

Florida Department of Health in Seminole County



2013-2015 STRATEGIC PLAN



The Florida Department of Health in Seminole County's Strategic Planning Process

The Florida Department of Health in Seminole County (DOH-Seminole) continues to be a high functioning, well-respected and productive member of a public health system. Built on the successes of the 2008-2011 strategic initiatives, the Strategic Plan 2013-2015 provides a guide to help the community extend its reach and expand its horizons in conjunction with the direction of the Florida Department of Health (FDOH). Consistent with our earlier plans, this update is designed as a roadmap for improving every aspect of population health. This plan includes a vision of what the Florida Department of Health in Seminole County aspires to be, as well as a statement of its mission and the values that guide our organization's behavior and culture at every level. Goals and specific objectives are included so that progress can be better conceptualized, measured, and reported to all stakeholders.

THE STRATEGIC PLAN DEVELOPMENT PROCESS

Strategic planning began in 2006 with the formation of the Florida Department of Health in Seminole County Strategic Initiatives created by the then Senior Management Team (SMT) which was comprised of lead directors charged with creating an organization vision, mission, and goals. Using these components, the SMT developed operational plans for achieving the organization's vision, through strategies and activities aligned with its mission. The strategic initiatives were assembled in 2007 as a foundation to capture and reflect the predominant future themes within the organization.

Administration has been tasked to periodically revise the initiatives and implement updates to prepare for growth and changes beyond 2011. In 2010, the DOH-Seminole leadership team engaged the community in the process of updating the initiatives.

THE STRATEGIC PLAN 2013-2015 TEAM

Accountability for monitoring progress toward achieving the goals and objectives of the Strategic Plan 2013-2015 lies with the Executive Leadership Team (ELT) comprised of the Health Officer, Executive Nursing Director, Director of Community and Population Health, Medical Director,

Administrative Services Director, and Community Program Manager Director. This team is responsible for routinely reviewing the progress and implementation of an ongoing planning process that involves the Florida Department of Health in Seminole County community. The Management Advisory Committee (MAC), a committee of all department and program managers and supervisors, is charged with improving the planning process, as well as guiding future planning activities, and aligning the plans of the divisions with the organizational goals and objectives. To accomplish these important outcomes, the committee will develop and implement a planning cycle that is inclusive and result-oriented, including linking the organization's planning and assessment strategies with activities.

THE PLANNING CYCLE

The DOH-Seminole strategic planning cycle is shown below to illustrate the four integrated components—Assessment, Planning, Resource Allocation, and Implementation. It is the organization's intent to engage all stakeholders of the health department in every part of this dynamic and ever-evolving strategic planning process.

As the illustration suggests, the cycle can begin at any point, but DOH-Seminole has historically supported starting at **Assessment**, where data is collected from the State-level DOH, evaluation methods, and State and community research. For example, State budget allocations, marketing assessments, department and program service assessments and State and community public health needs assessments played a key role in the development of the initial planning process.

As shown, **Planning**, including the mission, vision, values, goals, objectives and sub-objectives, follows the Assessment Cycle. These activities make use of all



assessment data available in reviewing the initial strategic vision plan and in establishing current, relevant goals, objectives, and sub-objectives, both for the organization as a whole, as well as for the State and local community. In this component of the cycle, alignment of goals and objectives with federal, State and county standards occur, as does the integration of organizational goals and objectives with the goals and objectives of the departments and programs of DOH-Seminole.

The **Resource Allocation** component, during which the organization aligns its fiscal, personnel, facilities, technologies, and information to achieve the strategic planning goals, objectives, and sub-objectives at every level, is closely linked to and follows Planning. This component gives “legs” to the strategic plan by putting real resources in place to carry out the specific strategies and activities that the organization’s constituents have decided give it the best chance of being successful.

Once resources have been allocated, strategies and activities tied to each sub-objective and objective are undertaken throughout the organization in the **Implementation** phase. These strategies and activities are consistent with the specific strategic activities of each department and programs.

During and following Implementation, **Assessment** provides feedback to constituents regarding any changes that occur, and helps identify any additional changes that may be needed in the overall plan, the assessment strategies, or in the resource allocation process.

Although this simple illustration shows these components as distinct, it is not uncommon for activities to be occurring in all four simultaneously at the health department. Some stakeholders may be engaged in assessment, while others translate existing assessment data into strategic and operational plans. Others may create new or revised resource allocations to keep the organization moving forward while implementation activities are underway.

ACCOUNTABILITY, ASSESSMENT, AND TRANSPARENCY

Regular communication to the organization and community stakeholders is an essential element of the Florida Department of Health in Seminole County strategic planning cycle. The organization has developed numerous milestones by which it measures its progress and holds itself accountable. Many constituents have a legitimate interest and stake in the health department’s performance. More than 20 percent of the organization’s revenues come from customers, who are essential stakeholders.

Appropriations from the State of Florida comprise about 60 percent of the agency’s revenues, which means the organization is accountable to the public and elected officials. In addition, DOH-Seminole is accountable to local, State and federal agencies that provide grants which have leveraged nearly \$4 million in services to the local community.

The Strategic Plan 2013-2015 planning team and the organization as a whole will work to ensure that every stakeholder is well-informed about the organization’s progress each year. The organization’s internal dashboard, for example, will provide constant updated data, as it becomes available, to communicate assessment and productivity activities and promote accountability. An annual accountability report will provide information to stakeholders.

MOVING FORWARD

At the Florida Department of Health in Seminole County, as elsewhere in the State’s public health system, strategic planning is a process; a journey, not a destination. The Strategic Plan 2013-2015 is a necessary step for completing national accreditation.

The goals of strategic planning at the FDOH, Seminole County is to ensure that the organization continues to accurately identify its strengths, weaknesses, opportunities, and threats and appropriately set challenging goals and objectives; as well as effectively acquire acquiring and allocating adequate resources to achieving our vision and mission.

THE FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY TODAY

The Florida Department of Health in Seminole County is an integrated agency under the direction of the Florida Department of Health located in Tallahassee with a local, county and state commitment. The diverse environment promotes public health through quality healthcare, education and community assessment. DOH-Seminole is committed to providing the highest quality of healthcare to the public including the uninsured and underinsured for various programs and services, and superior environmental and disease surveillance.

The organization is also dedicated to educating the community on the current trends in public health including disease prevention, promoting healthy lifestyles, reducing health disparities and advancing health equity while protecting the health of the community. This comprehensive health education provides the community with the general knowledge and skills necessary for personal and community well-being.

OUR MISSION

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

OUR VISION

“To be the Healthiest State in the Nation”

OUR VALUES

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.



ACCOUNTABILITY MEASURES

With connections to the Florida Department of Health's five values, our accountability measures are based on our status as a community and government entity in conjunction with the upcoming standards of the Public Health Accreditation Board.

LOCAL

Administrative Snapshot

We are accountable for the management of taxpayer's money. DOH-Seminole is a good steward of the revenues received from the State, County, grants and community.

County Health Department Dashboard

As a government organization, we must be able to account for and allocate resources. We must carefully and fairly review the resources available to the community. We must be an honorable and careful steward of the resources we receive, whether from donors, the community or taxpayers? and allocate funds appropriately.?

Employee Satisfaction

The State of Florida expects a satisfied and cooperative employee culture. The need for a highly-educated and motivated workforce has never been greater. The annual employee satisfaction survey measures the communication, organizational relationships, safety, recognition and overall satisfaction of our employees.

Public/Private Partnerships

As a community agency, we must foster and maintain public/private partnerships with the communities we serve. We must be worthy recipients of grants, referrals and resources and in return be a vital part of the community offering public health education and services to all citizens (targeting the underinsured and uninsured).

STATE-WIDE

Healthy People 2020

Healthy People 2020 provide science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to a) encourage collaborations across communities and sectors, b) empower individuals toward making informed health decisions and c) measure the impact of prevention activities.

National County Health Rankings, Robert Wood Johnson Foundation

The National County Health Rankings provide a state-level ranking of a broad spectrum of health outcomes. As a leader in public health, it is our duty to align goals and objectives to ensure health outcomes meet and exceed the current status of Seminole County.

Public Health Accreditation Board (PHAB)

The Florida Department of Health is working toward becoming an accredited government agency. Accreditation will standardize the quality of healthcare, services and accountability to the State and citizens of Florida and Seminole County.

State Health Improvement Plan

The Florida Department of Health created a State Health Improvement Plan which outlines the goals, strategies and objectives for health protection, chronic disease prevention, community partnerships and redevelopment, access to care and health and finance infrastructure. This plan provides the DOH-Seminole information as to the direction and foundation for the overarching Florida Department of Health mission, vision and values.

Sustainability

As a government and county entity, we need to manage and model sustainable performance within social, environmental, and economic parameters; to be accountable for our progress; and to regularly report the outcomes of our efforts.

THE FOUNDATION

The five building blocks of the strategic plan include:—partnerships and services, workforce and customers, and finances.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

In 2012 the Executive Leaders, managers and supervisors met with the Health Council of East Central Florida to analyze our strengths, weakness, opportunities and threats (also known as a SWOT Analysis). Below outlines the results from the meeting:

STRENGTHS	WEAKNESSES
Diversity	Communication—internal and external
Volunteers and internships	Workforce inefficiencies
Employee Wellness Program	Inconsistency
Partnerships	Infant mortality
Epi Strike Team	Funding for prevention needed
PACE-EH Program	Maximize workforce talent
	Workforce morale
	Promotional opportunities
OPPORTUNITIES	THREATS
Implement and expand Electronic Health Records (EHR) to meaningful use	Program sustainability
Workforce development—increase training and cross-training opportunities	Limited and decrease in funding
On-line forms	New and emerging infectious diseases
Expand community partnerships including PACE-EH, Federally Qualified Health Center (FQHC), universities for internships, Medical Reserve Corp	Access to care
Expand text messaging and electronic appointment reminders (Teletask) and Implement on-line registration	Increasing natural disasters
Marketing and promotional opportunities including website for community education, internal and external, social media	Transition non-sustainable programs to partners
Implement recommendations from employee satisfaction	Infant mortality
Achieve accreditation	Closure of State TB Hospital – address secondary care
Engage with SCHPP and its free clinics	Decreased funding in Environmental Health
Program accountability/increase efficiencies	Outbreaks
Implement identified program transitions and validate	Current model for Prenatal Program - sustainability
Increase employee morale through retreats and wellness program	
Maintain accreditation and begin MAPP planning cycle	
Transition non-sustainable programs to partners	
Strike team participation	
Grant opportunities	
Expand access to care with mobile units/partnerships	
Consider different models of service delivery for maternity	
Expand travel immunizations through marketing and	
Sign-up with more HMOs	
Expansion of WIC sites	

KEY SERVICES

The key services are not only public health essential services, but also services necessary to meet community needs in Seminole County. The key services established include:

Breast and Cervical Cancer Early Detection Program	Prenatal Services
Dental Health	Public Health Preparedness
Environmental Health	Refugee Health
Epidemiology	School Health
Family Planning	Sexually Transmitted Diseases (STDs)
Health Education and Promotion	Teen Choices
Healthy Start	Tobacco Prevention
Hepatitis	Tuberculosis (TB)
HIV/AIDS	Vital Statistics
Immunizations (Childhood, Adult and Travel)	Women, Infants and Children (WIC)

WORKFORCE

From health literacy to cultural diversity, employees are improving the quality of life of the residents of Seminole County. We promote and recruit a highly educated workforce.

PRIORITIES, GOALS AND OBJECTIVES

The priorities, goals and objectives of DOH-Seminole are consistent with our mission, vision and values. The DOH-Seminole will plan and partner with local organizations to create by 2015 a health delivery system that enhances the individual's experience of care (quality and satisfaction), reduces the per capita cost of health care, and improves health outcomes of the community.

GOAL 1

PROTECT THE POPULATION FROM HEALTH THREATS

Strategy 1.1

Prevent and Control Infectious Diseases by providing education and intervention through outreach activities to the community to reduce negative impact from communicable diseases.

- Objective 1.1A By December 31, 2013, ensure selected reportable diseases for which initial public health control measure(s) were initiated continue to be completed at 100% within the appropriate time frame (as defined by the standard established in the CHD Snapshot Guidance for Epidemiology Measures document).
- Objective 1.1B By December 31, 2015, reduce the incidence number of new HIV infections in Seminole from 11 (2012) per year to 8 per year with particular focus on the elimination of racial and ethnic disparities in new HIV infections.
- Action Widespread and targeted testing with an emphasis on improved access to testing in areas of racial and ethnic disparity. Provide HIV education and testing in targeted areas that are dominated racially and/or ethnically and attend one outreach per quarter.
 - Action Increase the number of rapid HIV tests performed monthly from 30 to 40 tests.
 - Action Enhance partnerships with community health centers and collaborate with community based organizations that provide services in racially and ethnically deprived areas in Seminole to gain access to those areas. Establish one new partnership annually.
- Objective 1.1C By December 31, 2015, reduce the bacterial STD case rate among males and females 15-34 years of age from 1,118 per 100,000 (2010) to 1,100 per 100,000.
- Action Collaborate with Family Planning partners to increase the screening of female clients seeking services to 95%.
 - Action Establish an interagency and cross program workgroup to focus on the health of adolescents. Completed: as Teen Choices.
 - Action Utilize other programs, points of contact in communities, and interest groups to educate, screen, and treat clients 15-34 years of age. Increase # of clients screened and treated by 10%, annually.
 - Action Work through Health Fairs, Community Events, and Educational opportunities to reach out to clients in this age group to screen, treat, and encourage bringing in partners for screening to identify and reduce infection. Increase number of clients reached by 10% annually.
 - Action Develop innovative methods in collaboration with the County Health Departments to more quickly provide test results and offer follow up treatment for females and males diagnosed with an STD by expanding the use of "Text Messaging" test results to decrease timeframes from test to treatment. Increase # of clients opting in for texting by 10%.
 - Action Develop innovative methods to more quickly provide test results and offer follow up treatment for clients with an STD, utilizing various forms of 'Express Clinic' models (nurse of the day, treatment only appointments) to improve clients ability to receive treatment services more quickly. Insure 98-100% treatment rate.
- Objective 1.1D By December 31, 2015, reduce the TB case rate from 2.4 per 100,000 (2010) to 1.0 per 100,000.
- Action Continue to identify and treat active TB cases; maintain completion of treatment rate 100%.
 - Action Conduct contact investigations to identify infected contacts and treat their infection; elicit a minimum of 2 contacts per client and treatment completion rate of 100%.
 - Action Provide general and specific TB education for healthcare professionals and communities and provide one educational presentation per quarter.
 - Action Routine and targeted testing of at risk populations including homeless shelters, daycare centers, healthcare workers and facilities. Increase targeted testing by 10% annually.
 - Action Maintain Treatment completion rate of 98% for Latent TB infections.

- Objective 1.1E By December 31, 2015, reduce the rate of deaths from all causes of unintentional injuries among children ages 0–14 from 6.0 per 100,000 to 5.0 per 100,000 in Seminole County.
- Action Continue to partner with the Seminole County Child Abuse Death Review Team to review child deaths and to develop local strategies to prevent child deaths.
 - Action Continue to partner with the Seminole County Child Abuse Prevention Task Force to implement prevention focused information campaigns on the common causes of child deaths.
 - Action Continue to partner with the Seminole County SAFE KIDS to conduct a minimum of one Hyperthermia and one Drowning Prevention campaign at the FL Department of Health Seminole County.
- Objective 1.1F By December 31, 2013 and annually ensure that 100% of environmental assessments or initial inspections continue to be completed inspection within 48 hours of reported illness outbreak associated with a regulated facility.
- Action Ensure that 100% of environmental assessments or initial inspections continue to be completed within 48 hours of reported illness outbreaks associated with regulated facilities.
- Objective 1.1G By July 1, 2014 offer hepatitis B vaccine to every eligible adult 18 and older who seeks STD services at DOH-Seminole.
- Action Vaccinate all those 18-28 years of age at risk for hepatitis B who register for STD services and have no record of hepatitis B vaccination series in Florida SHOTS or other hepatitis B vaccination record and test negative for hepatitis B surface antibody.
 - Action Vaccinate all those 29 years of age and older at risk for hepatitis B who register for STD services, including the recently CDC identified risk group of adults born during 1945 through 1965, with no history of hepatitis B vaccination series and a negative hepatitis B surface antibody test.
- Objective 1.1H By December 31, 2015 increase the completion of hepatitis A and hepatitis B vaccine by 3% each year.
- Action Develop a system for the Hepatitis Prevention Program to remind clients to return for the completion of the hepatitis vaccination series through the use of self-addressed cards, and track vaccination completion rates.
- Objective 1.1I Reduce the number of adult hepatitis B cases by 2% per year (Baseline 2012 data of 4).
- Action Increase the delivery of hepatitis B vaccine in high risk populations through re-establishing and maintaining outreach testing and vaccination activities in high risk facilities and programs, such as the Seminole County Jail, Teen Challenge, Rescue Mission, and Turning Point.
 - Action Provide education to medical providers, DOH-Seminole programs such as STD, HIV, Family Planning, and Maternity, and community on risk assessment, testing and vaccination for hepatitis B.
- Objective 1.1J By June 30, 2015, Increase the percentage of adults in Seminole County age 65 and older who have had a flu shot in the last year from 61% to 64%.
- Action Initiate automated telephone reminder calls for health department clients age 65 and older as soon as flu vaccine is available.
 - Action Initiate promotion of public educational messaging specifically targeted to those ages 65 and older in at least one marketing method.

Strategy 1.2 [Minimize Loss of Life, Illness, and Injury from Natural or Man-Made Disasters by preparing the public health care system for all hazards, natural or man-made and creating an informed, empowered, and resilient public and prepared health system.](#)

- Objective 1.2A By December 31, 2013, complete After Action Reports and Improvement Plans within 30 days of exercise or real event.
- Action Continue annually with After Action Reports and Improvement Plans within 30 days of exercise or real event.

- Objective 1.2B By December 31, 2014, exercise DOH-Seminole department program office managers, subject matter experts and Emergency Operations through a minimum of one Table Top Exercise and one Functional Exercise per year. (Pending ELT approval).
- Action Conduct the DOH-Seminole 2014 Potential/Future Exercises Table Top (1) Continuity of Operations (COOP) Table Top Exercise, scheduled for July 2014 and the DOH-Seminole Plan, April 2014, (2) Emergency Radio Communications, July 2014 Functional Exercise which is scheduled for October 2014. Exercises: (1) Special Needs Shelter Operations, June 2014, (2) Mass Prophylaxis Points of Dispensing, August 2014.
- Objective 1.2C By December 31, 2014, provide DOH-Seminole staff with awareness, preparedness, response, recovery, and mitigation information through the use of the DOH-Seminole web page and Share Point sites.
- Action December 31, 2014, provide DOH-Seminole general staff with awareness and preparedness information and the command staff with awareness, preparedness, and response information through the use of the DOH-Seminole web page and Share Point site.
- Action By December 31, 2013, DOH-Seminole will be 100% compliant and 2014 –ongoing updates posted.

GOAL 2

REDUCE CHRONIC DISEASE MORBIDITY AND MORTALITY

Strategy 2.1

Increase the Proportion of Adults and Children Who are at a Healthy Weight.

- Objective 2.1A By December 31, 2015, decrease the percentage of adults who are overweight from 24% (2010) to 20% (healthy weight is BMI of 18.5 to 24.9).
- Action Implement strategies in the Community Health Improvement Plan that address the reduction and prevention of obesity and associated chronic health conditions through *Healthy Seminole Collaboration* initiatives and achieve two chronic disease goals in 2014.
 - Action By December 31, 2015, educate and collaborate with Chamber of Commerce for policy change with fast-food restaurant menus.
 - Action By December 31, 2015, implement an acknowledgment for restaurants that have healthy menus.
 - Action By December 31, 2015, collaborate with schools to improve meal menus.
 - Action By August 1, 2015, collaborate with three schools to implement a Walk-to-School bus route.
- Objective 2.1B By December 31, 2015, decrease the percentage of WIC children aged 2 and above who are overweight and obese from 27.7% (2012) to 26.7%.
- Action By December 31, 2014, facilitate group education on a monthly basis to cover topics on healthy weight for the parents of overweight and obese children at least twice during the certification period.
 - Action By April 30, 2014, begin to display educational DVDs and written messages targeting healthy weight on digital signage in the WIC lobby. Conduct an annual survey to assess the impact and efficacy of these messages on parents and whether they were prompted to make lifestyle changes based on the information disseminated.
- Objective 2.1C By December 31, 2015, decrease the percentage of children screened in elementary and middle school who are overweight and obese from 31.5% to 29.5%. (Data from DOH Summary of SH Services Report)
- Action By December 31, 2015, the School Health Program will increase from 1% to 3% the number of parents of children with abnormal BMIs who contact our program for follow up. (Data to be obtained from School Health Screening Reports and Summary of School Health Services Report)
 - Action By December 31, 2015, conduct at least four annual School Health Advisory Committee meetings with school district representatives and community partners to exchange information and share resources to promote Seminole County's students health.

Strategy 2.2

Reduce Illness, Disability, and Death Related to Tobacco Use and Secondhand Smoke Exposure.

- Objective 2.2A By Dec. 31, 2015, reduce current smoking rates among adults from 18.0% (2010) to 15%.
- Action DOH-Seminole Staff will reach out to local decision makers (governmental agencies) to inform and educate on benefits of policy change and encourage adoption through 4 informal or formal meetings.
 - Action DOH-Seminole Staff will inform and educate on the benefits of policy change at the local level (Cities and County Governments) via other communication methods. We will educate on the benefits of policy change through providing two (2) power point presentations via email.
 - Action DOH-Seminole Staff will coordinate monthly Tobacco Cessation classes through community outreach and training through the Area Health Education Center (AHEC).
 - Action DOH-Seminole Staff will provide four (4) presentations to educate on Tobacco issues to community members (Rotary, Kiwanis, PTO's faith-groups) to raise awareness and concern.
 - Action DOH-Seminole Staff will participate in four (4) presentations, community meetings, resource fairs, job fairs or health fairs on the negative effects of smoking.
 - Action DOH-Seminole Staff will meet with the Institute of Medicine through five (5) informal or formal meetings to raise the tobacco purchase age limit from 18 to 21 and submit report to Congress.
 - Action DOH-Seminole Staff will provide 4 presentations to education and inform adult smoking to educational level less than high school and annual income less than \$25,000 to community organizations. (Good Shepard, Hope Church, Brethren Outreach, Goodwill, and others)

Action	DOH-Seminole Staff will provide two (2) presentations to education and inform adult smoking to people with Mental illness organizations. (Mental Health Association, Seminole Behavioral Health, and others)
Objective 2.2B	By Dec. 31, 2015, reduce current cigarette use among youth, ages 11-17, from 7.5% (2010) to 6.5%.
Action	DOH-Seminole Staff will participate in four (4) presentations to inform and educate on Tobacco Issues to Target Audiences to raise awareness and concern about cigarette smoking.
Action	DOH-Seminole Staff will conduct two (2) trainings to educate community about the issue of retail advertising.
Objective 2.2C	December 31, 2015, increase the percentage of middle and high school students who are committed never smokers. Middle School students from 76% (2012) to 83% and High School students from 58.6% (2012) to 65%.
Action	DOH-Seminole Staff will Establish/Maintain 8 middle schools, seven (7) high schools, and two (2) community-based SWAT clubs.
Action	DOH staff will participate in three SWAT recruitment events to include diversity of membership among youth of all ethnic and socioeconomic groups.
Action	DOH Staff will participate in five (5) National Tobacco Control Observance events to engage specific populations around targeted policy initiatives. (Through with chew, Kick butt day, Tobacco free week, World No Tobacco Day, Great American Smoke-out)
Action	DOH Staff will participate in two (2) design media specifically to recruit SWAT members addressing the committed never smokers.
Objective 2.2D	By December 31, 2015, increase the percentage of middle grade students with exposure to any tobacco use prevention education from 40.3% (2012) to 60%.
Action	DOH-Seminole Staff will participate in 12 meetings with decision makers (middle schools principals/designee) designed to gather information to engage in activities which support and sustain the tobacco control policies within the K-12 schools.
Action	DOH-Seminole Staff will provide 4 unique communications to inform and educate on benefits of the negative effect of smoking through within the school system on policy changes through letters, newsletters, emails, morning announcements.
Action	DOH-Seminole Staff will participate in one presentation to educate policy makers on CDC best practices and local program outcomes via face to face meeting. (School Board Members)
Action	DOH-Seminole Staff will coordinate 12 presentations to middle school students to raise awareness and concern about Tobacco. (Health or Science classes, Title 1 resource fairs, etc.)
Action	Hire vendor to cover prevention education of middle school students.
Objective 2.2 E	By Dec. 31, 2015, reduce the percentage of youth, ages 11-17, which were exposed to secondhand smoke in a room or car during the past seven days from 39.1% (2010) to 35.0%.
Action	DOH-Seminole Staff will design 4 meetings between tobacco staff and local multi-housing managers to discuss the health and financial benefits of smoking- free housing policies.
Action	DOH-Seminole Staff attend 1 meeting with Seminole Housing Authority regarding the benefits of adopting a smoke free policy on their properties.
Action	DOH-Seminole Staff will participate in two (2) Health Fairs to inform and educate regarding the adverse health effects of second and third hand smoke on youth such as in a room or car.
Action	DOH-Seminole Staff will inform and educate at the local level through providing two (2) PSAs, e-mails, Movie Theater or advertisements.
Objective 2.2F	By June 30, 2015, reduce the percentage of youth, ages 11-17, who use tobacco products *other than cigarettes from 10.6% (2010 Florida Youth Tobacco Survey) to 8.6%.*other tobacco products include smokeless tobacco, snuff, and cigars.
Action	DOH-Seminole Staff will present four (4) Tobacco presentations on the issues of tobacco products such as smokeless tobacco, snuff or cigars to student to raise awareness and concern.
Action	DOH-Seminole Staff will conduct one (1) specific training to educate students about the issue of retail advertising and their influences.
Action	DOH-Seminole Staff will create and release four unique communications using letters, emails, newsletters, or radio, etc.

- Objective 2.2G By December 31, 2015, collaborate with county officials to pass smoke-free policy in county facilities.
- Action DOH-Seminole Staff will schedule one face to face meeting with HR managers where the benefits of a Tobacco Free campus policy are assessed using a standardized interview tool provided by the Bureau of Tobacco Free Florida (BTFF).
- Action DOH-Seminole Staff will coordinate and schedule 6 free Tobacco Cessation Classes by AHEC for employees to the County
- Action DOH-Seminole Staff will provide each employer with 1 National Tobacco Observation day events calendar to encourage a tobacco free lifestyle for employees.
- Action DOH-Seminole Staff will apply the BTFF Quarterly Readiness Assessment tool to track the current status of each employer toward readiness to become a tobacco free facility.

Objective 2.2H The percentage of prenatal mother’s using tobacco in Seminole County.

- Action Work with the Seminole County Healthy Start Advisory Council/Healthy Start Coalition to develop a “Dangers of Smoking” campaign.
- Action Distribute campaign posters at all local OB-GYN offices and the local hospitals.
- Action Develop a short questionnaire to be used at infant screening to determine if mother quit or reduced smoking while pregnant.

Strategy 2.3 Reduce Health Equity and Health Disparities in Seminole County.

- Objective 2.3A By December 31, 2015, decrease Diabetes in African American population by 50 % to 40%.
- Action Continue to develop and implement strategies through Healthy Seminole Collaboration.
- Action By December 31, 2015, increase the amount diabetic screenings from 85% to 90.0% to include post-screen referrals.
- Action Link hospital referral communication plan.
- Objective 2.3B By December 31, 2015, decrease Hypertension in the Seminole County population by 41.3% to 35%
- Action Continue to develop and implement strategies through Healthy Seminole Collaboration.
- Objective 2.3D By December 31, 2015, decrease Heart Disease in white population from 140.9% to 135.9%.
- Action Continue to develop and implement strategies through Healthy Seminole Collaboration.
- Objective 2.3E By December 31, 2015 decrease the death rate amongst African American females in Seminole County with breast cancer from 47.8% to 37%.
- Action The Minority Health Task Force will collaborate with other community providers to educate African- American women at the Black History Month activities and “Take A Loved One to the Doctor Day” in regards to earlier detection and treatment resources.
- Action The Breast and Cervical Cancer Early Detection Program (BCCEDP) staff will participate in out-reach and educational events in the African American community to increase awareness of breast cancer and the importance of early screening and detection. Venues will include faith based events, cultural celebrations and Health Fairs.
- Objective 2.3F By December 31, 2015, decrease African American male population with Prostate Cancer by 22.3% to 16.3%*
- Action The Minority Health Task Force will collaborate with other community providers to educate African- American women at the Black History Month activities and Take A Loved One to the Doctor Day in regards to earlier detection and treatment resources
- Objective 2.3G By December 31, 2015 develop a chronic diseases surveillance program.
- Action Hire staff by December 31, 2014, with experience in chronic disease surveillance
- Action Hire staff with experience in health informatics and GIS mapping.
- Objective 2.3H By December 31, 2015, chronic diseases such as asthma (7.0), diabetes (13.5), cholesterol (41.3) hypertension (35.6), and heart disease (138.3) in census tracts.
- Action Develop chronic disease prevention screening programs to target areas with cholesterol (41.3) high concentration of admissions with above diseases by December 31, 2014.

Action Map chronic diseases in census tracts and collaborate with hospitals and community partners to provide linkages to care by December 31, 2015.

Strategy 2.4

Reduce the amount of excessive drinking rates from 20% to 16%.

Objective 2.4 A By Dec. 31, 2015, reduce the percentage of adults which is exposed to excessive drinking rate from 20% to 16%.

Action DOH-Seminole Staff will participate in four (4) community meetings on the negative effects on alcohol.

Action DOH-Seminole Staff will provide 4 unique communications to inform and educate on benefits of the excessive drinking through CDC Vital Signs via emails to community organizations, disparate groups, educational institutions, governmental agencies, housing/residences, work places and others.

Action DOH-Seminole Staff will participate in two (2) presentations to educate on CDC best practices and local program outcomes via face to face meeting.

Action DOH-Seminole Staff will coordinate one (1) training to address the importance of alcohol screening and brief counseling methods which can reduce the amount consumed.

Action Hire volunteer to cover excessive drinking rate for adult and youth.

Objective 2.4B By Dec. 31, 2015, reduce the percentage of youths which past 30-day binge drinking of alcohol from Middle School 7% to 5%. (2010 Community Need Assessment)

Action DOH-Seminole Staff will participate in four (4) community meetings on the negative effects on alcohol for youth.

Action DOH-Seminole Staff will provide 4 unique communications to inform and educate on benefits of the excessive drinking through CDC Vital Signs, The Partnership at drugfree.org, Alcohol screening.org or DrinkingandDriving.org via emails to community organizations, disparate groups, educational institutions, governmental agencies, housing/residences, work places and others.

Action DOH-Seminole Staff will participate in two (2) presentations to educate on CDC best practices and local program outcomes via face to face meeting.

Action DOH-Seminole Staff will coordinate one (1) training to address the importance of alcohol screening and brief counseling methods which can reduce the amount consumed.

GOAL 3

IMPROVE MATERNAL AND CHILD HEALTH

Strategy 3.1

Reduce Infant Mortality.

- Objective 3.1A By December 31, 2015, reduce the infant mortality rate from 6.8 (2012) per 1,000 live births to 6.0.
- Action Improve 1st trimester entries.
 - Action Track first, second and third trimester entry on all new prenatal patients.
 - Action All new prenatal patients are to be seen by 10 weeks gestation or before.
 - Action Increase community involvement with the Healthy Start Program.
 - Action Prenatal staff to do outreach and education in high risk areas.
- Objective 3.1B By Dec. 31, 2015, reduce the black infant mortality rate from 17.1 (2012) per 1,000 live births to 12.0.
- Action By June 30, 2014, The Seminole County Healthy Start Advisory Council/Healthy Start Coalition to establish a working Fetal Infant Mortality Team.
 - Action Work with the Seminole County Healthy Start Advisory Council/Healthy Start Coalition's Fetal Infant Mortality Team to determine the root causes of black infant mortality in Seminole County.
 - Action Develop strategies based upon root cause analysis.
 - Action Develop stress reduction classes for prenatal women in Seminole County.
- Objective 3.1C By December 31, 2015, reduce the Hispanic infant mortality rate from 6.4 to 5.1 through increased education and intervention through Healthy Start, WIC Programs and Prenatal Service Collaboration.
- Action The Seminole County Healthy Start Advisory Council/Healthy Start Coalition to establish a working Fetal Infant Mortality Team.
 - Action Work with the Seminole County Healthy Start Advisory Council/Healthy Start Coalition's Fetal Infant Mortality Team to determine the root causes of Hispanic infant mortality in Seminole County.
 - Action Develop strategies based upon root cause analysis.
 - Action Develop stress reduction classes for prenatal women in Seminole County.
- Objective 3.1D By December 31, 2015 reduce teen birth rate of 25% by 5%.
- Action Provide Teen Outreach Program (TOP) in at least 4 school and alternative sites during school year.
 - Action Provide train the trainer sessions on positive youth development to individuals working with youth in Seminole County.
- Objective 3.1E By December 31, 2015, increase the percentage of women who are continuing to breastfeed their infant up to 6 months from (32.4% to 33%).
- Action By December 31, 2015, establish a breastfeeding mother's support group, which will be supported by trained staff within the clinical division.
- Objective 3.1F Increasing the number of lactation staff holding at least a Certified Lactation Counselor (CLC) certification from 7 to 10.
- Action Provide employees with an opportunity for 3-6 staff to attend the Certified Lactation Counselor Certification Training by December 31, 2015.
 - Action Healthy Start Advisory Council, along with the Healthy Start Program to continue to partner with the local SIDS Alliance to provide quarterly classes to teach parents about Safe Sleep guidelines and awareness to other possible accidental sleep – related practices.
- Objective 3.1 G Provide breastfeeding training for staff that provides direct clients services to clients of child bearing age.

Action Lactation staff (IBCLC) will facilitate a breastfeeding in-service for Clinic and Healthy Start staff by December 31, 2014.

Strategy 3.2 Sustain equal access to culturally and linguistically competent care to all clients.

Objective 3.2A Objective 3.2A: By January 2014, conduct an assessment of culturally and linguistically appropriate services (CLAS)

Action By June 2014, 100% of staff will complete a cultural diversity course on TRAIN

Action By December 2015, 50% of bilingual staff will be certified in Basic Interpreter Training

Action By June 2014, 100% of staff will have received education on the language line

Objective 3.2B By December 31, 2015, include as standard language identifier in Health Medical System (HMS) already in place, implemented 2012.

Strategy 3.4 Increase Access to Prenatal Care.

Objective: 3.4A By December 31, 2014 access to prenatal care within the first trimester will increase from 77.8% to 80% within Seminole County.

Action By April 1, 2014, initiate questionnaire to those seeking initial prenatal care during 2nd and 3rd trimester.

Action By June 30, 2014, Determine root cause why woman are waiting until 2nd and 3rd trimester to receive care.

Action By December 1, 2014, the Healthy Start Coalition/Advisory Board to develop strategies to increase the rate of prenatal care.

Action Enhance existing partnerships with WIC to increase 1st trimester participation rates.

Action The Minority Health Task Force and the Healthy Start Advisory Council will partner with Lynx and SunRail to develop a plan to assist mothers with transportation needs for their prenatal appointments.

GOAL 4

DEVELOP AND IMPLEMENT AN INTEGRATED PUBLIC HEALTH SYSTEM

Strategy 4.1

Implement and Link Health Improvement Planning at State and Local Levels.

- Objective 4.1A By September 30 2013, DOH-Seminole health improvement plan will be aligned with the state.
Action Work plan document submitted in September 2013.
- Objective 4.1B By December 31, 2014, DOH-Seminole will update the community health improvement plan.
Action Health Summit will be completed by Healthy Seminole Collaboration.

Strategy 4.2

Integrate Planning and Assessment Processes to Maximize Partnerships and Community Expertise in Accomplishing Goals.

- Objective 4.2A By December 31, 2014 the DOH-Seminole Health Officer or selected representative will be present at no less than one Seminole County Comprehensive Plan, Rural Area, Future Lands Use, or Seminole County Planning Board meeting to ensure DOH-Seminole public health representation. (SEMINOLE COUNTY HOME RULE CHARTER, Section 5.2 Rural Boundary and Rural Area, §A. Rural Lands, §B. Removal of Property from Rural Area, §C. Future Land Use Designations).
- Action On monthly basis provide public health assessment and impact on the agenda at public health board, planning review or regional planning meetings.
- Objective 4.2B By December 31, 2013, the DOH-Seminole will establish a mechanism for sharing data and information about community health assessment across organizations.
- Action Add documents to website and place in community libraries for public review and feedback.
- Action Communicate to community partners the location of required documents for review and feedback.

Strategy 4.3

Support Local Efforts to Revitalize Communities.

- Objective 4.3A By December 31, 2013, DOH-Seminole will forge partnerships with Housing and Urban Development and other local, regional and federal funded agencies to develop a model program for improving housing conditions for vulnerable populations.
- Action Health Officer will be a member of the Governance Committee on Homelessness to develop model.
- Objective 4.3B By December 31, 2015, DOH-Seminole will forge partnerships with Housing and Urban Development and other local, regional and federal funded agencies to develop a model program for improving housing conditions for vulnerable populations. Such as secondhand smoke, pests, carbon monoxide, allergens, lead and toxic chemicals.
- Action DOH-Seminole Staff will attend one meeting with Seminole Housing Authority Director to discuss the benefits of adopting a smoke free policy on their properties.
- Action DOH-Tobacco staff will meet with Seminole County Housing Authority decision makers. (Board Members)

Strategy 4.4

Develop a Satisfied and Engaged Workforce.

- Objective 4.4A By June 30, 2014, identify and promote workforce cross training opportunities for dental, immunizations, family planning, STD, refugee, and prenatal.
- Action All program Managers for the fore mentioned programs will determine a cross training needs assessment and have a training schedule submitted on an excel spreadsheet to HR no later than March 1, 2014.
- Objective 4.4B By December 31, 2014, 50% of the select exempt service (SES), career service (CS) and other personnel service (OPS) employees in each program will be cross-trained at three levels.
- Action By April 1, 2014, each department/program will submit plan to their managers.

- Action All program Managers will identify all staff assigned and determine a cross training needs assessment and submitted to HR no later than April 1, 2014.
- Action HR will coordinate (not conduct) the cross training of all staff for the health department
- Objective 4.4C By June 30, 2014, provide annual training on cultural and linguistic competency.
- Action All program Managers will identify all staff assigned and determine those needing updated training on cultural and linguistic competency and submitted to HR no later than February 1, 2014.
- Action HR will coordinate (not conduct) the training of all staff for the health department.
- Objective 4.4D By July 1, 2015, DOH-Seminole County will deploy an interactive intranet to improve internal education and communication.
- Action Seminole County IT Department in conjunction with other Administration Staff and Volusia County IT Departments will create a work group to focus on our Intranet no later than April 1, 2014.
- Action Providing the Central Office has completed their standard look requirements the Seminole County workgroup will present to the ELT no later than December 1, 2014 a new interactive model.
- Objective 4.4E By July 1, 2013, DOH-Seminole County will implement *TRAIN*, the new employee training system.
- Action Seminole HR will coordinate and conduct TRAIN orientation training for all staff no later than March 1 2014.
- Objective 4.4F By December 31, 2014, DOH-Seminole County will have a fully functional SharePoint site.
- Action Seminole IT Department in conjunction with other Administration Staff and Volusia IT Department will review current Seminole SharePoint to ensure functionality no later than March 1, 2014.
- Objective 4.4G By July 1, 2014, the 2013 employee satisfaction survey (ESS) will be analyzed by the Executive Leadership Team (ELT) and develop a plan of action.
- Action ELT will review ESS in June 1, 2014 Executive Leadership Team meeting and will assign sections to each ELT member to review and present possible ideas for improvements for their sections 30 days from review.
- Objective 4.4H By September 31, 2014, the Management Advisory Council (MAC) members will implement process change from the employee satisfaction plan of action.
- Action MAC will review ESS Action Plan created by the ELT in MAC meeting in Aug 2014.
- Objective 4.4I By April 1, 2014, the Business office will educate management and staff at quarterly department/program staff meetings on budget process.
- Action Business office will set up and conduct meetings at the program level to review everyone's budget and next year's budget process in March 2014.
- Objective 4.4J By January 30, 2014, every department managers will have established SMART objectives for all employees.
- Action All program managers will have their SMART Objectives submitted to their ELT Director for review no later than January 21, 2014.
- Action All Supervisors and Managers will have the SMART Objectives loaded into People First and reviewed with their employees no later than January 30, 2014.

Strategy 4.5 [Implement Electronic Health Records \(EHR\).](#)

- Objective 4.5A By December 31, 2014, 100% electronic health records will be implemented in clinical departments and programs.
- Action Monitor on monthly basis that is using electronic health records.

Strategy 4.6	Develop, Implement and Sustain Integrated Quality Improvement Processes throughout Organizational Practice, Programs, Processes and Interventions.
Objective 4.6A	By June 1, 2014, the Executive Leadership Team will validate 100% non-public health essential programs and services for sustainability.
Action	Plan for sustainability will be submitted March 1, July 1 and December 1, 2014.
Objective 4.6B	By April 2014, complete two quality improvement evaluations of programs.
Action	Two programs will be evaluated annually.
Objective 4.6C	By July 1, 2014, text messaging for family planning will be at 50% client opt-in rate.
Action	Every Family Planning Initial/Annual client will be offered text messaging 100% of the time.
Action	Spread sheet will be created to show number of Family Planning Initial and Annual Exams, how many opted in for texting and how many did not.
Objective 4.6D	By December 2014, implement new processes to improve client flow and decrease two hour wait time to an hour or less.
Action	By June 30, 2014, create a new appointment schedule- work with HMS staff in Volusia and Operations staff in Seminole.
Action	By March 1, 2014, increase appointment availability from 0730-0930, to decrease congestion during the lunch hour.
Action	By June 1, 2014, hire OPS position to cover all calls to clients, obtain history and to provide instructions prior to their appointment.
Action	By December 31, 2014, be fully EHR implemented.
Objective 4.6E	By December 31, 2014, DOH-Seminole County will identify essential services that align with the Community Health Assessment.
Action	Research and apply for three grants.
Objective 4.6F	By July 1, 2015, DOH-Seminole County will seek grant opportunities to impact community health priorities.
Action	To have grant writer submit at least three proposals/applications per year.
Strategy 4.7	Develop, Implement and Improve Internal and External Communication Strategies and Plans.
Objective 4.7A	By June 30, 2013, deploy DOH rebranding to support unified messaging.
Action	Change all logo items to reflect the new brand.
Objective 4.7B	By December 31, 2015, complete 95% of objectives in the DOH Strategic Communications Plan.
Action	Distribute the communications plan to all DOH-Seminole staff when complete.
Action	By December 31, 2015, we will evaluate 100% internal and external communications tools and resources.
Strategy 4.8	Engage with Healthy Seminole Collaboration to Promote Population Health.
Objective 4.8A	By June 30, 2014, the Health Officer will engage with the Healthy Seminole Collaboration and partners to promote a Health Summit in Seminole County.
Action	Attend all Healthy Seminole Collaboration meetings.
Objective 4.8B	By July 1, 2014, the Health Officer will work with the Healthy Start Coalition to be self-sustaining.
Action	Health Officer will attend all coalition meetings and offer support for grants, financial sustainability and structure.

GOAL 5

ACCESS TO CARE

Strategy 5.1

Reduce Barriers to Access to Clinical Services.

- Objective 5.1A By December 31, 2015, reduce the amount of uninsured from 20% to 15%.
 - Action Meet quarterly with Linkage to System of Care workgroup to reduce amount of uninsured in Seminole County.
 - Action By January 1, 2015, and annually, conduct a County-wide access to care assessment.
- Objective 5.1B By December 31, 2015, increase mammography screenings from 95% to 100%.
 - Action Department of Health will increase mammograms through the BCCDEP Program for qualified women.
- Objective 5.1C By December 31, 2015, increase the amount diabetic screenings from 85% to 90.0%.
 - Action Work with hospitals to provide screening in identified vulnerable populations.
- Objective 5.1D By December 31, 2015, increase number of children who have access to vision health services.
 - Action Work with Seminole County Public Schools and Vision Quest to increase access of vision health services for students who have Medicaid.

Strategy 5.2

Develop a System of Care to serve the underserved and uninsured population.

- Objective 5.2A By July 1, 2014, DOH-Seminole in conjunction with local coalitions will develop a written plan to address the county's access to care needs. The plan should address primary care and oral health care provider roles in the community based on the assessment completed.
 - Action Access to Care Committee to develop access to care plan as addressed.

Strategy 5.3

Increase Access to Dental Care.

- Objective 5.3A By August 11, 2014 sign up with all HMO's offered in Region 7. This will assure that we can see majority of the patients that come through our Facility.
 - Action Meetings and negotiations with individual HMO's, agree upon a fee and sign Contracts.
- Objective 5.3B By June 30, 2014, increase Access to Dental Care for uninsured Adults at 150% of Medicaid fee schedule. Those qualifying through Community Assistance will be referred accordingly.
 - Action To submit a proposal to the Seminole County Board of County Commissioners.
- Objective 5.3C By December 31, 2014 Collaborate with WIC and Healthy Start Programs to provide education to new and prospective parents for child dental care.
 - Action Dental supervisor will attend 11 Healthy Start and 6 WIC courses.
- Objective 5.3D December 31, 2015 provide education and intervention to prevent Dental disease through Outreach activities.
 - Action December 31, 2015 do at least 5 Outreach events, including Day Cares and VPKs for educational presentations.
- Objective 5.3E By December 31, 2015 partnership with local Pediatricians and Family Practices to discuss the improvement of Child Health by stressing to the parents the importance of visiting the dentist from a very young age. Also discuss the effects of poor Oral Health example pain, missing school and lack of concentration due to pain.
 - Action Meet with local Pediatricians and Family Physicians in areas with high Medicaid population.
- Objectives 5.3F Increase dental access to care by 5%
 - Action Track referrals to Community Services, Harvest Time and Dental Care Access Foundation.
 - Action Give referrals for uninsured patients or those who would not qualify through Community Assistance program.
- Objective 5.3G December 31, 2015 Dental should have Electronic Health Records.
 - Action Already wired up for Digital X-Rays. Purchase materials and equipment for going digital. Training staff in preparation of going digital and Electronic Health Records.