

Orange CHD Alignment with Agency Strategic Plan

| Agency Strategic Plan Goal | Agency Strategic Plan Strategy No. | Agency Strategic Plan Strategy | DOH-Orange 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 | HS1.1 Reduce the bacterial STD case rate among females 15-34 years of age from 2627.3 per 100,000 to 2605 per 100,000 by December 31, 2015. |
| | | Prevent and control infectious disease | HS1.3 Reduce vaccine preventable disease rates to 1.8 per 100,000 by June 30, 2015. |
| | | Prevent and control infectious disease | HS1.4 Increase the percentage of two-year-olds who are fully immunized from 86.6% to 90% by December 31, 2015. |
| | | Prevent and control infectious disease | HS1.5 Reduce the AIDS case rate per 100,000 from 18.2 to 17.2 by December 31, 2015. |
| | | Prevent and control infectious disease | HS1.6 Reduce the TB case rate from 4.4 per 100,000 to 3.5 per 100,000 by December 31, 2015. |
| Protect the Population from health threats | 1.1.2 | Prevent and reduce illness, injury and death related to environmental factors | |
| Protect the Population from health threats | 1.1.3 | Minimize loss of life, illness, and injury from natural or man-made disasters | |
| Protect the Population from health threats | 1.1.4 | Prevent and reduce intentional and unintentional injuries. | |
| Reduce chronic disease morbidity and mortality | 1.2.1 | Increase the proportion of adults and children who are at a healthy weight. | HS1.8 Increase the percentage of students in grades 1, 3 and 6 who are identified as being at normal weight from 60% to 63% by December 31, 2015. |
| Reduce chronic disease morbidity and mortality | 1.2.2 | Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure. | CO1.2 Increase youth participation in tobacco related community activities by 10% (based on 2012 numbers) by December 31, 2014. |
| Improve maternal and child health | 1.3.1 | Reduce infant mortality. | HS1.7 Reduce the infant mortality rate from 6.4 per 1,000 live births to 6.1 by December 31, 2015. |

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| | | Reduce infant mortality. | HS1.2 Improve the Adequacy of Prenatal Care Utilization Index to 77.6% by December 31, 2015. |
| Improve maternal and child health | 1.3.2 | Meet special health care needs of children. | CO1.1 Increase the number of dental clients served by 10% (based on 2012 numbers) by December 31, 2015. |
| Improve efficiency and effectiveness | 2.1.1 | Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities. | |
| Improve efficiency and effectiveness | 2.1.2 | Use public health information technology and systems to efficiently improve business practices | CO3.1 Implement social media messaging for health education by December 31, 2015 |
| Improve efficiency and effectiveness | 2.1.3 | Adopt certified electronic health record software | HS2.1 All clinical programs and sites will have adopted the DOH certified Electronic Health Record.by June 20, 2013. |
| Improve efficiency and effectiveness | 2.1.4 | 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 | |

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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. | MVV1.1 Process map 33% of DOH-Orange key processes by December 30, 2013, 66% by June 30, 2014, and 100% by December 31, 2014. |
| | | Implement tools, processes and methods that support accountability and provide transparency in DOH administrative management systems. | MVV1.3 Implement or maintain at least three evidence-based practices by June 30, 2014. |
| 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. | |
| Maximize funding to accomplish the public health mission | 2.2.2 | Review and update fee policies and fee schedules. | |
| Promote a culture of organizational excellence. | 2.3.1 | Collect, track and use performance data to inform business decisions and continuously improve. | |

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| Promote a culture of organizational excellence. | 2.3.2 | Maintain a sustainable performance management framework. | MVV2.1. Train 90% of employees in PDCA training in Florida Train by December 31, 2013. |
| Promote a culture of organizational excellence. | 2.3.3 | Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions. | MVV1.2 Fully implement the Quality Management System (QMS) by December 31, 2013. |
| Optimize communications. | 2.4.1 | Develop, implement and improve internal and external communication strategies and plans. | |
| Promote an integrated public health system. | 3.1.1 | Implement and link health improvement planning at state and local levels. | HS3.1 Develop and Implement at least one example of Health Service Integration (colocated services and/or programs) in each Bureau.by December 31, 2015. |
| | | Implement and link health improvement planning at state and local levels. | CO2.1 Produce a current Community Health Improvement Plan by March 31, 2013. |
| Promote an integrated public health system. | 3.1.2 | Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals. | |
| Promote an integrated public health system. | 3.1.3 | Support local efforts to revitalize communities. | |

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| Assure access to health care | 3.2.1 | Increase access to care for underserved populations. | CO1.1 Increase the number of dental clients served by 10% (based on 2012 numbers) by December 31, 2015. |
| Assure access to health care | 3.2.2 | Provide equal access to culturally and linguistically competent care. | HS4.2 Implement a Culturally and Linguistically Appropriate Services (CLAS) self-assessment tool by June 30, 2014. |
| 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. | |
| Attract, recruit, and retain a competent and credentialed workforce. | 4.1.2 | Provide trainings and resources that support and develop current public health employees. | |
| 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. | WF1.1 Each year, 80% of activities identified in the DOH-Orange Agency Workforce Development Plan are completed based on the established schedule and full implementation by June 30, 2015. |