: none">(2) FDOH Outlook Submissions – focus on priority areas, no deadlines, include measures of impact.(3) For PH Week, S. Thomas will send out daily public health focus areas from APHA for program manager review and linkage to local programs if appropriate.(4) Local Media Release/Response include PSA follow up with Fernandina Independent related to Resilience Screening. County Health Rankings Media Release also sent out.(5) Branding – Vehicle wrap completed/photo with Wildlight Resilience signage. Service Brochure being translated into Spanish.(6) March PIO (J. Miller) will coordinate National Stop the Bleed (Mar 31) media release highlighting Wildlight Training on 3/27.
Progress Reports	
QI Plan (M. von Mohr)	See QI Learning Collaborative notes.
Strategic Plan (M. von Mohr)	See “FDOH Nassau CHD Strategic Plan Progress Report 2017”. Progress towards Goals, Strategies & Objectives discussed, also reviewed Revisions & Accomplishments. Annual Report was given provisional approval by consensus with final version including new edits to be sent out via email for final approval prior to uploading to Accreditation website due March 30 th .
CHIP	<p>PHN Steering Committee meeting monthly with next meeting April 10. Four MAPP assessments are in progress. Community Health Status Assessment will be done through subcontract with Health Planning Council Northeast Florida who will also facilitate 3 focus groups – first session planned for Hispanic families on Friday, April 6th at Southside Elementary; Westside MCCI hosted focus group and African American focus group pending. Two Forces of Change Community Meetings will also be scheduled – one for eastside and one for westside. Local Public Health System Assessment sessions have begun and will continue through May. Use of Polleverywhere software was highlighted and this tool can be used by Program Managers to increase engagement and interaction during meetings and presentations.</p> <p>Other community assessment include new PACE EH project with Evergreen community in western Nassau. With support from Health Planning Council, Steering Committee has been formed and will schedule five stakeholder interviews as well as distribute paper resident survey on environmental health needs. Preliminary concerns raised include traffic safety, abandoned housing, flood prone areas, lack of lighting and repairs to Community Center.</p>



**Florida Department of Health in NASSAU County
Leadership Team Performance Management Council Meeting
March 16, 2018**

MINUTES

QI Training/Metrics	See QILC minutes.
Community Engagement Survey Opportunities	<p>New community partner engaged (P. Scanlon/Trails Advocate) through County Health Rankings release. He will link westside recreation partners to Evergreen PACE EH Project.</p> <p>Plan to use Community Engagement Surveys at Resilience Screening.</p>
Plans	<p><u>Workforce Development Plan</u> (S. Thomas) – Additional staff have signed up for local Emerging Leaders Certificate program. Supervisors uploaded EDP updates into Supervisor Tools totaling 2/3 of staff; Seidel reviewed and found in addition to on-line TRAIN and other web-based training, there was request for books, other printed materials that could be “checked out” addressing business skills, money management, journals and sign language/medical Spanish resources. Will check into current library resources as well as free applications for language skills. Five staff will attend Public Health Training Center workshops at Georgia Public Health Association Meeting in Jekyll Island on April 3rd & 4th.</p>
Recognition of Improved Performance	
Additional Discussion Items	<p>Seidel presented results of 2018 County Health Rankings including trends, measure changes due to 2016 BRFSS data. Areas being addressed by both local Strategic Plan and CHIP were highlighted. (See CHR attachments – Trend data 2010-2018, 5-county Northeast Florida comparison),</p>
Action Items	<p>PUBLIC HEALTH WEEK – see previous Communication section – planned activities include public screening of “Resilience” documentary to raise awareness, promote system approach with collaboration by all parts of local public health system, call to action. Daily media releases will also feature key FDOH Nassau services, eligibility related to public health focus areas.</p> <p>MARCH 30 – ALL STAFF MEETING – Planning team (K. Taylor, K. Geib, M. von Mohr) reviewed agenda – Introduction of New Staff/Program Updates, Employee of the Quarter Recognition, Nutrition (WIC Team), Wellness, Multigenerational Teams, EI/Soft Skills, Resilience Trailer, HR Updates (including Travel, Disaster Exemption). Staff Shout Out forms will be placed on tables. Optional activities – Noon Lunch & Learn Stop the Bleed training (using part of Until Help Arrives powerpoint), 3:30pm Florida Health Cleans Up at Muir Park.</p>
Announcements	<p><u>S. Linback</u> – (1) April is second sample month for agency Customer Satisfaction Survey; need 100% program participation. (2) Supervisors asked to link new hires to her for Employee Health screening (e.g. TB screening, vaccinations, FIT testing). (3) Reminder that we have special vaccine services for municipal partners under MOA (e.g. Hep B, Tetanus). (4) Clinic schedules have been modified to</p>



**Florida Department of Health in NASSAU County
Leadership Team Performance Management Council Meeting
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MINUTES

	<p>provide daily walk-in access in Yulee and other walk in services on specific days in Fernandina & Callahan.</p> <p><u>E. Cason</u> – reviewed flu activity which has peaked. Will provide Infection Control training to Day Spring.</p> <p><u>V. Eldridge</u> – Legislature preserved 2018-19 level funding for Healthy Start. Redesign changes effective July 1.</p> <p><u>T. Canady</u> – provided 371 school based sealants in western Nassau county. Of those screened 43% have untreated dental decay.</p> <p><u>T. Rowe</u> – 25 Emma Love Hardee staff trained in Hands Only CPR; Principal also expressed interest in Resilience screening. Planned Wildlight Stop the Bleed – possible Outlook Submission for Health Equity. Will attend Special Needs Shelter Nursing Skills Training. SH nurses on spring break next week.</p> <p><u>K. Taylor</u> – providing staff training to new Senior Public Health Nutritionists and Breastfeeding Peer Counselor.</p> <p><u>J. Miller</u> – Attended FEPA meeting in February and will attend Georgia Preparedness Meeting with Mike Godwin (sponsored by NEF Healthcare Coalition). Working with Central Office on PPHR appeal. EM planning rewrite of Shelter Plan. Partnering with BMCN on promoting STB kit co-location with AEDs. Sent out web-based Active Shooter Training, no update on ALICE on-site training – still in legal review.</p> <p><u>E. Seidel</u> – planned leave next month, will be attending state Rural Health Summit end of March.</p> <p><u>S. Thomas</u> – reminder that People First will be closed for 10 days.</p>
Adjourn for Quality Improvement Learning Collaborative (QILC)	<p>(See separate minutes for QILC) Next PMC meeting April 13, 2018</p>
Attachments	<ul style="list-style-type: none"> • Sign In Sheet • Strategic Plan Progress Report – 2017 FDOH Nassau CHDQILC February Agenda • 2018 County Health Rankings – 5 County Northeast Florida Comparison • March Leadership Program Updates • March EpiGram



**Florida Department of Health in NASSAU County
Leadership Team Performance Management Council Meeting
March 16, 2018**

MINUTES

ACTION ITEMS

<i>Action Items</i>	<i>Person Responsible</i>	<i>Due Date</i>	<i>Deliverable</i>
<i>Upload Strategic Plan, CHIP and Progress Reports to FDOH PHAB</i>	<i>M. von Mohr</i>	<i>3/30/2018</i>	
<i>Send out March 30 All STAFF Meeting Agenda</i>	<i>Taylor, von Mohr, Geib</i>	<i>3/16/2018</i>	
<i>Public Health Week Program Input to S. Thomas for daily releases</i>	<i>Program Managers</i>	<i>3/23/18</i>	
<i>Establish Charter for Promoting Pediatric Medical Homes work group/ Send posting to web Calendar guidelines</i>	<i>E. Seidel</i>	<i>4/13/18</i>	
<i>Post Training Sign In Sheets & Agendas</i>	<i>PMC Leadership</i>	<i>Ongoing</i>	

QUALITY MEASURES MONITORING – based upon Performance Management Calendar

<i>Measure</i>	<i>Person Responsible</i>	<i>Percentage Complete</i>	<i>Completion Date</i>
<i>Percent staff completing identified QI training (TRAIN #1058483)</i>	<i>Training (WFD) Committee</i>	<i>SPIL =100%</i>	
<i>Percent action items or objectives complete in CHIP</i>	<i>Von Mohr</i>		
<i>Percent action items or objectives complete in NCHD Strategic Plan</i>	<i>Von Mohr</i>		
<i>Percent steps complete for QI Projects</i>	<i>QI Project Leads</i>		
<i>Percent action items complete in QI Project Action Plan</i>	<i>QI Project Leads</i>		

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

	Florida	Nassau (NA), FL X	Baker (BA), FL X	St. Johns (SJ), FL X	Duval (DU), FL X	Clay (CL), FL X
Health Outcomes		23	48	1	42	13
Length of Life		24	42	4	47	18
Premature death	6,800	7,400	8,000	5,500	8,700	6,900
Quality of Life		19	57	1	38	11
Poor or fair health	19%	17%	20%	11%	18%	15%
Poor physical health days	3.8	4.1	4.3	3.4	3.8	3.7
Poor mental health days	3.8	4.3	4.5	3.4	4.1	4.0
Low birthweight	9%	8%	10%	7%	10%	8%
Health Factors		8	44	1	33	14
Health Behaviors		17	58	6	41	32
Adult smoking	15%	16%	19%	13%	18%	18%
Adult obesity**	26%	29%	34%	22%	31%	29%
Food environment index**	6.7	7.4	6.4	7.8	6.3	7.6
Physical inactivity**	24%	24%	36%	18%	24%	24%
Access to exercise opportunities	87%	69%	35%	88%	88%	84%
Excessive drinking	18%	19%	18%	21%	20%	22%
Alcohol-impaired driving deaths	26%	32%	43%	24%	32%	41%
Sexually transmitted infections**	454.8	246.7	424.5	254.2	722.3	335.3
Teen births	25	29	49	13	33	22
Clinical Care		17	47	2	13	29
Uninsured	16%	12%	12%	10%	13%	12%
Primary care physicians	1,380:1	2,180:1	2,290:1	1,110:1	1,170:1	1,760:1
Dentists	1,730:1	3,360:1	2,330:1	1,960:1	1,270:1	1,840:1
Mental health providers	700:1	980:1	1,120:1	890:1	610:1	1,240:1
Preventable hospital stays	54	48	90	47	60	58
Diabetes monitoring	86%	86%	81%	86%	84%	82%
Mammography screening	68%	67%	57%	73%	65%	65%
Social & Economic Factors		5	27	1	32	6
High school graduation**	78%	91%	82%	90%	77%	84%
Some college	62%	58%	43%	78%	66%	66%
Unemployment	4.9%	4.6%	4.9%	3.7%	5.0%	4.5%
Children in poverty	21%	14%	24%	9%	21%	14%
Income inequality	4.7	4.3	4.1	4.7	4.6	3.9
Children in single-parent households	38%	33%	34%	21%	43%	29%
Social associations	7.1	11.5	9.1	6.5	9.0	6.9
Violent crime**	500	131	360	271	645	338
Injury deaths	72	93	71	67	85	74
Physical Environment		57	42	54	60	39
Air pollution - particulate matter	7.4	8.0	7.6	7.6	8.5	7.9
Drinking water violations		Yes	No	Yes	Yes	No
Severe housing problems	22%	15%	17%	17%	20%	15%



Leadership Meeting Program Updates



FDOH Nassau

March 16, 2018

FROM THE DIRECTOR

National County Health Rankings 2018 -

The results of the 2018 *County Health Rankings* report show how Nassau County ranks among all Florida counties - overall 23rd of Florida's 67 counties. The *Rankings* show that Nassau County is strongest in one of the two main categories, *Health Factors*, where it maintained its rank of 8th in the state.

Nassau County did show a decline in some of the ranking areas (includes health behaviors, clinical care, social and economic factors and physical environment.) For the second main category, *Health Outcomes*, the ranking decreased from 18th (2017) to 23rd (2018). This ranking was most affected by the sub-category *Quality of Life* (perception of physical & mental health and low birth weight) measure, which decreased from 11th (2017) to 19th (2018). The new ranking subcategories is an opportunity to describe differences in population health by race/ethnicity. *Health equity* is a key strategic priority for the Florida Department of Health, which recognizes there are opportunities to identify and improve health disparities. The 2018 Nassau County rankings reported higher rates in blacks for premature death, low birthweight infants, and lower rates for diabetes monitoring. Children living in poverty was highest with Hispanics at 38%.

Save -the-Date: During National Public Health Week in April, FDOH Nassau will host a screening of the documentary "***Resilience - the Biology of Stress & the Science of Hope***". To learn more about Adverse Childhood Events and the impact on health, staff who are interested and available (per supervisor approval) are invited to attend the event at Wildlight Elementary on Thursday, April 5th at 4 pm.



Healthy Start



Valerie Eldridge, Emily Cason and Dawna Cornelissen represented DOH Nassau and the Healthy Start, Epidemiology and HIV programs at the Fernandina Beach Middle School Career Day on Friday, March 9th. Students in grades 6-8 were able to ask questions and to learn about what public health employees do and how they improve the health of the community.

No upcoming events at this time.



Disease Control and School Health Services

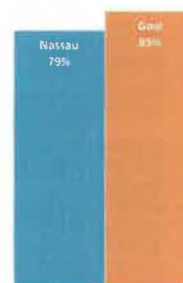
Nassau County Ryan White Part B Program Dashboard March 2018 Reporting Period 2/1/18 - 2/28/18

Demographics	Feb-18
Average Age	43
% Male	62%
% Female	38%
% Transgender	0%
% Black	38%
% White	52%
% Other	10%
% Not Hispanic	90%
% Hispanic	10%
% MSM	92%

Surveillance Reporting	Feb-18
# of Adult HIV Case Reports	0
# of Adult AIDS Case Reports	0

Indicators	Feb-18	Goal	Goal Met
# of Active Ryan White Clients ¹	21		
# of Active ADAP Clients	13		
% of Ryan White Clients that are ADAP Clients ²	62%		
ADAP Monthly Pick-up Rate ³	79%	85%	No
ADAP Monthly Viral Load Suppression Rate ⁴	100%	90%	Yes
% of Active Ryan White Clients with Suppressed Viral Load ⁵	95%	81%	Yes

ADAP Pick-Up Rate



Viral Load Suppression Rate



Trainings and Activities in February 2018:

- 2/14/18 - Met with Nathaniel Hendley, Duval CHD, about starting a support group for PLWHA.
- 2/21/18 - Attended Duval CHD's PLWHA support group to observe.
- 2/22/18 - Attended Monthly ADAP Statewide conference call.
- 2/22/18 - Participated in Case Manager Co-op Retreat planning meeting.
- 2/22/18 - Attended the monthly HIV Health Services Planning Council meeting in Jacksonville.
- 2/22/18 - Hosted Catholic Charities at the Fernandina Beach clinic.
- 2/23/18 - Attended HIV Update: Tallahassee Symposium training.
- Two clients kept appointments with Psychiatrist, Dr. Miller.
- One client kept dental appointment with CHD.
- Support group scheduled for the first Thursday each month at FSS.
- NassauTRANSIT vouchers approved for use.

1. Does not include clients with expired Ryan White eligibility.
2. Does not include clients with expired Ryan White or ADAP eligibility.
3. Only includes clients enrolled in ADAP. Report from Provide Enterprise.
4. Only includes clients enrolled in ADAP. Report from Provide Enterprise. Suppressed viral load ≤200.
5. Goal is percentage of US HIV positive clients who had at least one Outpatient/Ambulatory Medical Care visit and had at least one viral load reported whose last viral load was <200 copies (HRSA, 2014).

Data current as of 3/1/18
Submitted by Dawna Cornelissen, MSW

Environmental Health

- EH held the PACE EH Initial Kickoff meeting on Thursday March 15th. In partnership with the Northeast Florida Health Planning Council, the EH Dept will be performing an environmental community health assessment in the Evergreen Community.
- Beach water program seasonal sampling has started. Sampling of our coastal beaches will happen through our warm months all the way up to November 2018.
- Arbo program begins the first week of May 2018. Sentinel surveillance will run through the mosquito season which slows down in the month of November.
- Renewal mail-outs for Public Pool licensing will begin this month. Each year the license expires on June 30th.
- EH continues to see an increase in OSTDS and Well permits in our office.
- Michael Godwin will be on leave from 3/16 - 3/23



Performance Improvement

Our health department will be submitting our Strategic Plan **Annual Report**, CHIP **Annual Report** by March 30th to the FDOH Tallahassee office of Performance Improvement for review and preparation for reaccreditation in early 2020.

Strategic Plan

In the month of February, 2018 we reviewed our Strategic Plan. A summary of Strategic goals and status will be provided at the March all staff meeting.

Strategic Issue Areas: Population Health, Individual Health, Health Protection and Organizational Excellence

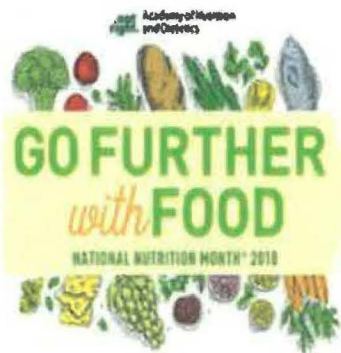
Goals:

- 1.1 Increase immunization rates in private schools
- 1.2 Reduce the rate of low birth weight and preterm births with black infants
- 1.3 Reduce chronic disease and health disparities
- 1.4 Increase breastfeeding rates of non-Hispanic black infants on WIC
- 2.1 Increase access to contraception
- 2.2 Increase HIV linkage to care/decreasing viral load
- 3.1 Increase community resilience in their ability to respond to all hazards and mitigate threats
- 3.2 Strengthen epidemiology surveillance and linkage with community partners
- 4.1 Increase staff training opportunities
- 4.2 Increase satisfaction on the employee satisfaction survey with questions 21 and 23 - employee wellness and satisfaction
- 4.3 Increase IT network capacity
- 4.4 Increase marketing and provide role clarity to Customer and Stakeholders

WIC and Nutrition

- ✦ As of January 2018 we have issued WIC benefits to 2,601 WIC participants out of a total eligible population of 2,906.
- ✦ WIC is happy to welcome our newest Senior Public Health Nutritionist, Ms. Michelle Manzie. She is currently working in Yulee 1-2 days weekly.
- ✦ We have selected a candidate for the OPS family support worker position and will be conducting interviews for OPS Health Support Specialist for Baker 3/29/18,
- ✦ March is National Nutrition Month and the theme for this years is "Go Further with food"!

March is National Nutrition Month



2018 NNM Theme

"Go Further with Food" is the theme for 2018, and its importance is timely for many reasons. Whether it's starting the day off right with a healthy breakfast or fueling before an athletic event, the foods you choose can make a difference. Preparing foods to go further at home and within the community can have a positive impact, as well. As nutrition experts, Academy members can help people adopt healthier eating styles, while reducing food loss and waste <https://www.eatright.org/food/resources/national-nutrition-month/national-nutrition-month>



The Academy of Nutrition and Dietetics suggests following these tips to go further with food.

- Include a variety of healthful foods from all of the food groups on a regular basis.
- Consider the foods you have on hand before buying more at the store.
- Buy only the amount that can be eaten or frozen within a few days and plan ways to use leftovers later in the week.
- Be mindful of portion sizes. Eat and drink the amount that's right for you, as [My Plate](#) encourages us to do.
- Continue to use good [food safety](#) practices.
- Find activities that you enjoy and be physically active most days of the week.
- Realize the benefits of healthy eating by consulting with a registered dietitian nutritionist. RDs can provide sound, easy-to-follow personalized nutrition advice to meet your lifestyle, preferences and health-related needs.

To learn more about nutrition and National Nutrition Month, visit the Academy of Nutrition and Dietetics website at: www.eatright.org.



**Florida Department of Health in NASSAU County
Leadership Team Performance Management Council Meeting
February 16, 2018**

MINUTES

Purpose: Monthly Performance Management Council (PMC) and Leadership team meeting to monitor implementation of local plans/projects, review and assign action items, and recognize practices with improved performance.

***Members—Required**

Position	In Attendance	Position	In Attendance
Health Officer - E. Seidel	x	Accreditation/CHIP (von Mohr)	x
Executive Management Team:		QI Plan Lead (T. Rowe)	
K. Taylor	x	Strategic Plan Lead (von Mohr)	
S. Thomas	x	V. Eldridge	x
T. Canady	x	T. Newman-Kennedy	x
K. Geib	x	E. Cason	x
M. Godwin (Chair)	x	D. Cornelisson	x
S. Linback		J. Miller	x

**Note: Quorum was met.*

Attendees (e.g. community partners, additional CHD staff)- No additional attendees

Name	Organization	Name	Organization

Topic	Discussion	
Welcome/Call to Order	M. Godwin called meeting to order. January PMC minutes approved with no edits.	
Previous Action Items from August PMC	Action Items	STATUS
	Strategic Plan Updates	Due 2/23/18
	Finalize date/location/presenter for PH Week (April 2-8)	2/16/18
	Internet Page Links verification/Event Calendar of standing meetings	Completed for quarter
	Monthly Program Update (accomplishments, events, meetings)	Ongoing
	Use QI Monthly Reporting Tool (QI Project leads)	ongoing
	Deploy/promote TRAIN QI courses to all staff	ongoing
COMMUNICATION COORDINATION	(1) From Task List – V. Roberts from PIO team completed Internet link check, reminder to check Intranet links prior to migrating to Sharepoint. K. Taylor found that WIC numbers listed in Google Yellow Pages were updated – she was unable to edit info. Will forward to Mike and Dawn.	



**Florida Department of Health in NASSAU County
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MINUTES

QI Training/Metrics	QI Learning Collaborative meets after PMC to continue to move through PDCA cycle and share best practices and issues – today's focus on Action Plan technical support and staff engagement.
Community Engagement Survey Opportunities	None to report – upcoming opportunities through CHIP and Preparedness.
Plans	<u>Workforce Development Plan</u> (S. Thomas) – Eight staff have signed up for local Emerging Leaders Certificate program. Reminder to scan agendas and sign in sheets for local trainings that are not in TRAIN – needed for key training metrics for Health Equity and Quality Improvement as well as Training Tuesday sessions (save in TRAINING SIGN IN folder.) There are challenges to uploading external training certificates into TRAIN. Supervisors asked to upload EDP updates into Supervisor Tools folder by Feb. 28- Seidel will review for prioritizing funding. Upcoming opportunity to attend Public Health Training Center Pre-Conference workshops at Georgia Public Health Association Meeting in Jekyll Island on April 3 rd & 4 th . Workforce Development Team/Employee Satisfaction Team meets today.
Recognition of Improved Performance	
Additional Discussion Items	Information Security Policy – input and revisions to Information Custodian listing was due today. Group discussed options for updating each staff's "Acceptable Use & Confidentiality Agreement" – new protocol will be to resign with each annual policy update.
Action Items	<p>PUBLIC HEALTH WEEK –Public screening of "Resilience" documentary is scheduled for Thursday, April 5, late afternoon at Wildlight Elementary. E. Seidel, M. Norman and V. Eldridge are event planning team and will work on flyer and invitation for partners to share (by table display) their work in SDH/HE. Goal would be to raise awareness, promote system approach with collaboration by all parts of local public health system, call to action. Daily media releases will also feature key FDOH Nassau services, eligibility (include photos if appropriate.)</p> <p>MARCH 30 – ALL STAFF MEETING – Planning team (K. Taylor, K. Geib, M. von Mohr) with agenda to include Nutrition (WIC Team), Wellness, Emotional Intelligence/Soft Skills, Resilience Trailer, HR Updates (including Travel, Disaster Exemption). Due to recent events, group also discussed need for Workplace Violence Training (broader for All Staff, future site specific Active Shooter once curriculum approved by State Preparedness). Environmental mitigation measures to promote safety also discussed.</p> <p>PROMOTING PEDIATRIC MEDICAL HOMES – follow up to Business Meeting Discussion on collaborative program assessment (WIC, Medical/Dental Clinics, School Health & Healthy Start) and</p>



**Florida Department of Health in NASSAU County
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MINUTES

QUALITY MEASURES MONITORING – based upon Performance Management Calendar

<i>Measure</i>	<i>Person Responsible</i>	<i>Percentage Complete</i>	<i>Completion Date</i>
<i>Percent staff completing identified QI training (TRAIN #1058483)</i>	<i>Training (WFD) Committee</i>	<i>SPIL =100%</i>	
<i>Percent action items or objectives complete in CHIP</i>	<i>Von Mohr</i>		
<i>Percent action items or objectives complete in NCHD Strategic Plan</i>	<i>Von Mohr</i>		
<i>Percent steps complete for QI Projects</i>	<i>QI Project Leads</i>		
<i>Percent action items complete in QI Project Action Plan</i>	<i>QI Project Leads</i>		

EPIGRAM

PRODUCED BY DISEASE CONTROL SERVICES
EDITOR: EMILY CASON, MPH
CONTRIBUTOR: KIM GEIB, DNP, ARNP, A-GNP-C, CPH

Florida
Department of Health
Nassau County
1620 Nectarine Street
Fernandina Beach, FL 32034
Phone: (904) 875-6100
Fax: (904) 428-5630
Website: <http://nassau.floridahealth.gov/>

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INFLUENZA SURVEILLANCE

County influenza and influenza-like illness (ILI) activity

Nassau County reported mild influenza and ILI activity for week 9 (February 25-March 3). Influenza and ILI activity has been decreasing for the past few weeks. In week 9, 3.1% of reported emergency department (ED) and urgent care center (UCC) visits in Nassau County residents were for ILI. Influenza and ILI-related ED and UCC visits peaked at 11.7% in week 6 in Nassau County residents. Three influenza outbreaks have been reported in Nassau County since the start of the 2017-18 season.

State influenza and ILI activity¹

- ✦ Influenza activity decreased in week 9 (Fig. 1). Data indicate influenza activity peaked in week 5 in Florida (ending February 3, 2018). While there have been decreases in flu activity, activity ED and UCC visits for ILI by Flu Season

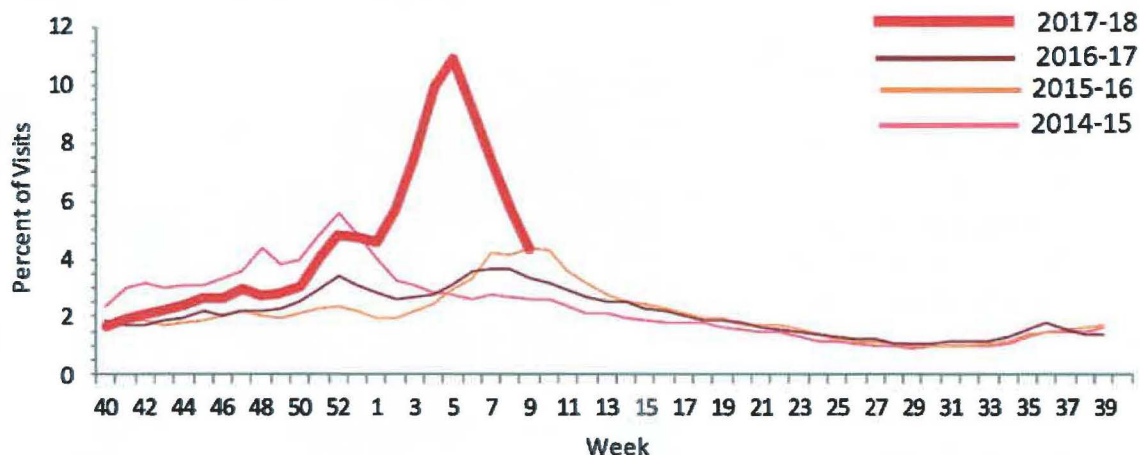


Figure 1. Percent of visits for ILI from ED and UCC chief complaint data for ESSENCE-FL participating facilities (n=310), week 40, 2014 to week 9, 2018. Source: Florida Flu Review, www.floridahealth.gov/floridafllu

DISEASE REPORTING

Phone
(904) 875-6100

Confidential Fax Line
(904) 428-5630

After Hours Line
(904) 813-6801

Bureau of Epidemiology
24 Hour Reporting Line
(850) 245-4401

FLORIDA DEPARTMENT OF HEALTH
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Vicki Roberts (Administrative Secretary)
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Vicki.Roberts@flhealth.gov

FLORIDA DEPARTMENT OF HEALTH NASSAU COUNTY

Fernandina Beach Clinic
1620 Nectarine Street
Fernandina Beach, FL 32034
(904) 557-9130

Yulee Clinic
86014 Pages Dairy Road
Yulee, FL 32097
(904) 875-6110

Callahan Clinic
45377 Mickler Street
Callahan, FL 32011
(904) 320-6010

Hilliard Clinic
37203 Pecan Street
Hilliard, FL 32046
(904) 320-6020



WORLD TB DAY

Every year, March 24th is designated as World TB Day to commemorate the date in 1882 that Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, which causes tuberculosis (TB). World TB Day is an opportunity to raise awareness about TB and its impact, recognize achievements in TB prevention and control, and renew our commitment to eliminating TB disease. The U.S. theme for this year's World TB Day is **"Wanted: Leaders for a TB Free United States. We can make history. End TB."** Clinicians, especially those serving at-risk populations, have a critical role in TB elimination. Expanding targeted testing and treatment of latent TB infection is key to eliminating TB in the United States. Up to 13 million people in the United States are estimated to have latent TB infection, and without treatment, 5-10% of people with latent TB will develop TB disease¹. Clinicians are encouraged to "think TB" and recommend testing people who are at increased risk for TB infection, such as people who have spent time with someone who has TB disease, people from a country where TB disease is common, and people who live or work in high-risk settings.

Surveillance

Four states in the U.S. made up 50.9% of TB cases reported nationwide in 2016: California, Florida, New York, and Texas². **In 2016, there were 639 tuberculosis cases reported in Florida. This is a 6.1% increase in cases from 2015, but cases have declined by 23% since 2010.** The statewide incidence of TB in 2016 was 3.2 cases per 100,000 residents. In Florida, 59% of TB cases reported in 2016 were male, 62% were foreign-born, 74% were non-Hispanic, 47% were white, and the largest age group was 45-64 (35%). Forty-two (7%) of the cases were resistant to Isoniazid, and three (<1%) were resistant to Isoniazid and Rifampin (multi-drug resistant). No TB cases were reported in Nassau County residents in 2016. Nassau County typically reports between 0 and 3 TB cases per year³.

Training, Resources & Events

- ✦ The Southeastern National Tuberculosis Center (SNTC) is one of five regional TB training and medical consultation centers in the United States. SNTC is based in Florida and provides training, technical assistance, and medical consultation throughout the southeast region. **The SNTC medical consultation service is available 24 hours a day, 7 days a week, and is a free service to TB health care providers. The 24 hour TB hotline is 1-800-4TB-INFO, or 1-800-482-4636.** For more information on training and education provided by SNTC, visit <http://sntc.medicine.ufl.edu/Training.aspx>
- ✦ Cases of TB must be reported to the Florida Department of Health in Nassau County (DOH-Nassau) by the next business day. To report a case of TB to DOH-Nassau, call 904-875-6100 or fax 904-428-5630. Specimens or isolates must be submitted to the state public health laboratory for confirmation.
- ✦ The Florida Department of Health in Duval County will be hosting a Grand Rounds in recognition of World TB Day. The event will be at 8am on March 23, 2018 in the Learning Resource Center Auditorium at UF Health Jacksonville, 655 West 8th St., Jacksonville, FL 32209. For more information, contact Ashley Donnelly at 904-253-2305.

Risk Factors in Florida TB Cases, 2016

Risk Factor	Percent
Excess alcohol use within past year	11%
HIV co-infection	10%
Homelessness	4.5%
Illicit drug use within past year	7%
Diabetes	12%
Incarcerated at diagnosis	1%

Table 1. Risk factors reported among tuberculosis cases in Florida, 2016. Source: http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/_documents/Fact_Sheet-FL16.pdf

Wanted:
Leaders for a TB-Free
United States.

We can make
history.



Image source: <https://www.cdc.gov/tb/worldtbdays/resources.htm>

¹ Centers for Disease Control and Prevention. World TB Day 2018: Key Messages and Resources. <https://www.cdc.gov/tb/worldtbdays/pdf/wtbd2018-KeyMessagesResources-508.pdf>

² Schmit, K. et al. Tuberculosis—United States, 2016. MMWR. https://www.cdc.gov/mmwr/volumes/66/wr/mm6611a2.htm?s_cid=mm6611a2_w

³ Florida Department of Health. Trends and Statistics. <http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/index.html>

HEALTH BULLETINS, ADVISORIES & ALERTS**February Press Releases & Public Information**

For additional information regarding press releases visit the DOH-Nassau website or Department of Health Online Newsroom at: <http://nassau.floridahealth.gov/> and <http://www.floridahealth.gov/newsroom/>

- ✦ 02/09/18: "February Flu Message" press release
- ✦ 02/15/18: "*Candida auris* Update: Information for Clinicians and Laboratories" blast fax/email to medical providers

What You Should Know about Rabies

Rabies is a deadly viral disease that can be prevented but not cured. The virus attacks the brain of warm-blooded animals, including people.

How is rabies spread?

When an animal is sick with rabies, the virus is shed in the saliva and can be passed to another animal or a person, usually through a bite. Transmission may also occur if the saliva or the animal's nervous tissue enters open wounds, the mouth, nose, or eyes of another animal or person.

What do rabid animals look like?

Animals with rabies may show strange behavior—they can be aggressive, attacking for no apparent reason, or act very tame (especially wild animals). They may not be able to eat, drink or swallow. They may drool because they have difficulty swallowing. They may stagger or become paralyzed. Rabies will kill most animals.

Which animals have been reported with rabies in Florida?

Rabid raccoons have been reported most frequently; followed by bats and foxes. Since the 1980s, rabid cats were reported more frequently than rabid dogs. Rabid bobcats, skunks, otters, horses, cattle and ferrets have also been reported.

What should I do if an animal bites me?

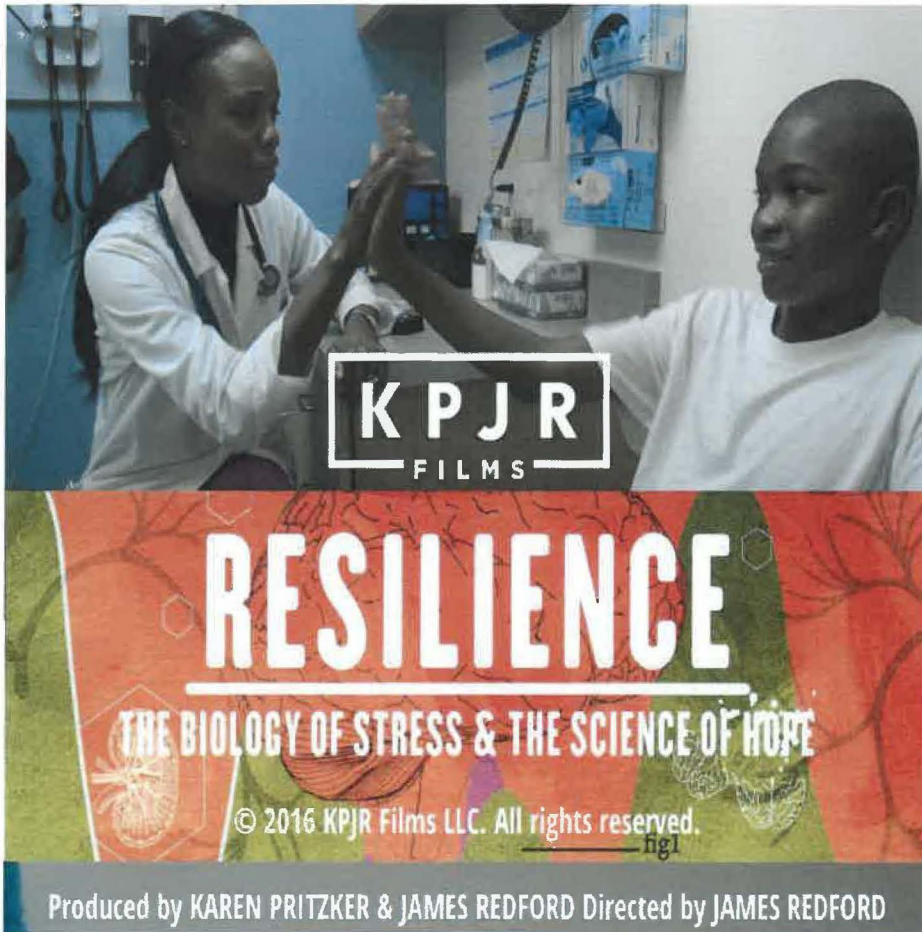
Immediately scrub the wound with lots of soap and running water for five to ten minutes. Try to get a complete description of the animal and determine where it is so that it can be picked up by animal control staff for quarantine or rabies testing. Go to your family doctor or the nearest emergency room. Call the Florida Department of Health in Nassau County (904-875-6100) or your local animal control agency (Nassau Humane Society in the Fernandina Beach city limits, 904-321-1647, or Nassau County Animal Services in the rest of the county, 904-530-6150) with the animal's description and location. The animal will either be quarantined for ten days (if it is a dog, cat or ferret) or be tested for rabies. If you kill the animal, be careful not to damage the head, and avoid further contact with the animal even when it is dead.

What should I do to protect myself, my family, and my pets from rabies?

Have your veterinarian vaccinate all of your dogs, cats, ferrets and horses against rabies, and make sure you follow your veterinarian's instructions for revaccination. Avoid contact with wild or stray animals. Never feed wild or stray animals—avoid attracting them with outdoor food sources (like uncovered trash). Feed your pets indoors. Do not allow your pets to run free. Follow leash laws by keeping pets and livestock secured on your property. Support animal control in your community. If your animal is attacked by a wild, stray or unvaccinated animal, DO NOT examine your pet for injuries without wearing gloves. DO wash your pet with soap and water to remove saliva from the attacking animal. DO NOT let your animal come in contact with other animals or people until the situation can be handled by animal control or health department staff. Bat proof your house, but remember it is illegal to exclude or remove bats during maternity season, which is April 16 through August 14. For more information on bat exclusion, visit <http://myfwc.com/wildlifehabitats/profiles/mammals/land/bats/information/buildings/exclude/>.

For more information on rabies, visit <http://www.floridahealth.gov/diseases-and-conditions/rabies/index.html>





APRIL 5, 2018 4:00 PM
“RESILIENCE”

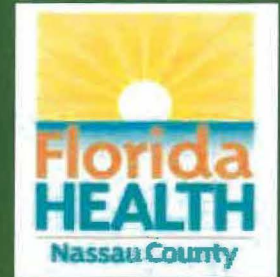
“THE BIOLOGY OF STRESS & THE SCIENCE OF HOPE”

Nassau Screening of the Award Winning Film

RESILIENCE chronicles the birth of a new movement among pediatricians, therapists, educators and communities who are using cutting-edge brain science to disrupt cycles of violence, addiction and disease. A reviewer wrote it “is a fascinating documentary that eloquently explains the health-care issues that confront us directly and indirectly on a daily basis. But more than that, RESILIENCE gives us the solution to this problem.”



Light refreshments will be served. Film screening followed by Facilitated Discussion led by Prevent Child Abuse Florida. Join us in improving our community's health!



**Florida
Department of
Health Nassau**

904.875.6100

**Celebrating Public
Health Week 2018**

**“The child may
not remember but
the body
remembers.”**

**Film information:
[https://kpjrfilms.c
o/resilience/](https://kpjrfilms.co/resilience/)**

**WILDLIGHT ELEMENTARY
SCHOOL CAFETERIA
550 CURIOSITY AVE
YULEE, FL 32097**