

Strategic Plan

July 2023 – June 2026



Florida Department of Health in Seminole County

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DOH-Seminole Profile

I. Mission, Vision, and Values

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

Vision: To be the **Healthiest State** in the Nation.

Values:

- **Innovation:** We search for creative solutions and manage resources wisely.
- **Collaboration:** We use teamwork to achieve common goals & solve problems.
- **Accountability:** We perform with integrity & respect.
- **Responsiveness:** We achieve our mission by serving our customers & engaging our partners.
- **Excellence:** We promote quality outcomes through learning & continuous performance improvement.

II. Infrastructure and Capacity Required for Efficiency and Effectiveness

Public health touches every aspect of our daily lives. It aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy.

Public health is a well-established science that has been in practice for hundreds of years that is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact the population.

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles, research for disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

Demographics

The Florida Department of Health in Seminole County serves a population of 482,450 (2021).

Where we live influences our health. Demographic, socioeconomic and environmental factors create unique community health service needs. Key characteristics that set Seminole County apart are almost a quarter of its population is Hispanic, 63.3% are between ages 18-64 which is higher than the State. Although better than the State, there is still a 69.2% of Spanish-Speakers among population that speak English less than very well.

Please see the data below.

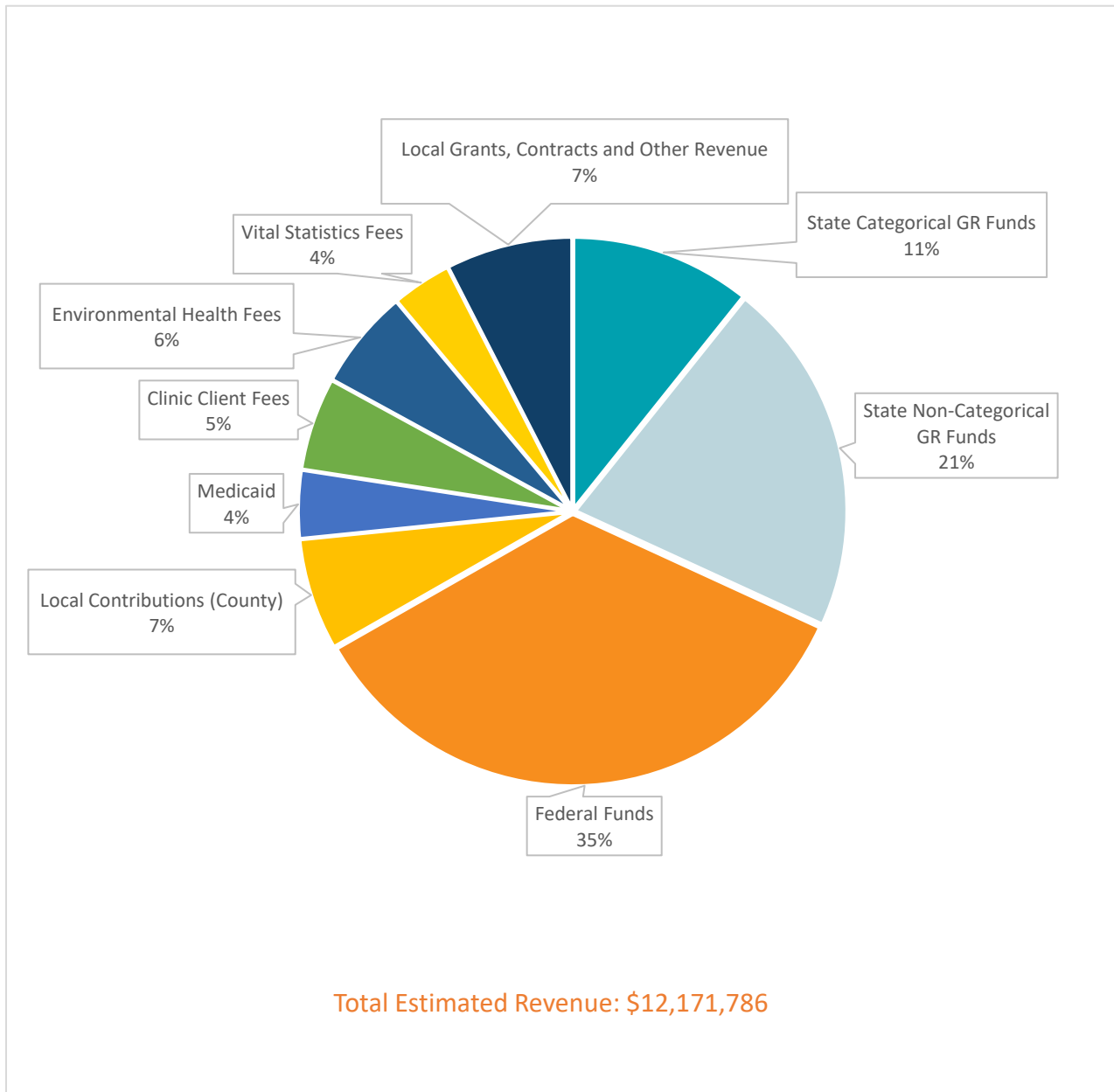
Indicator	Measure	COUNTY			STATE		
		15-18	16-19	19-21	15-18	16-19	19-21
Population	3-year estimate	438,448	457,120	478,547	19,597,343	20,581,508	21,638,302
White	3-year estimate	81.0%	79.9%	78.5%	78.0%	77.6%	77.2%
Black	3-year estimate	12.0%	12.5%	13.1%	16.7%	16.9%	17.0%
Other	3-year estimate	7.0%	7.6%	8.4%	5.2%	5.6%	5.8%
Hispanic	3-year estimate	18.7%	20.5%	22.4%	23.7%	25.1%	26.6%
Non-Hispanic	3-year estimate	81.3%	79.5%	77.6%	76.3%	74.9%	73.4%
Aged 0-17 Years	3-year estimate	21.7%	21.1%	20.8%	20.6%	20.1%	19.8%
Aged 18-64 Years	3-year estimate	64.5%	63.9%	63.3%	60.8%	60.1%	59.4%
Aged 65 Years and Older	3-year estimate	13.8%	15.0%	15.9%	18.6%	19.8%	20.9%
Individuals Below Poverty Level	5-year estimate	11.7%	11.8%	10%	16.5%	15.4%	13.5%
Unemployed Civilian Labor Force	5-year estimate	10.1%	6.8%	4.7%	10.8%	7.3%	5.4%
Spanish-Speakers Among Population That Speak English Less Than Very Well (Aged 5 Years and Older)	5-year estimate	72.8%	68.9%	69.2%	76.8%	77.5%	77.8%

Source: FL Health CHARTS - County-State Profile Seminole County, Florida - 2021

Budget and Revenue

Financial resources for the Florida Department of Health in Seminole County are provided through many sources. These sources include fees, grants and budget allocations from the County, State and Federal governments. Please see the data and information below.

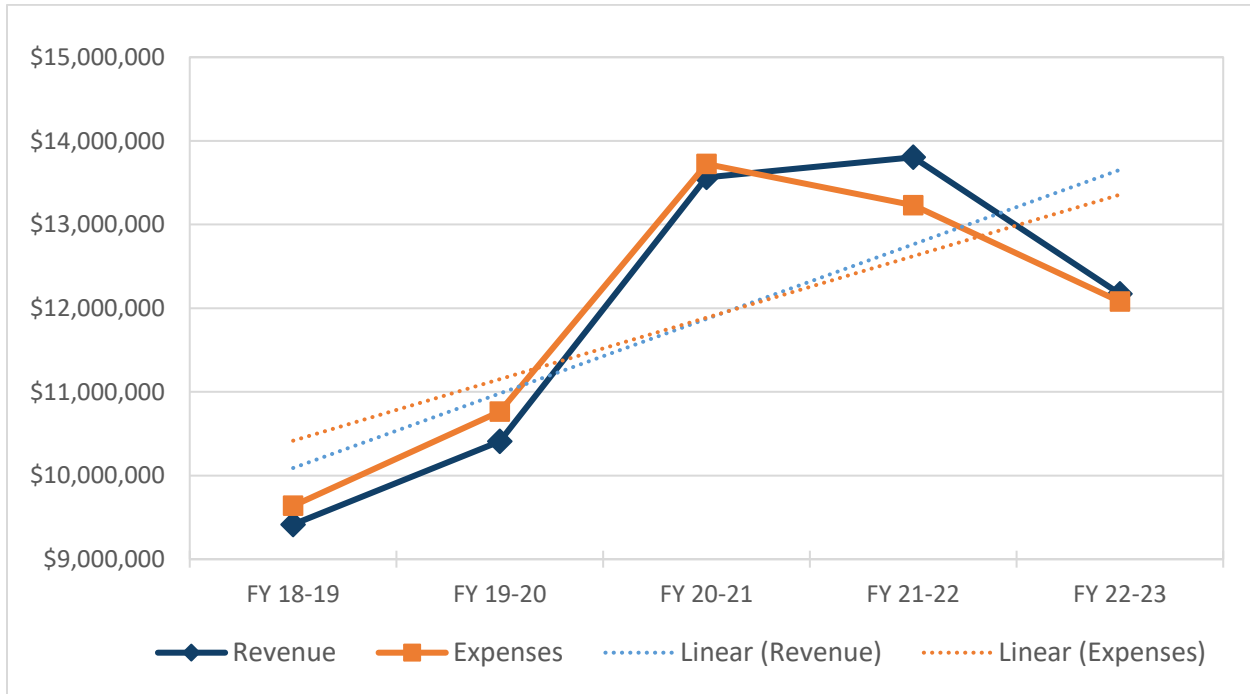
The Florida Department of Health in Seminole County Fiscal Year: 2022-2023



Source: FIRS L3 by Category Fiscal Year Report FY 22-23

The graph below represents our county health department’s revenue and expense relationship over the past five fiscal years.

The Florida Department of Health in Seminole County Revenue and Expenses 2018-2023



Source: FIRS L3 by Category Fiscal Year Report

Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. The following core functions and services form the basis for the Florida Department of Health in Seminole County’s commitment to providing the highest standards of public health:

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, as well as conducting complaint investigations and enforcing public health laws.

Communicable Disease and Epidemiology

We protect the health of the community through surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STIs) detection and control, HIV/AIDS treatment and education, immunizations, and tuberculosis (TB) control.

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. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep our communities safe and to minimize loss.

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships.

Diabetes Education

Trained lifestyle coach can provide tips and strategies to help participants prevent or delay the onset of diabetes.

Fall Prevention

This program aims to reduce incidents of older adults falls by conducting an environmental and physical assessments, providing education, and connecting participant with appropriate resources.

Asthma Education and Prevention

Trained staff members will teach how to address asthma triggers at home, reduce asthma symptoms, and correctly use asthma medication.

Health Access

Achieving health requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Community Integrated Mobile Health Services

Provides community outreach and chronic disease management services to the community with limited access to care.

Clinical Services

We have a variety of services for expecting mothers, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified physicians, nurses, social workers, and other health care providers.

Breast and Cervical Cancer Program

Offers free pap smears and mammograms for eligible women 50–64 years of age.

Vital Statistics

We maintain Florida's birth and death records locally and assist with birth, death, marriage, and divorce records for all fifty states. Using data collected by our office, we assist the state with tracking causes of morbidity and mortality — two main indicators of health status.

III. Strategic Planning Process

The performance management system is designed to ensure continuous improvement and progress toward organizational goals. The system allows the department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement.

The strategic plan sets the direction for action for DOH-Seminole's three-year plan. As part of the performance management (PM) system, the strategic plan identifies the priority focus areas for the department and aligns with state and national priorities. The strategic plan considers capacity for and enhancement of information management, workforce development, communication (such as branding) and financial sustainability.

A three-to-five-year strategic plan is always in place.

The performance management system is integrated into the operations and practices and does the following:

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

The DOH-Seminole Performance Management Council is the foundation of the department's performance management system. The primary functions of the Council are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

To define the direction and course of DOH-Seminole for consumers, employees, administrators, and legislators for the next three years, in April 2023, the organization initiated a new strategic planning process. This plan will position DOH-Seminole to operate as a sustainable integrated public health system and provide DOH-Seminole customers with quality public health services.

The plan is a living document that the DOH-Seminole will evaluate and update annually to address new challenges posed by the changing public health environment.

To develop the plan, senior leadership championed the five-month planning process during three meetings and email communication. Numerous internal stakeholders including senior leadership, program managers, and a dedicated performance management council attended these meetings. During the meetings, DOH-Seminole considered key support functions required for efficiency and effectiveness; and it sought to articulate what it plans to achieve as an organization, the actions it will take and how it will measure success.

Additionally, DOH-Seminole approached the strategic planning process with the following guiding principles in mind:

- Children, adults, and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups, and local government are responsible for child, adult, family and community health.
- Social and economic factors affecting health outcomes.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from the Office of Performance and Quality Improvement presented information summaries from the sources listed in Appendix C, page 15, to the Performance Management Council (PMC.) The Management Advisory Committee along with other front-line staff then reviewed the findings and conducted a SWOT analysis. The SWOT analysis discussion included the identification of external trends, events and other factors that may impact community health or the health department. See all identified strengths, weaknesses, opportunities and threats in Appendix D, page 16.

Discussions also included the consideration of infrastructure and capacity required for efficiency and effectiveness including:

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

The Office of Performance and Quality Improvement staff used the SWOT analysis, the Agency Strategic Plan and the agency mission, vision, and values to establish strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area. The strategies and objectives were routed back to the Performance Management Council for comment and approval.

Shared elements such as the mission, vision, and values demonstrate the governing entity's contribution to the county's strategic plan. Additionally, alignment between the plan's priorities, goals, and objectives and the Agency Strategic Plan's priorities, goals, and objectives show that the local and state priorities are complimentary and synergistic.

Throughout the life of the plan, DOH-Seminole staff will monitor the strategic plan objectives through implementation plans. A designated performance management (PM) Champion will continually collect these plans that include quarterly/annual data values on indicators and sub-indicators along with a status of completion (on track, not on track, complete, not complete or decision required). The PM Champion will also enter data into the department's online plan tracking system. This action will generate reports that the DOH-Seminole Performance Management Council participants will use as a reference when the strategic plan is discussed.

IV. Strategic Priorities

Strategy Map

Priority 1: Effective Agency Processes

Goal 1.1 Maintain and enhance processes that comply with organizational and administrative performance expectations.

OBJECTIVES	1.1.1	By December 31, 2025, increase percentage of CHD vaccine that has not been wasted/spoiled/expired/unaccounted for from 95.46% (2021) to 97%.
	1.1.2	Increase percentage of non-categorical General Revenue spent by end of fiscal year/certified forward period from 66.1% (2021) to 95% by June 30, 2025.
	1.1.3	Maintain timely FIRS spending Plan Approval at 100% (2023) by June 30, 2026.
	1.1.4	Maintain cash balances between 3% to 10% (9.3% in 2023) by June 30, 2026.

Goal 1.2 Enhance program capacity

OBJECTIVES	1.2.1	Increase the Annual Comprehensive Environmental Health Score (ACEHS) to 90% or higher during the next 3 years (87.59% in 2019) by June 30, 2026.
	1.2.2	Increase WIC participation from 56.1% in Federal Fiscal Year (FFY) 2022 to 63.4% by September 31, 2025.
	1.2.3	By December 31, 2026, increase the number of clinical internships annually from 50 (2022) to 100.

Goal 1.3 Implement processes to maintain and enhance employee and customer satisfaction

OBJECTIVES	1.3.1	Reduce salaried workforce turnover rate from 13.59% (FY 22-23) to 10% by June 30, 2026.
	1.3.2	Conduct workforce satisfaction and engagement survey and analysis from 0 (2022) to 1 by June 30, 2024.
	1.3.3	Maintain annual customer satisfaction at 98% (2023) or better by June 30, 2026.

Goal 1.4 Improve timeliness

OBJECTIVES	1.4.1	Increase the CSRs that are filed timely from 91% in 2023 to 95% or higher by June 30, 2024.
	1.4.2	Increase EARs that are certified within 1 day of pay period end date, every year from 89.00% in 2023 to 90% or higher by June 30, 2026.
	1.4.3	Reduce annual average of 12 days late death records from one in 2023 to zero by June 30, 2026 (vital statistics).
	1.4.4	Maintain an annual 90% (2022) or better timeliness of treatment from the Lab report date, for all health department positive STD reports, by December 31, 2026.

Priority 2: Emerging Health Threats

Goal 2.1 Prepare staff to address high risks events that pose a threat to public health

OBJECTIVES	2.1.1	Provide adult Mental Health First Aid training to DOH-Seminole frontline staff from 0 (2022) to 50% by December 31, 2025.
	2.1.2	100% of staff will be trained on Special Needs Shelter support services and annually thereafter from 88% in 2022 by December 31, 2025.
	2.1.3	By June 30, 2026, increase the annual rate of Everbridge notification response from 96% (2023) to 98% or higher.

Priority 3: Healthy Thriving Lives

Goal 3.1 Encourage adoption of healthy behaviors and connect with appropriate resources

OBJECTIVES	3.1.1	Increase documented referrals within our online referral platform for community members from 0 in 2022 to 150 per year (2023-2025) by December 30, 2025.
	3.1.2	Increase % of CHD adult clients who have a current tobacco status (positive or negative) in Medical History from most recent clinical visit from 73.8% (2021) to 80% by December 31, 2025
	3.1.3	Increase the number of nutrition classes to public school students from 25 in 2022 to 150 classes by December 30, 2025.
	3.1.4	Increase the percent of Seminole County students at a healthy weight from 61.71% in 2021 to 72% by June 30, 2026.

Goal 3.2 Partnership development

OBJECTIVES	3.2.1	By December 31, 2025, address the black-white infant mortality gap by conducting two projects in collaboration with partner agencies from one in 2022.
	3.2.2	By December 31, 2025, one complete population-based improvement project will be submitted for review to FL Health Performs. (Baseline: 0 in 2023).
	3.2.3	By December 31, 2025, increase the number of community partners with a cultivated relationship with DOH-Seminole to promote the public health vision/role of services from baseline value of 10 (2023) to 20.

Goal 3.3 Increase opportunities to reduce exposure to preventable or unexpected health outcomes

OBJECTIVES	3.3.1	Increase immunization to babies (2-year-olds) from at 69.2% (2021) to 90% by December 31, 2025.
	3.3.2	Increase dental exams and parental oral hygiene instruction for patients under the age of 5 annually by 5% and introduce the importance of oral hygiene, diet, and reducing habits at an early age from 171 clients (2023) to 179 by June 30, 2026.
	3.3.3	By December 31, 2025, increase the number of participants in the school-based dental sealant program in Seminole County to 27% {(Baseline: 640/2528=25.3% (2023))}.
	3.3.4	Maintain % of teen CHD family planning clients who adopt an effective or higher method of birth control at 80% or higher (86.2% in 2022) by December 31, 2025.

Goal

3.4 Increase opportunities of chronic or communicable diseases early detection, treatment, and exposure reduction.

OBJECTIVES	
3.4.1	By June 30, 2025, increase the annual number of mammogram screenings to Seminole county residents who comply with BCCEDP guidelines from 200 in FY 22-23 to 250 screenings.
3.4.2	Increase the percentage of ADAP clients enrolled in the program for at least 6 months and who achieve HIV viral loads less than 200 copies/mL, at last viral load test, from 94.8% (2021) to 95% by December 31, 2025.
3.4.3	Increase PrEP enrollment from 52 (2023) clients/year to at least 5% more (3) clients/year by June 30, 2026.
3.4.4	Increase the annual number of free Diabetes Education class participants from 10 (2021) to 50 by June 30, 2026.

V. Objectives

Measurable outcomes of objectives are obtained through the execution of data-driven initiatives. The table below lists objectives (with baseline values, target values, and objective status), data sources, alignment with other foundational plans, responsible entities and strategic initiatives/actions that will be implemented to achieve the objectives.

See Appendix E: Objective Metrics and Plan Alignment, Page 19

Key:

ASP- Agency Strategic Plan

CC: Chronic Conditions

CHIP- Community Health Improvement Plan

CY: Calendar Year

FFY: Federal Fiscal Year

FY: Fiscal Year

MH: Mental Health

PMQI- County Health Department Performance Management and Quality Improvement Plan

SEF: Social and Economic Factors

WFD- County Health Department Workforce Development Plan

VI. Monitoring Progress and Reviews

Reviews of the strategic plan take place during the DOH-Seminole Performance Management Council meetings.

The lead entity for each objective will provide quarterly updates on assigned objectives during Management Advisory Committee (MAC) meetings. Objectives that are not on track, not completed, or require a decision are reviewed during Performance Management meeting based on performance tracking tool reports. Annually, the leads will report the progress and status for all objectives. Additionally, operational policies and procedures, including human resource policies and procedures, will be reviewed, and revised on a routine basis.

Progress reports including the status of all objectives, the progress of all objectives and a description of how targets were monitored will be developed and are due each year.

VII. Appendices

Appendix A: Schedule of Meetings

The following is the strategic planning schedule of meetings:

Meeting Date	Topic
4/27/2023	Received planning support with DOH-Brevard
8/17/2023	Environmental Scan
8/31/2023	SWOT Analysis

Appendix B: Strategic Planning Participants

DOH-Seminole Strategic Planning Participants

2023

Maria D. Bermudez Perez
*Operations and Management Consultant -
Disease Control Program*

Preston Boyce
Area 7 Regional STD Manager

Mirna Chamorro
Public Information Officer

Debbie Cueto
Human Resources Liaison

Shellon Fortune
Human Resources Liaison

Stephanie Jackson
Assistant Community Health Nursing Director

Sakia'Lynn H Johnson
*Breastfeeding Coordinator, WIC and Nutrition
Program*

Rodney Jones
Area 7 STD Surveillance Supervisor

Thomas Kellis
Business and Community Relations Director

Samantha King
Public Health Preparedness Planner

Paula Koehler
*Office of Health Promotion and Education
Manager*

Richard LeBaron
Medical Records Supervisor

Alfredo Maldonado
*Specialty Care – HIV/AIDS Section Program
Manager*

Nancy Mitchell
Dental Assistant Supervisor

Patricia Mondragon
OPQI Manager

Susan Mulligan
WIC Program Manager

Adonis Murillo
Building Operations Specialist

Keisha Nauth
*Government Operations Consultant III - Disease
Control Program*

Tara Rao
Biological Scientist

Gloria "Gigi" Rivadeneyra
School Health Manager

Raymond Roe
Environmental Health Manager

Enid Santiago
*Community Integrated Mobile Health Services
(CIMHS) Supervisor*

Ana Scuteri
Assistant Health Officer

Claudia Tejada
Minority Health Liaison

Joan Vargas
Lab Technician

Patricia Whites
*Florida Healthy Babies, PrEP and SANE Program
Manager*

Sarah Wright
Executive Community Health Nursing Director

Appendix C: Environmental Scan Resources

1. [Administrative Scorecard, 2023](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. [Agency Strategic Plan, 2016-2021](#)
4. Behavioral Risk Factor Surveillance System (BRFSS), 2019
5. [County Health Rankings 2023](#)
6. [County Performance Snapshot, 2021](#)
7. Director's Scorecard
8. DOH-Seminole Customer Satisfaction, 2023
9. DOH-Seminole EH Summary Snapshot, 2021
10. DOH-Seminole Employee Satisfaction Survey 2021
11. DOH-Seminole Quality Improvement Plan, 2020-2023
12. DOH-Seminole Workforce Development Plan, 2020-2023
13. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
14. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
15. [Florida Department of Health Workforce Development Plan](#)
16. Florida Middle School Health Behavior Survey Results, 2019
17. Florida Morbidity Statistics Report, 2017
18. [Florida State Health Improvement Plan, 2022-2026](#)
19. [Florida Strategic Plan for Economic Development, 2018-2023](#)
20. Florida Vital Statistics Annual Report, 2019
21. Florida Youth Risk Behavior Survey Results, 2019
22. Florida Youth Tobacco Survey Results, 2020
23. [Seminole County Community Health Assessment, 2022](#)
24. Seminole County Community Health Improvement Plan, 2023-2026

Appendix D: Strengths, Weaknesses, Opportunities and Threats (SWOT)

Strengths (Internal)

We want to maintain and leverage strengths.

Agency Infrastructure:

- Clean and nice facility
- Co-located services to improve access to care
- Well maintained vehicles
- Great subject matter experts
- Revenue generating programs
- Use of technology available to improve services
- Enhanced problem-solving culture
- Supportive leadership

Capacity:

- Good partnership with local Emergency Management team
- Positive community partnerships with key stakeholders
- Diverse staff
- Bilingual/trilingual staff
- Knowledgeable and passionate staff
- Great customer service
- Teamwork

Emerging Trends:

- Resilient – Family, bilingual & adapt
- Collaborating with community partners
- Community connections
- Community outreach

Other:

- Quality Care
- Help Community
- Community Involvement
- Supported by County government
- Provide services needed

Opportunities (External)

We want to invest in opportunities.

Agency Infrastructure:

- Staggered schedule to offer services outside regular business hours.
- Budget (understanding grants procedure)
- Local trainings at low costs
- Basin Management Action Plan (BMAP) Aerobic Treatment Unit (ATU) program
- Revise phone system
- WIC app in Spanish
- Offer additional sessions for employees regarding EAP\ Updating government policies
- Great technological tools available
- Update contracts and bring new ones with insurance companies (will improve billing and reimbursement)
- Bring back prenatal visits like our clinic used to offer

Capacity:

- Strengthen established partnerships
- Work together understanding how departments relate and support each other
- Partner social media/newsletter/websites and local businesses
- Retention of staff and skills
- Non-profit/federal funding
- Time for appropriate and specialized training
- Staff recruitment and retention
- Improve electronic health records system
- Increased awareness for emergency procedures

Other:

- Go beyond what we have “always done” – Innovative ideas

Weaknesses (Internal)

We want to minimize weaknesses.

Agency Infrastructure:

- Non-competitive salaries
- Long hiring process
- Not enough staff for all program

Threats or Challenges (External)

We want to identify threats or challenges that need to be addressed and understand their potential impact.

Agency Infrastructure:

- Funding uncertainty
- Natural disasters
- Climate change

responsibilities

- Poor communication
- Lack of funds
- Unable to serve outside regular business hours
- Growth opportunities
- Lack of intentional succession planning

Capacity:

- Need to update processes and/or modernize - New way of doing business
- Work overload
- Employee turnover
- Training opportunities
- Timely training
- Lack of knowledge sharing
- Phone system
- Slow process in the HUB due to lack of staff
- Obstacles: policy/legislature
- most of our clinical services at one site

Emerging Trends:

- Staff apprehension to report beyond normal working hours
- Online registration
- Software
- Construction
- Lack of online client portal for registration/payment
- Scheduling system
- Unstaffed

Other:

- Statewide approval processes
- Red Tape
- Staff resistance to change/new ideas
- Silos
- Lack of standardize procedures
- Insurance limitations
- Low employee moral
- Constant changing or priorities

- Retirements/staff leaving or turnover
- Inadequate staffing to handle increase in client participation
- Staff disengagement
- Low quality job applicants due to non-competitive pay
- Slow moving systems
- Keep up with technology development pace
- Challenging State Travel Management System (STMS)

Capacity:

- New procedures
- Competition for services
- Making immediate changes based on needs
- Increasing number of electronic systems that require more steps in processes rather than simplifying work
- Reduction in qualified workforce

Emerging Trends:

- Mental Health
- Non-competitive salaries
- Transfer of septic program in 2026
- Increase in population
- Artificial Intelligence
- Increased prices (food, gas)
- Reduced trust
- Poor communication

Other:

- Political climate
- Reduced collaboration with key partner entities
- Low reimbursement from Medicaid HMOs
- Patient no show rate
- Duplicative services

Appendix E: Objective Metrics and Plan Alignment

Priority	Goal	Objectives	Data Source	Baseline/Target	Area Responsible	Alignment
1. Effective Agency Processes	1.1 Maintain and enhance processes that complies with organizational and administrative performance expectations.	1.1.1 By December 31, 2025, increase percentage of CHD vaccine that has not been wasted/spoiled/expired/unaccounted for from 95.46% (2021) to 97%	CHD Snapshot	95.46% (CY2021) 97%	Immunizations	ASP - Goal 4.1 CHIP - N/A PMQI - Strategy 2.1 WFD - N/A
		1.1.2 Increase percentage of non-categorical General Revenue spent by end of fiscal year/certified forward period from 66.1% (2021) to 95% by June 30, 2025	CHD Snapshot	66.1% (FY2021) 95%	Business Office	ASP - Goal 4.1 CHIP - N/A PMQI - Strategy 2.1 WFD - N/A
		1.1.3 Maintain timely FIRS spending Plan Approval at 100% (2023) by June 30, 2026.	Admin Snapshot	100% (FY 2023) 100%	Business Office	ASP - Goal 4.1 CHIP - N/A PMQI - Goal 2 WFD - Goal 4
		1.1.4 Maintain cash balances between 3 to 10% (9.3% in 2023) by June 30, 2026.	Admin Snapshot	9.43% (FY2023) >3% or <10%	Business Office	ASP - Goal 4.1 CHIP - N/A PMQI - Goal 2 WFD - Goal 4
	1.2 Enhance program capacity	1.2.1 Increase the Annual Comprehensive Environmental Health Score (ACEHS) to 90% or higher during the next 3 years (87.59% in 2019) by June 30, 2026.	EH Summary Snapshot	87.59% (FY18-19) >=90%	EH	ASP - Goal 5.1 CHIP - N/A PMQI - Goal 2 WFD - N/A
		1.2.2 Increase WIC participation from 56.1% in Federal Fiscal Year (FFY) 2022 to 63.4% by September 31, 2025	FI WiSE- WIC participation Report	56.1% (FFY21-22) 64%	WIC	ASP - Goal 4.1 CHIP - CC Goal 1 PMQI - Goal 2 WFD - N/A
		1.2.3 By December 31, 2026, increase the number of clinical internships annually from 50 (2022) to 100.	HR Clinical Interns Participation Report	50 (CY 2022)	HR	ASP - Goal 4.1 CHIP - CC Goal 2 PMQI - Goal 2 WFD - Goal 2

Priority	Goal	Objectives	Data Source	Baseline/Target	Area Responsible	Alignment
	1.3 Implement processes to maintain and enhance employee and customer satisfaction	1.3.1 Reduce salaried workforce turnover rate from 13.59% (FY 22-23) to 10% by June 30, 2026.	FDOH HR	13.59% (FY2023) 10%	OPQI	ASP - Goal 4.1 CHIP - N/A PMQI - Goal 2 WFD -
		1.3.2 Conduct workforce satisfaction and engagement Survey and analysis from 0 (2022) to 1 by June 30, 2024.	Survey Results Report	0 (2022) 1 (Survey)	OPQI	ASP - Goal 4.1 CHIP - SEF Goal 2 PMQI - Goal 3 WFD -
		1.3.3 Maintain annual customer satisfaction at 98% (2023) or better by June 30, 2026.	DOH-Seminole Annual Customer Satisfaction Report	98% (FY2023) >=98%	OPQI	ASP - Goal 4.1 CHIP - SEF Goal 1 and 2 PMQI - Goal 3 WFD -
	1.4 Timely reporting	1.4.1 Increase the CSRs that are filed timely from 91% in 2023 to 95% or higher by June 30, 2024.	Admin Snapshot	91% (FY2023) >=95%	Business Office	ASP - Goal 4.1 CHIP - N/A PMQI - Goal 2 WFD - Goal 4
		1.4.2 Increase EARs that are certified within 1 day of pay period end date, every year from 89.00% in 2023 to 90% or higher by June 30, 2026.	Admin Snapshot	89% (FY2023) >=90%	Business Office/OPQI	ASP - Goal 4.1 CHIP - N/A PMQI - Goal 2 WFD - Goal 4
		1.4.3 Reduce annual average of 12 days late death records from one in 2023 to zero by June 30, 2026.	Late death records report	1 (2023) 0	Vitals	ASP - Goal 4.1 CHIP - N/A PMQI - Goal 3 WFD - Goal 4
		1.4.4 Maintain an annual 90% (2022) or better timeliness of treatment from the Lab report date, for all Health Department positive STD reports, by December 31, 2026.	STARS	90% (CY2022) >=90%	Area 7 STD Program	ASP - Goal 2.1 CHIP - N/A PMQI - Goal 2 WFD - Goal 2

Priority	Goal	Objectives	Data Source	Baseline/Target	Area Responsible	Alignment
2. Emerging Health Threats	2.1 Prepare staff to address high risks events that pose a threat to public health	2.1.1 Provide adult Mental Health First Aid training to DOH-Seminole frontline staff from 0 (2022) to 50% by December 31, 2025.	TBD	0 (2022) 50%	ELT	ASP - Goal 3.1 CHIP - MH Goal 1 PMQI - N/A WFD - Goal 3
		2.1.2 100% of staff will be trained on special needs shelter support services and annually thereafter from 88% in 2022 by December 31, 2025.	Preparedness Planner report	88% (CY2022) 100%	PH Preparedness	ASP - Goal 3.1 CHIP - N/A PMQI - N/A WFD - Goal 3
		2.1.3 By June 30, 2026, increase the annual rate of Everbridge notification response from 96% (2023) to 98% or higher.	Preparedness Planner report	96% (FY 22-23) =>98%	PH Preparedness	ASP - Goal 3.1 CHIP - N/A PMQI - Goal 2 WFD - Goal 3
3. Healthy Thriving Lives	3.1 Encourage adoption healthy behaviors while and connect with appropriate resources	3.1.1 Increase documented referrals within our online referral platform for community members from 0 in 2022 to 150 per year (2023-2025) by December 30, 2025.	Referral Dashboard	0 (CY2022) 450	OHPE	ASP - Goal 1.1 CHIP - SEF Goal 1 PMQI - Goal 3 WFD - Goal 2
		3.1.2 Increase % of CHD adult clients who have a current tobacco status (positive or negative) in Medical History from most recent clinical visit from 73.8% (2021) to 80% by December 31, 2025	CHD Snapshot	73.8% (CY2021) 80%	Tobacco Prevention	ASP - Goal 3.1 CHIP - MH Goal 1 PMQI - Strategy 2.1 WFD - Goal 3
		3.1.3 Increase the number of nutrition classes to public school students from 25 in 2022 to 150 classes by December 30, 2025.	Nutrition Classes Tracking Tool (Smartsheets)	25 (CY2022) 150	OHPE	ASP - Goal 1.1 CHIP - CC Goal 1 PMQI - N/A WFD - N/A
		3.1.4 Increase the percent of Seminole County students at a healthy weight from 61.71% in 2021 to 72% by June 30, 2026.	School Health Program Services data summary reports	61.71% (2021) 72%	School Health	ASP - Goal 1.1 CHIP - CC Goal 1 PMQI - N/A WFD - N/A

Priority	Goal	Objectives	Data Source	Baseline/Target	Area Responsible	Alignment
	3.2 Partnership development	3.2.1 By December 31, 2025, address the black-white infant mortality gap by conducting two projects in collaboration with partner agencies from one in 2022.	Minority Health Liaison Project Progress Report	1 (2022) 2	OHPE	ASP - Goal 1.1 CHIP - SEF Goal 3 PMQI - Goal 1 WFD - Goal 1
		3.2.2 By December 31, 2025, one complete population-based improvement project will be submitted for review to FL Health Performs. (Baseline: 0 in 2023).	Storyboards uploaded to FL Health Performs platform	0 (CY2023) 1	OPQI	ASP - Goal 4.1 CHIP - All Priorities PMQI - Goal 2 WFD - Goal 1
		3.2.3 By December 31, 2025, increase the number of community partners with a cultivated relationship with DOH-Seminole to promote the public health vision/role of services from baseline value of 10 (2023) to 20.	Referral Dashboard	10 FY (22-23)	OHPE	ASP - Goal 1.1 CHIP - SEF Goal 2 PMQI - Goal 1 WFD - Goal 1
	3.3 Increase opportunities to reduce exposure to preventable or unexpected health outcomes	3.3.1 Increase immunization to babies (2-year-olds) from at 69.2% (2021) to 90% by December 31, 2025.	CHD Snapshot	69.2% (CY2021) 90%	Immunizations	ASP - Goal 3.1 CHIP - N/A PMQI - Strategy 2.1 WFD - Goal 3
		3.3.2 Increase dental exams and parental oral hygiene instruction for patients under the age of 5 annually by 5% and introduce the importance of oral hygiene, diet, and reducing habits at an early age from 171 clients (2023) to 179 by June 30, 2026.	Dental	171 (FY2023) 197	Dental	ASP - Goal 1.1 CHIP - CC Priority PMQI - N/A WFD - N/A
		3.3.3 By December 31, 2025, increase the number of participants in the school-based dental sealant program in Seminole County to 27% {(Baseline: 640 2nd and 5th graders. 640/2528=25.3% (2023)}.	Dental	25.3% (2023) 27%	Dental	ASP - Goal 1.1 CHIP - CC Priority PMQI - N/A WFD - N/A
		3.3.4 Maintain % of teen CHD family planning clients who adopt an effective or higher method of birth control at 80% or higher (86.2% in 2022) by December 31, 2025.	FPAR Qtrly report	86.2% (CY2022) >=80%	Family Planning	ASP - Goal 1.1 CHIP - SEF Priority PMQI - N/A WFD - N/A

Priority	Goal	Objectives	Data Source	Baseline/Target	Area Responsible	Alignment
	3.4 Increase opportunities of chronic or communicable diseases early detection, treatment, and exposure reduction.	3.4.1 By June 30, 2025, increase the annual number of mammogram screenings to Seminole county residents who comply with BCCEDP guidelines to from 200 in FY 22-23 to 250 screenings.	BCCEDP monthly report	200 (FY2023) 250	BCCEDP	ASP - Goal 2.1 CHIP - CC Goal 3 PMQI - Goal 2 WFD - Goal 2
		3.4.2 Increase the percentage of ADAP clients enrolled in the program for at least 6 months and who achieve HIV viral loads less than 200 copies/mL, at last viral load test, from 94.8% (2021) to 95% by December 31, 2025.	CHD Snapshot	94.80% (CY2021) 95%	ADAP	ASP - Goal 2.1 CHIP - SEF Goal 2 PMQI - Strategy 2.1 WFD - N/A
		3.4.3 Increase PrEP enrollment from 52 (2023) clients/year to at least 5% more (3) clients/year by June 30, 2026.	PrEP	52 (FY2023) 3 Annually	PrEP	ASP - Goal 2.1 CHIP - SEF Goal 2 PMQI - Goal 2 WFD - N/A
		3.4.4 Increase the annual number of free Diabetes Education class participants from 10 (2021) to 50 by June 30, 2026.	Diabetes Education Client Log	10 (FY21-22) 50 Annually	CIMHS	ASP - Goal 2.1 CHIP - CC Goal 2 PMQI - Goal 2 WFD - N/A