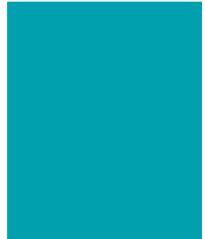


Florida Department of Health  
**Agency Strategic Plan**  
**2016–2020**



**Published January 2016**  
**Revised May 2017**  
**Revised December 2018**  
**Revised March 2019**



**Ron DeSantis**  
GOVERNOR



**Produced by:**  
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# Executive Summary

The Florida Department of Health (Department) conducted a strategic planning process during the summer of 2015 to define the direction and course of the agency for consumers, employees, administrators and legislators for the next three years. The plan will position the Department to operate as a sustainable integrated public health system and provide Florida's residents and visitors with quality public health services. It is a living document that the Department will evaluate and update regularly to address new challenges posed by the changing public health environment in Florida. See Appendix A for the planning and monitoring summary.

Executive leadership championed the two-month planning process and included numerous internal stakeholders including division and office directors, county health officers, program managers and program staff. See Appendix B for strategic planning participants. Leadership also engaged in discussions with the Executive Office of the Governor. The Department considered key support functions required for efficiency and effectiveness and sought to articulate what it plans to achieve as an organization, the actions it will take and how it will measure success.

The Department approached the strategic planning process with a number of guiding principles in mind.

- Children, adults and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
- Social determinants dominate health outcomes.
- Health equity promotion is part of every public health activity.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.

## Review and Revision Process

The Agency Performance Management Council, comprised of executive management, deputy secretaries, division and office directors and health officers representing each of the eight county health department consortia, monitors the Department's progress in achieving its strategic objectives and addresses areas for improvement on a quarterly and annual basis. The lead division or office for each objective provides updates on objectives that are not on track at the quarterly reviews; during annual reviews, the leads report progress and status for all objectives — completed, on track and not on track. Based on the reviews, the Agency Performance Management Council has the opportunity to revise strategic plan objectives.

The Agency Performance Management Council met in March 2017 to perform an annual review and evaluation of the plan. The Council modified objectives, deleted some and added others for 2017. On April 13, 2017, it met to further revise the plan and, in May 2017, finalized the revisions. A summary of these revisions can be found in Appendix C.

During the Health Equity program performance review at the December 2017 Agency Performance Management Council meeting, members drafted changes to some of the health equity objectives and then approved the changes at their January 2018 meeting. A summary of these revisions can be found in Appendix D. The Council did not identify any changing or emerging trends that affect effectiveness and/or strategies.

The Agency Performance Management Council met in June 2018 and July 2018 to conduct an annual review. Each lead division presented information on progress and obstacles encountered. Based on the review, 22 of the 39 objectives were on track or already completed while 17 were not on track or not completed. The Council modified, deleted and added objectives for 2018. A summary of these revisions can be found in Appendix E. The Council did not identify any changing or emerging trends that affect effectiveness and/or strategies.

The Agency Performance Management Council met in November 2018 and December 2018 and discussed the need to modify this plan based on emerging trends. Lead divisions presented information on proposed new and revised objectives. Based on the discussion, the Council added three new strategies, four new objectives and modified two objectives. A summary of these revisions can be found in Appendix F.

The Agency Performance Management Council met in March 2019 to conduct an annual review. Each lead division presented information on progress and obstacles encountered. Based on the review, 30 of the 41 objectives were on track or already completed while 11 were not on track or not completed. The Council modified, deleted and added objectives for 2019. A summary of these revisions can be found in Appendix G. The Council did not identify any changing or emerging trends that affect effectiveness and/or strategies.

# Mission, Vision and Values

## **Mission – Why do we exist?**

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

## **Vision – What do we want to achieve?**

To be the Healthiest State in the Nation.

## **Values – What do we use to achieve our mission and vision?**

**I**nnovation: We search for creative solutions and manage resources wisely.

**C**ollaboration: We use teamwork to achieve common goals & solve problems.

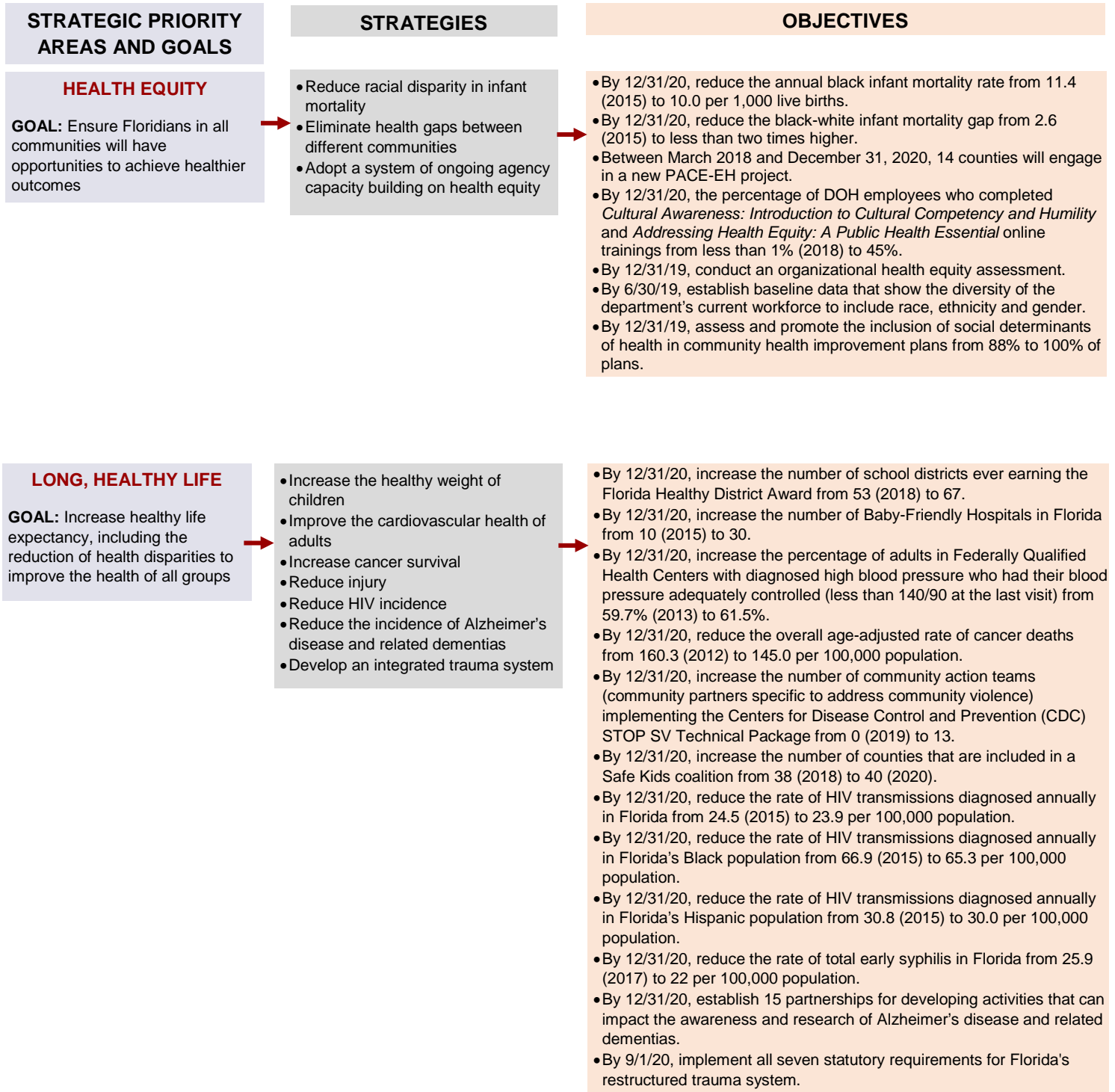
**A**ccountability: We perform with integrity & respect.

**R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.

**E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

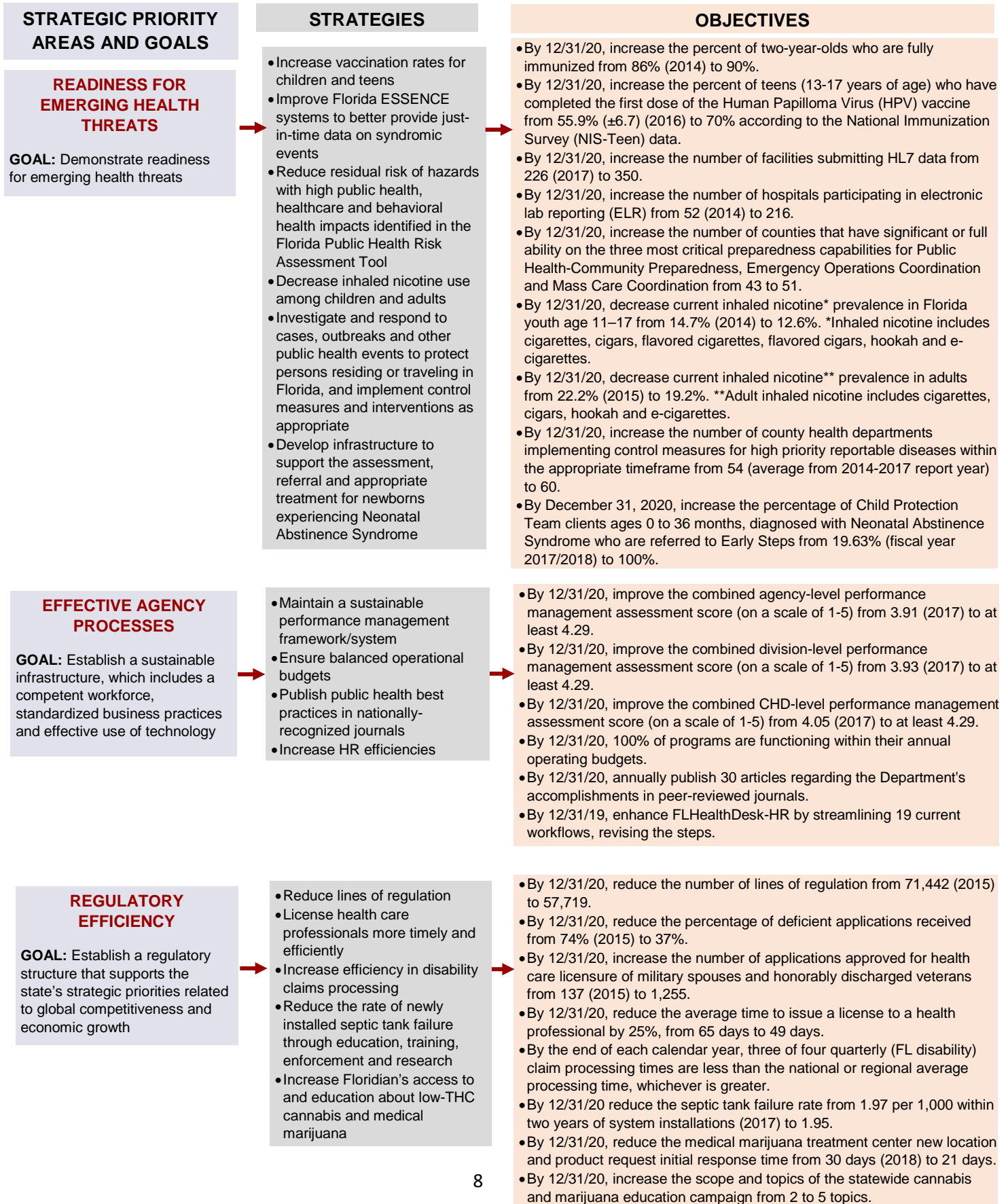
# Strategic Priorities

## STRATEGY MAP



# Strategic Priorities

## STRATEGY MAP CONTINUED





# Strategic Priorities

## Priority 1: Health Equity

**Goal 1.1:** Ensure Floridians in all communities will have opportunities to achieve healthier outcomes.

Strategy	Objective
1.1.1 Reduce racial disparity in infant mortality	A By December 31, 2020, reduce the annual black infant mortality rate from 11.4 (2015) to 10.0 per 1,000 live births.  <b>Lead:</b> Division of Community Health Promotion
	B By December 31, 2020, reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher.  <b>Lead:</b> Division of Community Health Promotion
1.1.2 Eliminate health gaps between different communities	A Between March 2018 and December 31, 2020, 14 counties will engage in a new PACE-EH project.  <b>Lead:</b> Division of Public Health Statistics and Performance Management
1.1.3 Adopt a system of ongoing agency capacity building on health equity	A By December 31, 2020, increase the percentage of DOH employees who completed <i>Cultural Awareness: Introduction to Cultural Competency and Humility</i> and <i>Addressing Health Equity: A Public Health Essential</i> online trainings from less than 1% (2018) to 45%.  <b>Lead:</b> Office of Minority Health and Health Equity
	B By December 31, 2019, conduct an organizational health equity assessment.  <b>Lead:</b> Office of Minority Health and Health Equity
	C By June 30, 2019, establish baseline data that show the diversity of the department's current workforce to include race, ethnicity and gender.  <b>Lead:</b> Division of Administration
	D By December 31, 2019, assess and promote the inclusion of social determinants of health in community health improvement plans from 88% to 100% of plans.  <b>Lead:</b> Division of Public Health Statistics and Performance Management

**Priority 2: Long, Healthy Life**

**Goal 2.1:** Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.

Strategy	Objective
2.1.1 Increase the healthy weight of children	<p>A By December 31, 2020, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
	<p>B By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 30.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
2.1.2 Improve the cardiovascular health of adults	<p>A By December 31, 2020, increase the percentage of adults in Federally Qualified Health Centers with diagnosed high blood pressure who had their blood pressure adequately controlled (less than 140/90 at the last visit) from 59.7% (2013) to 61.5%.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
2.1.3 Increase cancer survival	<p>A By December 31, 2020, reduce the overall age-adjusted rate of cancer deaths from 160.3 (2012) to 145.0 per 100,000 population.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
2.1.4 Reduce injury	<p>A By December 31, 2020, increase the number of community action teams (community partners specific to address community violence) implementing the Centers for Disease Control and Prevention (CDC) STOP SV Technical Package from 0 (2019) to 13.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
	<p>B By December 31, 2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40 (2020).</p> <p><b>Lead:</b> Division of Community Health Promotion</p>

2.1.5 Reduce HIV incidence	A	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida, from 24.5 (2015) to 23.9 per 100,000 population.  <b>Lead:</b> Division of Disease Control and Health Protection
	B	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 65.3 per 100,000 population.  <b>Lead:</b> Division of Disease Control and Health Protection
	C	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Hispanic population from 30.8 (2015) to 30.0 per 100,000 population.  <b>Lead:</b> Division of Disease Control and Health Protection
	D	By December 31, 2020, reduce the rate of total early syphilis in Florida from 25.9 (2017) to 22 per 100,000 population.  <b>Lead:</b> Division of Disease Control and Health Protection
2.1.6 Reduce the incidence of Alzheimer's disease and related dementias	A	By December 31, 2020, establish 15 partnerships for developing activities that can impact the awareness and research of Alzheimer's disease and related dementias.  <b>Lead:</b> Division of Community Health Promotion
2.1.7 Develop an integrated trauma system	A	By September 1, 2020, implement all seven statutory requirements for Florida's restructured trauma system.  <b>Lead:</b> Division of Emergency Preparedness and Community Support

### **Priority 3: Readiness for Emerging Health Threats**

#### **Goal 3.1: Demonstrate readiness for emerging health threats.**

<b>Strategy</b>	<b>Objective</b>
3.1.1 Increase vaccination rates for children and teens	A By December 31, 2020, increase the percent of two-year-olds who are fully immunized from 86% (2014) to 90%.  <b>Lead:</b> Division of Disease Control and Health Protection
	B By December 31, 2020, increase the percent of teens (13-17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine from 55.9% (±6.7) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.  <b>Lead:</b> Division of Disease Control and Health Protection
3.1.2 Improve Florida ESSENCE systems to better provide just-in-time data on syndromic events	A By December 31, 2020, increase the number of facilities submitting HL7 data from 226 (2017) to 350.  <b>Lead:</b> Division of Disease Control and Health Protection
	B By December 31, 2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 216.  <b>Lead:</b> Division of Disease Control and Health Protection
3.1.3 Reduce residual risk of hazards with high public health, healthcare and behavioral health impacts identified in the Florida Public Health Risk Assessment Tool	A By December 31, 2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities for Public Health-Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 to 51.  <b>Lead:</b> Division of Emergency Preparedness and Community Support

<p>3.1.4 Decrease inhaled nicotine use among children and adults</p>	<p>A By December 31, 2020, decrease current inhaled nicotine* prevalence in Florida youth age 11–17 from 14.7% (2014) to 12.6%. *Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
	<p>B By December 31, 2020, decrease current inhaled nicotine** prevalence in adults from 22.2% (2015) to 19.2%. **Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes.</p> <p><b>Lead:</b> Division of Community Health Promotion</p>
<p>3.1.5 Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida, and implement control measures and interventions as appropriate</p>	<p>A By December 31, 2020, increase the number of county health departments implementing control measures for high priority reportable diseases within the appropriate timeframe from 54 (average from 2014-2017 report year) to 60.</p> <p><b>Lead:</b> Division of Disease Control and Health Protection</p>
<p>3.1.6 Develop infrastructure to support the assessment, referral and appropriate treatment for newborns experiencing Neonatal Abstinence Syndrome</p>	<p>A By December 31, 2020, increase the percentage of Child Protection Team clients ages 0 to 36 months, diagnosed with Neonatal Abstinence Syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) to 100%.</p> <p><b>Lead:</b> Division of Children’s Medical Services</p>

## **Priority 4: Effective Agency Processes**

**Goal 4.1:** Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.

<b>Strategy</b>	<b>Objective</b>
4.1.1 Maintain a sustainable performance management framework/system	A By December 31, 2020, improve the combined agency-level performance management assessment score (on a scale of 1-5) from 3.91 (2017) to at least 4.29.  <b>Lead:</b> Division of Public Health Statistics and Performance Management
	B By December 31, 2020, improve the combined division-level performance management assessment score (on a scale of 1-5) from 3.93 (2017) to at least 4.29.  <b>Lead:</b> Division of Public Health Statistics and Performance Management
	C By December 31, 2020, improve the combined CHD-level performance management assessment score (on a scale of 1-5) from 4.05 (2017) to at least 4.29.  <b>Lead:</b> Division of Public Health Statistics and Performance Management
4.1.2 Ensure balanced operational budget	A By December 31, 2020, 100% of programs are functioning within their annual operating budgets.  <b>Lead:</b> Office of Budget and Revenue Management
4.1.3 Publish public health best practices in nationally-recognized journals	A By December 31, 2020, annually publish 30 articles regarding the Department's accomplishments in peer-reviewed journals.  <b>Lead:</b> Division of Community Health Promotion
4.1.4 Increase HR efficiencies	A By December 31, 2019, enhance FLHealthDesk-HR by streamlining 19 current workflows, revising the steps.  <b>Lead:</b> Division of Administration

## **Priority 5: Regulatory Efficiency**

**Goal 5.1:** Establish a regulatory structure that supports the state’s strategic priorities related to global competitiveness and economic growth.

<b>Strategy</b>	<b>Objective</b>
5.1.1 Reduce lines of regulation	<p>A By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 57,719.</p> <p><b>Lead:</b> Office of the General Counsel</p>
5.1.2 License health care professionals more timely and efficiently	<p>A By December 31, 2020, reduce the percentage of deficient applications received from 74% (2015) to 37%.</p> <p><b>Lead:</b> Division of Medical Quality Assurance</p>
	<p>B By December 31, 2020, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 137 (2015) to 1,255.</p> <p><b>Lead:</b> Division of Medical Quality Assurance</p>
	<p>C By December 31, 2020, reduce the average time to issue a license to a health professional by 25%, from 65 days to 49 days.</p> <p><b>Lead:</b> Division of Medical Quality Assurance</p>
5.1.3 Increase efficiency in disability claims processing	<p>A By the end of each calendar year, three of four quarterly (FL disability) claim processing times are less than the national or regional average processing time, whichever is greater.</p> <p><b>Lead:</b> Division of Disability Determinations</p>
5.1.4 Reduce the rate of newly installed septic tank failure through education, training, enforcement and research	<p>A By December 31, 2020 reduce the septic tank failure rate from 1.97 per 1,000 within two years of system installations (2017) to 1.95.</p> <p><b>Lead:</b> Division of Disease Control and Health Protection</p>
5.1.5 Increase Floridian’s access to and education about low-THC cannabis and medical marijuana	<p>A By December 31, 2020, reduce the medical marijuana treatment center new location and product request initial response time from 30 days (2018) to 21 days.</p> <p><b>Lead:</b> Office of Medical Marijuana Use</p>
	<p>B By December 31, 2020, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 to 5 topics.</p> <p><b>Lead:</b> Office of Medical Marijuana Use</p>

# Appendix A

## Planning and Monitoring Summary

The Florida Department of Health executive leadership, composed of the State Surgeon General, the Chief of Staff and the deputies, oversaw the development of the Agency Strategic Plan. Executive leadership developed the timeline and framework for the plan and agreed to preserve the Department's current mission, vision and values. Staff conducted an environmental scan of the agency (sources listed in Appendix H) and executive leadership reviewed the environmental scan and progress of the current Agency Strategic Plan to formulate potential strategic priority areas. After deliberation and discussion with the governing body and external partners, executive leadership finalized the strategic priority areas: healthy moms and babies (changed to health equity in 2017); long, healthy life; readiness for emerging health threats; effective agency processes and regulatory efficiency.

Department staff presented the environmental scan analysis to state health office division and office directors who reviewed the findings and participated in a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT). They included information management, communications including branding, programs and services, budget (financial sustainability) and workforce development as agenda items for discussion in the SWOT meeting. Executive leadership then used the SWOT analysis (Appendix I), environmental scan and agency mission, vision and values to develop agency goals and strategies.

During a two-day meeting with staff from various levels in the Department, including representatives from each regional county health department consortium and program council, attendees provided input and feedback on the goals and developed strategies and measurable objectives. Facilitators worked with program managers and their staff to review and verify the strategies and objectives for each priority area. The revised proposal was routed back to executive leadership for comment and approval.

The following table presents the Agency Strategic Plan meeting schedule.

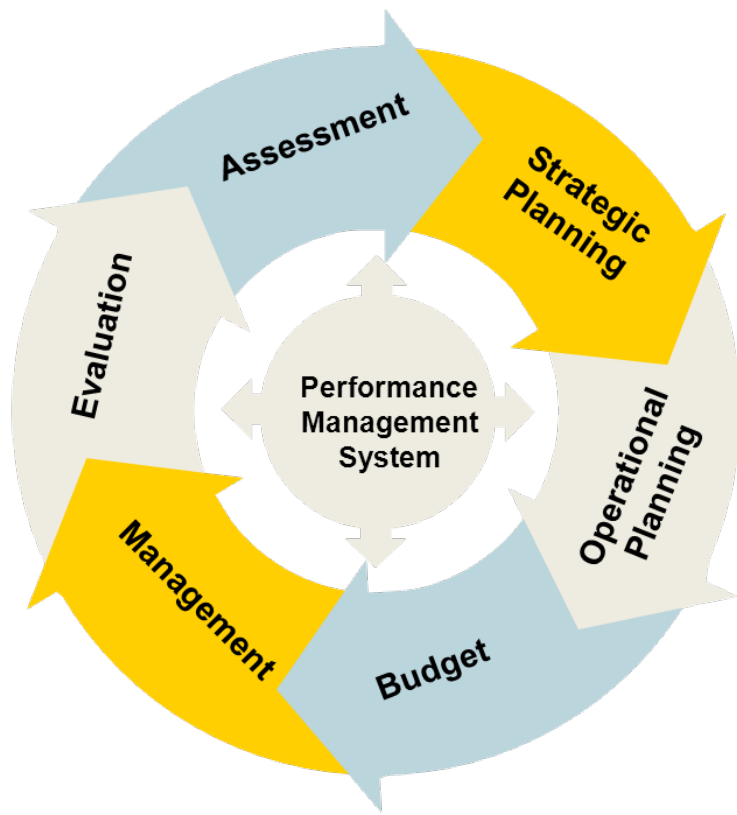
DATE	MEETING TOPIC	ATTENDEES
June 22, 2015	Establish timeline, mission, vision and values.	Executive Leadership
June 29, 2015	Review environmental scan and discuss possible strategic priority areas.	Executive Leadership
July 23, 2015	Finalize strategic priority areas.	Executive Leadership, Governing Body & External Partners
July 29, 2015	SWOT Analysis.	Executive Leadership & State Health Office Directors
July 30, 2015	Review SWOT analysis and develop goals and strategies for Agency Strategic Plan.	Executive Leadership
Aug. 3-4, 2015 (face-to-face meeting)	Review current Agency Strategic Plan, provide input on the goals and propose measurable objectives and activities.	Various staff (see Appendix B)
Aug. 11, 2015	Discuss proposal and draft Agency Strategic Plan.	Executive Leadership
Aug. 31, 2015	Discuss and modify draft Agency Strategic Plan.	Executive Leadership



Sept. 21, 2015	Review final draft of Agency Strategic Plan goals and objectives.	Executive Leadership
March 10, 2017	Annual evaluation and review of plan.	Agency Performance Management Council
April 13, 2017	Further revision of plan.	Agency Performance Management Council
May 4, 2017	Finalized revised plan.	Agency Performance Management Council
December 14, 2017	Drafted revised health equity objectives during Health Equity program performance review.	Agency Performance Management Council
January 19, 2018	Approved health equity objectives.	Agency Performance Management Council
June 21, 2018	Reviewed and drafted revisions to objectives under Priority Areas #1 and #2.	Agency Performance Management Council
July 12, 2018	Reviewed and drafted revisions to objectives under Priority Areas #3, #4 and #5.	Agency Performance Management Council
August 27, 2018	Approved changes to objectives.	Agency Performance Management Council
November 8, 2018	Approved changes to objectives.	Agency Performance Management Council
December 13, 2018	Approved changes to objectives.	Agency Performance Management Council
March 14, 2019	Annual evaluation and review of plan.	Agency Performance Management Council

**Monitoring Summary**

As shown in the image on the next page, strategic planning is a key component of the larger performance management system. This statewide performance management system is the cornerstone of the Department’s organizational culture of accountability and performance excellence. The Agency Performance Management Council consists of the State Surgeon General and Secretary, Chief of Staff, five deputy secretaries, eight division/office directors and eight county health department directors representing each of the eight county health department consortia in the state. This Council is responsible for measuring, monitoring and reporting progress on the goals and objectives of the Agency Strategic Plan, State Health Improvement Plan and Agency Quality Improvement Plan as well as general performance management. The Council meets monthly to advise and guide the creation, deployment and continuous evaluation of the Department’s performance management system and its components. Each objective has been assigned to a division within the agency (Appendix J) for implementation and quarterly reporting to Florida Health Performs. The Agency Performance Management Council reviews quarterly agency strategic plan tracking reports for progress toward goals. Annually, the Council will approve an agency strategic plan progress report, assessing progress toward reaching goals, objectives and achievements for the year. The Agency Strategic Plan will be reviewed each year, based on an assessment of availability of resources, data, community readiness, the current progress and the alignment of goals.



**Leadership, Workforce and Infrastructure**

# Appendix B

## The Florida Department of Health Agency Strategic Planning Participants 2019

### **Executive Leadership**

Jennifer Johnson  
Interim Assistant Deputy  
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Paul D. Myers  
Deputy Secretary for  
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Karen Chapman  
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Adrian Cooksey  
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Miranda Hawker  
DOH-Indian River

Heather Huffman  
DOH-Clay

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DOH-Holmes  
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2016**

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# Appendix C

## Summary of May 2017 Revisions to Objectives

The Agency Performance Management Council met on March 10, 2017 to perform an annual review and evaluation of the plan. The Council revised 16 objectives, deleted nine and added 15 for 2017. On April 13, 2017, the Council met to further revise the plan and finalized the revisions May 4, 2017. See the table below for revised, deleted and new objectives per priority area.

Revised, Deleted and Added Objectives Per Priority Area	
Priority Area 1: Health Equity	
Revised Objectives	<p><u>By December 31, 2018, reduce the annual black infant mortality rate from 11.4 (2015) to 8.3 per 1,000 live births.</u></p> <p><u>By December 31, 2018, reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher.</u></p> <p><del>By December 31, 2018, reduce the three-year rolling average of black infant mortality rate from 10.9 (2012-2014) to 8.3 per 1,000 live births and reduce black-white infant mortality gap from 2.25 to less than 2 times higher or reduce the black-white infant mortality gap by 12%.</del></p>
New Objectives	<p>By December 2018, establish a reporting structure for reporting progress and best practices and measure the percent of increase in number of new partners that collaborate with health departments to address one or more local community health influences.</p> <p>By December 31, 2018, 10 county health departments who have not completed a community environmental health assessment will be engaged with an under-resourced community to identify their environmental health issues, set priorities for action and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).</p> <p>By December 2017, develop and provide social determinants of health trainings and tools to CHDs and state office program staff.</p> <p>By December 31, 2017, conduct an organizational health equity assessment, including establishing a baseline of number of community health improvement plans that include addressing the social determinants of health.</p> <p>By December 31, 2018, develop a process to recruit and retain a diverse workforce equipped to address health equity.</p>
Priority Area 2: Long, Healthy Life	
Revised Objectives	<p>By December 31, 2018, reduce the overall age-adjusted rate of <del>new</del> <u>deaths</u> from 160.3 <del>424.6</del> (2012) to 145.0 <del>400</del> per 100,000.</p> <p>By December 31, 2018, decrease the <del>age-adjusted unintentional</del> <u>age-adjusted</u> injury death rate from <del>66.88 (2015) 46.7 (2014)</del> to <u>60.19 38.7</u> per 100,000.</p> <p>By December 31, 2018, increase the proportion of <u>People Living with HIV (PLWH) in Florida ADAP clients with a suppressed an undetectable viral load (&lt;200/ml)</u> from <del>56% 89%</del> (2014) to <u>63% 92%</u>.</p>
Deleted Objectives	<p>By December 31, 2018, increase the percentage of children in grade 1 who are at a healthy weight from 66% (2013) to 70%.</p> <p>By December 31, 2018, increase the percentage of adults in Florida who are at a healthy weight from 35% (2013) to 38%.</p>

	By December 31, 2018, reduce the number of adults who report ever being told they had coronary heart disease, heart attack, or stroke from 10.3% (2013) to 9.8%.
New Objectives	By December 31, 2018, increase the number of schools ever earning the Healthier US Schools Challenge: Smarter Lunchroom recognition from 374 to 600, with a focus on Title I schools.
	By December 31, 2018, increase the number of Baby-Friendly Hospitals in Florida from 10 to 14.
	By December 31, 2018, increase the percentage of adults receiving services from Federally Qualified Health Centers with diagnosed high blood pressure that had their blood pressure adequately controlled (<140/90) during the measurement period from 59.7% to 61.5%.
	By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's Hispanic population from 1,281 (2014) to 1,182.
	By July 1, 2017, restructure Florida's current trauma allocation methodology and standards.
<b>Priority Area 3: Readiness for Emerging Health Threats</b>	
Revised Objectives	By December 31, 2018, increase percent of teens who have completed the first HPV shot from <del>57.2% (2014)</del> to <u>70%</u> .
	<u>By December 31, 2018, increase percent of female teens (13-17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine from 57.2% (2014) to 70% according to the National Immunization Survey (NIS-Teen) data.</u>
	<u>By December 31, 2018, increase the percent of male teens (13-17 years of age) who have completed the first dose of Human Papilloma Virus (HPV) vaccines from 41.0% (2014) to 50%, according to the National Immunization Survey Teen (NIS-Teen) data.</u>
	By December 31, 2018, increase Florida's National Health Security Preparedness Index (NHSPI) score from <u>7.3</u> (2015) <del>7.8 (2014)</del> to <u>7.8</u> <del>8.1</del> .
	By December 31, 2018, decrease current inhaled nicotine** prevalence in adults from <u>22.2%</u> (2015) <del>21.3% (2014)</del> to 19.2%. **Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes.
<b>Priority Area 4: Effective Agency Processes</b>	
Revised Objectives	By June 30 <u>of each year</u> , <del>2016</del> , 100% of programs are functioning within their annual operating budgets
	By December 31, <u>2017</u> <del>2016</del> , complete a comparative analysis of agency IT expenditure.
	By December 31, 2018, publish <u>16</u> <del>five</del> articles regarding the Department's accomplishments in peer-reviewed journals.
Deleted Objectives	By June 30, 2018, increase communication products from 3000 (2015) to 3600.
	By December 31, 2016, increase participation of DOH employees in one or more professional development opportunities to 50%.
	By December 31, 2016, implement the operational plan for Human Resources Consortiums.
	By December 31, 2016, provide evidence for value/ROI for consolidating billing functions.
	By December 31, 2017, reduce administrative costs associated with Title XIX and Title XXI to 6.58.0% of plan expenditures.

New Objectives	By December 31, 2018, create and implement a workforce development plan that contains the necessary requirements from the Public Health Accreditation Board listed in Standards 8.1 and 8.2.
	By December 31, 2018, demonstrate the benefits of consolidated billing functions by showing overall savings, improved collection rates and lower denial rates for CHDs in billing consortiums.
	By December 31, 2017, receive an actuarially sound administrative cost target for the CMS (Children’s Medical Services) Managed Care Plan and develop a health plan service delivery contracting model(s) by January 2018.
	By December 31, 2017, implement 19 processes in the FLHealthDesk-HR system to automate HR paper forms and increase efficient and effective HR management practices.
<b>Priority Area 5: Regulatory Efficiency</b>	
Revised Objectives	By June 30, <del>2018</del> 2016, reduce the number of lines of regulation by 15% from 71,442 (2015) to 60,725.
	By December 31, <del>2018</del> 2017, reduce by 50% the percentage of deficient applications received from 74% (2015) to 37%.
	By December 31, <del>2018</del> 2016, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to 206.
	By the end of each calendar year <del>December 31, 2016</del> , ensure that three of four quarterly (FL disability) claim processing times are less than the national average processing time.
Deleted Objective	By December 31, 2017, establish enterprise solutions for all department regulatory functions.
New Objective	By January 2018, reduce the average time to issue a license to a health professional by 25% from 65 days to 49 days.

# Appendix D

## Summary of December 2017 Revisions to Objectives

The Agency Performance Management Council met on December 14, 2017 to conduct a program performance review of Health Equity. The Council drafted revisions to two objectives. On January 19, 2018, the Council met and approved the changes as depicted in the table below which shows revised objectives and lead reassignment per priority area.

Revised, Deleted and Added Objectives Per Priority Area	
Priority Area 1: Health Equity	
Revised Objectives	<p><u>By December 31, 2018, establish a reporting structure for reporting progress on health equity initiatives and best practices.</u></p> <p><u>By December 31, 2018, establish new and enhance existing partnerships collaborating with health departments to address the social determinants of health.</u></p> <p><del>By December 2018, establish a reporting structure for reporting progress and best practices and measure the percent of increase in number of new partners that collaborate with health departments to address one or more local community health influences.</del></p> <p><u>By December 31, 2018, assess and promote the inclusion of social determinants of health in of community health improvement plans from 92% to 100% of plans.</u></p> <p><u>By December 31, 2018, conduct an organizational health equity assessment.</u></p> <p><del>By December 31, 2017, conduct an organizational health equity assessment, including establishing a baseline of number of community health improvement plans that include addressing the social determinants of health.</del></p>
Lead Reassignment	<p>By December 31, 2018, develop a process to recruit and retain a diverse workforce equipped to address health equity.</p> <p><u>Lead: Division of Administration</u></p> <p><del>Lead: Office of Minority Health and Health Equity</del></p>

# Appendix E

## Summary of June/July 2018 Revisions to Objectives

The Agency Performance Management Council met on June 21, 2018 and July 12, 2018 to perform an annual review and evaluation of the plan. On August 27, 2018, the Council met and approved the changes as depicted in the table below which shows revised, deleted and new objectives per priority area.

Revised, Deleted and Added Objectives Per Priority Area	
Priority Area 1: Health Equity	
Revised Objectives	By December 31, <del>2018</del> 2020, reduce the annual black infant mortality rate from 11.4 (2015) to 8.3 per 1,000 live births.
	By December 31, <del>2018</del> 2020, reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher.
	<del>By December 31, 2018, 10 county health departments who have not completed a community environmental health assessment will be engaged with an under-resourced community to identify their environmental health issues, set priorities for action and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).</del>
	<u>Between March 2018 and December 31, 2020, ten counties will engage in a new PACE-EH project.</u>
	<del>By December 2017, develop and provide social determinants of health trainings and tools to CHDs and state office program staff.</del>
	<u>By December 2020, the number of DOH employees who completed all three parts of the FDOH Health Equity and Social Justice 101 training will increase from 1,320 to 14,130.</u>
Revised Objectives	<del>By December 31, 2018, develop a process to recruit and retain a diverse workforce equipped to address health equity.</del>
	<u>By June 30, 2019, actively recruit, employ, retain and advance a diverse workforce equipped to address health equity and that represents the areas that are being serviced by the Department of Health.</u>
Priority Area 2: Long, Healthy Life	
Revised Objectives	By December 31, 2018, increase the number of schools ever earning the Healthier US Schools Challenge: Smarter Lunchroom recognition from 374 <del>(2015)</del> to <del>600</del> 650, with a focus on Title I schools.
	By December 31, <del>2018</del> 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 <del>(2015)</del> to <del>14</del> 20.
	By December 31, <del>2018</del> 2020, increase the percentage of adults receiving services from <del>in</del> Federally Qualified Health Centers with diagnosed high blood pressure that <del>who</del> had their blood pressure adequately controlled (less than 140/90 <u>at the last visit</u> ) <del>during the measurement period</del> from 59.7% <del>(2013)</del> to 61.5%.

	By December 31, <del>2018</del> <u>2020</u> , reduce the overall age-adjusted rate of cancer deaths from 160.3 (2012) to 145.0 <u>per 100,000 population</u> .
	By December 2018, reduce the number of newly diagnosed HIV infections in Florida by 2% annually, from 4,613 (2014) to 4,255.  <u>By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida, from 24.5 (2015) to 23.9 per 100,000 population.</u>
	By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,867.  <u>December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 65.3 per 100,000 population.</u>
	By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's Hispanic population from 1,281 (2014) to 1,182.  <u>By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Hispanic population from 30.8 (2015) to 30.0 per 100,000 population.</u>
	By December 31, <del>2018</del> <u>2020</u> , increase the proportion of People Living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 56% (2014) to 63%.
	By December 31, <del>2018</del> <u>2020</u> , reduce the rate of total early syphilis in Florida from <del>48.5 (2014)</del> <u>25.9 (2017)</u> to 17.9 <u>22</u> per 100,000 population.
	By December 31, <del>2018</del> <u>2020</u> , establish <del>5-10</del> <u>5-10</u> partnerships for developing activities that can impact the <del>incidence</del> <u>awareness and research</u> of Alzheimer's disease and related dementias.
Deleted Objectives	By December 31, 2018, decrease the age-adjusted injury death rate from 66.88 (2015) to 60.19 per 100,000.
	By July 1, 2017, restructure Florida's current trauma allocation methodology and standards.
New Objectives	By December 31, 2020, decrease the age-adjusted, non-drug related injury rate from 9,682.4 (2016) to 8,714.2 per 100,000 population.
	By December 31, 2020, decrease the age-adjusted, non-drug related death rate from 53.6 (2016) to 48.2 per 100,000 population.
	By September 1, 2020, implement all seven statutory requirements for Florida's restructured trauma system.
<b>Priority Area 3: Readiness for Emerging Health Threats</b>	
Revised Objectives	By December 31, <del>2018</del> <u>2020</u> , increase the percent of two-year-olds who are fully immunized from 86% (2014) to 90%.
	By December 31, <del>2018</del> <u>2020</u> , increase the percent of female teens (13–17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine from 57.2% (2014) to 70%, according to the National Immunization Survey (NIS-Teen) data.



	By December 31, <del>2018</del> <u>2020</u> , increase the percent of male teens (13–17 years of age) who have completed the first dose of Human Papilloma Virus (HPV) vaccines from 41.0% (2014) to <del>50</del> <u>70</u> %, according to the National Immunization Survey Teen (NIS-Teen) data.
	By December 31, <del>2018</del> <u>2020</u> , increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 110.
	By December 31, <del>2018</del> <u>2020</u> , decrease current inhaled nicotine* prevalence in Florida youth age 11–17 from 14.7% (2014) to 12.6%. *Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes.
	By December 31, <del>2018</del> <u>2020</u> , decrease current inhaled nicotine** prevalence in adults from 22.2% (2015) to 19.2%. **Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes.
Deleted Objectives	By December 31, 2018, 88 facilities using flat files to populate ESSENCE will convert to HL7.
	By December 31, 2018, increase Florida's National Health Security Preparedness Index (NHSPI) score from 7.3 (2015) to 7.8.
New Objectives	By December 31, 2020, increase the number of facilities submitting HL7 data from 226 (2017) to 246.
	By December 31, 2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities for Public Health-Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 to 51.
<b>Priority Area 4: Effective Agency Processes</b>	
Revised Objectives	By <del>June 30 of each year</del> <u>December 31, 2020</u> , 100% of programs are functioning within their annual operating budgets.
	By <del>December 31, 2017</del> <u>June 30, 2018</u> , complete a comparative analysis of agency IT expenditures.
	By December 31, <del>2018</del> <u>2020</u> , annually publish 16 articles regarding the Department's accomplishments in peer-reviewed journals.
	By December 31, <del>2017</del> <u>2019</u> , <del>enhance implement 19 processes in the FLHealthDesk-HR system to automate HR paper forms and increase efficient and effective HR management practices</del> by streamlining 19 current workflows, revising the steps.
Deleted Objective	By December 31, 2017, receive an actuarially sound administrative cost target for the CMS Managed Care Plan and develop a health plan service delivery contracting model(s) by January 2018.

Priority Area 5: Regulatory Efficiency	
Revised Objectives	By <del>June 30, 2018</del> <u>December 31, 2020</u> , reduce the number of lines of regulation from 71,442 (2015) to 60,725.
	By December 31, <del>2018</del> <u>2020</u> , increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to <del>206</del> <u>1,255</u> .
	By the end of each calendar year, three of four quarterly (FL disability) claim processing times are less than the national <u>or regional</u> processing time, <u>whichever is greater</u> .

# Appendix F

## Summary of November/December 2018 Revisions to Objectives

The Agency Performance Management Council met on November 8, 2018 and December 13, 2018 and approved the changes as depicted in the table below which shows revised and new objectives per priority area.

Revised, Deleted and Added Objectives Per Priority Area	
Priority Area 1: Health Equity	
Revised Objectives	<p><del>By December 2020, the number of DOH employees who completed all three parts of the FDOH Health Equity and Social Justice 101 training will increase from 1,320 to 14,130.</del></p> <p>By December 31, 2020, the number of DOH employees who completed <i>Cultural Awareness: Introduction to Organizational Cultural Competence</i> and <i>Addressing Health Equity: A Public Health Essential</i> online trainings will increase from less than 1% (2018) to 45%.</p> <p><del>By December 31, 2018</del> <u>June 30, 2019</u>, conduct an organizational health equity assessment.</p>
Priority Area 3: Readiness for Emerging Health Threats	
Revised Objective	By December 31, 2020, increase the number of facilities submitting HL7 data from 226 (2017) to <del>246</del> <u>350</u> .
New Objectives	<p>By December 31, 2020, increase the number of county health departments implementing control measures for high priority reportable diseases within the appropriate timeframe from 54 (average from 2014-2017 report year) to 60.</p> <p>By December 31, 2020, increase the percentage of Child Protection Team clients diagnosed with Neonatal Abstinence Syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) to 100%.</p>
Priority Area 5: Regulatory Efficiency	
New Objectives	<p>By December 31, 2020 reduce the septic tank failure rate from 1.97 per 1,000 within two years of system installations (2017) to 1.95.</p> <p>By December 31, 2020, reduce the medical marijuana treatment center new location and product request initial response time from 30 days (2018) to 21 days.</p> <p>By December 31, 2020, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 to 5 topics.</p>

# Appendix G

## Summary of March 2019 Revisions to Objectives

The Agency Performance Management Council met on March 14, 2019 and approved the changes as depicted in the table below which shows revised, deleted and new objectives per priority area.

Revised, Deleted and Added Objectives Per Priority Area	
Priority Area 1: Health Equity	
Revised Objectives	By December 31, 2020, reduce the annual black infant mortality rate from 11.4 (2015) to <del>8.3</del> <u>10.0</u> per 1,000 live births.
	Between March 2018 and December 31, 2020, <del>40</del> <u>14</u> counties will engage in a new PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) project.
	By December 31, 2020, increase the <u>percent</u> <del>number</del> of DOH employees who completed <del>Cultural Awareness: Introduction to Organizational Cultural Competence</del> <u>Cultural Awareness: Introduction to Cultural Competency and Humility</u> and <u>Addressing Health Equity: A Public Health Essential</u> online trainings from less than 1% (2018) to 45%.
	By <del>June 30</del> , <u>December 31, 2019</u> , conduct an organizational health equity assessment.
	By December 31, <del>2019</del> <u>2019</u> , assess and promote the inclusion of social determinants of health in community health improvement plans from <del>92%</del> <u>88%</u> to 100% of plans.
Deleted Objectives	By December 31, 2018, establish a reporting structure for reporting progress on health equity initiatives and best practices.
	By December 31, 2018, establish new and enhance existing partnerships collaborating with health departments to address the social determinants of health.
Priority Area 2: Long, Healthy Life	
Revised Objectives	By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to <del>20</del> <u>30</u> .
	By December 31, 2020, establish <del>40</del> <u>15</u> partnerships for developing activities that can impact the awareness and research of Alzheimer's disease and related dementias.
New Objectives	By December 31, 2020, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.
	By December 31, 2020, increase the number of community action teams (community partners specific to address community violence) implementing the Centers for Disease Control and Prevention (CDC) STOP SV Technical Package from 0 (2019) to 13.
	By December 31, 2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40 (2020).

Deleted Objectives	By December 31, 2018, increase the number of schools ever earning the Healthier US Schools Challenge: Smarter Lunchroom recognition from 374 (2015) to 650, with a focus on Title I schools
	By December 31, 2020, decrease the age-adjusted, non-drug related injury rate from 9,682.4 (2016) to 8,714.2 per 100,000 population.
	By December 31, 2020, decrease the age-adjusted, non-drug related death rate from 53.6 (2016) to 48.2 per 100,000 population.
	By December 31, 2020, increase the proportion of People Living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 56% (2014) to 63%.
<b>Priority Area 3: Readiness for Emerging Health Threats</b>	
Revised Objectives	By December 31, 2020, increase the percent of <del>female</del> teens (13–17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine from <del>57.2% (2014)</del> <u>55.9% (±6.7) (2016)</u> to 70%, according to the National Immunization Survey (NIS-Teen) data.
	By December 31, 2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to <del>44</del> <u>216</u> .
	By December 31, 2020, increase the percentage of Child Protection Team clients <u>ages 0 to 36 months</u> , diagnosed with Neonatal Abstinence Syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) to 100%.
Deleted Objective	By December 31, 2020, increase the percent of male teens (13–17 years of age) who have completed the first dose of Human Papilloma Virus (HPV) vaccines from 41.0% (2014) to 70%, according to the National Immunization Survey Teen (NIS-Teen) data.
<b>Priority Area 4: Effective Agency Processes</b>	
Revised Objective	By December 31, 2020, annually publish <del>46</del> <u>30</u> articles regarding the Department's accomplishments in peer-reviewed journals.
New Objectives	By December 31, 2020, improve the combined agency-level performance management assessment score (on a scale of 1-5) from 3.91 (2017) to at least 4.29.
	By December 31, 2020, improve the combined division-level performance management assessment score (on a scale of 1-5) from 3.93 (2017) to at least 4.29.
	By December 31, 2020, improve the combined CHD-level performance management assessment score (on a scale of 1-5) from 4.05 (2017) to at least 4.29.
Deleted Objectives	By December 31, 2018, create and implement a workforce development plan that contains the necessary requirements from the Public Health Accreditation Board listed in Standards 8.1 and 8.2.
	By June 30, 2018, complete a comparative analysis of agency IT expenditures
	By December 31, 2018, demonstrate the benefits of consolidated billing functions by showing overall savings, improved collection rates and lower denial rates for CHDs in billing consortiums.
<b>Priority Area 5: Regulatory Efficiency</b>	
Revised Objective	By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to <del>59,074</del> <u>57,719</u> .

# Appendix H

## Environmental Scan Resources

Appendix H is a list of the resources used to conduct the environmental scan that was done to develop this strategic plan in considering factors that influence the direction and goals of the Department.

1. 2015 State Themes and Strengths Assessment
2. [Agency strategic plan status report](#)
3. [Alzheimer's Disease Facts and Figures 2015](#)
4. [Alzheimer's Disease Research Grant Advisory Board Annual Report FY 2014-2015](#)
5. [Assessment of County Health Department Immunization Coverage Levels in Two-Year-Old Children 2015](#)
6. [Behavioral Risk Factor Surveillance System \(BRFSS\) 2013](#)
7. [Biomedical Research Advisory Council Annual Report 2013-2014](#)
8. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
9. [Division of Medical Quality Assurance Annual Report and Long Range Plan FY 2013-2014](#)
10. [Employee Satisfaction Survey 2015 results](#)
11. [Florida Department of Health, Long Range Program Plan 2015-16 through 2019-20](#)
12. [Florida Department of Health, Office of Inspector General Annual Report FY 2013-2014](#)
13. [Florida Department of Health, Year in Review 2013-2014](#)
14. [Florida Middle School Health Behavior Survey Results for 2013](#)
15. [Florida Morbidity Statistics Report, 2013](#)
16. [Florida Pregnancy Risk Assessment Monitoring System Trend Report 2000-2011 Executive Summary](#)
17. [Florida Strategic Plan for Economic Development](#)
18. [Florida Vital Statistics Annual Report 2014](#)
19. [Florida Youth Risk Behavior Survey Results for 2013](#)
20. [Florida Youth Tobacco Survey Results for 2014](#)
21. Health Status Assessment 2015
22. [Healthiest weight state profile](#)
23. Leading causes of injury
24. Leading rankable causes of death
25. [Physician Workforce Annual Report 2014](#)
26. [State monthly economic updates](#)
27. [Tuberculosis Control Section Report 2013](#)
28. [Volunteer Health Services Annual Report 2012-2013](#)

# Appendix I

## Strengths, Weaknesses, Opportunities and Threats

### Strengths

#### Agency Infrastructure:

- Our workforce is diverse and culturally competent
- Integrated agency that provides a statewide comprehensive public health system (i.e. lab, pharmacy, CHDs, CMS clinics, health care practitioner regulation and licensing). The Department has its' responsibilities outlined in Florida Statutes. There is a CHD in each of Florida's 67 counties. DOH is a centralized organization; the CHDs are part of the Department
- ESF8 response/strong preparedness infrastructure
- We administer public health through 67 CHDs. They are the primary service providers in the areas of infectious disease control and prevention, family health services and environmental health services. Statewide functions such as the laboratories, Vital Statistics, a state pharmacy, disaster preparedness and emergency operations ensure efficient and coordinated approaches to monitoring diseases and responding to emerging needs at a population level.

#### Capacity:

- Partnerships at the state level and local level are strong and abundant
- Every county has an active community health improvement planning partnership and a community health improvement plan
- Active and effective partnerships with stakeholders at the state level
- The Division of Medical Quality Assurance has strong provider assessment capability
- There are organizational processes in place that demonstrate commitment to performance management and improvement
- Expertise in collecting, reporting and analyzing health statistics and vital records
- Ability to collect and provide comparative data through Department surveillance systems and surveys (CHARTS, Merlin, BRFSS, HMS, etc.)

#### Emerging Trends:

- Investing in research, transparency in results, research symposiums
- Florida's public health statutes have been recently reviewed and are keeping pace with scientific developments and current constitutional, legal and ethical changes
- Emerging technologies in health care including telemedicine and electronic health records create efficiencies and opportunities to expand services
- The Department supports pilot and demonstration projects and has many model practices that can be shared
- We have public health preparedness plans, partnerships, expertise and leadership in the health and medical component of all-hazards planning, preparation (including training and exercising), staff and material support for potential catastrophic events that may threaten the health of citizens and compromise our ability to deliver needed health care services
- Effective marketing methods through programs like Tobacco Free Florida

#### Other:

- Physician and dental workforce assessments already completed
- The Department purchases pharmaceuticals at federal pricing – resulting in cost savings
- Committed to continuous quality improvement and creating a culture of quality, as evident by participation in accreditation activities
- Improved understanding of privacy and confidentiality laws and promoted coordination across programs and system-wide



## Weaknesses

### Agency Infrastructure:

- Succession planning, career ladders, advancement and leadership opportunities
- Barriers to internal communication; reluctance to express opinions that may be contrary to current policy
- Lack of comprehensive evaluation of health communications, health education and promotion interventions
- Lack of standards for health communication and resource materials to reach targeted populations with culturally and linguistically appropriate messaging
- Lack of standard process maps for administrative and financial processes
- Inconsistent conduction of periodic reviews on the effectiveness of the state surveillance systems.

### Capacity:

- Resources for training, continuing education, recruitment and retention
- Lack of resources prioritized for program monitoring/evaluation and quality improvement activities
- Number of health care providers in rural areas
- Decreasing CHD capacity to provide locally needed services
- Increased demand for services without the capacity to meet the demand; resources are shrinking as a result of the economy

## Opportunities

### Agency Infrastructure:

- Recruitment of health care practitioners and public health professionals
- Re-assess, re-evaluate health care practitioner assessments that DOH performs
- Leverage partnerships among agencies and institutions of higher learning to enhance and improve current workforce capacity to support education of future public health professionals
- Participation in proposing changes to regulations
- Robust public health statutes
- Common priority health issues among state and locals present opportunities for system-wide support and collaboration
- Regionalize the processing of accounts payable, billing, human resources and purchasing

### Capacity:

- Include health impact assessments in planning
- Partnerships with non-profit hospitals to conduct community health needs assessments and preventative activities
- Collaborating with tribal health councils
- Increase leveraging of the Medicaid Family Planning Waiver program. This Waiver program allows women who have had a recent Medicaid paid service to retain coverage for family planning services for up to two years. Since over half of births in Florida were covered by Medicaid, this covers many women. The prevention of an unplanned pregnancy or another pregnancy in close proximity to a recent birth has the potential to lower infant mortality and reduce public assistance costs. CHDs determine eligibility for the Family Planning Waiver and can influence participation in this program through outreach.
- Partner with DOE and the local school systems to increase physical activity among children and nutrition in the schools. Encourage after-school programs to emphasize physical activity, issue awards for physical activity efforts, grade schools on their commitment to encouraging healthy behaviors on the part of their students, etc.

### Emerging Trends:

- Telemedicine use to expand services
- National awareness for healthier lifestyles and interest in workplace wellness programs
- Use effective, evidence-based strategies and model practices



- Increased opportunity for the population to be insured
- Shift in clinical practices locally to population health prevention services
- Shift in public awareness and interest in social determinants of health
- Leverage Medicaid managed care for public health improvement.

Other:

- Educate public and policy makers about public health
- Implement reviews of partnership development activities and their effectiveness
- Ability to increase preventative dental services
- Broader knowledge and promotion of health in all policies, especially in urban planning (e.g. smart growth, multi-modal transportation, etc.)

## Threats

Capacity:

- Lack of residency slots for practitioners educated in Florida
- No reciprocity for dental licenses in Florida

Emerging Trends:

- Aging population
- Funding cuts to programs and FTEs
- Fewer benefits for workers
- Shortage of health care providers
- Emerging geographic health care shortage areas
- Increased demands for care due to demographic shifts and economic situations
- Program and funding cuts shift burdens to other segments of the public health system
- Increased need for behavioral health services
- Overuse of emergency rooms for primary care
- Changes in educational practice and school curriculum impacts learning healthy lifestyles
- Improved technology has encouraged more sedentary lifestyles, particularly among children
- Emerging public health threats including infectious diseases, natural disasters and concurrent complacency in terms of family and business preparedness planning
- The transition to population health from clinical, reduces the Department's ability to respond to infectious disease outbreaks, such as H1N1, without relying on partnership and volunteer professionals
- The Department is challenged to compete against the marketing capabilities of the fast food industry, the soft drink industry, etc. The efforts of these entities offset our healthy behavior marketing activities.
- Florida continues to host a substantial number of medically uninsured persons who have lesser access to health care due in part to a large service and construction industry. Although the economy is recovering many of the new jobs pay low wages and do not provide health insurance.

Other:

- Inconsistent behavioral health services across counties
- Need to improve health status and reduce disparities in chronic diseases, tobacco use, overweight/obesity, low physical activity levels, diabetes, unintentional injury, prescription drug abuse, infant mortality and prematurity, unintended and teen pregnancy, breastfeeding, child abuse/neglect, adverse childhood events, oral health, depression and behavioral health, adult substance abuse, HIV, influenza, access to care, and emerging health issues.
- Good health is often a lesser priority among some Floridians

# Appendix J

## Alignment

Appendix J is a table that lists each Agency Strategic Plan objective number and name, as well as how it aligns with the Long-Range Program Plan (LRPP) and State Health Improvement Plan (SHIP), Agency Quality Improvement (QI) Plan, the assigned lead division (abbreviations below) and data source.

DA	Division of Administration
DCHP	Division of Community Health Promotion
DCMS	Division of Children’s Medical Services
DDCHP	Division of Disease Control and Health Protection
DDD	Division of Disability Determinations
DEPCS	Division of Emergency Preparedness and Community Support
DMQA	Division of Medical Quality Assurance
DPHSPM	Division of Public Health Statistics and Performance Management
OBRM	Office of Budget and Revenue Management
OGC	Office of the General Counsel
OMHHE	Office of Minority Health and Health Equity
OMMU	Office of Medical Marijuana Use

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
1.1.1A	By December 31, 2020, reduce the annual black infant mortality rate from 11.4 (2015) to 10.0 per 1,000 live births.	3F	MCH1	N/A	DCHP	Vital Statistics
1.1.1B	By December 31, 2020, reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher.	3G	MCH1	N/A	DCHP	Vital Statistics
1.1.2A	Between March 2018 and December 31, 2020, 14 counties will engage in a new PACE-EH project.	N/A	HE3	N/A	DPHSPM	Annual survey, historical project data

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
1.1.3A	By December 31, 2020, increase the percentage of DOH employees who completed <i>Cultural Awareness: Introduction to Cultural Competency and Humility</i> and <i>Addressing Health Equity: A Public Health Essential</i> online trainings from less than 1% (2018) to 45%.	N/A	HE1	N/A	OMHHE	TRAIN
1.1.3B	By December 31, 2019, conduct an organizational health equity assessment.	N/A	HE1	N/A	OMHHE	Organizational Health Equity Assessment
1.1.3C	By June 30, 2019, establish baseline data that show the diversity of the department's current workforce to include race, ethnicity and gender.	N/A	HE1	N/A	DA	People First
1.1.3D	By December 31, 2019, assess and promote the inclusion of social determinants of health in community health improvement plans from 88% to 100% of plans.	N/A	HE3	N/A	DPHSPM	Community Capacity Survey
2.1.1A	By December 31, 2020, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.	N/A	HW1	N/A	DCHP	United States Department of Agriculture
2.1.1B	By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 30.	N/A	MCH2	N/A	DCHP	Baby Friendly USA

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
2.1.2A	By December 31, 2020, increase the percentage of adults in Federally Qualified Health Centers with diagnosed high blood pressure who had their blood pressure adequately controlled (less than 140/90 at the last visit) from 59.7% (2013) to 61.5%.	N/A	CD1.3 .4	N/A	DCHP	Health Resource and Service Administration (HRSA) Uniform Data System (UDS)
2.1.3A	By December 31, 2020, reduce the overall age-adjusted rate of cancer deaths from 160.3 (2012) to 145.0 per 100,000 population.	N/A	CD1	N/A	DCHP	Vital Statistics
2.1.4A	By December 31, 2020, increase the number of community action teams (community partners specific to address community violence) implementing the Centers for Disease Control and Prevention (CDC) STOP SV Technical Package from 0 (2019) to 13 (2020).	1I	ISV1	N/A	DCHP	Vital Statistics Data (CDC - WISQARS)
2.1.4B	By December 31, 2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40 (2020).	N/A	ISV1	N/A	DCHP	Vital Statistics Data (CDC - WISQARS)
2.1.5A	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida, from 24.5 (2015) to 23.9 per 100,000 population.	1C	ID2	N/A	DDCHP	eHARS

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
2.1.5B	By December 31, 2020, reduce the rate of HIV transmissions diagnosed annually in Florida’s Black population from 66.9 (2015) to 65.3 per 100,000 population.	1C	ID2	N/A	DDCHP	eHARS
2.1.5C	By December 31, 2020, reduce the rate per 100,000 population of HIV transmissions diagnosed annually in Florida’s Hispanic population from 30.8 (2015) to 30.0 per 100,000 population.	1C	ID2	N/A	DDCHP	eHARS
2.1.5D	By December 31, 2020, reduce the rate of total early syphilis in Florida from 25.9 (2017) to 22 per 100,000 population.	1B	ID1.1.1	N/A	DDCHP	PRISM
2.1.6A	By December 31, 2020, establish 15 partnerships for developing activities that can impact the awareness and research of Alzheimer’s disease and related dementias.	N/A	CD1	N/A	DCHP	Alzheimer's Association Healthy Brains Grant
2.1.7A	By September 1, 2020, implement all seven statutory requirements for Florida’s restructured trauma system.	N/A	IS	N/A	DEPCS	Annual EMS Survey
3.1.1A	By December 31, 2020, increase the percent of two-year-olds who are fully immunized from 86% (2014) to 90%.	1A	IM2.1.1	N/A	DDCHP	FL SHOTS & Survey of Immunization Levels in 2-Year-Old Children

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
3.1.1B	By December 31, 2020, increase the percent of teens (13-17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine from 55.9% (±6.7) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.	1A	IM2.1.3	N/A	DDCHP	National Immunization Survey
3.1.2A	By December 31, 2020, increase the number of facilities submitting HL7 data from 226 (2017) to 350.	N/A	CD1	N/A	DDCHP	ESSENCE Report
3.1.2B	By December 31, 2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 216.	N/A	CD1	N/A	DDCHP	ELR-OLAP
3.1.3A	By December 31, 2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities for Public Health-Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 to 51.	1E	ISV1	N/A	DEPCS	NHSPI Index
3.1.4A	By December 31, 2020, decrease current inhaled nicotine* prevalence in Florida youth age 11–17 from 14.7% (2014) to 12.6%. *Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes.	2B	CD1	N/A	DCHP	Fla Youth Tobacco Survey (FYTS)

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
3.1.4B	By December 31, 2020, decrease current inhaled nicotine** prevalence in adults from 22.2% (2015) to 19.2%. **Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes.	2B	CD1	N/A	DCHP	Fla Adult Tobacco Survey (FLATS)
3.1.5A	By December 31, 2020, increase the number of county health departments implementing control measures for high priority reportable diseases within the appropriate timeframe from 54 (average from 2014-2017 report year) to 60.	1E	N/A	N/A	DDCHP	MERLIN
3.1.6A	By December 31, 2020, increase the percentage of Child Protection Team clients ages 0 to 36 months, diagnosed with Neonatal Abstinence Syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) to 100%.	3C	N/A	N/A	DCMS	CPT Data System and Early Steps Data System
4.1.1A	By December 31, 2020, improve the combined agency-level performance management assessment score (on a scale of 1-5) from 3.91 (2017) to at least 4.29.	N/A	N/A	Goal 4	DPHSPM	Performance Management Council Assessment
4.1.1B	By December 31, 2020, improve the combined division-level performance management assessment score (on a scale of 1-5) from 3.93 (2017) to at least 4.29.	N/A	N/A	Goal 4	DPHSPM	Performance Management Council Assessment

#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
4.1.1C	By 12/31/20, improve the combined CHD-level performance management assessment score (on a scale of 1-5) from 4.05 (2017) to at least 4.29.	N/A	N/A	Goal 4	DPHSPM	Performance Management Council Assessment
4.1.2A	By December 31, 2020, 100% of programs are functioning within their annual operating budgets.	N/A	N/A	N/A	OBRM	Budget Reports and Calendar
4.1.3A	By December 31, 2020, annually publish 30 articles regarding the Department's accomplishments in peer-reviewed journals.	N/A	N/A	N/A	DCHP	Bureau of Epidemiology Annual Morbidity Statistics Report; Office of Communications review process & announcement bullets submitted by all DOH offices
4.1.4A	By December 31, 2019, enhance FLHealthDesk-HR by streamlining 19 current workflows, revising the steps.	N/A	N/A	Goal 4	DA	HR Manager Meeting/ Functional Specs/Action Plans
5.1.1A	By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 57,719.	N/A	N/A	N/A	OGC	Rules Query
5.1.2A	By December 31, 2020, reduce the percentage of deficient applications received from 74% (2015) to 37%.	N/A	N/A	N/A	DMQA	DXA523 LEIDs Report
5.1.2B	By December 31, 2020, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 137 (2015) to 1,255.	N/A	N/A	N/A	DMQA	LEIDS Report



#	Objective	2015–2020 LRPP	2017–2021 SHIP	2018–2020 Agency QI Plan	Lead Division	Source
5.1.2C	By December 31, 2020, reduce the average time to issue a license to a health professional by 25%, from 65 days to 49 days.	N/A	N/A	N/A	DMQA	LEIDS DXA523 Report
5.1.3A	By the end of each calendar year, three of four quarterly (FL disability) claim processing times are less than the national or regional average processing time, whichever is greater.	4B	N/A	N/A	DDD	Weekly Developmental Disability Services Performance Tracking Report
5.1.4A	By December 31, 2020 reduce the septic tank failure rate from 1.97 per 1,000 within two years of system installations (2017) to 1.95.	1F	N/A	N/A	DDCHP	Environmental Health Database
5.1.5A	By December 31, 2020, reduce the medical marijuana treatment center new location and product request initial response time from 30 days (2018) to 21 days.	N/A	N/A	N/A	OMMU	Medical Marijuana Treatment Center Amendments Tracker
5.1.5B	By December 31, 2020, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 to 5 topics.	N/A	N/A	N/A	OMMU	Department of Health Office of Communications Marijuana Education Plan