BMG CONSULTING

Florida Department of Health in Seminole County

BUSINESS PLAN

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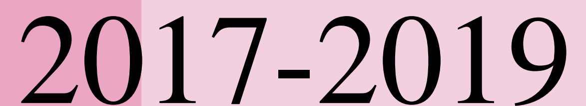

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INTRODUCTION

BMG Consulting was engaged by the Florida Department of Health in Seminole County (DOH-Seminole) in February of 2016 to develop a two year business and sustainability plan. The specific intent or goal of the consultancy was development of a plan which addresses DOH-Seminole's mission to protect, promote and improve the health and overall quality of life in Seminole County and ensures its ability to adequately respond to the public health needs and expectations of that community through an outcome-oriented service delivery model. The plan as outlined by the Request for Proposal (RFP) and subsequent Scope of Work (SOW) is expected to address efforts to:

- Maintain and/or increase sustainable revenue streams, for core public health services, in response to rapidly changing economic, health, and social environments;
- Allocate resources adequately and appropriately;
- Implement strategies and achieve objectives that are in line with the four major focus areas (Population Health, Chronic Disease, Access to Care and Workforce) outlined in the 2015-2016 Strategic Plan;
- Build and leverage strategic partnerships with other organizations;
- Respond to community health disparities and the perspectives of diverse internal and external stakeholders

Process Design and Approach

The Bridgespan Group describes the business planning process as "a time to connect the dots between mission and programs, to specify the resources that will be required to deliver those programs and to establish performance measures that allow everyone to understand whether the desired results are being achieved."[1] The process and approach chosen for this project are designed to develop a plan which captures that sentiment. BMG Consulting believes that "sustainability" is not simply a matter of ensuring the financial stability of an organization to meet its bottom line, but a two prong plan that ensures strong and constant alignment of those financial goals with the successful delivery of the strategic service and program goals desired for the community.

Process Design

In preparation for the current proposed business plan, a systemic observation and assessment process was utilized by BMG Consulting that briefly explored four key areas

[1] Kelly Campbell and coauthor, "Business Planning for Nonprofits: What It Is and Why It Matters," 2008

impacting the agency:

- **Organizational Motivation**
  A review of the organization's history, mission, culture, and systems of rewards and incentives to determine their impact on performance and productivity.

- **Organizational Performance**
  A review of the organization's performance with respect to effectiveness and efficiency in the fulfillment of its mission and vision; financial viability; relevance; and ability to meet stakeholders' needs.

- **Organizational Capacity**
  A review of the organization's capacity to adequately provide the resources and deliver the services required to meet performance and productivity objectives.

- **Organizational Environment**
  A review of the external environmental factors and systems (political, administrative, social/cultural, economic, stakeholders, etc.) connected to the organization and the impact of those forces on its mission, performance, and capacity.

Approach

BMG Consulting's approach to the development of this business plan included the following research-collection tasks:

1. Review and analysis of data and information collected from DOH- Seminole; inclusive of health department related programs, strategies, activities, financials and other information impacting the delivery of public health services in Seminole County;

2. Research of federal, state, and local laws, regulations and funding streams which impact the delivery of services to the community;

3. A review of demographic and population health outcome data related to the four focus areas of DOH-Seminole's strategic plan and their impact on achievement of the RFP's overall goal;

4. Focused facilitated conversations (individual and group), interactions and queries with staff, partners, constituents and funders, designed to extract information as necessary and appropriate to complete the systemic observation

and assessment process; and,

5. Identification of internal/external concerns and challenges as well as strengths, opportunities, strategies and processes which could enhance the organizations ability to sustain itself over the next two years.

The results of the Process Design were analyzed and combined with the observations from the research-collection process. Recommendations were then developed, for inclusion in the business plan, which were designed to maximize successful outcomes for the organization. Criteria for success include the assurance that: planned human resource and financial resources are sufficient; appropriate processes and systems are in place; and the stated mission of the organization and its goals as defined by the strategic plan are in line with community needs and expectations.

BUSINESS PLAN

Background

The Florida Department of Health in Seminole County is one of 67 public health departments serving communities in the state of Florida. Their mission, vision and values mirror that of the Florida Department of Health. Their organizational goals and objectives are embedded in a strategic plan that is informed in large part by the needs and expectations of the specific community that they serve along with clinical and demographic data collected from a variety of sources. The Strategic Plan, albeit based upon focus and priority areas that differ from those outlined by the central office, nevertheless identify strategies that are in total alignment with and supportive of central office anticipated outcomes.

The efforts of DOH-Seminole, in conjunction with their many partners and collaborators, has contributed to Seminole County being ranked #5 in Health Factors and Outcomes among all Florida Counties in 2016. Their work is guided by a principle of excellence by which they strive to **exceed** the standards set forth for functional health departments by the National Association of County and City Health Officials (NACCHO). Their intentions for the future as outlined in their 2015-2016 Business Plan indicates "as a public health entity engaged in becoming a stronger, more capable version of itself, DOH-Seminole is committed to strategically planning for and obtaining greatness, whatever lies ahead."

Over the past few years, DOH-Seminole has experienced significant transformation as a result of two almost simultaneous events occurring. Similar to community health departments nationwide, they have been impacted in large part by the implementation of the Affordable Care Act and Managed Medicaid, and also by a movement among public health departments from a primary care to a population health model which is more preventative in nature.

For DOH-Seminole, those events have led to a significant reduction in revenue, a change in practice(s), a reduction of their workforce, an organizational restructuring, new partnerships and collaborations, and development and implementation of a strategic plan that strives to maintain the quality and high level services necessary to meet the expectations and needs of the community. It is a plan, according to Health Officer Dr. Swannie Jett, that by its very nature must ensure: that the value and impact of services are continually assessed; that new and innovative approaches for carrying out the work are sought; that new resources are identified; and, that collaborations are strengthened in order to maximize efficiencies. The infrastructures for that plan are the tenets

outlined in the “Standards of a Functional Local Health Department” as defined by NACCHO.

External Environment

Health care policy presents a major public concern at all levels of government. Spurred by the continued debate around the Affordable Care Act (ACA), issues such as health care funding, eligibility, and coverage options permeate the legislative discourse within both the Democratic and Republican parties. In most cases, this is a bi-partisan issue at both the national and state level, with each side of the isle rarely seeing eye-to-eye, especially in the state of Florida. On a local level, safety-net, hospital, and private healthcare providers scramble to meet ever-changing requirements set forth by new legislative mandates, especially as it relates to the Medicaid program. Due to their commitment to uninsured and underinsured populations, legislative Medicaid changes disproportionately affect and burden the medical safety-net which includes health departments, community health centers and public hospitals. For American voters, healthcare concerns tend to fall along party lines with Democratic voters seeing healthcare as a top priority, while for Republicans the issue falls behind concerns around the economy, government spending and terrorism.[2] Nonetheless, healthcare policy is an issue that significantly impacts the daily lives of millions of Americans.

The purpose of this section is to provide a brief overview of the healthcare policy landscape at the federal, state, and local level. While not exhaustive, the goal is to identify the healthcare trends at each level of government likely to impact the funding and operations of DOH-Seminole. These trends, in concert with the information received from the extensive interviews conducted with key DOH-Seminole staff, lay the groundwork for the proposed strategic growth and impact recommendations to follow in this business plan.

Federal Trends

Much of the federal dialogue around healthcare continues to focus on the ACA and the funding of Medicare and Medicaid programs. Medicaid and Medicare combined comprise nearly 23% of the federal budget, and cost more than $1 trillion in 2015.[3] With a Republican majority in the House of Representatives, political analysts predict a potential departure from the traditional ACA debate on a national level, towards a more global debate regarding the reduction of the federal healthcare cost burden in general. Options for reducing the federal cost of healthcare include moving Medicaid funding into block grants to the states and capped federal funding for Medicaid. In the past,

[2] http://blogs.wsj.com/washwire/2016/04/06/how-health-care-factors-into-the-presidential-campaign/
[3] http://blogs.wsj.com/washwire/2016/04/13/what-paul-ryans-stance-on-2016-means-for-health-care/

these proposals have been vehemently opposed and blocked by Democrats, but packaging the proposals in part as a plan to repeal or partially replace the ACA might make them more palatable in the Republican controlled House of Representatives.

Both the block-granting of Medicaid and the institution of federal caps on Medicaid funds would have negative implications for the state of Florida in general, and especially for safety-net providers such as DOH-Seminole as briefly discussed below:

> *Block Grants:* Transitioning federal Medicaid funds to state block grants places the decision-making around Medicaid eligibility firmly in the realm of state politics. For states such as Florida that have not supported the expansion of Medicaid through the ACA, there may be an even greater incentive to further adjust Medicaid rules in order to save money for the state and/or to restrict coverage in an effort to manage the health behavior of individuals. These restrictions would significantly impact the medical safety-net as eligibility and services are restricted causing greater health disparities for lower income populations.
>
> *Federal Cap:* A federal spending cap on Medicaid allocations would likely result in states needing to raise money to offset a reduction in funding despite an increased demand for Medicaid coverage. Two options for increasing funds would be to raise taxes for all state residents (an option not likely to pass in the state of Florida), or reduce the overall cost of Medicaid restricting benefits to participants, limiting eligibility, or reducing reimbursement rates. The unintended consequences of the latter options are plentiful. Restricting health benefits to patients will increase the likelihood that they will forego needed care due to higher out of pocket costs thereby exacerbating latent and/or known health conditions. Limiting eligibility will proportionately increase the volume of uninsured and underinsured individuals, which has the potential to increase the financial burden of uncompensated care especially for safety-net medical providers. Finally, the reduction of Medicaid reimbursement rates creates a disincentive for traditional providers to accept Medicaid patients which also places a larger burden on safety-net providers.

State Trends

A critically important health concern affecting low income residents in the state of Florida is the health insurance gap caused by Florida's rejection of the ACA expansion option. The effect is two-fold as state legislators, driven by the Republican-controlled senate, opted not to raise the Medicaid eligibility threshold as permitted under the ACA, coupled with the choice to forego the creation of a state-managed insurance

marketplace.[4] A second important healthcare trend in the state of Florida is the management of Medicaid plans by private HMOs. While on the surface this approach appears to promote choice and consistency amongst healthcare providers for the benefit of the insured, it also creates some frustration for patients that think they have "private" insurance, but find that their accessibility to healthcare is not as broad as expected, leading to disappointment and reluctant use of safety-net providers. The final state-level trend is that health outcomes for Floridians continue to lag behind national rates despite consistent efforts to address health disparities through state-wide programming and initiatives. In the next few paragraphs, each of these trends will be discussed in more detail.

Affordable Care Act Coverage Gap: While Medicaid expansion significantly increases the income eligibility threshold for individuals to 138% of poverty from 33% of poverty, Florida has opted out of this option creating a significant Medicaid coverage gap for the state. In 2013, Governor Scott initially supported the expansion of Medicaid, but the option was shut down by strong opposition by the Republicans in the House of Representatives.[5] Consequently, 18% of poor adults in the coverage gap nationally live in the state of Florida, representing just over 1 million Floridians. Furthermore, 91% of non-elderly uninsured adults living in Florida fall in the coverage gap, putting a strain on the medical safety net despite consistent year-over-year Medicaid funding cuts. Florida is also one of just two states that has not accepted any federal grant funds for the set-up of insurance exchanges. Overall, Florida has accepted fewer ACA funds per capita than most other states. In 2012, this rate was $15.24 per capita compared to a national average of $40.00 per capita.

Private Managed Care Medicaid Plans: Nationally, more than fifty-percent of Medicaid beneficiaries are in enrolled private managed care plans. In Florida, this rate is nearly 13 percentage points higher at sixty-three percent[6]. This higher rate is due to the recently implemented Statewide Medicaid Managed Care Program which automatically enrolls eligible Medicaid recipients into private HMO-managed plans of their choice. This past January, the program was enhanced with express enrollment to reduce the amount of time it takes for new applicants to receive private coverage. The program is generally perceived as a positive approach to the management of the Medicaid program as it creates some competition and consistency amongst providers and increases choice for patients. However, not all medical providers readily accept Medicaid patients due to the

[4] http://www.fdhc.state.fl.us/

[5] http://kff.org/medicaid/fact-sheet/an-overview-of-actions-taken-by-state-lawmakers-regarding-the-medicaid-expansion/

[6] https://www.medicaid.gov/medicaid-chip-program-information/by-topics/data-and-systems/medicaid-managed-care/downloads/2013-managed-care-enrollment-report.pdf

lower reimbursement rate, which continues to place a disproportionate burden on medical safety-net providers. There is also some frustration amongst Medicaid recipients who think they hold "private" insurance and thus should be able to have greater access to care, but experience greater restrictions than expected. This frustration spills into their interactions with safety-net providers who provide the needed care to reluctant patients that feel they should not have to receive care at such facilities, negatively impacting the patient-physician experience.

Health Outcomes and Disparities: In general, the health of Floridians consistently ranks lower than the national average. Rates of infant mortality, diabetes and obesity are slightly above the national rate. Amongst non-elderly adults, 21% of whites, 25% of Blacks, and 43% of Hispanics reported having no health care provider in a 2012 survey. To address these concerns, the state Surgeon General has instituted a number of state-wide health priorities including:

- The Healthiest Weight Florida Initiative – A public-private collaboration to educate Floridians about healthy eating options and behaviors
- The Statewide Health Improvement Plan administered by the Department of Health
- Long and short-term strategic plans to streamline and promote efficiency within the Department of Health

Local Trends

According to 2014-2015 data compiled by the US Census Bureau, Seminole county is the fourth smallest county in Florida but since 2010 has been growing steadily at a rate of approximately 4.1% each year. It is composed of seven cities, the largest of which is Sanford, and a mixture of 13 smaller incorporated and unincorporated townships. According to the census: the median household income is $53,482; 14.8% of the population lives in poverty; a majority of its residents are married; own (64.4%) and occupy their homes; have graduated high school (86%) or college (30%); and, are employed (63.5%).

Demographically, 62.1% of the population are White, 13.2% are Black or African American, 5.4% are Asian, and 17.4% Hispanic or Latino. Fifty point eight percent (50.8%) of the population are female, 14.5% are over 65 and 24.4% are under 18. Twelve percent (12%) have no health insurance. These demographics paint a picture of a county that is very different from that of the state in general - for the most part in a very positive way. Their per capita income is higher, their population younger and more educated, their economic base stronger, and ethnically and racially they are less diverse.

Chronic Disease and Health Disparities

As previously stated, the county is #5 in terms of health outcomes overall and yet the public health needs of some areas of the county are significant. The reasons for this become clearer when the areas of health disparity and chronic disease management - two of DOH Seminoles' main strategic plan focus areas - are considered. Research has shown that nationally racial and ethnic minority groups experience poorer health overall and significant health disparities, including shorter life expectancy, higher incidents of infant mortality, lower birth weights, higher rates of substance abuse and chronic diseases such as diabetes, cancer, heart disease, stroke, arthritis, COPD, asthma, HIV/AIDS, and Hepatitis C as a direct result of where they are born, grow, live, work and age. A snapshot of Seminole County statistics appears to support that research.

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS) survey conducted by the Florida Bureau of Epidemiology, Chronic Disease Epidemiology and Surveillance Section, the percentage of Seminole County adults either obese or overweight based on reported height and weight has continued to increase from previous years. As of 2013, approximately 58% were either obese or overweight. Nearly 11.5% of BRFSS respondents reported 14 or more days during the past month that were considered as "mentally unhealthy."

In 2014, the number of live births in Seminole County was 4,515. This represented a 0.02% increase from the previous year. Florida's Community Health Awareness Resource Tool Set (CHARTS) data available for the 2012-2014 time periods indicate that on average black females, 15 to 19 years of age, had a teen birth rate more than two and one half times higher than that of white females (28.7 per 1,000 births compared to 11.2 per 1,000). The total infant mortality rates during that same period decreased each year (6.8, 5.4, and 4.9 respectively) and tracked lower than the Healthy People 2020 goal and the reported rates for Florida (6.0). However, the rate of mortalities (10 per 1,000) for black infants was more than twice that of white infants (4.5 per 1,000).

In 2014, the age-adjusted death rate from unintentional injury was 37.21 per 100,000 population. The death rate from unintentional injury for males was nearly twice the rate for females (46.5 compared to 24.5 per 100,000). The homicide death rate in Seminole County for the 2012-2014 period was 3.64 deaths per 100,000 population. The homicide death rate for blacks (11.5) was approximately six times that of whites (2.0). The death rate for males (4.8) was nearly 2.5 times that of females (2.0).

Internal Environment

A key component of the observation and assessment process were the focused facilitated conversations held with administrators and managers of the various departments. Information gleamed from the internal facilitated conversations provide critical

information which can be used to inform the organization's strategic planning and business plan development processes in important but distinctively different ways. First, the results of the conversations with staff help surface dominant internal culture and climate realities and second, provides critical information about the capacity of the organization to respond to organizational challenges and meet new planning, performance, productivity, and organizational goals and objectives in the future.

The conversations were framed around three areas:

- Strategic Plan Priority Focus areas – specifically what did they know and understand about the four focus areas and their relationship to the agency's mission.

- Department Focus – what is the work of their departments, how is that work aligned with the strategic plan, what are the challenges (if any) to service delivery, and how are annual goals set and success measured?

- Sustainability – what does that mean to them, what does it mean to the agency, what internal and external factors impact sustainability, what do they consider as absolutes (i.e. what is essential and must be preserved at all costs) and what would they like to do or see happening that isn't currently?

During the discussions, the managers were candid and open about their departments' roles and their needs for the successful completion of their goals. Managers were deeply passionate about the work of DOH-Seminole and contributions of their various departments and staff. They displayed a commitment to the work and an interest in successful outcomes that was hard to miss. The managers were knowledgeable about the strategic plan and their responses revealed solid understanding and agreement with the direction and goals of the organization overall. Some managers indicated that the organization's recent move from the delivery of primary care services to a renewed focus on preventative care and a chronic health management model "harkened" back to the past and the organizations' roots. They believe the deeper connection to the community and collaboration efforts with community partners is essential and that DOH-Seminole is on the right path with this new approach. Additionally, some managers thought that more could be done to meaningfully reach or identify vulnerable populations within the community and to further engage and educate them even more in an effort to make real change in the fight for addressing health disparities and chronic disease.

The managers were also able to articulate the needs that each strategic plan focus area sought to address along with identifying the intended audience. Varying opinions were expressed regarding how successful or not those efforts were. There was little

disagreement about the importance of the four focus areas nor were any recommendations offered or new areas of need identified which they felt DOH-Seminole should focus upon. In the few instances where concrete suggestions were made, the recommendations concerned enhancement and expansion not reduction or elimination of the current focus areas. Surprisingly however, while each of the managers were cognizant and accepting of their role and responsibility in implementing some aspect of the strategic plan goals and objectives, none expressed ownership of the Strategic Plan as a document they were instrumental in developing.

Several concerns surfaced which, if not addressed, can potentially impact the organization's ability to sustain or expand its work and achieve stated outcomes in the future:

- Managers expressed almost uniform concern regarding the organization's "capacity" to successfully meet or achieve its new objectives with the current level of resources. While the reality of insufficient financial resources was at the root of nearly every department's concern about capacity, it was not the major concern. Human resource capacity and gaps related to access to care for all of Seminoles' population signaled major and growing anxieties. "Capacity" concerns representing the primary causes of angst for many managers centered around; DOH-Seminole's ability to provide adequate numbers of staff to fill critical functions necessary to deliver services; the challenges posed by the organization's "graying" staff and potential loss of institutional knowledge; and, its' streamlined and flat organizational structure and dependency on staffing resources "on loan" from other agencies or institutions or funded by soon to end grants. Cross training programs were also a concern, which most managers characterized as inadequate (and in one instance dangerous, due to the false sense of security it presented regarding the ability of those trained to handle critical tasks). For many, these human resource challenges represented a band-aid approach to service delivery, and translated to a heightened sense of helplessness that outweighed their concerns in some respect about financial resources.

- There is currently a "disconnect" between the goals, objectives and department specific activities outlined in DOH-Seminole's Strategic Plan and that of some of the major departments which are funded (pass thrus) in large part by funding sources outside of DOH-Seminole's control. In those instances, department heads have an additional set of goals and objectives which they must respond to that may or may not be in alignment with DOH-Seminole's. In those instances, although respectful of DOH-Seminole's goals and objectives the bottom line and measure of success for many of the departments is satisfaction of their funder requirements first. So when responding to questions about how they set goals for

their departments annually and measure success at the end of the year, their answers generally reflected goals, benchmarks and metrics related to their funding source and not the agency. Care must be taken to assure that alignment between DOH-Seminole's and those funding requirements are considered in the development of strategic outcomes and benchmarks going forward to ensure successful service delivery.

❖ Managers are stressed and feeling personally responsible for managing, sustaining and/or increasing departmental revenue while maintaining costs and delivering services. Although they understand revenue shortages that have evolved as a result of the new and complex requirements resulting from Affordable Care Act (ACA) and declining Medicaid reimbursements, they nonetheless feel burdened by the added responsibility of meeting financial expectations in addition to those related to service delivery.

❖ Data collection, analysis, and sharing of information presents problems on a number of fronts: restrictions posed by regulations such as HIPPA present challenges with data collection and sharing of information between programs and partners which slows the ability to respond rapidly and appropriately to certain situations; a need to increase the number of surveillance systems and staff available to collect information and identify health trends among high risk populations that can lead to better preventative care solutions; and, a lack of understanding about the results of data being collected. Extensive data collection is being completed in each department, but managers are unsure what the analysis of the information shows with respect to the whole organization – it is understood on a micro but not macro level. As noted by one manager, "it is hard to move the needle to health equity when you don't understand what the data is telling you."

Strategic Planning Process

The 2017 -2018 Strategic Plan has not yet been developed.

In 2015, DOH-Seminole, in partnership with the two largest hospitals in the area, Florida Hospital and Orlando Health, as well as health departments in neighboring counties, initiated a collaborative community needs assessment process. The assessment, scheduled to be completed in July 2016, will provide information necessary for development of a comprehensive community health agenda that outlines healthcare goals and expected outcomes for the future.

In addition, the assessment results are expected to underscore the importance of the vital role DOH-Seminole plays in the community and serve as a basis for development of

their 2017 -2018 strategic plan, which is expected to be completed in the fall of 2016.

The 2015-2016 strategic plan identified four focus areas considered key to the organization's efforts to meet community needs and expectations and achieve their vision of improving the quality of life. Strategies, benchmarks and metrics for each focus area and related objectives were developed that correlate and align with the work of each department. There has been a strong communications, marketing, outreach and community engagement push over the past year and a half which has been instrumental in getting both critical information and services out to the public. The mobile health unit has also increased access to care to individuals with limited transportation options and/or who are homeless who would otherwise find it difficult to avail themselves of needed services.

A quality improvement council was formed and an improvement plan developed, which outlines processes for measuring the impact of quality improvement projects that link to the strategic plan. The results of those efforts, coupled with the latest CHARTS data, and an analysis of impact, as well as resources available going forward will inform development of the 2017-2019 Strategic Plan. There is no indication at present that the four Strategic Plan focus areas will change although objectives and activities related to them may.

2015-2016 Strategic Plan Focus Areas	Objectives
➢ **Promote and improve population health**	a. Prevent and Control Infectious Diseases by providing education, intervention and community outreach activities. b. Reduce Infant/Child Death Rate c. Promote access to safe, affordable housing
➢ **Reduce Chronic Disease Morbidity and Mortality**	a. Increase the proportion of adults and children who are at a healthy weight. b. Reduce Health Inequity and Health Disparities c. Reduce the amount of excessive alcohol consumption.
➢ **Promote and Improve**	a. Reduce barriers to access to clinical services

Access to Care	b. Implement Electronic Health Records (EHR) c. Improve customer service and satisfaction
➢ **Develop an engaged and satisfied workforce**	a. Promote cross-training. b. Improve Internal Agency Communications and Training c. Promote a culture of quality improvement and implement quality improvement infrastructure and processes d. Address identified employee satisfaction issues

The Florida Department of Health in Seminole County has a significant understanding of and concern for the health of all of the communities that it serves. However, the need for DOH-Seminole's services appear to be concentrated on a subset of the county's population where the health care risks are higher and the disparities greater and as such form the basis for and direction of its strategic plan.

Through the use of surveillance, survey, and electronic medical record data, DOH-Seminole has developed a number of programs well suited to the health of its community at large, and for specific localities of concern such as the Goldsboro and Georgetown neighborhoods in the city of Sanford. In these highly distressed neighborhoods, 81% of children live below the poverty level, 24% percent of households do not have a car (despite being rural communities), and there is no grocery store within the census tract.[7]

According to a 2015 report and local action plan prepared by My Brother's Keeper…

> "Based on recent income and poverty studies for Seminole County, it is noted that nine of the 11 pockets of poverty in Seminole County are located in the City of Sanford. The City of Sanford has four districts. District 2 covers Goldsboro and Georgetown, two predominantly African American and Hispanic neighborhoods. Based on 2010 Census Bureau statistics, District 2 has a population of 11,607 residents, the lowest household median income range at $10,001 - $20,000, and the highest population of people of color: 53.5% Black or African American and 19% Hispanic. Communities of color in Sanford are also disproportionately impacted by underrepresentation on indicators of success (e.g., high school

[7] FDOH Seminole Matters Newsletter, August 2015

> completion) and overrepresentation in negative measures such as poverty and arrests. …”[8]

These negative social determinants of health contribute to significantly higher health disparities for residents living in these neighborhoods such as higher mortality rates, hospitalizations, and prevalence of depression and smoking among males. In response to this crisis, DOH-Seminole has, throughout the past two years, targeted distressed areas such as these with numerous and diverse services such as mobile health units, community gardens, a farmer’s market, and a Men’s Health program to address the specific threats impacting men in the community.

Strategic Direction

During the past year, both the Health Officer and Assistant Health Officer participated in the Emerging Leaders in Public Health program through the Kresge Foundation with fellow public health leaders from across the country. They indicate that the program, in addition to providing them many valuable resources that can be helpful in transforming public health practices, solidified their belief and understanding that addressing the social determinants of health and health inequities in a community is a critically important factor in improving health outcomes for that community.

Their subsequent thinking about and work in this area has lead to the creation of an innovative new initiative designed to be a key element of the 2017-2018 strategic plan.

In a May 2016 communication to staff they stated:

> *Public health practice supports the correlation between the social determinants of health, health equity, and life expectancy evidenced for over three decades. Equity is often not considered in decision-making processes in many communities in the United States resulting in health inequity through the disproportionate distribution of efforts and resources. Public health leaders have the capacity to positively impact the health of their communities by influencing individual health behaviors through effective health literacy programs, and promoting evidence-based policy making that considers health equity and the social determinants of health.*
>
> *Upstream planning and community engagement through health impact assessments, policy research, evidence-based practice, health in all policies, health equity and disparity approaches will reshape communities addressing issues such as safe places to live, work and play, access to healthy foods, and access to healthcare.*

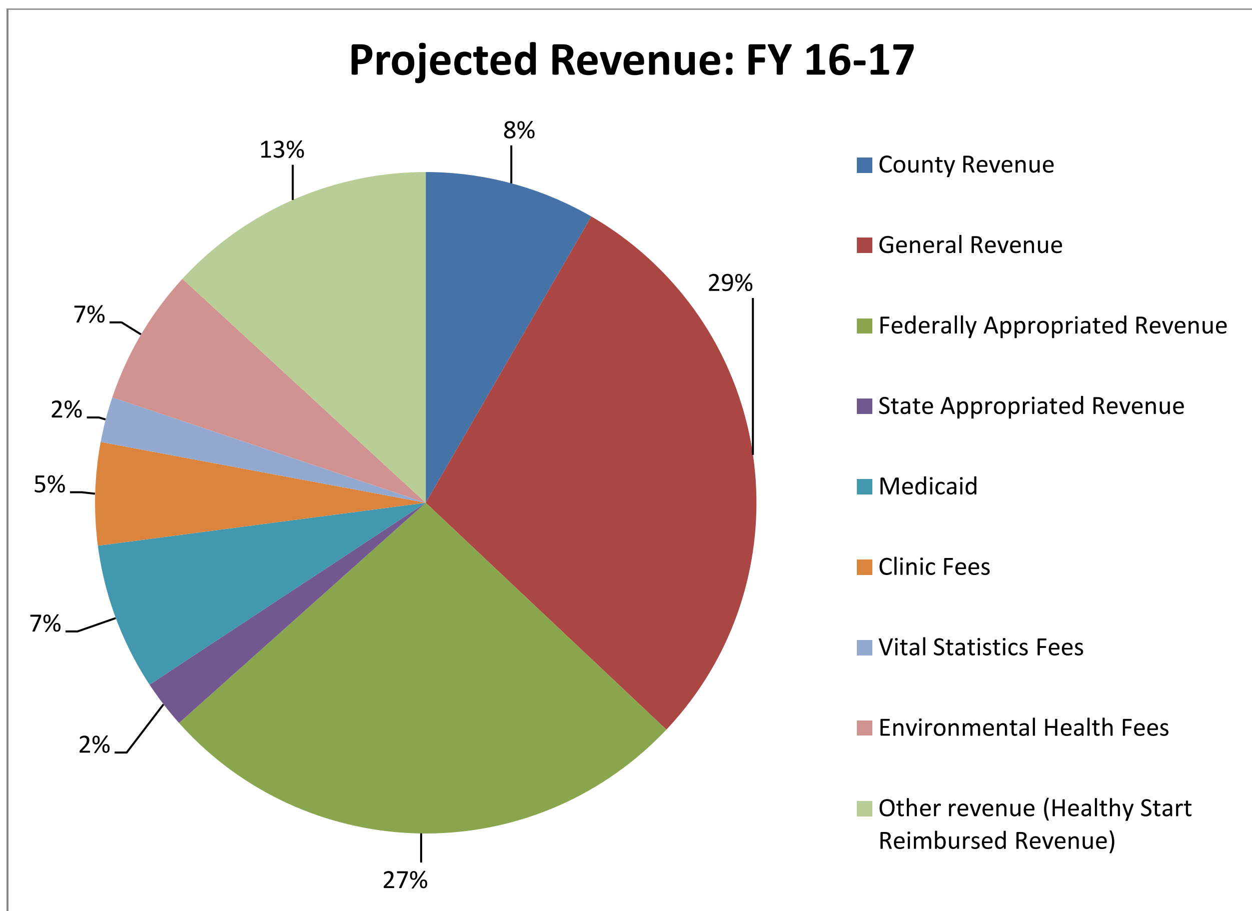
[8] Report: My Brother’s Keeper Local Action Plan. Sanford, FL. December 2015.

To address these issues, DOH-Seminole has announced it will launch *The Center for Public Health Leadership, Health Equity and Policy Research* on July 1, 2016. Dr. Jett and Ms. Walsh indicated *"the Center is intended to provide the leadership, support and resources required to effectively address the social determinants of health in the communities of Seminole County, Florida"*

Funding

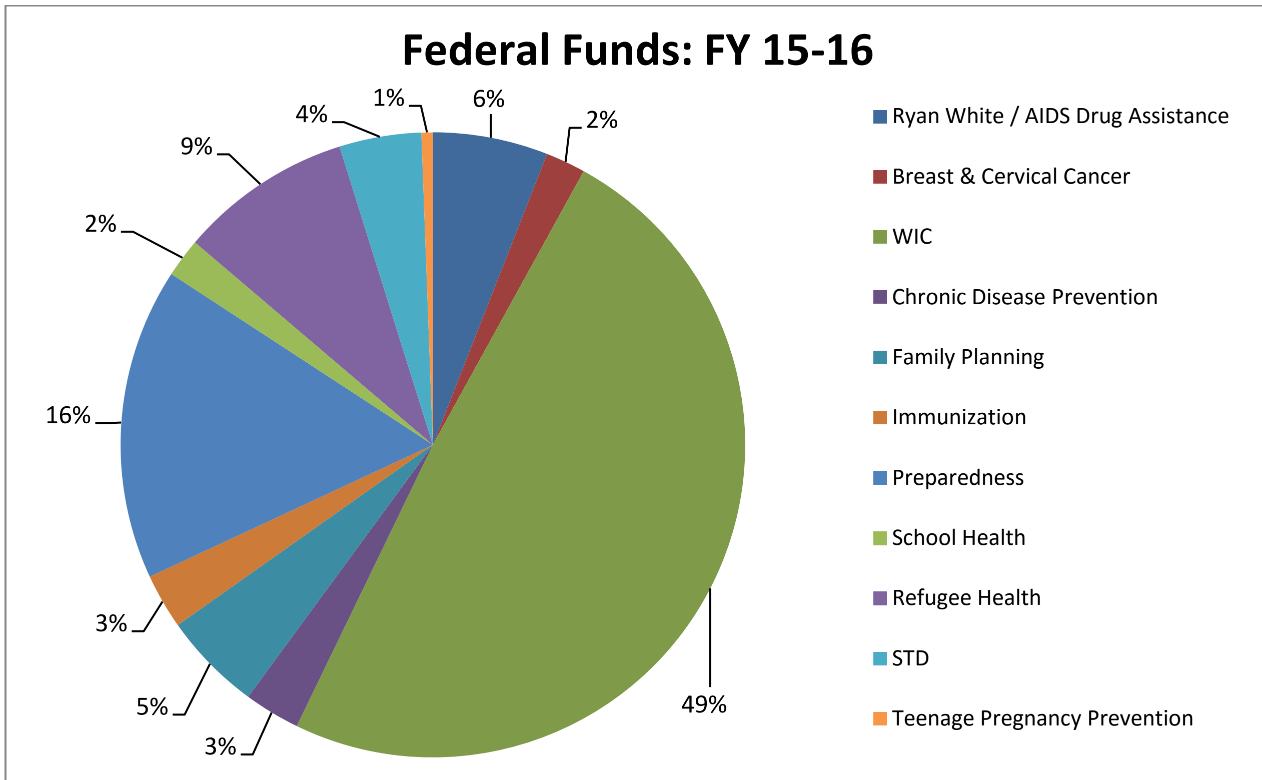
Five main sources (and nine subsets) of funds support DOH-Seminole's budget. They include general state revenue, federal, state and county appropriations, medical and non-medical fees, and Medicaid reimbursements.

All Sources



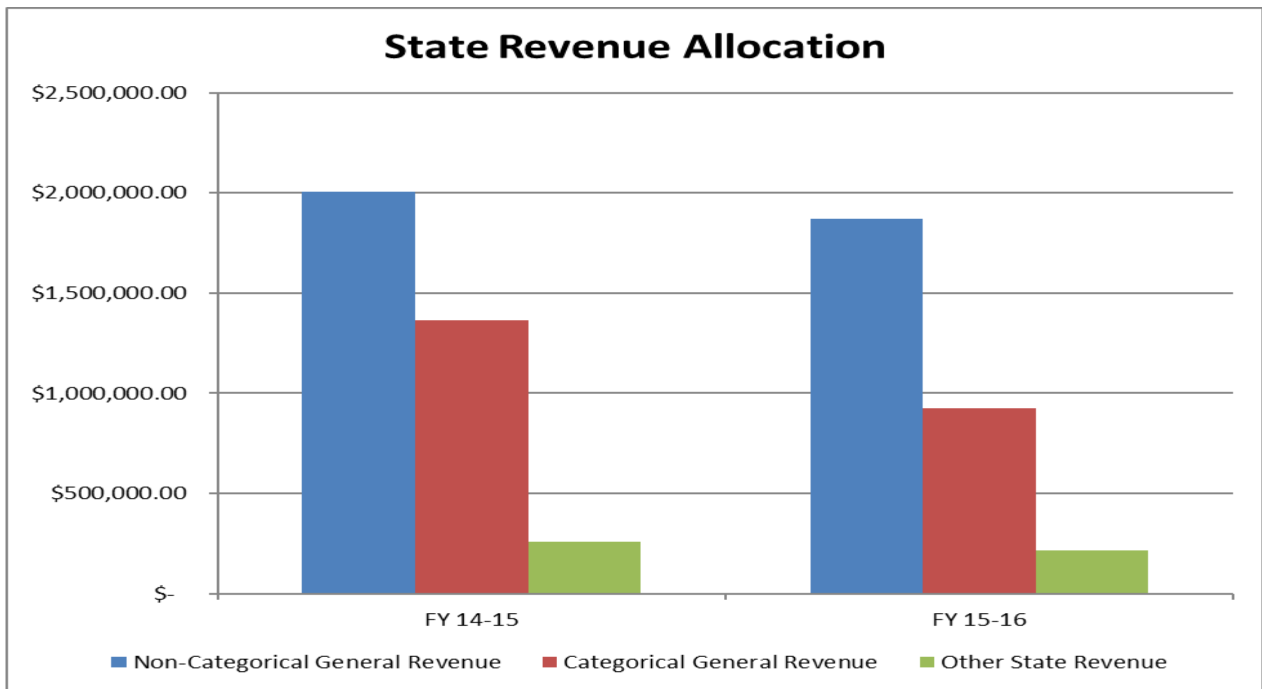
Federal

In fiscal year (FY) 16-17, federal appropriated revenue is projected to account for approximately 27% of the total revenue, representing a 4.2% decrease from FY 15-16. In FY 15-16, the largest proportion of federal revenue came from the WIC program, representing 49% of the total federal revenue.



State

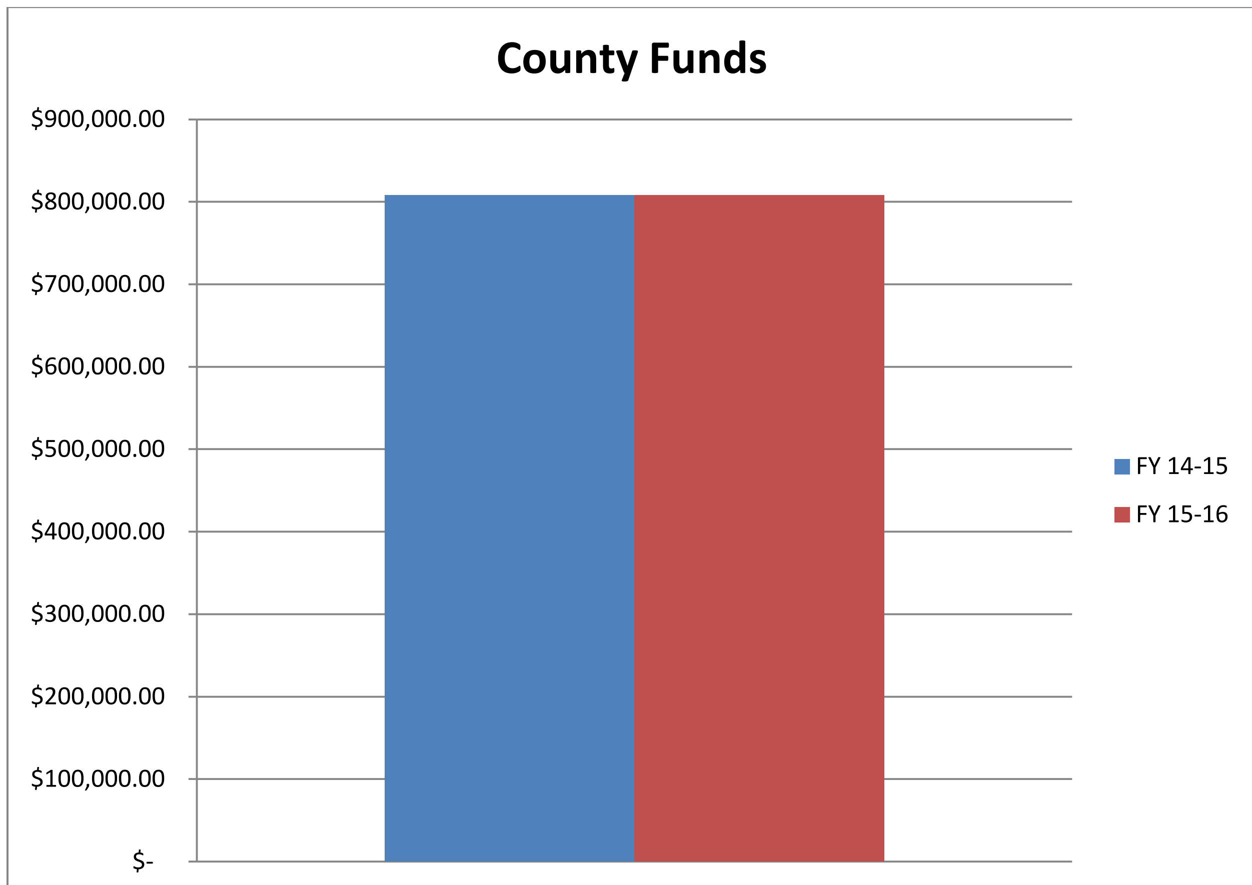
General and "other" revenue funding sources comprise the total state revenue category.



While the “other” state appropriated revenue is expected to account for approximately 2% of FY 16-17 total revenue, general (categorical and non-categorical) state revenue garners a much larger share at a projected 29%. The projected FY 16-17 allocations for these two revenue sources are expected to remain relatively consistent as compared to FY 15-16, although there was an 18% decline in the allocations from FY 14-15 to FY 15-16.

County

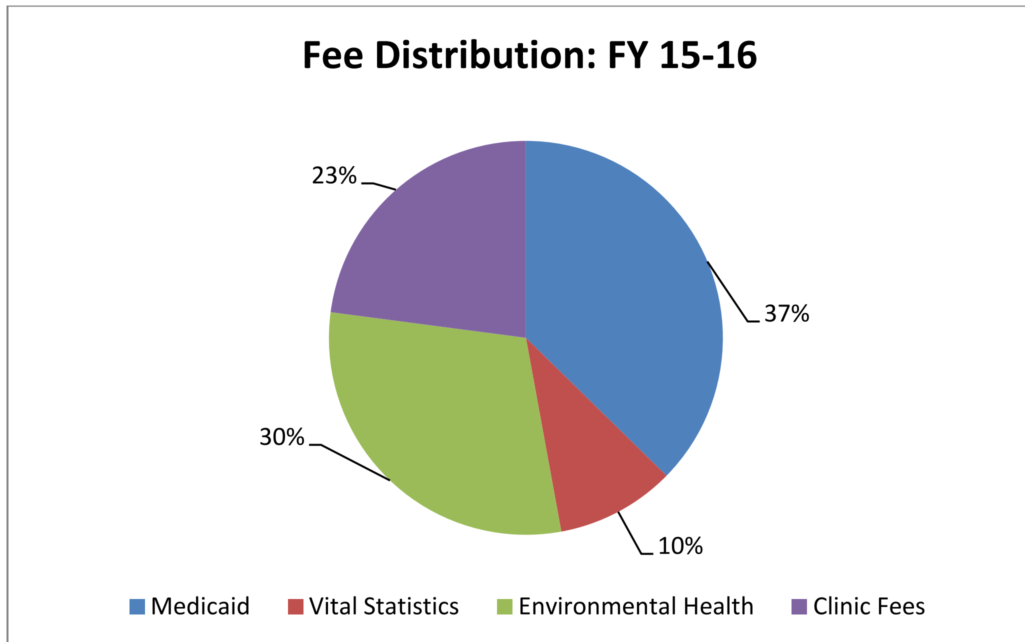
County funds accounted for approximately 9% of FY 15-16 total revenue and have remained constant at just over $800,000 over the past two years. The strong partnership between DOH-Seminole and the Seminole County Board of County Commissioners (BOCC) has resulted in strong advocacy on behalf of DOH-Seminole’s public health budget allocation. FY 16-17 revenue projections reflect that the allocation is not expected to change.



Fees

Fees generated from both medical (including Medicaid) and non-medical sources represent 15% of the projected FY 16-17 total revenue. This is a significant decline from

FY 15-16, mostly due to the anticipated decrease in Medicaid reimbursable funds. Medicaid funds are expected to decrease by more than 15% in the upcoming fiscal year, but will still account for more revenue than the non-medical fee sources. In FY 15-16, Medicaid reimbursable funds represented 37% of all fee revenue. In FY 16-17, this proportion is expected to fall to 34%.



Fees from non-medical sources such as Environmental health charges for permits and inspections are up and may possibly generate a small surplus (approx. $66,000) by the end of FY 15-16. This may be attributed in part to the increase in construction in the area as the housing industry is on the upswing.

Grants

DOH-Seminole has experienced some success with obtaining private grants but are hindered by state regulations and guidelines that impede their ability to take advantage of opportunities in a timely manner. There are many opportunities available for which DOH-Seminole could be eligible. An increase in this area could help offset loss of revenue anticipated from other areas.

Partnerships

The nature of DOH-Seminole's work has afforded it the opportunity to work closely with a number of influential and important government (state, county and local), and community partners and as a result they have been able to stretch resources, maximize their revenue streams and increase, through the use of volunteers, fellowships, and loaned staff, the human capital necessary to deliver quality services. They are currently involved either formally through memorandums of understanding or contracts or

informally (committees, advisory groups, etc.) with over 63 institutions, organizations and community groups who are focused on improving the quality of life for the citizens of Seminole County. DOH-Seminole believes that the strong and unique relationships they have with these partners place them in a good position for continuing and sustaining the work of the department. Maintaining and strengthening those relationships going forward as well as developing and nurturing new ones is an extremely important element of both the 2017-2019 business plan and the soon to be completed 2017-2018 strategic plan.

Strategies for Growth and Impact

DOH-Seminole is well positioned to move forward and successfully implement a business plan for 2017-2019. There is every indication that the important work they do is sustainable and at levels which at a minimum mirror those of 2016. There is strong visionary leadership, passionate and competent staff, engaged and supportive partners, adequate revenue funding streams, and the respect of a community which trusts them to get the job done. There are a number of looming opportunities which if taken advantage of can move the organization beyond what they currently do and expand their scope of work. Opportunities include:

- Legislative focus on chronic disease which could open up new monies to support chronic disease programming
- Match funding grants
- Seminole County partnership
- County Development Block Grant (CDBG)
- Centers for Disease Control and Prevention - Racial and Ethnic Approaches to Community Health (REACH) grants
- Dental sealant grants
- Intern fellowship programs
- Community advisory groups
- School Health partnerships
- Collaborations with hospitals
- Collaborations with other DOH programs who have developed successful best practices that can be replicated and integrated in DOH-Seminole
- Licensing fee restructuring
- HUMANA: Dental Commercial Plan Pilot
- Accreditation status
- Communication, marketing and outreach campaigns

A number of new strategies and areas where the focus could potentially be expanded were identified, which, if successfully implemented, show promise for helping the

organization achieve its' intended results and meet sustainability and where possible, growth goals. They include:

Health Equity Initiative

The Center for Public Health Leadership, Health Equity and Policy Research that is outlined on page 16 of this report is scheduled to be launched July 1, 2016. The Center will be a centerpiece of the next strategic plan and consolidate under one roof, the newly created Offices of Health Promotion and Education, Health Planning, Epidemiology and Research, Performance and Quality Improvement, Men's Health and Minority Health. Consolidation of those programs is an important strategy that can ultimately strengthen the delivery of services to the community and over time contribute to a decrease in the incidence of health care risks and illnesses related to health disparities. Additionally, as noted by Health Officer Dr. Jett and Assistant Health Officer, Donna Walsh, the creation of the Center will enable DOH-Seminole to better align their initiatives and improve opportunities for competitive funding that can help sustain those efforts long-term.

Clinical: Diabetes

An important goal in the 2016 Strategic Plan for DOH-Seminole is the reduction of diabetes incidence for non-Hispanic Blacks in the County. However, when considering the three-year age adjusted death rate due to diabetes, the rate in 2014 for Seminole County as a whole was nearly 5 percentage-points higher than the state of Florida (24.0 versus 19.6). For non-Hispanic Blacks, this death rate was much higher than for the all race category (48.6 in Seminole Country versus 39.1 for the entire state), but the rates for Whites was also higher in Seminole County as compared to Florida as a whole (21.7 versus 17.5)[9]. While diabetes-associated morbidity is certainly a concern, addressing the issue of rate of diabetes-related mortality in the County may be an additional area of potential interest as the problem appears to be a county-wide issue, not just associated with minority and/or men's health.

A coordinated department-wide effort to address the issue of diabetes mortality may present the opportunity to promote organization-wide collaboration and enhance employee engagement and satisfaction, while addressing a critical health need. Specific organizational benefits may include:

- Creating economies of scale as current diabetes programs focusing on non-Hispanic Blacks are extended to other populations

[9] http://www.floridacharts.com/charts/CountyHealthProfile.aspx?county=59&reportYear=2014&tn=31

- Maximizing the use of electronic medical records to track and provide case management services to especially vulnerable patients of all races
- Expansion of the food desert and gardening projects to create new initiatives around healthy eating specifically for diabetic patients
- Expansion of mobile health unit services to include an educational diabetes component

Clinical: Dental

- Explore opportunities to acquire portable X-Ray machine for dental outreach in schools
- Partner with Head Start and Early Learning Center programs to increase the number of dental health screenings for children

Capacity: HR

- Develop process to capture, document and share institutional knowledge of retirees
- Expedite completion of procedure manuals for each department by the end of 2017
- Design an intern and volunteer recruitment strategy which includes:

    - Expansion of governmental, nongovernmental, business and institutional relationships such as school departments, community based organizations, and hospitals;
    - Identification of new and non-traditional fellowship and scholarship placement opportunities for interns; and,
    - Expanding the number of college level interns and volunteers able to be placed at the agency.

Quality Assurance

- Conduct an analysis of cross training impact on service delivery and staff satisfaction
- Develop structure for reviewing and aligning strategic plan goals, objectives and activities of non DOH-Seminole funded departments with the 2017-2018 DOH-Seminole strategic plan

Revenue: Federal, State, Local

- Review licensing fee based services structure for possible increase
- Identify funds which can potentially be utilized as match dollars for new grants

- Assist in identifying and/or expanding 3rd party billing opportunities for clinical (medical and dental) services

Revenue: Grants

Many of the opportunities available to DOH-Seminole come in the form of grants and contracts. The agency should consider increasing by a minimum of 10% the share of revenue generated annually from non-governmental grant-specific resources. The capacity of the current grants management department is insufficient (understaffed) to assist agency efforts to meet this benchmark. The department potentially would benefit from:

- The addition of one additional full time employee (FTE) who can concentrate efforts on researching and identifying sources of new funding as well as assist in the drafting of proposals for all departments;
- The development of an annual grant management plan that encompasses and reflects the needs of the entire agency; and,
- The establishment of a Critical Path Model (CPM) which would be helpful in: aligning the work of the department with expressed needs of the organization as a whole; scheduling the work of the department to coincide with state grant application and approval guidelines; and, providing clarity and assigning roles and responsibility to other departments and managers involved in the process.