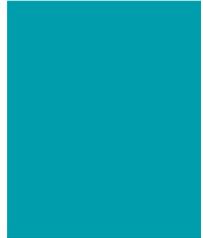


FLORIDA DEPARTMENT OF HEALTH

Agency Strategic Plan

January 1, 2016 - December 31, 2020

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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 the next three years for its consumers, employees, administrators and legislators. 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 evaluates and updates regularly to address new challenges posed by the changing public health environment in Florida. (See Appendix A for the Planning 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 delineate what it plans to achieve as an organization, the actions to take and how to measure success.

The Department approached the strategic planning process with the following 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 impact health outcomes.
- Health equity promotion is a part of every public health activity.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans are particularly deserving of support.

Review and Revision Process

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

The Agency Performance Management Council met in January 2020 to outline the timeline and process to be followed to create the new 2021-2025 Agency Strategic Plan. Two types of strategic planning teams were created, an Agency Strategic Planning Team and eight Division Strategic Planning Teams. The membership of these teams includes staff across the Department in diverse professional levels. The Division of Public Health Statistics and Performance Management is facilitating the planning process and has guiding documents to assist teams with their projects.

The Agency Performance Management Council's March 2020 meeting was canceled due to the COVID-19 pandemic. The agenda for the March 2020 meeting included the annual review of the Agency Strategic Plan. Since there were no new objectives and changes to objectives were

minor, the decision was made to proceed with all the recommended changes from the divisions. (A summary of these revisions can be found in Appendix C.)

Below is a table listing the Agency Performance Management Council meetings held to monitor the plan.

| Month/Year | Purpose of Meeting | Outcome of Meeting | Corresponding Appendix |
|-------------------|---|---|----------------------------------|
| August 2019 | Quarterly Review | Presenters reported on progress, obstacles, innovations, and emerging trends for objectives | N/A (No revisions to objectives) |
| May 2019 | Quarterly Review | Presenters reported status of objectives that were not on track or new | N/A (No revisions to objectives) |
| March 2019 | Annual Review | Members approved proposed revisions to objectives | Appendix D |
| December 2018 | Approve revisions to Address Emerging Trends | Members approved revisions to objectives | Appendix E |
| November 2018 | Propose revisions to Address Emerging Trends | Presenters proposed modifications and additions to objectives | Appendix E |
| August 2018 | Finalize Revisions from Annual Review | Members approved revisions to objectives | Appendix F |
| July 2018 | Continue Annual Review | Presenters proposed modifications, deletions, and additions to objectives | Appendix F |
| June 2018 | Annual Review | Presenters proposed modifications, deletions, and additions to objectives | Appendix F |
| January 2018 | Approve revisions to health equity objectives | Members approved revisions to health equity objectives | Appendix G |
| December 2017 | Health Equity Program Performance Review | Presenters proposed modifications to health equity objectives | Appendix G |
| May 2017 | Finalize Revisions from Annual Review | Members approved revisions to objectives | Appendix H |
| April 2017 | Continue Annual Review | Presenters proposed modifications, deletions, and additions to objectives | Appendix H |
| March 2017 | Annual Review | Presenters proposed modifications, deletions, and additions to objectives | Appendix H |

Mission, Vision and Values

• OUR MISSION

Why do we exist?

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

• OUR VISION

What do we want to achieve?

To be the Healthiest State in the Nation.

• OUR VALUES

What do we use to achieve our mission and vision?

Innovation

We search for creative solutions and manage resources wisely.

Collaboration

We use teamwork to achieve common goals and solve problems.

Accountability

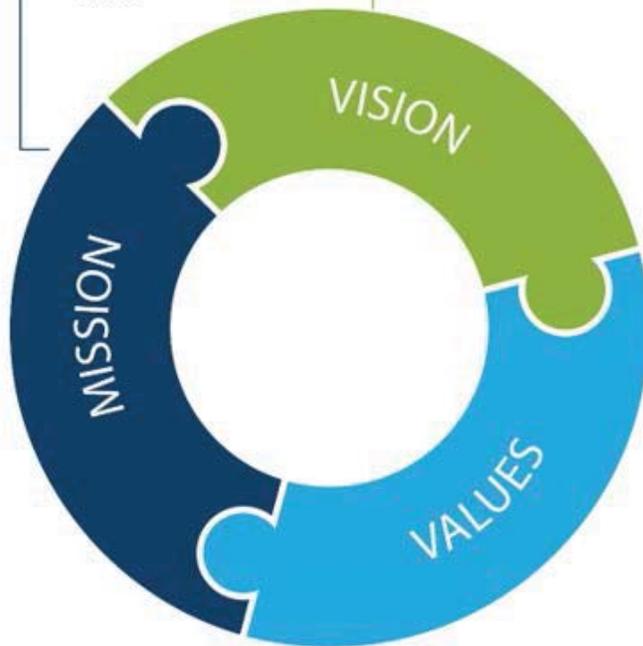
We perform with integrity and respect.

Responsiveness

We achieve our mission by serving our customers and engaging our partners.

Excellence

We promote quality outcomes through learning and continuous performance improvement.



Strategic Priorities Strategy Map

Priority 1: Health Equity

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

Strategy 1.1.1: Reduce racial disparity in infant mortality

Objective 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.

Objective 1.1.1B By December 31, 2020, reduce black-white infant mortality gap from 2.6 (2015) to less than two times higher.

Strategy 1.1.2: Adopt a system of ongoing agency capacity building on health equity

Objective 1.1.2A By December 31, 2020, increase the percentage of Department of Health employees who have completed the *Cultural Awareness: Introduction to Cultural Competency and Humility* and *Addressing Health Equity: A Public Health Essential* online trainings from less than 1% (2018) to 45%.

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 2.1.1: Increase the healthy weight of children

Objective 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.

Objective 2.1.1B By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 30.

Strategy 2.1.2: Improve the cardiovascular health of adults

Objective 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%.

Strategy 2.1.3: Increase cancer survival

Objective 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.

Strategy 2.1.4: Reduce injury

Objective 2.1.4A By December 31, 2020, increase the number of community action teams (community partners specifically to address community violence) implementing the Centers for Disease Control and Prevention's (CDC) STOP SV Technical Package from 0 (2019) to 13.

Objective 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.

Strategy 2.1.5: Reduce HIV incidence.

Objective 2.1.5A By December 31, 2020, reduce the rate per 100,000 population of Human Immunodeficiency Virus (HIV) transmissions diagnosed annually in Florida from 24.5 per 100,000 population (2015) to 23.9 per 100,000 population.

Objective 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.

Objective 2.1.5C 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.

Objective 2.1.5D By December 31, 2020, reduce the rate per 100,000 of the total early syphilis in Florida from 25.9 (2017) to 22 per 100,000 population.

Strategy 2.1.6: Develop an integrated trauma system

Objective 2.1.6A By September 1, 2020, implement all seven statutory requirements for Florida's restructured trauma system.

Priority 3: Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Strategy 3.1.1: Increase vaccination rates for children and adults

Objective 3.1.1A By December 31, 2020, increase the percentage of 2-year-olds who are fully immunized from 86% (2014) to 90%.

Objective 3.1.1B By December 31, 2020, increase the percentage of teens (13-17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine, from 55.9% ($\pm 6.7\%$) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.

Strategy 3.1.2: Improve Florida (ESSENCE) systems to better provide just-in-time data on syndromic events

Objective 3.1.2A By December 31, 2020, increase the number of facilities submitting HL7 data from 226 (2017) to 300.

Objective 3.1.2B By December 31, 2020, increase the number of hospitals participating in electronic lab reporting from 52 (2014) to 250.

Strategy 3.1.3: Improve Florida's National Health Security Preparedness Index

Objective 3.1.3A By December 31, 2024, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (9 functions) for Public Health Community Preparedness, Emergency Operations Coordination, and Mass Care Coordination from 43 to 67.

Strategy 3.1.4: Decrease inhaled nicotine use among children and adults

Objective 3.1.4A By December 31, 2020, decrease current inhaled nicotine prevalence in Florida youth ages 11-17 from 14.7% (2014) to 12.6%.

Objective 3.1.4B By December 31, 2020, decrease current inhaled nicotine prevalence in adults from 22.2% (2015) to 19.2%.

Strategy 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

Objective 3.1.5A By December 31, 2020, increase the number of county health departments (CHDs) implementing control measures for high priority reportable diseases within the appropriate timeframe from 54 (average number from 2014-2017 reporting years) to 60.

Strategy 3.1.6: Reduce residual risk of hazards with high public health, healthcare and behavioral health impacts as identified in the Florida Public Health Risk Assessment Tool

Objective 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%.

Priority 4: Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology which supports the Department's core business functions

Strategy 4.1.1: Maintain a sustainable performance management framework/system

Objective 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.

Objective 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.

Objective 4.1.1.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.

Strategy 4.1.2: Ensure balanced operational budgets

Objective 4.1.2A By December 31, 2020, have 100% of programs functioning within their annual operating budgets.

Strategy 4.1.3: Publish public health best practices in nationally recognized journals

Objective 4.1.3A By December 31, 2020, annually publish 30 articles regarding the Department's accomplishments in peer-reviewed journals.

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

Strategy 5.1.1: Reduce lines of regulation

Objective 5.1.1A By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 57,719.

Strategy 5.1.2: License health care professionals in a more timely and efficient manner

Objective 5.1.2A By December 31, 2020, reduce the percentage of deficient applications received from 74% (2015) to 37%.

Objective 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.

Objective 5.1.2C By December 31, 2020 reduce the average time to issue a license to a health professional by 25%, from 65 days (2015) to 49 days.

Strategy 5.1.3: Increase efficiency in disability claims processing

Objective 5.1.3A By the end of each calendar year, three of four quarterly (FL disability) claim processing times to less than the national or regional average, whichever is greater.

Strategy 5.1.4: Reduce the rate of newly installed septic tank failures through education, training, enforcement and research

Objective 5.1.4A By December 31, 2020 reduce the septic tank failure rate from 1.97 per 1,000 within two years of system installation (2017) to 1.95.

Strategy 5.1.5: Increase Floridian's access to and education about low-THC cannabis and medical marijuana

Objective 5.1.5A By December 31, 2020, reduce the medical marijuana treatment center new location and product requests initial response time from 30 days (2018) to 21 days.

Objective 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.

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. Lead: 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. Lead: Division of Community Health Promotion |
| 1.1.2 Adopt a system of ongoing agency capacity building on health equity | A By December 31, 2020, increase the percentage of Department of Health employees who have 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%. Lead: Office of Minority Health and Health Equity |

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 | A By December 31, 2020, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67. Lead: Division of Community Health Promotion |
| | B By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 30. Lead: Division of Community Health Promotion |
| 2.1.2 Improve the cardiovascular health of adults | 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%. Lead: Division of Community Health Promotion |
| 2.1.3 Increase cancer survival | 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. Lead: Division of Community Health Promotion |
| 2.1.4 Reduce injury. | 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 |

| Strategy | Objective | |
|--|-----------|---|
| | | Prevention's (CDC) STOP SV Technical Package from 0 (2019) to 13. Lead: Division of Community Health Promotion |
| | B | By December 31, 2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40 (2020). Lead: Division of Community Health Promotion |
| 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. Lead: 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. Lead: 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. Lead: 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. Lead: Division of Disease Control and Health Protection |
| 2.1.6 Develop an integrated trauma system. | A | By September 1, 2020, implement all seven statutory requirements for Florida's restructured trauma system. Lead: Division of Emergency Preparedness and Community Support |

Priority 3: Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

| Strategy | Objective | |
|--|-----------|--|
| 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%. Lead: 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. Lead: Division of Disease Control and Health Protection |
| 3.1.2 Improve Florida’s Electronic Surveillance System for the Early Notification of Community-based Epidemics (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 300. Lead: 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 250. Lead: Division of Disease Control and Health Protection |
| 3.1.3 Reduce residual risk of hazards with high public health, healthcare and behavioral health impacts as 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 (9 functions) for Public Health-Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 (2017) to 67. Lead: Division of Emergency Preparedness and Community Support |
| 3.1.4 Decrease inhaled nicotine use among children and adults | A | By December 31, 2020, decrease current inhaled nicotine* prevalence in Florida youth ages 11–17 from 14.7% (2014) to 12.6%. *Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes. Lead: Division of Community Health Promotion |
| | 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. Lead: Division of Community Health Promotion |

| | | |
|---|---|---|
| 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. | 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. Lead: Division of Disease Control and Health Protection |
| 3.1.6 Develop infrastructure to support the assessment, referral and appropriate treatment for newborns experiencing Neonatal Abstinence Syndrome. | 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%. Lead: Division of Children’s Medical Services |

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

| Strategy | Objective | |
|--|-----------|--|
| 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. Lead: 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. Lead: 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. Lead: Division of Public Health Statistics and Performance Management |
| 4.1.2 Ensure a balanced operational budget | A | By December 31, 2020, have 100% of programs functioning within their annual operating budgets. Lead: Office of Budget and Revenue Management |

| Strategy | Objective | |
|--|-----------|---|
| 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. Lead: Division of Community Health Promotion |

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

| Strategy | Objective | |
|---|-----------|---|
| 5.1.1 Reduce lines of regulation | A | By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 57,719. Lead: Office of the General Counsel |
| 5.1.2 License health care professionals more timely and efficiently | A | By December 31, 2020, reduce the percentage of deficient applications received from 74% (2015) to 37%. Lead: Division of Medical Quality Assurance |
| | 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. Lead: Division of Medical Quality Assurance |
| | C | By December 31, 2020, reduce the average time to issue a license to a health professional by 25%, from 65 days (2015) to 49 days. Lead: Division of Medical Quality Assurance |
| 5.1.3 Increase efficiency in disability claims processing | A | By the end of each calendar year, reduce three of four quarterly (FL disability) claim processing times to less than the national or regional average processing time, whichever is greater. Lead: Division of Disability Determination |
| 5.1.4 Reduce the rate of newly installed septic tank failures through education, training, enforcement and research | 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. Lead: Division of Disease Control and Health Protection |
| 5.1.5 Increase Floridian's access to and education about low-THC cannabis and medical marijuana | 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. Lead: Office of Medical Marijuana Use |
| | B | By December 31, 2020, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 (2018) to 5 topics. Lead: Office of Medical Marijuana Use |

Appendices

Appendix A

Planning and Monitoring Summary

The Department’s 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; and the executive leadership reviewed the environmental scan and progress of the current Agency Strategic Plan to formulate potential strategic priority areas. (See Appendix I for a list of the environmental scan sources.) After deliberation and discussion, 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, and Effective Agency Processes and Regulatory Efficiency.

Department staff presented the environmental scan to the 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). Information management, communications including branding, programs and services, budget (financial sustainability) and workforce development were included as agenda items for discussion in the SWOT meeting. Executive leadership then used the SWOT analysis, the environmental scan and the Mission, Vision and Values to develop agency goals and strategies. (See Appendix J for an outline of the SWOT analysis.)

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/strategies and developed 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.

Agency Strategic Plan Meeting Schedule

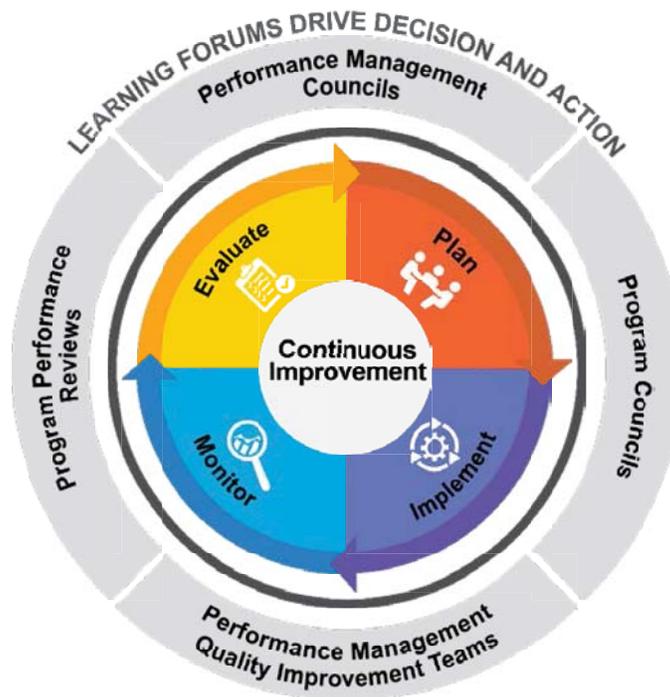
| DATE | MEETING TOPIC | ATTENDEES |
|----------------|--|---|
| June 22, 2015 | Establish timeline, mission, vision and values. | Executive Leadership |
| June 29, 2015 | Review environmental scan and discuss possible strategic priority areas. | Executive Leadership |
| July 23, 2015 | Finalize strategic 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 | Review current Agency Strategic Plan, provide input on the goals and propose measurable objectives and activities. | Various staff (See Appendix B for a list of participants.) |
| 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 |

Florida Department of Health’s Performance Management System

The Department’s performance management system is designed to ensure continuous improvement and progress toward Department goals. The system, as depicted in the graphic below, allows the Department to track performance by systematically collecting and analyzing data and includes learning forums for routinely discussing performance to identify opportunities and targets for improvement.

The performance management system is integrated into the Department's operations and practices. This system

- Sets organizational objectives by developing strategic, health improvement, quality improvement and workforce development plans at multiple levels across the Department that are aligned with the overall agency goals and objectives,
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis,
- Identifies areas where achieving objectives requires focused QI processes and
- Provides visible leadership for ongoing performance management.



4 COMPONENTS:

| Evaluate | Plan | Implement | Monitor |
|---|--|--|---|
| <ul style="list-style-type: none"> • Conduct Health Assessments • Analyze Strengths, Weaknesses, Opportunities and Threats • Survey Workforce Interests and Needs • Assess Culture of Quality | <ul style="list-style-type: none"> • Determine Strategic Direction • Identify Goals, Strategies and Objectives • Allocate Budget • Build Capacity through Workforce Development • Design Quality Improvement Activities • Identify Opportunities for Improvement | <ul style="list-style-type: none"> • Execute Action Plans • Implement Quality Improvement Initiatives/ Projects • Utilize Stakeholder Partnerships • Address Barriers and Challenges | <ul style="list-style-type: none"> • Measure Performance • Collect and Analyze Data • Report Progress • Consider Emerging Issues and Customer Feedback • Celebrate Success |

Monitoring Summary

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. As depicted in the graphic below, both visible and engaged leadership and an effective performance management system are critical for improved health outcomes. Therefore, 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. The Council also manages general performance management for these plans. Meetings of the Council occur at least quarterly 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 for implementation and quarterly reporting to Florida Health Performs. (See Appendix K for a table that lists each Agency Strategic Plan objective and leadership alignment information.) The Agency Performance Management Council reviews the quarterly agency strategic plan tracking reports for progress toward goals. Annually, the Council will approve an agency strategic plan progress report. Approval will be based on assessment of progress made toward reaching goals, objectives and achievements for the year that support improved health outcomes. The Agency Strategic Plan will be reviewed each year and will be based on an assessment of availability of resources, data, community readiness, current progress and the alignment of goals.



Appendix B

The Florida Department of Health Agency Strategic Planning Participants 2020

| Executive Leadership | Division/ Office Directors | County Health Department Officers |
|---|---|---|
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The Florida Department of Health Agency Strategic Planning Participants 2019

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Secretary for Health and
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County Health Department Officers

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DOH-Volusia
- Rachel Bryant
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DOH-Desoto
- Karen Chapman
DOH-Okaloosa
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DOH-Gadsden
- Mary Garcia
DOH-Putnam
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DOH-Indian River
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DOH-Clay
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DOH-Jackson
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- Chris Gallucci
DOH-Pinellas
- Sydney Harper
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- Nida Khan
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The Florida Department of Health Agency Strategic Planning Participants 2018

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Capital Consortium
DOH-Gadsden
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Emerald Coast Consortium
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The Florida Department of Health Agency Strategic Planning Participants 2016

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|---|--|--|
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- Carol Scoggins
Maternal & Child Health
Section Administrator
- Phil Street
Research Manager
- Laura Reeves
TB Section Administrator

Appendix C

Summary of March 2020 Revisions to Objectives

The Agency Performance Management Council's March 2020 meeting was canceled due to the COVID-19 pandemic. The agenda for the March 2020 meeting included the annual review of the Agency Strategic Plan. Since there were no new objectives and changes to objectives were minor, the decision was made to proceed with all the recommended changes from the divisions.

| Revised and Deleted Objectives Per Priority Area | |
|---|---|
| Priority Area 1: Health Equity | |
| Deleted Objectives | 1.1.2A. Between March 2018 and December 31, 2020, have 14 counties engage in a new PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) project. |
| | 1.1.3B By December 31, 2019, conduct an organizational health equity assessment. |
| | 1.1.3C By June 30, 2019, establish baseline data that shows the diversity of the Department's current workforce to include race, ethnicity and gender. |
| | 1.1.3D By December 31, 2019, assess and promote the inclusion of Social Determinants of Health (SDOH) in community health improvement plans from 88% (2016) to 100% of plans. |
| Priority Area 3: Readiness for Emerging Health Threats | |
| Revised Objectives | 2.1.6 Reduce the incidence of Alzheimer's disease and related dementias |
| | 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. |
| | 2.1.7 <u>2.1.6</u> Develop an integrated trauma system. |
| | 2.1.7A <u>2.1.6A</u> By September 1, 2020, implement all seven statutory requirements for Florida's restructured trauma system. |
| | 3.1.2A By December 31, 2020, increase the number of facilities submitting HL7 data from 226 (2017) to 360 <u>300</u> . |
| | 3.1.2B By December 31, 2020, increase the number of hospitals participating in electronic lab reporting from 52 (2014) to 246 <u>250</u> . |
| | 3.1.3A By December 31, 2024, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (8 functions) (<u>9 functions</u>) for Public Health Community Preparedness, Emergency Operations Coordination, and Mass Care Coordination from 43 (2017) to 54 <u>67</u> . |

Appendix D

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 New 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 8.3 <u>10.0</u> per 1,000 live births. |
| | Between March 2018 and December 31, 2020, 40 <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 percentage number of DOH employees who have completed Cultural Awareness: Introduction to Organizational Cultural Competence <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%. |
| | By June 30 , <u>December 31</u> , 2019, conduct an organizational health equity assessment. |
| | By December 31, 2019 <u>2019</u> , assess and promote the inclusion of social determinants of health in community health improvement plans from 92% <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 partnerships 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 20 <u>30</u> . |
| | By December 31, 2020, establish 40 <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 specifically to address community violence) implementing the Centers for Disease Control and Prevention's (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%. |
| Priority Area 3: Readiness for Emerging Health Threats | |
| Revised Objectives | By December 31, 2020, increase the percent of female teens (13–17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine, according to the National Immunization Survey (NIS-Teen) data, from 57.2% (2014) <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 44 <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. |
| Priority Area 4: Effective Agency Processes | |
| Revised Objective | By December 31, 2020, annually publish 46 <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. |
| Priority Area 5: Regulatory Efficiency | |
| Revised Objective | By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 59,074 <u>57,719</u> . |

Appendix E

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 and New Objectives Per Priority Area | |
|---|--|
| Priority Area 1: Health Equity | |
| Revised Objectives | <p>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.</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>By December 31, 2018 <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 246 <u>350</u> . |
| New Objectives | 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 reporting years) to 60. |
| | 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%. |
| Priority Area 5: Regulatory Efficiency | |
| New Objectives | 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. |
| | By December 31, 2020, reduce the medical marijuana treatment center new location and product requests from 30 days (2018) to 21 days. |
| | By December 31, 2020, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 to 5 topics. |

Appendix F

Summary of June-August 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 New Objectives Per Priority Area | |
|---|---|
| Priority Area 1: Health Equity | |
| Revised Objectives | By December 31, 2018 <u>2020</u> , reduce the annual black infant mortality rate from 11.4 (2015) to 8.3 per 1,000 live births. |
| | By December 31, 2018 <u>2020</u> , reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher. |
| | 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). |
| | <u>Between March 2018 and December 31, 2020, ten counties will engage in a new PACE-EH project.</u> |
| | By December 2017, develop and provide social determinants of health trainings and tools to CHDs and state office program staff. |
| | <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> |
| | By December 31, 2018, develop a process to recruit and retain a diverse workforce equipped to address health equity. |
| | <u>By June 30, 2019, actively recruit, employ, retain and advance a diverse workforce that is equipped to address health equity and 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 (<u>2015</u>) to 600 <u>650</u> , with a focus on Title I schools. |
| | By December 31, 2018 <u>2020</u> , increase the number of Baby-Friendly Hospitals in Florida from 10 (<u>2015</u>) to <u>44</u> 20 . |

| | |
|--------------------|---|
| | <p>By December 31, 2018<u>2020</u>, increase the percentage of adults receiving services from <u>in</u> Federally Qualified Health Centers with diagnosed high blood pressure that who <u>had</u> their blood pressure adequately controlled (less than 140/90 <u>at the last visit</u>) during the measurement period from 59.7% <u>(2013)</u> to 61.5%.</p> |
| | <p>By December 31, 2018<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>.</p> |
| | <p>By December 2018, reduce the number of newly diagnosed HIV infections in Florida by 2% annually, from 4,613 (2014) to 4,255.</p> <p><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></p> |
| | <p>By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's black population from 2,024 (2014) to 1,867.</p> <p><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></p> |
| | <p>By December 31, 2018, reduce the number of newly diagnosed HIV infections in Florida's Hispanic population from 1,281 (2014) to 1,182.</p> <p><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></p> |
| | <p>By December 31, 2018<u>2020</u>, increase the percentage of People Living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 56% (2014) to 63%.</p> |
| | <p>By December 31, 2018<u>2020</u>, reduce the rate of total early syphilis in Florida from 48.5 (2014) <u>25.9 (2017)</u> to 47.9 <u>22.0</u> per 100,000 population.</p> |
| | <p>By December 31, 2018<u>2020</u>, establish 5-10 <u>5-10</u> partnerships for developing activities that can impact the incidence <u>awareness and research</u> of Alzheimer's disease and related dementias.</p> |
| Deleted Objectives | <p>By December 31, 2018, decrease the age-adjusted injury death rate from 66.88 (2015) to 60.19 per 100,000.</p> |
| | <p>By July 1, 2017, restructure Florida's current trauma allocation methodology and standards.</p> |
| New Objectives | <p>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.</p> |
| | <p>By December 31, 2020, decrease the age-adjusted, non-drug related death rate from 53.6 (2016) to 48.2 per 100,000 population.</p> |
| | <p>By September 1, 2020, implement all seven statutory requirements for Florida's restructured trauma system.</p> |

| Priority Area 3: Readiness for Emerging Health Threats | |
|---|---|
| Revised Objectives | By December 31, 2018 <u>2020</u> , increase the percent of two_year-olds who are fully immunized from 86% (2014) to 90%. |
| | By December 31, 2018 <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, 2018 <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 50 70%. according to the National Immunization Survey Teen (NIS-Teen) data. |
| | By December 31, 2018 <u>2020</u> , increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 110. |
| | By December 31, 2018 <u>2020</u> , decrease current inhaled nicotine* prevalence in Florida youth ages 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, 2018 <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. |
| Priority Area 4: Effective Agency Processes | |
| Revised Objectives | By June 30 of each year <u>December 31, 2020</u> , have 100% of programs functioning within their annual operating budgets. |
| | By December 31, 2017 <u>June 30, 2018</u> , complete a comparative analysis of agency IT expenditures. |
| | By December 31, 2018 <u>2020</u> , annually publish 16 articles regarding the Department's accomplishments in peer-reviewed journals. |
| | By December 31, 2017 <u>2019</u> , <u>enhance</u> implement 19 processes in the FLHealthDesk-HR system to automate HR paper forms and increase efficient and effective HR management practices 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 June 30, 2018 <u>December 31, 2020</u> , reduce the number of lines of regulation from 71,442 (2015) to 60,725. |
| | By December 31, 2018 <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 206 <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 G

Summary of December 2017-January 2018 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 Objectives and Lead Reassignment 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 partnerships and enhance existing partnerships collaborating with health departments to address the social determinants of health.</u></p> <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><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>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> |
| 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>Lead: Office of Minority Health and Health Equity</p> |

Appendix H

Summary of March-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. Revisions were finalized on May 4, 2017. (See the table below for new, revised, and deleted objectives per priority area.)

| Revised, Deleted and New Objectives Per Priority Area | |
|---|--|
| Priority Area 1: Health Equity | |
| New Objectives | By December 2018, establish a reporting structure for reporting progress and best practices; and measure the percentage of increase in the number of new partners that collaborate with health departments to address one or more local community health influences. |
| | 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). |
| | By December 2017, develop and provide social determinants of health trainings and tools to CHDs and state office program staff. |
| | By December 31, 2017, conduct an organizational health equity assessment that includes establishing a baseline for the number of community health improvement plans that include addressing the social determinants of health. |
| | By December 31, 2018, develop a process to recruit and retain a diverse workforce equipped to address health equity. |
| Revised Objectives | By December 31, 2018, reduce the annual black infant mortality rate from 11.4 (2015) to 8.3 per 1,000 live births. |
| | By December 31, 2018, reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher. |
| | 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%. |
| Priority Area 2: Long Healthy Life | |
| 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. |

| | |
|---|---|
| Revised Objectives | By December 31, 2018, reduce the overall age-adjusted rate of new cancer deaths from 160.3 424.6 (2012) to 145.0 400 per 100,000. |
| | By December 31, 2018, decrease the <u>age-adjusted unintentional</u> injury death rate from <u>66.88 (2015) 46.7 (2014)</u> to <u>60.19 38.7</u> per 100,000. |
| | By December 31, 2018, increase the percentage of <u>People Living with HIV (PLWH) in Florida ADAP clients with a suppressed an undetectable</u> viral load (<200/ml) from <u>56% 89% (2014)</u> to <u>63% 92%</u> . |
| Deleted Objectives | By December 31, 2018, increase the percentage of children in grade 1 who are at a healthy weight from 66% (2013) to 70%. |
| | By December 31, 2018, increase the percentage of adults in Florida who are at a healthy weight from 35% (2013) to 38%. |
| | By December 31, 2018, reduce the number of adults who report ever being told they had coronary heart disease, a heart attack, or a stroke from 10.3% (2013) to 9.8%. |
| Priority Area 3: Readiness for Emerging Health Threats | |
| Revised Objectives | By December 31, 2018, increase percent of teens who have completed the first HPV shot from 57.2% (2014) to 70%. |
| | <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 (2015) 7.8 (2014)</u> to <u>7.8 8.1</u> . |
| | By December 31, 2018, decrease current inhaled nicotine** prevalence in adults from <u>22.2% (2015) 21.3% (2014)</u> to 19.2%. **Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes. |
| Priority Area 4: Effective Agency Processes | |
| 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. |
| Revised Objectives | By June 30 <u>of each year, 2016</u> , have 100% of programs functioning within their annual operating budgets |
| | By December 31, <u>2017 2016</u> , complete a comparative analysis of agency IT expenditure. |
| | By December 31, 2018, publish <u>16 five</u> articles regarding the Department's accomplishments in peer-reviewed journals. |

| | |
|---|---|
| Deleted Objectives | By June 30, 2018, increase communication products from 3,000 (2015) to 3,600. |
| | 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. |
| Priority Area 5: Regulatory Efficiency | |
| 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. |
| Revised Objectives | By June 30, 2018 2016, reduce the number of lines of regulation by 15% from 71,442 (2015) to 60,725. |
| | By December 31, 2018 2017, reduce by 50% the percentage of deficient applications received from 74% (2015) to 37%. |
| | By December 31, 2018 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 , reduce December 31, 2016 , ensure that three of four quarterly (FL disability) claim processing times to less than the national average processing time. |
| Deleted Objective | By December 31, 2017, establish enterprise solutions for all department regulatory functions. |

Appendix I

Environmental Scan Resources

Appendix I is a list of the resources used to conduct the environmental scan that was done to develop this strategic plan. Information provided by the scan was used 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 J

Strengths, Weaknesses, Opportunities and Threats (SWOT)

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, the agency strategic planning participants analyzed and summarized the data sources listed on Appendix J. Participants then reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness including:

- Information management
- Communication (including branding)
- Workforce development and financial sustainability

The SWOT analysis discussion also included the identification of changing, emerging, and external trends, events, or other factors that may impact community health as well as effectiveness that may impact community health or the health department.

Performance management council members then used the SWOT analysis and the agency mission, vision and values to choose strategic priority areas and goals. Next, staff worked with division and office staff to write and revise strategies and objectives for each goal area. Following this, the strategies and objectives were routed back to the Agency Performance Management Council for comment and approval.

Strengths

Agency Infrastructure:

- The agency's workforce is diverse and culturally competent.
- It is an integrated agency that provides a statewide comprehensive public health system (i.e. lab, pharmacy, CHD, CMS clinic and health care practitioner regulation and licensing).
- The agency has its' responsibilities outlined in Florida Statutes.
- There is a CHD in each of Florida's 67 counties. The Department is a centralized organization with the CHDs being part of the Department.
- ESF8 response/strong preparedness infrastructure
- The agency administers 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, state pharmacies, disaster preparedness operations 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.
- There are active and effective partnerships with stakeholders at the state level.
- The Division of Medical Quality Assurance has a strong provider assessment capability.
- There are organizational processes in place that demonstrate commitment to performance management and improvement.
- The workforce includes expertise in collecting, reporting and analyzing health statistics and vital records.
- The agency has the ability to collect and provide comparative data through Department surveillance systems and surveys (CHARTS, Merlin, BRFSS, HMS, etc.).

Strengths

Emerging Trends:

- Importance is placed on investing in research, transparency in results and 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.
- The Department has public health preparedness plans, partnerships, expertise and leadership in the health and medical components of all-hazards planning, preparation (including training and exercising) and 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 are being achieved through programs like Tobacco Free Florida.

Other:

- Physician and dental workforce assessments have already been completed.
- The Department purchases pharmaceuticals at federal pricing – resulting in cost savings.
- There is a commitment to continuous quality improvement and creating a culture of quality, as evidenced by participation in accreditation activities.
- The Department has improved understanding of privacy and confidentiality laws and has promoted coordination across programs and system-wide.

Weaknesses

Agency Infrastructure:

- Succession planning, career ladders, advancement and leadership opportunities can be improved upon.
- Barriers to internal communication include a reluctance to express opinions that may be contrary to current policy.
- A comprehensive evaluation of health communications, health education and promotion interventions is lacking.
- There is a lack of standards for health communication and resource materials with culturally and linguistically appropriate messaging created to reach targeted populations.
- There is a lack of standard process maps for administrative and financial processes.
- The conduction of periodic reviews of the effectiveness of the state surveillance systems is inconsistent.

Capacity:

- Resources for training, continuing education, recruitment and retention need improvement.
- Resources prioritized for program monitoring/evaluation and quality improvement activities are lacking.
- The number of health care providers in rural areas is not adequate.
- CHD capacity to provide locally needed services is decreasing.
- There is an increased demand for services without the capacity to meet the demand due to shrinking resources as a result of the weakening economy.

Opportunities

Agency Infrastructure:

- Increase recruitment of health care practitioners and public health professionals.
- Re-assess and re-evaluate health care practitioner assessments that the Department performs.
- Leverage partnerships among agencies and institutions of higher learning to enhance and improve current workforce capacity to support the education of future public health professionals.
- Participate in proposing changes to regulations.
- Embrace robust public health statutes.
- Identify common priority health issues among state and locals that 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.
- Form 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 that allows women who have had a recent Medicaid paid service to retain coverage for family planning services for up to two years. (Because over half of the births in Florida were covered by Medicaid, this covers many women.) The prevention of an unplanned pregnancy or another pregnancy close 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 the Department of Education and the local school systems to increase physical activity among children and improve nutrition in the schools. Encourage after-school programs to emphasize physical activity, issue awards for physical activity efforts and grade schools on their commitment to encouraging healthy behaviors on the part of their students.

Emerging Trends:

- Telemedicine is being used to expand services.
- National awareness for healthier lifestyles and interest in workplace wellness programs has increased.
- Effective, evidence-based strategies and model practices are in use.
- Opportunities for the population to be insured have increased.
- Shift in clinical practices locally to population health prevention services.
- Shift in public awareness and interest in social determinants of health.
- Leveraging of Medicaid for managed care creates public health improvement.

Other:

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

Threats

Capacity:

- There is a lack of residency slots for practitioners educated in Florida.
- There is no reciprocity for dental licenses in Florida.

Emerging Trends:

- The population is aging.
- Funding cuts are being made to programs and full-time employees (FTEs).
- Workers are receiving fewer benefits.
- There is a shortage of health care providers.
- There is an emergence of geographic health care shortage areas.
- Demands for care due to demographic shifts and economic situations are increasing.
- Program and funding cuts are shifting burdens to other segments of the public health system.
- The need for behavioral health services has increased.
- Emergency rooms are being overused 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 are impacting family and business preparedness planning.
- The transition to population health from clinical is reducing the Department's ability to respond to infectious disease outbreaks, such as H1N1, without relying on partnership and volunteer professionals.
- The Department is being challenged to compete against the marketing capabilities of the fast food industry and the soft drink industry. The efforts of these entities are offsetting the Department's 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:

- Behavioral health services are inconsistent across counties.
- There is a 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 K

Alignment

Appendix K 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), the State Health Improvement Plan (SHIP), and the Agency Performance Management and Quality Improvement (PMQI) Plan. Also listed are the assigned lead divisions (abbreviations below) and the data sources used.

| | |
|--------|---|
| 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 Number | Objective | 2015-2020 LRPP | 2017-2021 SHIP | 2018-2020 Agency PMQI Plan | Lead Division | Data 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 | By December 31, 2020, increase the percentage of DOH employees who have 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 |

| Objective Number | Objective | 2015-2020 LRPP | 2017-2021 SHIP | 2018-2020 Agency PMQI Plan | Lead Division | Data Source |
|------------------|--|----------------|----------------|----------------------------|---------------|---|
| 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 |
| 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 specifically to address community violence) implementing the Centers for Disease Control and Prevention's (CDC) STOP SV Technical Package from 0 (2019) to 13. | 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. | 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 Number | Objective | 2015-2020 LRPP | 2017-2021 SHIP | 2018-2020 Agency PMQI Plan | Lead Division | Data 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 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 |
| 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 300. | 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 250. | N/A | CD1 | N/A | DDCHP | ELR-OLAP |

| Objective Number | Objective | 2015-2020 LRPP | 2017-2021 SHIP | 2018-2020 Agency PMQI Plan | Lead Division | Data Source |
|------------------|---|----------------|----------------|----------------------------|---------------|---|
| 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 (2017) to 67. | 1E | ISV1 | N/A | DEPCS | NHSPI Index |
| 3.1.4A | By December 31, 2020, decrease current inhaled nicotine* prevalence in Florida youth ages 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) |
| 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 reporting years) 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 | Child Protection Team Data System and Early Steps Data System |

| Objective Number | Objective | 2015-2020 LRPP | 2017-2021 SHIP | 2018-2020 Agency PMQI Plan | Lead Division | Data Source |
|------------------|--|----------------|----------------|----------------------------|---------------|--|
| 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 |
| 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, have 100% of programs 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 Comms review process & announcement bullets |
| 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 |

| Objective Number | Objective | 2015-2020 LRPP | 2017-2021 SHIP | 2018-2020 Agency PMQI Plan | Lead Division | Data Source |
|------------------|---|----------------|----------------|----------------------------|---------------|--|
| 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 |
| 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 requests 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 Comms Marijuana Education Plan |