



FLORIDA DEPARTMENT OF HEALTH IN SEMINOLE COUNTY **STRATEGIC PLAN** 2017-2020



PARTNERSHIP RESULTS ASPIRE
VISION GOAL TEAMWORK
GROWTH FUTURE JOURNEY

LETTER FROM HEALTH OFFICER



The Florida Department of Health in Seminole County (DOH-Seminole) is committed to our organizational mission of protecting, promoting and improving the health of all people in Florida through integrated state, county and community efforts. We support our vision to be the *Healthiest State* in the Nation through creating a culture of quality, promoting health equity and engaging with our community partners to address social determinants of health. DOH-Seminole is guided at the individual, organizational and community levels by our core values ICARE (Innovation, Collaboration, Accountability, Responsiveness and Excellence) and directed by key strategic documents that include the State Health Improvement Plan, the Comprehensive Health Needs Assessment and Improvement Plan as well as the DOH-Seminole Strategic Plan.

Through data collection, analysis, stakeholder participation and leadership guidance the 2017-2020 DOH-Seminole County Strategic Plan was developed. This internal document outlines the four areas of focused priorities for our Health Department over the next three years.

- **Health Protection and Promotion**
- **Access to Care**
- **Financial and Business Excellence**
- **Workforce Development**

These priorities support those identified in the Florida Department of Health Strategic Plan and further enhance our efforts to advance performance within our organization and improve the health of all Seminole County residents.

As part of the first and only integrated health organization accredited by the Public Health Accreditation Board, DOH-Seminole is dedicated to continual process improvements and supporting an organizational learning environment.

On behalf of all the employees at DOH-Seminole, I would like to thank you for taking time to familiarize yourself with our 2017-2020 Strategic Plan. As always, we welcome comments, feedback and suggestions from our various stakeholder groups.

Sincerely,

A handwritten signature in black ink that reads "Donna J. Walsh". The signature is fluid and cursive, with a large loop at the end.

Donna J. Walsh, MPA, BSN, RN
Health Officer
Florida Department of Health in Seminole County

LOCATIONS

The Florida Department of Health in Seminole County (DOH-Seminole) is proud to serve the citizens of Florida through our Mobile Health Services Unit and three locations:

Main Office
400 W. Airport Boulevard
Sanford Florida 32773
407-665-3000

WIC and Travel Vaccine
132 Sausalito Boulevard
Casselberry Florida 32707
407-665-3705

Environmental Health
1101 E. First Street
Sanford Florida 32771
407-665-3604



Prepared by

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EXECUTIVE SUMMARY

The Florida Department of Health in Seminole County (DOH-Seminole) recognizes the importance of strategic planning and the impact this process can have on shaping future outcomes. Continual process improvements and lessons learned have influenced the 2017-2020 DOH-Seminole Strategic Plan, including the incorporation of the Mobilizing for Action through Planning and Partnership's (MAPP) process. The 2017-2020 DOH-Seminole Strategic Plan is considered a living document, and will be reviewed, evaluated and revised as needed based on available data, trend analyses, updated MAP process, benchmarking and identified best practices. Monitoring and evaluation of this plan and of the plan objectives is the responsibility of the DOH-Seminole Performance Management Council (PMC) and DOH-Seminole Management Advisory Committee (MAC). The 2017-2020 DOH-Seminole Strategic Plan will be updated annually or as needed to ensure alignment with strategies and priorities of local, state and federal health plans.

Directors, managers, supervisors and key staff were engaged in the review and development of strategic goals and performance indicators that meet overall and program specific measures. Four priority areas were identified:

- Health Protection and Promotion
- Access to Care
- Financial and Business Excellence
- Workforce Development

The strategic planning process is reflective of the data driven decision making culture of DOH-Seminole and is heavily guided by multiple sources including:

- Florida Statute 154.01 County Health Department Delivery System
- The 10 Essential Public Health Services
- County Health Rankings and Roadmaps 2016
- Florida Department of Health Community Health Assessment Resource Tool Set
- Florida Youth Tobacco Survey
- DOH-Seminole Fiscal Data
- Administrative Snapshot
- Annual County Performance Snapshot
- Employee Satisfaction Survey
- Customer Satisfaction Survey
- Florida Department of Health Strategic Plan Document
- Healthy People 2020

STRATEGIC PLANNING CYCLE

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

Assessment data is collected from state budget allocations, marketing assessments, department and program service assessments, state and community public health needs assessments and state-identified strategic priorities and objectives that play a key role in the development of the strategic planning process.

Planning including the mission, vision, values, goals, objectives and strategies follows the Assessment Cycle. All assessment data is reviewed and used to establish current, relevant goals and objectives, both for the organization and for the state and local community. In this component, alignment of goals and objectives with federal, state, accreditation and county standards, as well as Community Health and Quality Improvement Plan goals occurs. There is also integration of organizational goals and objectives with the goals and objectives of the departments and programs of DOH-Seminole.

Resource Allocation is the component during which the organization aligns its fiscal, workforce, facilities, technology resources to achieve the strategic planning goals and objectives at every level. 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.

Implementation is the phase where strategies and activities are determined for each objective throughout the organization. These strategies and activities are consistent with the specific strategic goals of each department and program.

Assessment and monitoring during and following implementation provides feedback regarding goal achievement, and helps identify any changes that may need to occur regarding goals, strategies and the resource allocation process. 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.

At DOH-Seminole, as elsewhere in the State’s public health system, strategic planning is a process; it is a journey, not a destination. Over the next three years DOH-Seminole will employ evidence based countermeasures and implement quality improvement projects to promote obtainment of priority areas goals. DOH-Seminole will utilize its performance management system to monitor and evaluate Community Health Improvement and Strategic objectives to promote efficiency, effectiveness and alignment.

STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

As part of the strategic planning process, in November of 2016 the DOH-Seminole Performance Management Council and DOH-Seminole Management Advisory Council were engaged to identify both internal strengths and weaknesses as well external opportunities and threats. Results from this analysis are summarized below.

STRENGTHS	WEAKNESS
Diverse, Experienced, Committed Staff	Succession Planning
Partners within Facility	Awareness of Programs/Services
Team Environment / Cross Training	Staff Reductions
Customer Focus	Limited Resources to Improve Processes
Data/Statistics to Drive Decision Process	Competing Priorities
Emphasis on Wrap Around Services	Scope Beyond Strategic Objectives
Consistency of Processes	Increase in Staff Turnover Rate
Defined Chain of Command	Poor/Unclear Public Perception
Clear Expectations of Staff	Communication Gaps with State
Structured Training/Onboarding Process	Staff Morale, Position Security
Academic Health Department	No Salary/Pay Increases for Many Years
Support of Community Outreach	Inexperienced New Staff
Accountability of Staff & Processes	Working Beyond Normal Business Hours
Prevention Focused/Oriented	Finding New Funding Opportunities
Comprehensive Public Health Education	Numerous Internal/External Committees
High Compliancy Rate to State Indicators	Limited Training for Front Line Staff
Support for Innovation/Forward Thinking	Partner Awareness of National Health Changes
Use of Evidence Based Practices	Lack of Resources to Market Services
Emphasis of Community Partnerships	Human Resource Consortia
Wellness Program/Activities for Staff	Hiring Process Long & Cumbersome
Beautiful/Clear Facility	Grant Funding Ending/No New Opportunities
Advanced Staff Education	
OPPORTUNITIES	THREAT
Increase Access to Care	Funding Streams (Low Rates = Less Funding)
Mobile Health Services	Staff Turnover / External Competition
Dental Sealant Program	Change in Laws/Policies Outside Control
Regional STD Network	Restrictions on Creativity (IT, Outreach)
Chronic Disease Programs	Decrease in Public Health Funding
Advanced Internal Support (IT)	Increase STD Rates in County
Health in All Policies / HIA	Increase/Incline of Chronic Diseases
Marketing (Digital and in Waiting Areas)	Increase in Teen Repeat Pregnancies
Emphasis on Built Environment	Changes to Local, State & Federal Leadership
Teen Health & Sexual Health Education	Changes to Insurance Coverages/Processes
Visibility within Community/National	Increased Obesity Rate
Strengthen Partnerships & Expand	Limited Mental Health Services/Resources
Lunch & Learn Events	Increased Homeless & Below Poverty
DOH Staff Education of Services Provided	Lack of Teen Programs (Prevention)
Increased Standard Operating Procedures	Affordable Care Act Continuation/Repeal
Increased Revenue Collection (Grants)	Inconsistent Messaging

ACCOUNTABILITY MEASURES

Florida Department of Health in Seminole County is held accountable to and measured against numerous local, state and national standards and benchmarks, several are described below.

Local

Administrative Snapshot - Accountable for the management of taxpayer's money. DOH-Seminole is a steward of the revenues received from the State, County, grants and community.

County Health Department Dashboard - Accountable for the allocation of resources. Provides overview of key performance indicators within DOH-Seminole to support efficiency and effectiveness of services and processes.

Employee Satisfaction Survey - 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 (targeting the underinsured and uninsured).

Sustainability - Manage and model sustainable performance within social, environmental, and economic parameters; accountable for our progress; and to regularly report the outcomes of our efforts.

State and National

Healthy People 2020 - Science-based, 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks, monitored progress to encourage collaborations across communities and sectors and empowered individuals to inform health decisions and measure the impact of prevention activities.

National County Health Rankings, Robert Wood Johnson Foundation - Provides state-level ranking of a broad spectrum of health outcomes, aligning goals and objectives to ensure health outcomes meet and exceed the current status of Seminole County.

Public Health Accreditation Board (PHAB) - Sets quality standards for health departments. Supports accountability to the State and citizens of Florida and Seminole County.

State Health Improvement Plan - The Florida Department of Health's State Health Improvement Plan outlines the goals, strategies and objectives for state-wide priorities. The plan provides DOH-Seminole with information as to the direction and foundation for the overarching mission, vision and values.

Florida Community Health Assessment Resource Tool Set (Florida CHARTS) - Interactive website provides comparative health statistics, population counts, and socio-economic data for the state and each county.

Behavioral Risk Factor Surveillance System (BRFSS) - Collaborative project of the states with CDC which collects uniform data on preventive health practices and risk behaviors which impact chronic diseases, injuries, and preventable infectious diseases in the adult population.

BACKGROUND AND OVERVIEW OF SEMINOLE COUNTY

Seminole County was created on April 25, 1913 out of the northern portion of Orange County by the Florida Legislature. It was named for the Seminole people who historically lived throughout the area. The County government is in the city of Sanford. Seminole County is in Central Florida and is bordered by Orange, Lake, Volusia, and Brevard counties. The county's total area is approximately 309.22 square miles of land and 36.07 square miles of water.



Seminole County is the 13th most populous county in Florida, accounting for 2.2% of the state's population.

The 2015 U.S. Census population estimate determined that there are 449,144 residents in Seminole County, which represents a 6.3% increase from the 2010 Census survey and an 18.33% since the 2000 U.S. Census. Over half (62.7%) of the population in Seminole County is identified as White (not Hispanic or Latino) according to the 2015 U.S. Census. Nearly 20% of the population identified as Hispanic or Latino, while 12.3% are Black or African American. In 2015, females accounted for nearly 52% of the population in Seminole County. Over 20% of the population is under the age of 18 (21.3%), while 14.7% are over the age of 65. Among person's age 25 years or older, 92.2% are high school graduates or higher (U.S. Census 2010-2014). The August 2016 Office of Economic and Demographic Research Report indicated the median household income for Seminole County residents is \$57,875 compared to the state's median household income of \$47,212 (see <http://edr.state.fl.us>). The unemployment rate for Seminole County is 4.3% as of October 2016 (FRED Economic Data). The rate of all persons living below the poverty level in Seminole County is 11.62%, as compared to the state poverty rate of 16.67%. Of those individuals, 16.1% are under the age of 18 and 15.1% are families in poverty.

The Florida Department of Education 2015-2016 school data indicates 52% of school-aged children are White, 24.6% are Hispanic/Latino, and 14.7% are Black or African American. Of the 67,259 students in Seminole County Public Schools, 49% receive a free or reduced lunch. There were 4,613 High School graduates for the 2015-2016 school year. The Florida Department of Law Enforcement (FDLE) reported that crime in Seminole County decreased 4.2% from 2015 to 2016. In 2015, there were 16,307 arrests for adults, accounting for 89% of total arrests. Males accounted for 71% of the total arrests.

The 2016 County Health Rankings & Roadmaps ranks Seminole County 5th overall in the state of Florida for Health Outcomes. Among the individual rankings, Seminole County ranked 3rd in both Health Factors (Health Behaviors, such as smoking, obesity, drinking, teen births) and Social & Economic Factors (graduation rate, crime, poverty, and injury deaths). Seminole County ranked 50th out of 67 counties for its physical environment.

OVERVIEW OF DOH-SEMINOLE

The Florida Department of Health in Seminole County is a vital component of the Florida Department of Health's integrated health system. DOH-Seminole continuously assesses and evaluates the health of the population to ensure that services and programs provided promote healthy communities, the prevention and control of diseases and align with both state and national health initiatives.

The Department's focus begins with its **Mission**, "To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts." Its mission is underpinned by a shared **Vision**, "to be the healthiest state in the nation."

The Department's **Values** exemplify a learning organization:

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.

The Department's organizational activities align with the single mission, vision and shared values.

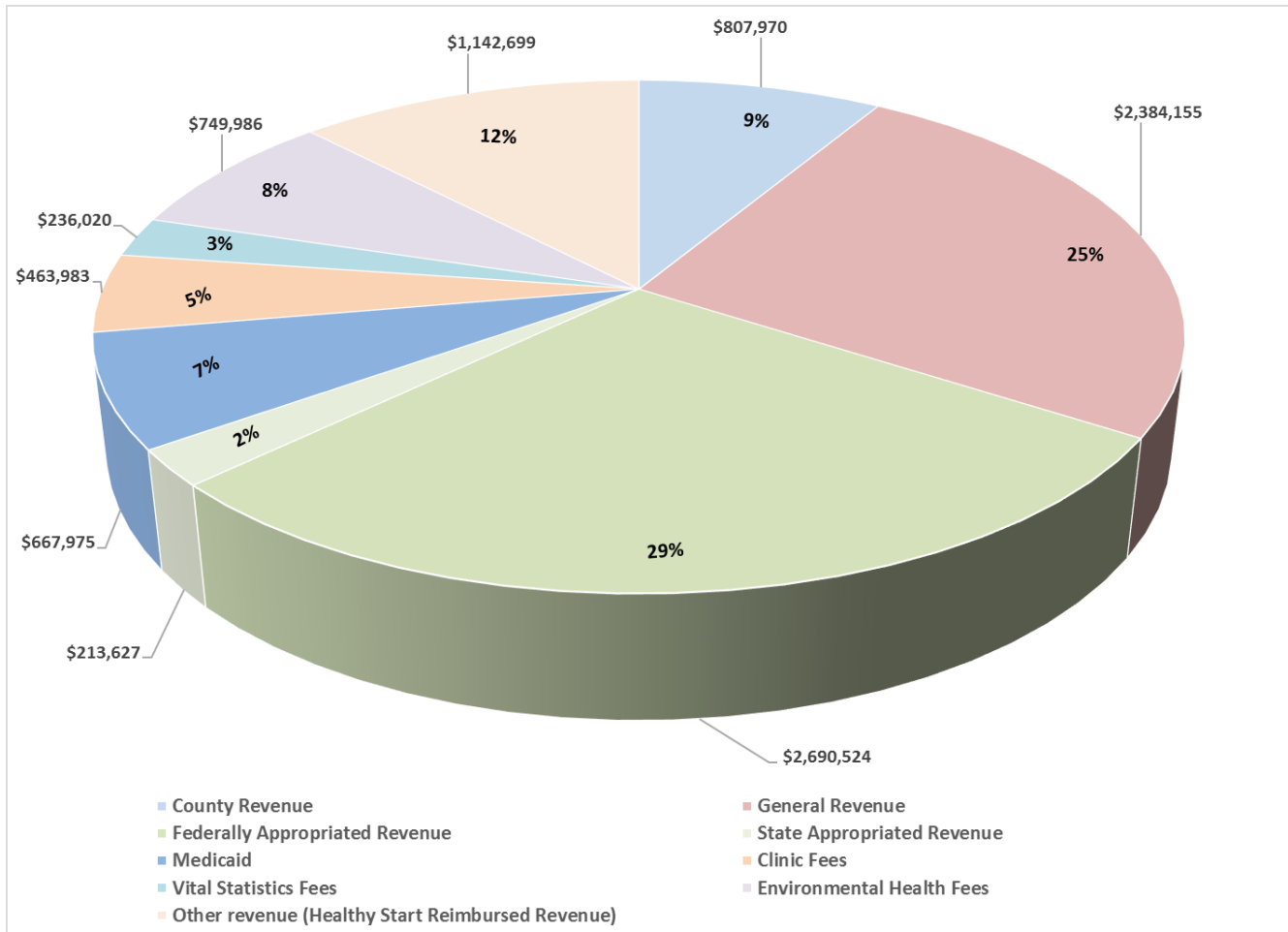
As part of the Florida Department of Health, DOH-Seminole focuses on the Public Health Ten Essential Services as it strives to promote healthy lifestyles, protect public health and improve business practices.

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

FINANCIAL RESOURCES

The Florida Department of Health in Seminole County's financial resources are provided through various sources. These include fees, grants and budget allocations from the county, state and federal governments. Historically, state and federal support has been the largest part of the budget; however, a third of the budget is now generated by fees assessed for various health department services.

Fiscal Year 2016-2017 Financial Resources



Estimated Revenues: \$9,356,939
Estimated Expenses: \$10,012,175

The 2016-2017 projected fiscal year budget is slightly over ten million dollars, with an anticipated revenue over nine million dollars, which represents a projected \$655,236* budgetary shortfall. Salaries and benefits (not including OPS) account for 72.6% of the total budget.

* Includes single general revenue reduction of \$417,012.

PROGRAMS AND SERVICES

Clinical Services - We provide healthcare, education and counseling related to improving reproductive health and birth outcomes. Other services include school physicals, childhood and adult immunizations, travel vaccines, screening for breast and cervical cancer, STI and HIV/AIDS treatment. Service delivery is tailored to support client engagement including through our Mobile Health Services unit and Teen Choices Health Clinic. Clinical trials are monitored and evaluated by the clinical services unit with support of our epidemiological team.

Communicable Disease Control - We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Epidemiologic activities include investigating contagious disease cases and outbreaks.

Dental Services - We provide dental care and education to pediatric and adult clients. Services provided include cleanings, fillings, extractions, sealants, exams, x-rays, emergency dental care, and referrals to community assistance.

Environmental Health - We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, complaint investigations and enforcement of public health laws.

Florida Healthy Babies - We promote positive birth outcomes and reduced infant mortality rates by closing the gap between the social determinants of health and racial disparities. We implement innovative initiatives through a collaborative partnership with our community.

Health Promotion and Education - We plan and implement programs to promote healthy behaviors and reduce chronic diseases through education, community outreach and collaborative partnerships.

Hepatitis - We protect the health of the community through providing adult hepatitis vaccines, screenings, and testing.

Intern and Volunteer Services - We provide volunteers and interns a rewarding experience in a state government organization addressing public health needs in coordination with federal, state and county programs. We are committed to assisting in the instruction of effective professionals, developing and promulgating public health knowledge, and providing leadership to students and volunteers as a means of achieving its mission in the community.

Mobile Health Services - We provide healthcare, education and counseling to underserved and at risk populations by going into communities through mobile health clinics.

Performance and Quality Improvement - We conduct policy analysis and research, strategic planning and continual quality improvement, utilizing a system-wide performance management system to monitor key performance indicators. We ensure accreditation standards are integrated into the work DOH-Seminole performs.

Public Health Preparedness - We partner with the local healthcare system, emergency management, government and the community on preparedness and response to natural and man-made disasters. Preparedness efforts focus on developing critical capabilities necessary for effective disaster response to keep the community safe and minimize loss.

Refugee Health - We protect the health of the community through our refugee program by providing immunizations, screenings, testing and education. Refugees with identified health conditions are referred to primary care physicians and specialists.

School Health - We collaborate with the local school board to improve student health by offering vision, scoliosis, hearing and BMI screenings, health education and tracking physical development in all children.

Tobacco Free Florida - We provide tobacco prevention education and educational materials tailored to the needs of the individual, school or organization.

Tuberculosis (TB) - We protect the health of our community through our TB program by providing care to persons with active TB, their close contacts, and others persons at high risk. Services include TB skin test, treatment for latent TB infections, active TB management, and refugee health assessments.

Vital Statistics - We maintain Florida birth and death records locally. Using data collected by our office, we are able to assist the state with tracking causes of morbidity and mortality-two main indicators of health status.

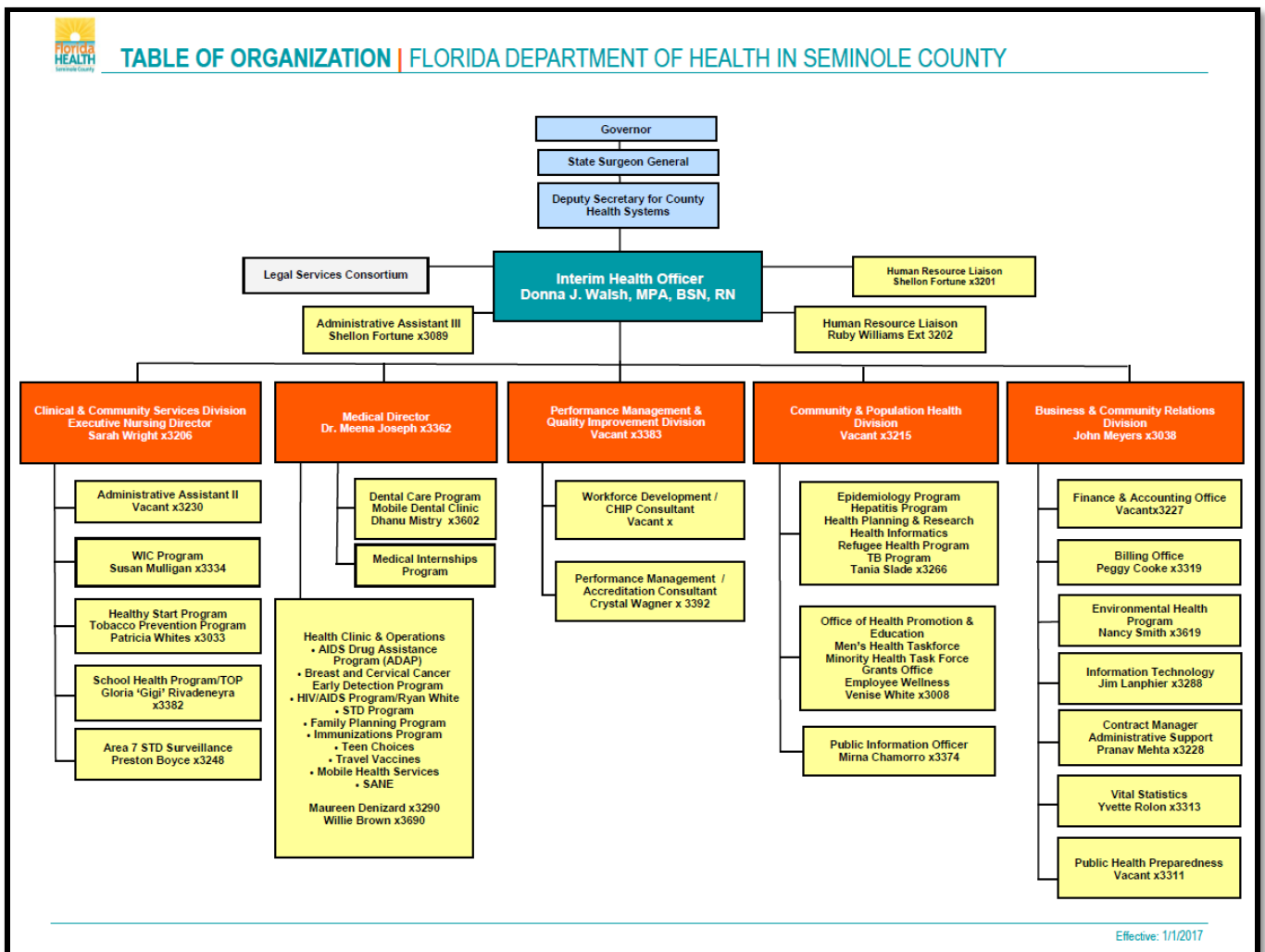
Women, Infants and Children (WIC) - We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

Workforce Development - We invest in our employees through utilization of Individual Development Plans, online and in-person training opportunities and mentorship. The Office of Performance and Quality Improvement oversees communication of training activities through DOH-Seminole Workforce Development SharePoint Site, DOH-Seminole Workforce Email and collaboration with Human Resources.

WORKFORCE

DOH-Seminole employees have consistently demonstrated remarkable dedication to improving the quality of life for the residents of Seminole County. We promote and recruit a highly educated workforce. In response to the changing economic climate and public health focus nationwide, as well as changing services locally, we have made corresponding adjustments to how our services and workforce are organized to maximize desirable population health outcomes for our Seminole County community.

Following is the most current Table of Organization, as of January 2017.



STRATEGIC PRIORITIES

This strategic plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Seminole County residents and the larger Florida Department of Health community.



Strategic Priorities, Goals and Objectives

PRIORITY AREA: HEALTH PROTECTION AND PROMOTION

Goal: Improve STD and HIV rates in Seminole County

Objective: Reduce HIV rates per 100,000 from 18.0 in 2015 to 15.5 by December 31, 2020.

Objective: Reduce bacterial STD cases from 1876 in 2015 to 1500 by December 31, 2017.

Goal: Improve asthma rates in Seminole County

Objective: Decrease the report of asthma attacks of children ages 11-17 from 25.2% in 2014 to 20.2% by December 31, 2019.

Goal: Improve diabetes rates in Seminole County

Objective: Increase the percent of adults with diabetes who have ever had diabetes self-management education from 51.7% in 2015 to 55% by December 31, 2019.

Objective: Ensure that 10% of DOH-Seminole Diabetes Self-Management Education participants decrease their baseline A1C levels by completion of program interventions by December 31, 2020.

Objective: Receive full registry recognition from the Centers for Disease Control and Prevention for the National Diabetes Prevention Program by December 31, 2019.

Goal: Improve infant mortality rates in Seminole County

Objective: Decrease the unintentional crude death rate for ages 0-5 years from 16.9 in 2015 to 14 by December 31, 2018.

Objective: Reduce Black infant mortality 3 year rolling rates from 12 to 11 per 1,000 live births by December 31, 2018.

Goal: Improve obesity rates in Seminole County

Objective: Increase the percentage of adults who are at a healthy weight from 39.6% in 2013 to 45% by December 31, 2020.

Objective: Decrease the percentage of 1st, 3rd and 6th grade students who are overweight or obese as reflected on their school health screening form from 29.74% in 2015 to 27.69% by December 31, 2019.

Objective: Decrease the percentage of WIC children aged 2 years and above who are overweight or obese from 24.2% in 2015 to 23.7% by December 31, 2019.

Goal: Improve cancer rates in Seminole County

Objective: Increase mammography screening for females age 50-64 from 67% in 2016 to 75% by December 31, 2018.

Objective: Decrease the death rate from prostate cancer from 20.2% in 2015 to 18% by June 30, 2018.

Objective: Increase the percentage of teens seen through DOH-Seminole clinics who have completed the first HPV vaccine from 18.5% in 2016 to 20% by December 31, 2018.

PRIORITY AREA: ACCESS TO CARE

Goal: Increase clients served through DOH-Seminole services

Objective: Increase the number of clients served per fiscal year through Mobile Health Services from 325 in 2015-16 to 425 by September 30, 2018.

Objective: Increase Feed the Need monthly referrals by DOH-Seminole programs and community partners from 10% in 2016 to 15% by December 31, 2019.

Objective: Expand CHD services in at least 1 additional community partner site in Seminole County by December 31, 2018.

Goal: Promote Health Impact Assessment

Objective: Promote Health Impact Assessment at a minimum of four community meetings for new construction plans or development of new programs or policies by December 31, 2019.

PRIORITY AREA: FINANCIAL AND BUSINESS EXCELLENCE

Goal: Improve process efficiencies at DOH-Seminole

Objective: Establish an agency-wide process to prioritize healthcare services by December 31, 2017.

Objective: Increase timely employee activity report (EAR) entry from 93% in 2016 to 98% by June 30, 2018.

Goal: Promote a culture of quality improvement at DOH-Seminole

Objective: Develop a 2017-2018 Quality Improvement Plan which identifies one population health project and one related to agency processes by June 30, 2017.

Objective: Complete a formalized organizational cultural assessment which results in 3 identified opportunities for improvement by June 30, 2017.

Objective: Provide at least two (2) opportunities for staff to participate in advanced QI training by June 30, 2018.

PRIORITY AREA: WORKFORCE DEVELOPMENT

Goal: Improve internal and external customer service at DOH-Seminole

Objective: Provide mandatory training for 90% of staff in customer service culture, skills, and practice standards by June 30, 2017.

Goal: Develop an engaged and satisfied workforce at DOH-Seminole

Objective: Increase the percent of employees who are satisfied with the orientation process from 63% in 2016 to 70% on the internal Workforce Development Survey by June 30, 2018.

Objective: Increase the percent of employees who are satisfied with employee recognition by 10% on the DOH-Seminole Workforce Development Survey by December 31, 2019.

Objective: Increase employee satisfaction with the organization's method for communication of upcoming development opportunities from 65% in 2016 to 70% by December 31, 2018.

Objective: Increase the percentage of employees with complete Individual Development Plans (IDPs) on file from 82% in 2016 to 90% by June 30, 2018.

STRATEGIC ALIGNMENT

The 2017-2020 DOH-Seminole Strategic Plan identifies the priorities, goals, objectives and strategies for the public health system within Seminole County. Through the integrated efforts of the health department and community partners, the desired health outcomes for four DOH-Seminole Strategic Plan priorities – health protection and promotion, access to care, financial and business excellence, and workforce development - can be addressed in a systematic and accountable manner.

Both National and State health improvement priorities were considered during the development of this plan. The following diagram provides a visual representation of this alignment. This strategic plan acts as the guiding force for the health department's activities and direction for the next three years.

Objective	2017-2020 DOH-Seminole CHIP Alignment	2016-2017 DOH-Seminole QI Plan Alignment	2016-2018 DOH Agency Strategic Plan Alignment
Health Protection and Promotion			
Reduce HIV rates per 100,000 from 18.0 in 2015 to 15.5 by December 31, 2020	1. Improve Health Literacy and Access to Care for all Seminole County Residents	N/A	2.1.5 Reduce HIV Prevalence
Reduce the annual bacterial STD cases in Seminole County from 1876 in 2015 to 1500 by December 31, 2017		N/A	2.1 Increase Healthy Life Expectancy
Decrease the report of asthma attacks of children ages 11-17 from 25.2% in 2014 to 20.2% by December 31, 2019		N/A	
Increase the percent of adults with diabetes who have ever had diabetes self-management education from 51.7% in 2015 to 55% by December 31, 2019		N/A	
Ensure that 10% of DOH-Seminole Diabetes Intervention Program participants decrease their baseline A1C levels by completion of program interventions by December 31, 2020		N/A	
Receive full registry recognition from the Centers for Disease Control and Prevention (CDC) for the National Diabetes Prevention Program by December 31, 2019		N/A	

Objective	2017-2020 DOH-Seminole CHIP Alignment	2016-2017 DOH-Seminole QI Plan Alignment	2016-2018 DOH Agency Strategic Plan Alignment
Health Protection and Promotion			
Decrease the unintentional crude death rate for ages 0-5 years from 16.9 in 2015 to 14 by December 31, 2018	1. Improve Health Literacy and Access to Care for all Seminole County Residents	N/A	2.1.4 Reduce Injury
Reduce the Black infant mortality 3 year rolling rate from 12 to 11 per 1,000 live births by December 31, 2018	3. Decrease Black Infant Mortality Rates in Seminole County	N/A	1.1.1 Reduce Racial Disparity in Infant Mortality
Increase the percentage of adults who are at a healthy weight from 39.6% in 2013 to 45% by December 31, 2020	2. Increase the Percentage of Seminole County Residents at a Healthy Weight	N/A	2.1.1 Increase the Healthy Weight of Children and Adults
Decrease the percentage of 1st, 3rd, and 6th grade students who are overweight or obese as reflected on their school health screening form from 29.74% in 2015 to 27.69% by December 31, 2019		N/A	
Decrease the percentage of WIC children aged 2 years and above who are overweight or obese from 24.2% in 2015 to 23.7% by December 31, 2019		N/A	
Increase mammography screenings for females age 50-64 from 67% in 2013 to 75% by December 31, 2018	1. Improve Health Literacy and Access to Care for all Seminole County Residents	N/A	2.1.3 Reduce Cancer Incidence and Increase Cancer Survival
Decrease the death rate from prostate cancer from 20.2% to 18% by June 30, 2018		N/A	
Increase the percentage of teens seen through DOH- Seminole clinics who have completed the first HPV vaccine from 18.5% in 2016 to 20% by December 31, 2018		N/A	3.1.1 Increase Vaccination Rates for Children and Adults

Objective	2017-2020 DOH-Seminole CHIP Alignment	2016-2017 DOH-Seminole QI Plan Alignment	2016-2018 DOH Agency Strategic Plan Alignment
Access to Care			
Increase the number of clients served per fiscal year through Mobile Health Services from 325 in 2016 to 425 by September 30, 2018	1. Improve Health Literacy and Access to Care for all Seminole County Residents	N/A	2.1 Increase Healthy Life Expectancy
Expand CHD services in at least one additional community partner site in Seminole County by December 31, 2018		N/A	
Promote Health Impact Assessment at a minimum of four community meetings for new construction plans or development of new programs or policies by December 31, 2019		N/A	
Increase Feed the Need monthly referrals by DOH-Seminole programs and community partners from 10% in 2016 to 15% by December 31, 2019		N/A	
Financial and Business Excellence			
Establish an agency-wide process to prioritize healthcare services by December 31, 2017	N/A	3.1 QI Project Clinical Continuity	4.1 Establish a Sustainable Infrastructure
Increase timely employee activity report (EAR) entry from 93% to 98% by June 30, 2018	N/A	3.6 QI Project Increase CSR Timeliness	
Develop a 2017-2018 Quality Improvement Plan which identifies one population health project and one related to agency processes by June 30, 2017	N/A	1.1: Revise Quality Improvement Plan Alignment	
Complete a formalized organizational cultural assessment which results in three identified opportunities for improvement by June 30, 2017	N/A		
Provide at least two opportunities for staff to participate in advanced QI training by June 30, 2018	N/A	2.1 Staff Participation in QI Training	

Objective	2017-2020 DOH-Seminole CHIP Alignment	2016-2017 DOH-Seminole QI Plan Alignment	2016-2018 DOH Agency Strategic Plan Alignment
Workforce Development			
Provide mandatory training for 90% of staff in customer service culture, skills, and practice standards by June 30, 2017	N/A	3.5 QI Project Leadership Development	4.1 Establish a sustainable infrastructure
Increase the percent of employees who are satisfied with the orientation process from 63% to 70% on the internal Workforce Development Survey by June 30, 2018	N/A	3.4 QI Project Improve Internal Communication	
Increase the percent of employees who are satisfied with employee recognition by 10% on the DOH-Seminole Workforce Development Survey by December 31, 2019	N/A		
Increase employee satisfaction with the organization’s method for communication of upcoming development opportunities from 65% in 2016 to 70% by December 31, 2017	N/A		
Increase the percentage of employees with complete Individual Development Plans (IDPs) on file from 82% to 90% by June 30, 2018	N/A	3.5 QI Project Leadership Development	4.1.2 Increase the Percentage of Employees with Completed IDPs

APPENDIX

APPENDIX A: PLANNING SOURCES

Three individual Strategic Planning workshops were conducted by Quad R, LLC with the DOH-Seminole Strategic Planning Team. Data collection, analysis, evaluation and input from the Strategic Planning Team was gathered to facilitate organizational direction and development of a plan tailored to the needs of DOH-Seminole and its community. The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
Nov. 17, 2016	Strategic plan priorities identification and development including environmental scan and SWOT analysis*
Dec. 8, 2016	Identification of goals and SMART objectives with discussion of Action Plans*
Dec. 19, 2016	Review and modify action plans and finalization of priorities, goals and objectives*
Jan. 4, 2017	Priority areas selected based on previously completed work via workshops
Jan. 6, 2017	Alignment of priority areas and draft objectives; identification of baseline measures
Jan. 9, 2017	Review and modification of draft objectives and alignment with agency strategic plan
Jan. 19, 2017	Review and modification of proposed objectives

*Full Strategic Planning Team participation

Session I: November 17, 2016

In preparation for the November 17, 2016 planning workshop, pre-session worksheets were distributed which included a series of questions to identify trends, opportunities, strengths, weaknesses, learning/growth and capacity issues. Data used to identify opportunity gaps based on pre-session worksheets, environmental scan (see Appendix C), and a variety of other sources including:

- Florida CHARTS
- Budget information
- County Health Rankings
- United States Census

A complete list of data sources may be found in Appendix B

Session II - December 8, 2016

The agenda, Session Pre-Work and all documents generated at Session I were distributed to workshop participants one week prior to the December 8th session via email. The Session Pre-Work included a Bottom Line Matrix. Action items on the agenda included: prioritization of goals, action planning, and identification/development of SMART objectives. A thorough discussion was had to understand which objectives should be included in the Strategic Plan and those that would be more appropriate for the CHIP.

Session III - December 19, 2016

Prior to the December 19, 2016 workshop, the Health Officer and Quality Improvement Coordinator met to review previously completed work and identify objectives that should be included in the Strategic Plan and those items that should carry-forward to the CHIP. Appropriate items were placed in an alignment matrix with the *FDOH Agency 2016 Strategic Plan* and the Action Plans developed in Session II. Workshop participants continued their review and modification of action plans and finalization of priorities, goals and objectives.

Session IV - January 4, 2017

The Health Officer, Business Manager and QI Coordinator met to identify priority areas for the 2017-2019 strategic plan based on the work completed in December 2016. Priorities were selected based on alignment with the previous and current Agency Strategic Plan, previous DOH-Seminole Strategic Plan, critical health outcome indicators and emerging focus areas for the Florida Department of Health. The next step for the workgroup was to align priority areas with 2017-2019 strategic plan objectives.

Session V - January 6, 2017

The Health Officer and QI Coordinator met to review priority areas and align draft objectives from Quad R LLC's first draft of the DOH-Seminole 2017-2019 Strategic Plan with those priorities. Attendees researched data to begin identifying baselines pertaining to objective themes and identify indicators with a significant gap. In addition, this meeting was utilized as a pre-planning session for the strategic planning meeting on January 9, 2017 with the Management Advisory Committee (MAC). The team identified baseline objective themes and indicators with significant gaps. They also planned and developed information distribution for the strategic planning meeting in conjunction with MAC. The next steps were to review/align draft objectives and themes, as well as research baseline and target indicators on the 2017-2019 Strategic Plan for the meeting with MAC.

Session VI - January 9, 2017

The MAC met to review draft objectives and their proposed alignment with the agency strategic plan, proposed DOH-Seminole strategic priorities and Healthy People 2020. The Health Officer gave an overview for each objective and requested participants to research the most current data for the objective themes to propose removal of objective, revision of objective or approval of objective (if baseline and target measures had been established). Participants were given a deadline of January 18, 2017 to complete this task and submit their responses to the QI Coordinator. The next step assigned to MAC was the submission of their review and research into baseline and/or target indicators for 2017- 2019 Strategic Plan objective themes to QI Coordinator by January 18, 2017. In addition, a review of proposed objectives by Health Officer and QI Coordinator to provide a final determination of inclusion in strategic plan was scheduled.

Session VII - January 19, 2017.

The Health Officer and QI Coordinator met to review proposed objectives from MAC members and associated data. The results of the meeting yielded a review of proposed objectives from MAC members along with additional research by Office of Performance and Quality Improvement intern. Next steps included obtaining proposed objective(s) from those not yet submitted, and continued review/research of objectives for finalizing 2017-2019 Strategic Plan.

APPENDIX B: DATA SOURCES

Demographics

- U.S. Census Bureau: State and County QuickFacts – Seminole County, Florida. Accessed November 8, 2016
- USA County Information – Seminole County, Florida.
<http://www.usa.com/seminole-county-fl.htm>. Accessed November 8, 2016.
- Florida Legislature's Office of Economic and Demographic Research - Seminole County Profile. Accessed November 8, 2016.
- Seminole County Crime Statistics. Florida January – December, 2015.
- Florida Department of Law Enforcement. Accessed November 8, 2016.

Health Information

- Florida Department of Education – 2014-2015 and 2015-2016 Seminole County School District Graduation Rates, School Enrollment, Lunch Program. Accessed November 8, 2016.
- Seminole County FDOH CHARTS County Profile 2015. Accessed November 8, 2016.
- Seminole County FDOH CHARTS Chronic Disease Profile 2015. Accessed November 8, 2016.
- County Health Rankings & Roadmaps 2016.
<http://www.countyhealthrankings.org/app/florida/2016/rankings/seminole/county/outcomes/overall/snapshot>. Accessed November 8, 2016.
- Seminole County FDOH CHARTS Pregnancy and Young Child Profile. Accessed November 8, 2016.
- Seminole County FDOH CHARTS School-aged Child & Adolescent Profile. Accessed November 8, 2016.
- FDOH Communicable Disease Frequency Report. 01/01/2014 12/31/2015. Accessed November 8, 2016.
- FDOH CHARTS-Transmittable Disease Cases & Morbidity 2016. Accessed November 8, 2016.
- Florida Youth Tobacco Survey 2014-Seminole County. Accessed November 8, 2016.
- WIC Client Survey Data 2016.

Fiscal/Budgetary

- Seminole County Administrative Snapshot-Business Process Measures 2016.
- L3-Seminole County Fiscal Year Report-July-October 2016. Accessed November 3, 2016.
- L4-Seminole County Fiscal Year Report-July-October 2016. Accessed November 3, 2016.
- Seminole Contract Management Cost per Report for Period July 2015 to June 2016.
- County Health Department Performance Snapshot. Seminole County (2013, 2014, 2015 Comparison).
- FDOH-Seminole County Client and Visit County by Program Component and Site (AdHoc) 7/1/2015-6/30/2016.

Workforce & Other Information

- FDOH-Seminole County Demographic Report by Site 7/1/2015-6/30/2016.
- Employee Satisfaction Survey-Seminole County Health Department.
- Local Public Health System Assessment (LPHSA) 2012.
- BMI/Growth and Development Parent Feedback Survey 2014-2015.

State & Federal

- FDOH-Seminole County 2015 Annual Health Report.
- FDOH 2012-2015 Strategic Plan-Excerpts.
- Healthy People 2020-Excerpts. <https://www.healthypeople.gov/2020/topics-objectives>.

APPENDIX C: ENVIRONMENTAL SCAN DOH-SEMINOLE

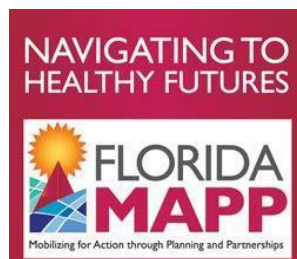
Conducted 11/18/2016 as part of Strategic Planning Session 1

As part of Strategic Planning Session 1, an environmental scan was conducted among participants. Collected statements are listed in order of priority when more than one participant agreed on the same or similar statement.

<p><u>COMMUNITY / SOCIAL</u></p> <ul style="list-style-type: none"> • Chronic Disease. • Need for increased knowledge about Health Department / Public Health impact. • Increased violence/sexual assault. • Increased STDs. • Access to care. • Changes in leadership • Infant mortality. • Food deserts. • Vaccination rates. • Obesity. • Health in all policies. 	<p><u>ECONOMIC</u></p> <ul style="list-style-type: none"> • Unfunded mandates. • New programs and no resources. • Changes in political environment. • Funding reductions. • No raises with more expectations. • Reduced services and reduced staff. • Possible repeal for Affordable Care Act (ACA) • Fair Labor Standard Act (FLSA) • No cost of living increase. • Transportation. • Open full clinic.
<p><u>COUNTY HEALTH DEPARTMENT</u></p> <ul style="list-style-type: none"> • More work for staff / burn out. • Need to commit to priorities - always changing. • Reduction in general revenue. • Outside partners (True-Health, Food Pantry, etc.) • Awesome team spirit. • High retention of employees with training needs. • Reduction in staff. • Lots of transition. • We are overachievers. • Improve succession planning. • Accreditation requirements. • Improved Human Resources. • Reduction of clinical programs exp. Pediatrics. • State integration. 	<p><u>STATE / FEDERAL</u></p> <ul style="list-style-type: none"> • Budget reductions. • ACA - loss of clients. • State and federal guidelines do not always align. • Regulations or lack of (e.g. mold) • Zika – loss of funding – lack of federal funding. • Block grants – jeopardize funding. • Grant reductions. • Restructuring of programs. • Leadership Changes (State / Federal) • Integrated CHDs • Legislature • Change in local / county leadership. • New Human Resources.



An organizational strategic plan provides a local health department and its stakeholders with a clear picture of where it is headed, what it plans to achieve, the methods by which it will succeed and the measures to monitor progress. The plan provides a basis for future decision-making. The strategic plan is not intended to be a stand-alone document; rather, it should be aligned with other important assessment, planning and evaluation work such as a local community health improvement process, an agency quality improvement (QI) plan, operational/work plans or even an annual report.



A strategic plan is so fundamental to effective management that it is one of three prerequisites for local health departments seeking national, voluntary accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local, and territorial public health departments.

---From NACCHO's *Developing a Local Health Department Strategic Plan: A How-To Guide*