

**Sarasota CHD Alignment with
Agency Strategic Plan**

Agency Strategic Plan Goal	Agency Strategic Plan Strategy No.	Agency Strategic Plan Strategy	DOH-Sarasota Objective, aligned to State Strategy NOTE: Target dates for strategic objectives must be no later than Dec. 31, 2015
Protect the Population from health threats	1.1.1	Prevent and control infectious disease	1.1.1.e By December 2014, 80% of SHIP clients will opt in for receiving STD test results by text.
		Prevent and control infectious disease	1.1.1.f By December 2015, 80% of all CHD clients receiving STD testing will opt for receiving test results by text.
		Prevent and control infectious disease	1.1.1.c By December 2015, ECDC will monitor all public schools health rooms for unusual rates of illness/activity.
		Prevent and control infectious disease	1.1.1.d By December 2013, meet or exceed FDOH guidelines for ensuring all clients testing positive for Chlamydia or Gonorrhea are investigated and treated (14 days).
		Prevent and control infectious disease	1.1.3.a By December 2013 and annually thereafter, the number of adolescents completing the HPV series will increase 10% over the
		Prevent and control infectious disease	1.1.3.b By December 2013 and annually thereafter, the number of DOH-Sarasota staff and volunteers receiving flu vaccine will increase 10% over the previous year.
		Prevent and control infectious disease	1.1.3.c By December 2015, the percent of 24 month olds completing all CDC required vaccines will meet or exceed FL DOH goals.
		Prevent and control infectious disease	1.1.3.d By December 2015, Saraosta County will meet or exceed FDOH goals for immunization compliance of kindergartners and 7th graders.
Protect the Population from health threats	1.1.2	Prevent and reduce illness, injury and death related to environmental factors	1.1.1.a By December 2014, achieve a minimum 90% score on all Environmental Public Health official program quality audits.
		Prevent and reduce illness, injury and death related to environmental factors	1.1.1.b By 2015, utilize state-wide Environmental Health Database to record, track, review, and monitor status for 100% of EPH complaint investigations.
Protect the Population from health threats	1.1.3	Minimize loss of life, illness, and injury from natural or man-made disasters	1.1.2.a By December 2014, DOH-Sarasota will be in compliance with HSEEP disaster exercise guidelines.

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		Minimize loss of life, illness, and injury from natural or man-made disasters	1.1.2.b By December 2015, DOH-Sarasota will be recognized as a Project Public Health Ready County for 2015-2020.
		Minimize loss of life, illness, and injury from natural or man-made disasters	1.1.2.c By December, 2013, and annually thereafter, the DOH-Sarasota EOP and related annexes will be approved as per the agency's plan review timeline.
		Minimize loss of life, illness, and injury from natural or man-made disasters	3.2.1.c By December 2015, increase the number of organizational partners involved in the Community Organizations Active in Disasters (COAD) by 5%.
Protect the Population from health threats	1.1.4	Prevent and reduce intentional and unintentional injuries.	1.2.3.c By December 2015, there will be a 10% decrease in prescription drug deaths due to unintentional poisonings in Sarasota County.
		Prevent and reduce intentional and unintentional injuries.	1.2.3.d By December 2015, decrease the rate of unintentional drug poisoning deaths from 24 per 100,000* (2010) to 22 per 100,000*. (*rate is age-adjusted, 3 year rolling).
Reduce chronic disease morbidity and mortality	1.2.1	Increase the proportion of adults and children who are at a healthy weight.	1.2.1.a Increase the percentage of adults who have a healthy weight from 41.8% to 44.1% by December 2015.
		Increase the proportion of adults and children who are at a healthy weight.	1.2.1.d By December 2015, increase the percentage of students in grades 1,3,6, and 9 who are identified at a healthy weight from 61.7% to 64.0%.
		Increase the proportion of adults and children who are at a healthy weight.	1.2.1.b By December 2015, no more than 25% of the children, 24 months to 60 months old, who are certified for the WIC program will have overweight/obese nutrition risk codes, compared to 28.7% in March 2013.
		Increase the proportion of adults and children who are at a healthy weight.	1.2.1.c By December 2015, breastfeeding rate at birth for Sarasota County mothers will be 79% or greater and the rate at six months old will increase to 50%.

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Reduce chronic disease morbidity and mortality	1.2.2	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	1.2.2.a By June 30, 2015, 90% of the random sample of charts for prenatal women with smoking risk will have appropriate documentation of a smoking cessation goal.
		Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	1.2.2.b By December 2015, smoking rates among adults will be reduced from the 2010 rate of 18.81% to 15.98%. Data from: 2010 BRFSS Report; Objective: 15% reduction.
		Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	1.2.2.c By December 2015, cigarette use rates among youth , ages 11-17, will be reduced from the 2012 rate of 10.0% to 9.04%.
		Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	1.2.2.d By December 2015, smoking rates in pregnancy will decrease to 11% from the 2010-2012 rate of 13.3% as indicated by birth certificate data.
		Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	1.2.2.e By December 2016, reduce the percentage of youth ages 11-17 who were exposed to secondhand smoke during the past 7 days from 51.9% to 46.71%.
		Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	1.2.2.f By December 2016, reduce the percentage of youth, ages 11-17, who use any form of tobacco product from 14.2% to 12.78%.
Improve maternal and child health	1.3.1	Meet special health care needs of children.	1.1.5.a By December 2015, greater than 85% of women having live births will have entered prenatal care in the first trimester.
		Meet special health care needs of children.	1.1.5.d By December 2015, no more than 3.6% of women having live births will have had no or late prenatal care .

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Improve maternal and child health	1.3.2	Reduce infant mortality.	1.1.5.b By December 2015, 100% of clients with a positive pregnancy test seeking services at DOH-Sarasota, regardless of site, will be seen by the OB/GYN within 2 weeks.
Improve efficiency and effectiveness	2.1.1	Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways	2.1.2.a By December 2015, 100% of providers and clinic staff will incorporate HEDIS measures appropriately into medical visit documentation.
		Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways	3.2.1.a By December 2015, automate the process of securely electronically transferring patient medical records between health facilities.
Improve efficiency and effectiveness	2.1.2	Adopt certified electronic health record software	

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Improve efficiency and effectiveness	2.1.3	Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities.	
Improve efficiency and effectiveness	2.1.4	Use public health information technology and systems to efficiently improve business practices	2.1.1.a Increase net revenue generated by the Mobile Medical Unit by 5% by November 2014.
		Use public health information technology and systems to efficiently improve business practices	2.1.1.b By 2015, reduce EH travel expenses by 10%.
		Use public health information technology and systems to efficiently improve business practices	2.3.3.a Fully implement ICD10 by October 1, 2014.
		Use public health information technology and systems to efficiently improve business practices	2.1.3.b Develop centralized all agency purchasing process by December 2015.
		Use public health information technology and systems to efficiently improve business practices	2.1.3.e By December 2014, decrease office supply expense by 5%.

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Improve efficiency and effectiveness	2.1.5	Implement tools, processes and methods that support accountability and provide transparency in DOH administrative management systems.	2.1.1.h By December 2014, establish an IRMS inventory system for 100% of DOH-Sarasota preparedness supplies.
Maximize funding to accomplish the public health mission	2.2.1	Maximize Medicaid and other third party revenue to help county health departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.	2.1.1.d By December 2014, increase the proportion of pediatric Medicaid and other 3rd party insurance dental clients by 10%.
		Maximize Medicaid and other third party revenue to help county health departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of	2.1.2.d By December 2014, increase the percentage of RW HIV clients who meet eligibility recertification requirements for ADAP by 10%.
Maximize funding to accomplish the public health mission	2.2.2	Review and update fee policies and fee schedules.	2.1.2.b Increase primary care insurance participation contracts by 50% (from 8, currently, to 12) by December 2015.
		Review and update fee policies and fee schedules.	2.1.2.c By December 2015, increase collection of revenues by 5% thru improved efficiencies and collection processes.

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Promote a culture of organizational excellence.	2.3.1	Maintain a sustainable performance management framework for the Department	
Promote a culture of organizational excellence.	2.3.2	Collect, track and use performance data to inform business decisions and continuously improve.	
Promote a culture of organizational excellence.	2.3.3	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	2.3.1.e By December 2014, develop and implement an agency QI project, in alignment with the FL DOH QI plan.
		Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	2.1.1.e By December 2014, centralize the management of all 3rd party insurance participation contracts.

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		Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	2.3.3.d By December 2013, 100% of DOH-Sarasota supervisors will utilize SMART expectations in performance evaluations.
		Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	4.1.1.a By December 2015, nursing turnover rate will be decreased by 5%.
Optimize communications.	2.4.1	Develop, implement and improve internal and external communication strategies and plans.	2.3.2.a By June 2014, create a bi-monthly H&HS agency newsletter to improve communications with staff.
Assure access to health care	3.1.1	Increase access to care for underserved populations.	1.1.5.c By December 2015, increase compliance of sexually active teens adopting a family planning method from 55.8% to 73% by December 2015.
		Increase access to care for underserved populations.	3.1.1.a By December 2015, increase adult referrals for Behavioral Health care services by 10% by December 2015.
		Increase access to care for underserved populations.	3.1.1.b By December 2014, provide integrated primary care and specialty health care services at Senior Friendship Center.

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Assure access to health care	3.1.2	Provide equal access to culturally and linguistically competent care.	3.2.1.f By December 2015, work with local partners to complete a community health assessment process which is consistent with standards set forth by the Public Health Accreditation Board (PHAB).
		Provide equal access to culturally and linguistically competent care.	3.2.1.g By December 2015, increase the number of organizational partners involved in the Healthy Sarasota County initiative by 50%.
		Provide equal access to culturally and linguistically competent care.	3.2.1.h By December 2015, increase the number of organizational partners involved in the Tobacco Free Partnership of Sarasota County by 50%.
Promote an integrated public health system.	3.2.1	Implement and link health improvement planning at state and local levels.	3.1.3.a By December 2015, the NP Health Center will be accredited as a Level I Patient-Centered Medical Home.
Promote an integrated public health system.	3.2.2	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	3.2.1.d By December 2016, increase participation of current members of ECDC-facilitated coalitions by 25% as evidenced by regular attendance at scheduled meetings. [IMM Coalition, SHAC, HANS].
		Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	3.2.1.e By December 2015, a functioning disaster preparedness and response healthcare coalition will be established in Sarasota/Charlotte Counties.
Promote an integrated public health system.	3.2.3	Support local efforts to revitalize communities.	

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Expediently license all healthcare professionals who meet statutorily mandated standards of competency.	3.3.1	Provide an efficient licensure process that meets statutory requirements.	
Attract, recruit, and retain a competent and credentialed workforce.	4.1.1	Implement a competency-based framework for recruitment and training.	2.2.1.a By December 2015, 100% of all staff and volunteers will receive clinic specific customer service training within 6 months of hire and annually thereafter.
		Implement a competency-based framework for recruitment and training.	4.1.1.d By December 2014, institute an all-agency recruitment and hiring process for 100% of new hires.
Attract, recruit, and retain a competent and credentialed workforce.	4.1.2	Provide trainings and resources that support and develop current public health employees.	4.1.2.b By December 2015, ECDC administrative support staff will receive training on 4 topics pertinent to their roles.
		Provide trainings and resources that support and develop current public health employees	4.1.1.b By December 2015, identify RN-specific core competencies and performance measures and plan and implement a primary care nursing staff development plan that reflects evidenced-based practice.
		Provide trainings and resources that support and develop current public health employees.	4.1.2.c By December 2015, 100% of essential staff will participate in the implementation of the agency's multi year Preparedness training and exercise plan.
		Provide trainings and resources that support and develop current public health employees.	4.1.2.d By December 2014, decrease staff turnover rate by 10% (from 30% to 27%).

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		Provide trainings and resources that support and develop current public health employees.	4.1.2.a By December 2015, Increase the number of education/training hours recorded in TRAIN by staff by 10%.
Ensure partnerships, systems and processes to support the future workforce.	4.2.1	Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.	4.1.2 b By December 2015, the number of employees participating on the Leadership Development Council will increased from 28 to 35 persons or more.
.		Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.	4.1.1.c By December 2015, the number of EH field staff who are Registered Sanitarians will increase by 400%.