

Strategic Plan 2012-2015

Florida Department of Health in Orange
County
Orange County, Florida

Revised July 2013



Prepared by:
Quad R, LLC



Prepared for:
**Florida Department of Health in
Orange County**



Funded by:
The Florida Department of
Health



Strategic Planning Team



Vicente (Alberto) Araujo
Performance and Quality
Improvement Manager



James (Jim) Pate
Strategic Planning Manager



Karen Coombs
Nursing Program Specialist



Melissa Hulse
Data Analyst



Arlene Crow
Emergency Ops Manager



Ben Klekamp
Environmental Specialist



Judith Hill
Human Services Counselor



David Overfield
Environmental Administrator



Jennifer Tompkins
Nutritionist Supervisor



Ethel Smith
Health Educator

ACKNOWLEDGEMENTS

This Strategic Plan was the result of much hard work on the part of the DOH-Orange Team. We would like to acknowledge the very fine work of those involved.

Document History

Version	Comments	Date
1.0	2012-2017 ORCHD Strategic Plan v4 27 Nov 12 (Group Revisions)	11/27/12
2.0	2012-2017 ORCHD Strategic Plan v4.5 27 Sep 12	8/27/12
3.0	2012-2017 ORCHD Strategic Plan v5 15 Feb 13	2/15/13
4.0	2012-2015 DOH-Orange Strategic Plan v6 15 Jul 13 Revision to Align with Tally	7/15/13
5.0	2012-2015 DOH-Orange Strategic Plan v7 15 Jul 13 Revision to Align with Tally	9/5/13

Table of Contents

DOCUMENT HISTORY	4
EXECUTIVE SUMMARY	7
STRATEGIC PLAN OVERVIEW	9
Strategic Plan Linkages	11
STRATEGIC PLAN	15
Mission, Vision and Values	17
Health Services	19
Community	25
Workforce	28
STRATEGIC PLANNING PROCESS	31
Phase 1	34
Phase 2	37
Phase 3	40
BACKGROUND	41
Orange County, Florida	43
Florida Department of Health in Orange County	45
Who We Are	45
Mission and Vision	45
Workforce Profile	47
Service Profile	48



Client Profile.....	61
APPENDICES.....	65

EXECUTIVE SUMMARY

The Florida Department of Health in Orange County (DOH-Orange) recognizes the importance of strategic planning and the impact this process can have on shaping future outcomes. As a result of process improvements and lessons learned, the *2009-2014 Strategic Plan* was revised in 2009 and incorporated the Mobilizing for Action through Planning and Partnerships (MAPP) process. As the DOH-Orange continued on its quality journey and examined lessons learned and best practices from Sterling Organizations, the 2009-2014 Strategic Plan has been reframed in the *Florida Department of Health in Orange County Strategic Plan 2012-2015*.

The most noticeable changes from the last revision to the current version is a reduction in performance indicators resulting in achievable objectives and performance indicators that all DOH-Orange divisions can strive to attain. The *Florida Department of Health in Orange County Strategic Plan 2012-2015* will be continuously reviewed and revised, with changes grounded in new data, trend analyses, a new MAPP process, improved processes, benchmarking and best practices.

Program managers were consulted to ensure they were involved in developing performance indicators that met strategic goals and objectives and are relevant to the individual programs. The Senior Management Team was kept informed of progress and roadblocks and approval was sought at every step along the journey to ensure consistency of effort.

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

- FL Statute 154.01 County Health Department Delivery System,
- The 10 Essential Public Health Services
- 2011 MAPP Assessment and the 2012 Community Health Improvement Plan
- Florida Department of Health CHARTS
- Administrative Snapshot
- Annual County Performance Snapshot
- Florida Department of Health Long Range Planning document

- Healthy People 2020 Standards

This strategic plan enables the DOH-Orange to focus on a common direction. Program business plans, the department budget, and individual performance evaluations are aligned to the strategic plan to ensure all aspects of the department are working in unison. This plan incorporates three key aspects of organizational excellence: 1. customer-driven quality; 2. operational performance improvement to include cost/price competitiveness; and 3. organizational and personal learning.

The standards used within the strategic plan and the planning process require an understanding of certain assumptions made during the creation of this plan. These assumptions include:

- This plan will remain in alignment with the strategies and priorities of Florida and federal public health plans.
- Senior management and program managers will make business and policy decisions based on this plan.
- DOH-Orange staff are familiar with the basic concepts of this plan.
- This plan focuses on strategies and priorities of importance to the entire DOH-Orange.
- Objectives and performance indicators will support DOH-Orange strategies and priorities.
- Strategic Planning and Program Managers will develop an Operational Plan that supports this strategic plan and develop implementation strategies.
- The Operational Plan will focus on program deliverables and may include objectives and performance indicators in addition to the Strategic Plan.
- Individual programs, clinics, and offices will develop Tactical Business Plans that support both the Operational Plan and this Strategic Plan.
- Tactical Business Plans are focused on the operations and continual process improvement of a particular program, clinic or office. This is where measurable results are made.

RECOMMENDATION: The Strategic Planning team identified four strategic priorities, with associated goals, strategies and objectives. These are provided on the following page. A more detailed discussion can be found on pages 9-70 of this report.

Mission, Vision and Values

The Strategic Planning team recognized that the DOH-Orange must possess the foundational capabilities that are crosscutting and integral to the effective functioning of a health department. These foundational capabilities are reflected in the 10 Essential Public Health Services, the Public Health Accreditation Standards, the Florida Department of Health Strategic Plan, and the Healthy People 2020 goals.

The team believes that this Strategic Priority acts as the foundation to the health department's capacity to protect and improve the health of Orange County residents and visitors. By focusing the organization on a shared and singular vision, the DOH-Orange will be able to attain a business model that will strategically aligns programs and services to the vision, identify best practices and implement across programs, re-evaluate the effectiveness of evidence-based core service objectives, streamline internal processes, acquire financial sustainability and stability, and obtain new revenue streams that meet strategic objectives.

HEALTH SERVICES

A key priority issue for the Strategic Planning team was the need to reduce health disparities within the Orange County community. The team believes by improving *Health Services* the organization will be able to prevent communicable disease(s), reduce disease rates, improve performance on health indicators, balance capacity with demand, and improve programs and services for the public.

COMMUNITY

Developing a more engaged community – both health and non-health related – was a priority issue for the Strategic Planning team which recognized that a collaborative approach to “public” health is needed in order to achieve and broaden impact on health indicators.

WORKFORCE

Key to providing health services and impacting community health indicators is a competent, well-trained staff. In order to maintain a highly knowledgeable and diverse staff and improve capacity of services and programs, the Strategic Planning team recommends improving staff morale, encouraging cross functional team building, eliminating pay and promotion inequities, and implementing a continuous and robust leadership development program.

MISSION, VISION and VALUES

Create a dynamic foundation that values openness, promotes innovation, and engages continuous improvement.

1. Implement a business model that strategically aligns programs and services to the vision by December 31, 2014.
2. Develop an ingrained culture that starts with supportive leadership, encourages openness, and rewards innovation of staff by December 31, 2014.

HEALTH SERVICES

Create a healthier Orange County by improving DOH-Orange programs and services.

1. Meet or exceed state standards for 6 out of 8 Priority Health areas by December 31, 2015.
2. All clinical programs and sites will have adopted the DOH certified Electronic Health Record by June 20, 2013.
3. Pilot Health Service Integration at one DOH-Orange site by December 31, 2015.
4. Reduce health disparities in 3 of the 7 FDOH identified priority areas by 5% by June 30, 2014.

COMMUNITY

Ensure a seamless public health network through strategic community partnerships.

1. Utilize community partnerships to produce measurable outcomes in 2 of the 5 DOH Health Priority areas by December 31, 2015.
2. Build coalitions to improve Health Priority areas by June 30, 2013.
3. Implement social media messaging for health education by December 31, 2015.

WORKFORCE

Modify/enhance the existing infrastructure to address both employee and management needs.

1. Complete implementation of the Workforce Development Plan by June 30, 2015.
2. Identify and address pay inequities within class codes and years of service by June 30, 2014.
3. Support healthy behaviors in 100% of employees by December 31, 2015.
4. Improve overall Employee Satisfaction Survey by December 31, 2015.

STRATEGIC PLAN LINKAGES

Strategic planning is a long-term, systematic effort that addresses health problems on the basis of the results of community health assessment activities.



This process follows the guidelines of the Mobilizing for Action through Planning and Partnerships (MAPP) model. MAPP was developed by the National Association of County and City Health Officials (NACCHO), in collaboration with the Centers for Disease Control and Prevention (CDC). MAPP provides a framework to create and implement a community health improvement plan that focuses on long-term strategies that address multiple factors that affect health in a community.

The DOH-Orange Strategic Plan identifies the priorities, goals, objectives, and strategies for the public health system within Orange County, Florida. Through the integrated efforts of the health department and community partners, the desired health outcomes for four DOH-Orange Strategic Plan priorities - ***Mission, Vision and Values, Health Services, Community,*** and ***Workforce*** - can be addressed in a systematic and accountable manner.

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

Using the National Association of County and City Health Officials (NACCHO) model for strategic planning, the DOH-Orange Strategic Plan is integrated with the Community Health Improvement Plan and the Quality Improvement Plan, and is informed by the Community Health Assessment. The DOH-Orange Strategic Plan acts as the guiding force for the health department's activities and direction for the next five years. The strategies and activities identified in this plan are specific standards for achievement designed to evaluate and measure success and impact.



The DOH-Orange Strategic Plan is aligned with the following:

- **Orange County Community Health Improvement Plan** ★

The plan identifies those community improvement activities for the Florida Department of Health in Orange County.

[http://chd48vwb05/qualitycouncil/PHAB/Shared%20Documents/CHA%20and%20CHIP/Orange%20CHIP-CHA%20Final%20\(6-28-13\).pdf](http://chd48vwb05/qualitycouncil/PHAB/Shared%20Documents/CHA%20and%20CHIP/Orange%20CHIP-CHA%20Final%20(6-28-13).pdf)

- **Florida Department of Health's State Health Improvement Plan 2012-2015** ⚙️

Representing the plan for the Florida public health system, this document enables the network of state and local health partners to target and integrate health improvement efforts.

http://www.doh.state.fl.us/Planning_eval/Strategic_Planning/SHIP/FloridaSHIP2012-2015.pdf

- **Florida Department of Health Long Range Program Plan Fiscal Years**

- 2013-14 through 2017-18** 

- This plan presents nine long-range program goals for the Florida Department of Health, with associated performance measures and standards.

- <http://floridafiscalportal.state.fl.us/PDFDoc.aspx?ID=7061>

- National Public Health Accreditation Domains** 

- The Public Health Accreditation Board standards are a required level of achievement that all health departments are expected to meet.

- <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf>

- 10 Essential Public Health Services** 

- The National Public Health Performance Standards Program (NPHPSP) is designed to measure public health practices at both the state and local levels.

- <http://www.naccho.org/topics/infrastructure/NPHPSP/index.cfm>

- Healthy People 2020** 

- This U.S. Department of Health and Human Services program provides 10-year objectives for improving the health of all U.S. residents.

- <http://www.healthypeople.gov/2020/Consortium/HP2020Framework.pdf>

The icons to the right of each of the above documents are used within the Strategic Plan to represent alignment with the identified goals of the above documents. Appendix G contains a more detailed matrix of alignment.





STRATEGIC PLAN



MISSION, VISION and VALUES (MVV)

GOAL: Create a dynamic foundation that values openness, promotes innovation, and engages continuous improvement.

1. Implement a business model that strategically aligns programs and services to the vision by December 31, 2014. ✓ 20 ⚙
 - 1.1. Process map 33% of DOH-Orange key processes by December 30, 2013, 66% by June 30, 2014, and 100% by December 31, 2014.
 - 1.2. Fully implement the Quality Management System (QMS) by December 31, 2013.
 - 1.3. Implement or maintain at least three evidence-based practices by June 30, 2014.
2. Develop an ingrained culture that starts with supportive leadership, encourages openness, and rewards innovation of staff by December 31, 2014. ✓ 20 ⚙
 - 2.1. Train 90% of employees in PDCA training in Florida TRAIN by December 31, 2013.
 - 2.2. Improve the Employee Satisfaction Survey (ESS) rating for "My work unit has a climate that supports me sharing my opinion." to at least 4.0 by December 31, 2014.

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
MVV-1.1	Process map DOH-Orange services.	12/31/2014					
MVV-1.2	Fully implement the Quality Management System (QMS).	12/31/2013					
MVV-1.3	Implement or maintain at least three evidence-based practices.	6/30/2014					
MVV-2.1	Train 90% of employees in PDCA training in Florida TRAIN.	12/31/2013					
MVV-2.2	Improve the Employee Satisfaction Survey (ESS) rating for Item 24. "My work unit has a climate that supports me sharing my opinion." to at least 4.0	12/31/2014					

HEALTH SERVICES (HS)

GOAL: Create a healthier Orange County, Florida by improving DOH-Orange programs and services.

1. Meet or exceed state standards for 6 out of 8 Priority Health areas by December 31, 2015.   20  
 - 1.1. Reduce the bacterial STD case rate among females 15-34 years of age from 2627.3 per 100,000 to 2605 per 100,000 by December 31, 2015.
 - 1.2. Improve the Adequacy of Prenatal Care Utilization Index to 77.6% by December 31, 2015.
 - 1.3. Reduce vaccine preventable disease rates to 1.8 per 100,000 by June 30, 2015.
 - 1.4. Increase the percentage of two-year-olds who are fully immunized from 86.6% to 90% by December 31, 2015.
 - 1.5. Reduce the AIDS case rate per 100,000 from 18.2 to 17.2 by December 31, 2015.
 - 1.6. Reduce the TB case rate from 4.4 per 100,000 to 3.5 per 100,000 by December 31, 2015.
 - 1.7. Reduce the infant mortality rate from 6.4 per 1,000 live births to 6.1 by December 31, 2015.
 - 1.8. Increase the percentage of students in grades 1, 3 and 6 who are identified as being at normal weight from 60% to 63% by December 31, 2015.
2. All clinical programs and sites will have adopted the DOH certified Electronic Health Record by June 20, 2013.  
 - 2.1. All clinical programs and sites will have adopted the DOH certified Electronic Health Record by June 20, 2013.
3. Pilot Health Service Integration at one DOH-Orange site by December 31, 2015.   
 - 3.1. Develop and Implement at least one example of Health Service Integration (colocated services and/or programs) in each Bureau by December 31, 2015.

- 
- 4. Reduce health disparities in 3 out of 7 FDOH identified priority areas by 5% June 30, 2014.   20  
 - 4.1. Develop and/or assess, and implement community engagement models targeting the top three disparity areas with highest death rates (Infant Mortality, Diabetes/Heart Disease, and Emergency Response) by December 31, 2013.
 - 4.2. Implement a Culturally and Linguistically Appropriate Services (CLAS) self-assessment tool by June 30, 2014.

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
HS-1.1	Reduce the bacterial STD case rate among females 15-34 years of age from 2627.3 per 100,000 to 2605 per 100,000.	12/31/2015					
HS-1.2	Improve the Adequacy of Prenatal Care Utilization Index to 77.6%.	12/31/2015					
HS-1.3	Reduce vaccine preventable disease rates to 1.8 per 100,000.	6/30/2015					
HS-1.4	Increase the percentage of two-years-olds who are fully immunized from 86.6% to 90%.	12/31/2015					

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
HS-1.5	Reduce AIDS case rate per 100,000 from 18.2 to 17.2.	12/31/2015					
HS-1.6	Reduce TB Case Rate from 4.4 per 100,000 to 3.5 per 100,000.	12/31/2015					
HS-1.7	Reduce the infant mortality rate from 6.4 per 1,000 live births to 6.1.	12/31/2015					

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
HS-1.8	Increase the percentage of students in grades 1, 3, and 6 who are identified as being at normal weight from 60% to 63%.	12/31/2015					
HS-2.1	All clinical programs and sites will have adopted the DOH certified Electronic Health Record.	6/20/2013					
HS-3.1	Develop and Implement at least one example of Health Service Integration (colocated services and/or programs) in each Bureau.	12/31/2015					

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
HS-4.1	Develop and/or assess, and implement community engagement models targeting the top three disparity areas with highest death rates (Infant Mortality, Diabetes/Heart Disease, and Emergency Response).	12/31/2013					
HS-4.2	Implement a Culturally and Linguistically Appropriate Services (CLAS) self-assessment tool.	6/30/2014					

COMMUNITY (CO)

GOAL: Ensure a seamless public health network through strategic community partnerships.

1. Utilize community partnerships to produce measurable outcomes in 2 of the 5 DOH Health Priority areas (Oral Health, and Tobacco Use) by December 31, 2015.   
 - 1.1. Increase the number of dental clients served by 10% (based on 2012 numbers) by December 31, 2015.
 - 1.2. Increase youth participation in tobacco related community activities by 10% (based on 2012 numbers) by December 31, 2014.
2. Build coalitions to improve Health Priority areas by June 30, 2013.    
 - 2.1. Produce a current Community Health Improvement Plan by March 31, 2013.
 - 2.2. Conduct one Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) project by June 3, 2013.
3. Implement social media messaging for health education by December 31, 2015.    

3.1. Implement social media messaging for health education by December 31, 2015

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
CO-1.1	Increase the number of dental clients served by 10% (based on 2012 numbers).	12/31/2015					
CO-1.2	Increase youth participation in tobacco related community activities by 10% (based on 2012 numbers).	12/31/2014					
CO-2.1	Produce a current Community Health Improvement Plan.	3/31/2013					

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
CO-2.2	Conduct one Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) project.	6/30/2013					
CO-3.1	Implement social media messaging for health education.	12/31/2015					

WORKFORCE (WF)

GOAL: Modify/enhance the existing infrastructure to address both employee and management needs.

1. Complete implementation of the Workforce Development Plan by June 30, 2015.  
 - 1.1. Each year, 80% of activities identified in the DOH-Orange Agency Workforce Development Plan are completed based on the established schedule and full implementation by June 30, 2015.
2. Identify and address pay inequities within class codes and years of service by June 30, 2014.  
 - 2.1. Identify and address pay inequities within class codes and years of service by June 30, 2014.
3. Support healthy behaviors in 100% of employees by December 31, 2015.    
 - 3.1. Enhance the DOH-Orange website that provides access to health risk factors and available support groups by January 31, 2015.
 - 3.2. Improve the ESS (Employee Satisfaction Survey) rating for “My office supports me in my efforts to engage in healthy behaviors” to at least 4.0 by December 31, 2015 (e.g., diet smoking cessation, exercise, nutrition, Employee Wellness, etc.).
4. Improve overall Employee Satisfaction Survey by December 31, 2015.  
 - 4.1. Improve overall ESS (Employee Satisfaction Survey) rating to at least 4.0 by December 31, 2015.

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
WF-1.1	Each year, 80% of activities identified in the DOH-Orange Agency Workforce Development Plan are completed based on the established schedule.	6/30/2015					
WF-2.1	Identify and appropriately address pay inequities and develop a process to prevent recurrence of pay inequities.	6/30/2014					
WF-3.1	Enhance the DOH-Orange website that provides access to health risk factors and available support groups.	1/31/2015					

Objective Number	Objective	Completion Date	Lead Agency	Lead Division/Office	Lead Bureau	Status (not started, on schedule, at risk, not on schedule, complete)	Explanation of status (if necessary) and summary of key activities this reporting period.
WF-3.2	Improve the ESS (Employee Satisfaction Survey) rating for “My office supports me in my efforts to engage in healthy behaviors” to at least 4.0.	12/31/2015					
WF-4.1	Improve overall ESS (Employee Satisfaction Survey) rating to at least 4.0.	12/31/2015					



STRATEGIC PLANNING PROCESS



STRATEGIC PLANNING PROCESS

At various stages in the development of the planning process, data collection, analysis, evaluation, and input from the Senior Management Team was gathered to facilitate organizational direction and development of a plan tailored to the needs of DOH-Orange and its community. The Strategic Planning Process involves three phases and is an iterative process.

The first phase included:

- A review of the mission, vision and values.
- Review of existing plans, internal and external reviews and audits.
- Review of customer and partner requirements.
- Reviewing the most recent SWOT.
- Determining strategic priorities, goals and objectives with performance indicators (2009-2014 DOH-Orange Strategic Plan).
- Aligning goals and objectives with programs.

The second phase of the process was facilitated by the Strategic Planning Manager and the Business Office. These activities include:

- Aligning departmental and agency budgets to the strategic plan.
- Reviewing business plans and monitoring progress.
- Evaluate, plan for improvement, improve processes, and stabilize.

The second phase extended over the entire strategic plan three year cycle and was crucial to monitoring, evaluating and modifying strategic activities as needed. Strategic Planning reported back to the Senior Management Team and the Quality Council on a quarterly basis.

The third phase of the process was facilitated by an outside consultant, Quad R, LLC. The Strategic Planning team met five times in facilitated sessions to develop and finalize the plan presented here. The Senior Management Team reviewed the work of the team at various stages to ensure alignment with the overall business, operational, and performance expectations.

Strategic Plan Development Process – Phase 1

Phase 1 of the Strategic Planning Process took place from January 15, 2009 to June 30, 2009. At the time, it was anticipated that the DOH-Orange Strategic Plan would encompass the years 2009-2014. The committee met and performed the following tasks:

Review of the mission, vision and values

The DOH-Orange Mission, Vision and Values, from the 2007-2012 Strategic Plan, were reviewed by Senior Management Team and remained unchanged.

Review of existing plans, internal and external reviews and audits

The committee review included the DOH-Orange, FDOH and Orange County community needs, as well as, assuring alignment of local initiatives with statewide and national focus areas:

1. The DOH-Orange 2009-2014 Strategic Plan includes the 10 Essential Public Health Services, aligns with the FDOH Strategic Plan, and is consistent with Florida Sterling Criteria.
2. Orange County Community Profile 2006 – Community Health Profile MAPP assessments: Community Themes and Strengths Assessment, Local Public Health System Assessment, Community Health Status Assessment, and Forces of Change Assessment.
3. FDOH Long-Range Program Plan 2008-2013.
4. Healthy People 2010 Goals.
5. FDOH 2008-2011 Health Disparities Strategic Plan.
6. FDOH Office of Vital Statistics 2007 Annual Report.
7. 2006 *Florida on the Move* Strategic Plan.
8. Florida Public Health Preparedness Strategic Planning Capability/Capacity Measures.
9. FDOH CHARTS.

The committee reviewed the Miami-Dade County Health Department Strategic Plan 2004-2006 to benchmark a development process. The committee also reviewed strategic planning resources from the FDOH Office of Performance Improvement and the Florida Sterling Strategic Planning Criteria to determine necessary processes to be developed.

Review customer and partner requirements

The committee review included:

1. Community Health Profile MAPP assessments – Identified key stakeholder input with key focus on the Local Public Health System Assessment findings of indicators that were only partially met.
2. 2003 DOH-Orange Organizational Profile – Provided historic perceptions of customer expectations, key products and services.
3. Client and Employee Satisfaction Survey Results – Provided quantitative results.

Performing an internal and external SWOT

The committee used the results of the most current SWOT analysis, completed in 2006, to continue the planning process. A new SWOT analysis was scheduled to be completed during the next phase.

Determining strategic priorities, goals, objectives and performance indicators

The committee reviewed all of the quantitative and qualitative information listed above and identified common themes, gaps in services, key communities needing services, priority areas, and overall priorities, goals and objectives to be recommended to Senior Management Team. Upon approval from Senior Management Team, the committee developed the final strategic plan incorporating data driven findings with operational expertise from program managers and the Senior Management Team.

- Refer to Appendix A to see the strategic planning process map.

It was recognized during this phase that this listing of performance indicators will change quite frequently based on changes both internal and external, as the DOH-Orange became more accomplished at determining the measures that affected the outcomes that fulfilled our mission, vision and values. This was assumed to be the heart of the strategic plan and would form the data set which could be analyzed to determine trends and allow task forces to be formed to address issues as they arose.



A crosswalk between the 2007-2012 and 2009-2014 Strategic Plans was created as an aid for program managers to compare the previous version of the plan with the current version when writing their business plans. The format for the business plan required program managers to state the status of their previous plans and tie their proposed planning objectives to the current version of the strategic plan.

Strategic Plan Development Process – Phase 2

The second phase of the plan was facilitated by the Office of Strategic Planning (OSP) with the DOH-Orange. This phase occurred during July 1, 2009 to September 30, 2012.

Subsequent monitoring, evaluation and modification of the strategic plan was completed by analyzing progress in achieving priorities, goals, objectives and performance indicators for the next 3 years. The strategic plan was designed to be a “living document” that provides clear focus and alignment within the DOH-Orange while allowing for integration of changes based on new data and trend analysis – both internal and external, that affect the DOH-Orange’s ability “to promote, protect and improve the health of all people in Orange County, Florida.”

The specific activities of phase II of the Strategic Plan were *quality-driven*; the aim for phase II was for every department to successfully reach their targets with less cost and yielding results with a high quality effect. Assigning quality management functions with the Strategic Plan would impact the effectiveness and reliance of the plan. Below are some examples of quality measures in comparison with phase II activities.

Quality Measures	Phase II Activities of Strategic Plan
Reviewing results of audits	Uncovering actual root causes of problems and/or lack of improvement in objectives
Customer/employee feedback	Monitoring and evaluating whether strategic planning goals are applied and achieved with high satisfaction
Process performance and service compliance	Analyzing achievement progress of priorities, goals, objectives and performance indicators
Status of preventive and corrective actions	Applying modifications to the plan on an “as-needed” basis
Follow-up actions from previous management reviews	Applying modifications to the plan on an “as-needed” basis

Although Phase 2 of the Strategic Plan was facilitated by the OSP, each department was encouraged to implement preventative quality measures to ensure success in accomplishing goals, objectives and performance indicators.

Preventive measures included the following:

- Identifying potential nonconformities (factors that will not yield to accepted standards) and their root causes.
- Evaluating appropriate action to prevent occurrence of potential nonconformities.
- Executing action determined to be needed.
- Documenting results of analysis of potential root causes, documenting the actions taken, and confirming the implementation of the preventive action.

Analysis of information was one of the techniques that were used to identify preventive actions. The following are examples of activities that might lead to preventive action/improvement activities:

- Risk assessments
- Change control effects
- Opportunities for improvement
- Lessons learned

An Organizational Network Analysis (ONA) was a part of Phase 2 activities. Conducted by Columbia University, in collaboration with Florida State University, The ONA examined the interaction among employees, tasks, knowledge, and resources, and sought to identify the networks and patterns of interaction with DOH-Orange.

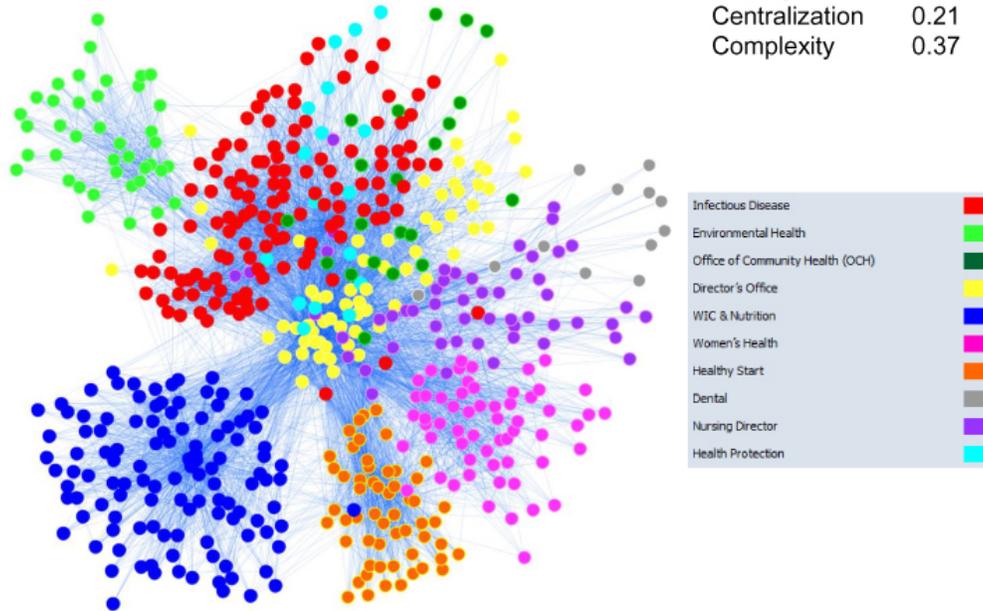
Based on the ONA, five management strategies were recommended:

- Cross-functional teams
- Cross training
- Communication improvement
- Knowledge transfer
- Transactive knowledge building

The results of the ONA are depicted in the figures below (more information can be found in Appendix D). Each one identified the density, centralization, and complexity of the networks within the DOH-Orange. This information will be used in Phase 3 of this strategic planning process.

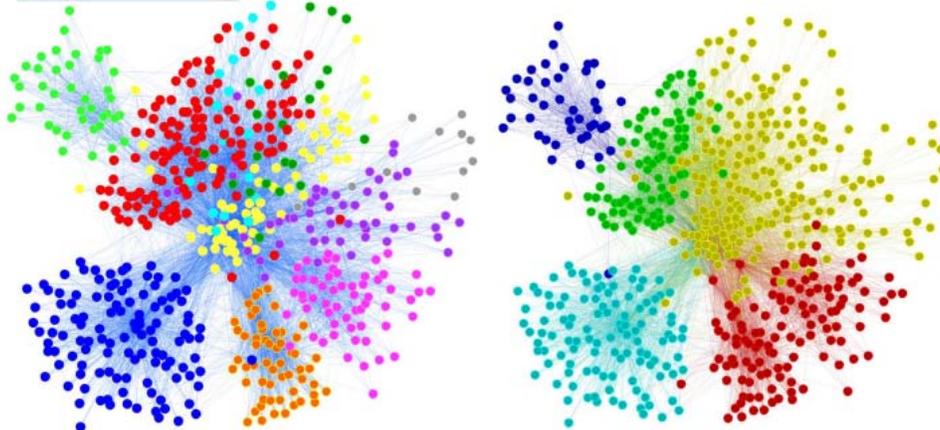
Employees with routine and frequent contact (strongest ties)

Density 0.04
 Centralization 0.21
 Complexity 0.37



Communities of Practice

Right image Newman's Groups **strongest ties** score = 0.46
 There are 5 distinct communities



Strategic Plan Development Process – Phase 3

Five planning workshops were held at the Florida Department of Health in Orange County, Florida. Ten participants attended the workshops from June to August 2012.

The group reviewed documents from the previous phases, in addition to:

- 2012 SWOT results
 - Refer to Appendix E for the 2012 SWOT.
- Examples of Strategic Planning Strategies and Goals
- Crosswalk of Standards (Essential Public Health Services, Public Health Accreditation Standards, Healthy People 2020 Standards, DOH-Orange Strategic Plan, FDOH Long-Range Plan, Director’s Scorecard, County Health Department Administration Dashboard, County Performance Snapshot)

During each workshop, the group accomplished the following:

1. Identification of key issues from 2012 SWOT, identification of locus of control (internal or external or both), and link of issue to Essential Public Health Services).
2. Identification of priority issues, goal statements, desired outcomes, internal and external challenges to accomplishing outcomes, measures of success/impact.
3. Development of strategic plan for each priority issue and identification of internal and external impact.
4. Further refinement of the strategic plan for each priority issue with identification of measurable objectives.
5. Final review of strategic plan with associated evaluation measures.

Input from the Senior Management Team was gathered to facilitate organizational direction and development of a plan tailored to the needs of DOH-Orange and its community during this phase.

- Refer to Appendix F for the notes from the Phase 3 workshops.

During the next three years the Strategic Planning and Quality Managers will monitor performance in attaining the stated goals, objectives, and strategies.



ORANGE COUNTY, FLORIDA

Mosquito County was originally created in 1824 and renamed in 1845 to Orange County. The new name reflected the citrus industry. By 2005 orange groves as an industry were replaced with growing housing developments. Only a few packing plants and wholesalers are still located in Orange County, Florida. In 1971, Orlando, located in Orange County, became known as the home of Walt Disney World, making Orlando the number one vacation destination in the world.



Orange County's total area is 1,004 square miles of which 907 square miles are land and 97 square miles are water. The largest lake is Lake Apopka, which covers 31,000 acres. Orange County is one of seven counties which comprise Central Florida. It is a charter county and has its own constitution and is self-governing to meet local and environmental needs. There are a total of 47 municipalities within Orange County, Florida. Of these 47 municipalities, 14 are incorporated and 33 are unincorporated. Orlando is the county seat.

Orange County has the fifth largest population in Florida with a density of 1,218 persons per square mile. The 2010 U.S. Census determined the population of Orange County was 1,145,956; the population is projected to grow by approximately 7% by 2015. The average household size of 2.64 persons is larger than Florida's average family size of 2.48 persons.

Over one-quarter (27.1%) of the population in Orange County is under the age of 19, with 9.7% over the age of 65 and 10% between the ages of 55 to 64. The median age of Orange County residents is 33.7 years. Slightly over half (50.8%) of the population is female, with males accounting for 49.2% of the population.

The racial composition of Orange County residents is as follows:

- 46% White
- 26.9% Hispanic or Latino
- 19.5% Black or African American
- 4.8% Asian
- 2.8% Other

Orange County's civilian labor force in August 2012 was 633,192 persons; this represents 70.1% of the population over the age of 18 who are able to work, according to the Florida Office of Economic and Demographic Research. In 2010, nearly one-quarter (23.4%) of the workforce were employed in the Leisure and Hospitality industry, with 17.6% employed by the Trade, Transportation, and Utilities industry and 17.2% working in the area of Professional and Business Services.

In 2011, Orlando received 51.3 million domestic visitors and 3.8 million international visitors. Visitors to Orlando spent \$31.6 billion in 2011, which is an increase of 11.7 % from \$28.3 billion in 2010. Tourism is the most important industry in Orange County, and industries within this sector have the county's highest location quotients.

The unemployment rate for Orange County was 8.6% in August 2012, which is slightly lower than the state rate of 8.7%. According to the 2010 U.S. Census, 13.8% of the Orange County population was below the poverty level.



FLORIDA DEPARTMENT OF HEALTH IN ORANGE COUNTY

Who We Are

The Florida Department of Health in Orange County (DOH-Orange) is an agency of the Florida Department of Health. The DOH-Orange continuously assesses and evaluates the health of the population, develops plans and programs to promote healthy communities, prevents and controls diseases, and provides a wide range of preventive services.

Florida Department of Health

Mission

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

Vision

A Healthier Future for the People of Florida.

Values

- I**nnovation: We search for creative solutions and manage resources wisely.
- C**ollaboration: We use teamwork to achieve common goals & solve problems.
- A**ccountability: We perform with integrity & respect.
- R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

As part of the Florida Department of Health, the DOH-Orange focuses on the *Ten Essential Public Health 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.

Established in 1937, the DOH-Orange has been providing services and meeting the health needs of various populations residing and visiting in Orange County. The DOH-Orange maintains a full service administration program including a business office (budget, finance, billing, contracts and facilities), strategic planning, quality management, project management, human resources, legal, information technology, data analysis, information security, and vital statistics.



Workforce Profile

The Florida Department of Health in Orange County employs approximately 550 professional and paraprofessional staff serving an estimated population of 1.2 million. These staff include: board certified physicians, registered nurses, advanced registered nurse practitioners, certified nurse midwives, dietitians, epidemiologists, social workers, and various other health care workers, disease intervention specialists, health educators, and environmental health specialists.

The Florida Department of Health in Orange County workforce profile includes:

- 83.5% of DOH-Orange employees were female and 16.5% were male.
- Over a quarter (26.9%) of the workforce was between the ages of 46-55; 22.8% were ages 36-45; 29.6% were ages 56-65; 16.5% were ages 26-35; 1.8% were under 25 years of age; and 2.7% were 66 years or older.
- For long-term succession planning and workforce development, it is important to note that over half (59.2%) of the DOH-Orange workforce in 2012 were over 46 years of age.



Service Profile

The Florida Department of Health in Orange County has 8 primary service centers located throughout the county, as well as an administrative office complex. In addition, services are offered at ancillary service locations such as local schools and neighborhood centers. The programs and services of the Florida Department of Health in Orange County affect the lives of the community by:

- Preventing epidemics and the spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Encouraging healthy behaviors
- Responding to disasters and assisting in recovery
- Assuring the quality and accessibility of health services

Personal Health Services	
<ul style="list-style-type: none"> ▪ Family Planning ▪ Healthy Start ▪ HIV/AIDS Services ▪ School Health ▪ Tuberculosis (TB) ▪ Sexually Transmitted Diseases (STD) 	<ul style="list-style-type: none"> ▪ Maternity ▪ Mom Care ▪ Dental Health ▪ Immunizations ▪ Refugee and Immigration Health ▪ WIC (Women, Infants, and Children)
General Services	
<ul style="list-style-type: none"> ▪ Environmental Health ▪ Vital Statistics ▪ Volunteer Services 	<ul style="list-style-type: none"> ▪ Epidemiology ▪ Community Health ▪ Emergency Operations and Preparedness

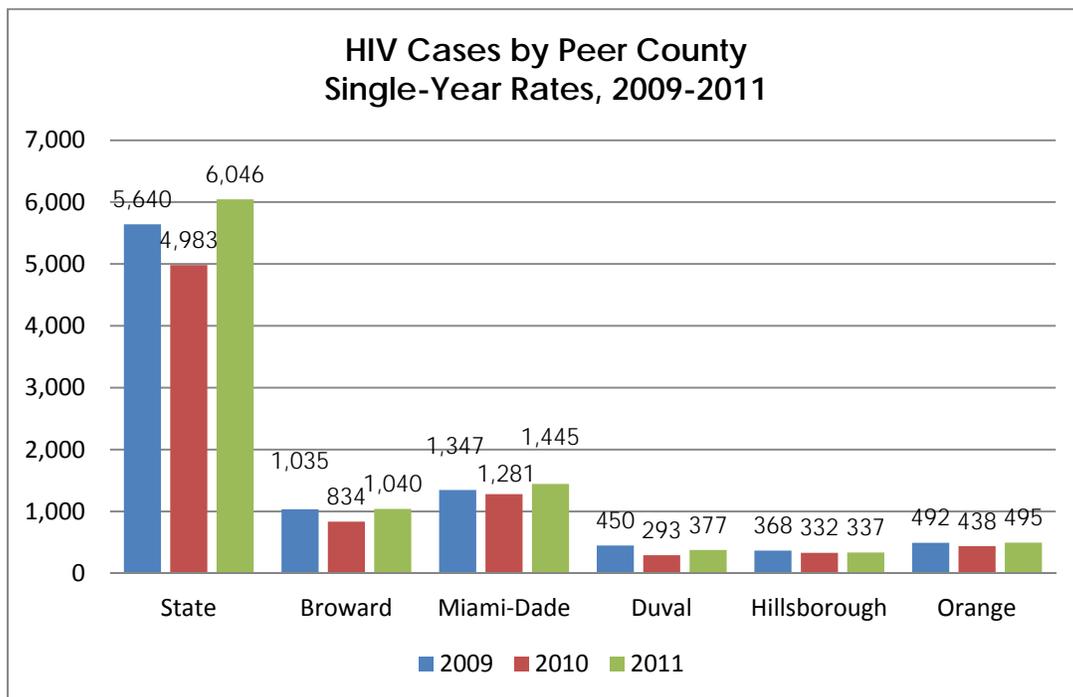
Administration

- | | |
|---|---|
| <ul style="list-style-type: none">▪ Human Resources▪ Information Security▪ Information Technology | <ul style="list-style-type: none">▪ Business Office▪ Strategic Planning▪ Performance and Quality Management |
|---|---|

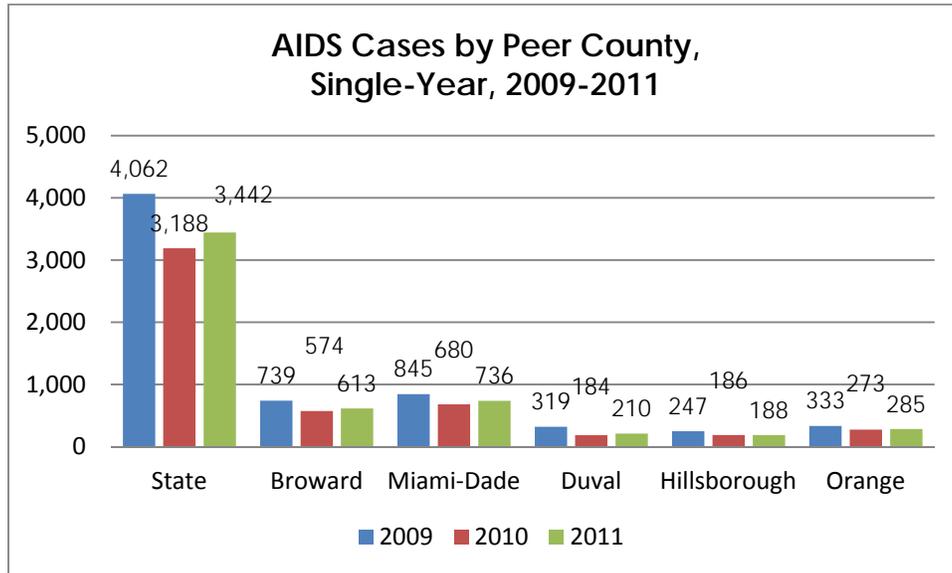
Communicable Disease Services (HIV/STD/TB)

Communicable diseases are defined as any infectious disease that is transmissible (as from person to person) by direct contact with an infected individual or by indirect means (as by a vector). Communicable disease surveillance is an important public health role in Florida. Florida Statutes states that "Any practitioner, licensed in Florida to practice medicine, osteopathic medicine, chiropractic, naturopathy, or veterinary medicine, who diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health" - Section 381.0031(1,2). The data source for the figures presented in this section is from the Florida Department of Health's CHART system (see <http://www.floridacharts.com>).

DOH-Orange HIV/AIDS services include immunology, anonymous and confidential HIV testing services, eligibility determination services and AIDS Drug Assistance Program (ADAP); Area 7 Regional; Tuberculosis provides testing, diagnosis, treatment and follow up of TB; and STD provides testing, diagnosis, contact tracing, treatment and follow up of STD's. The number of new HIV cases for 2009 to 2011 in Orange County, as compared to peer counties, is presented in the figure below. Orange County's rate per 100,000 was 42.7 which is higher than the state rate of 39.4.

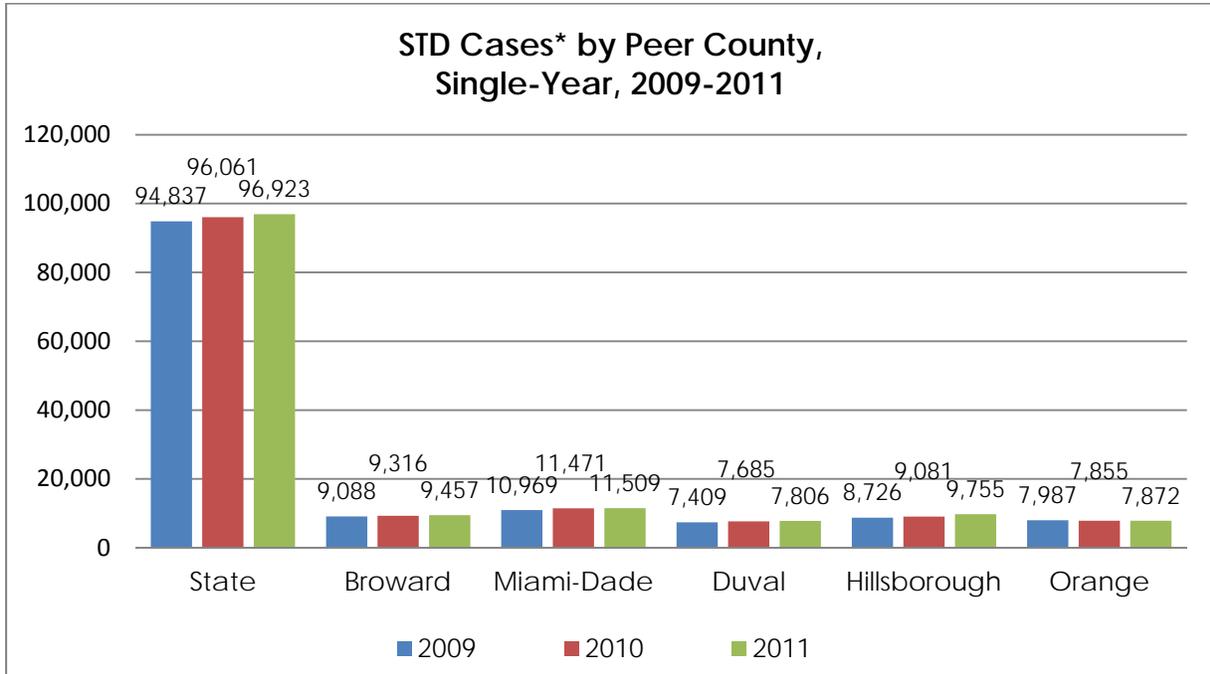


A comparison of the number of new AIDS cases by peer counties for 2009 to 2011 is presented in the figure below. Orange County's rate per 100,000 was 24.6 in 2011; this is higher than the state rate of 18.2.



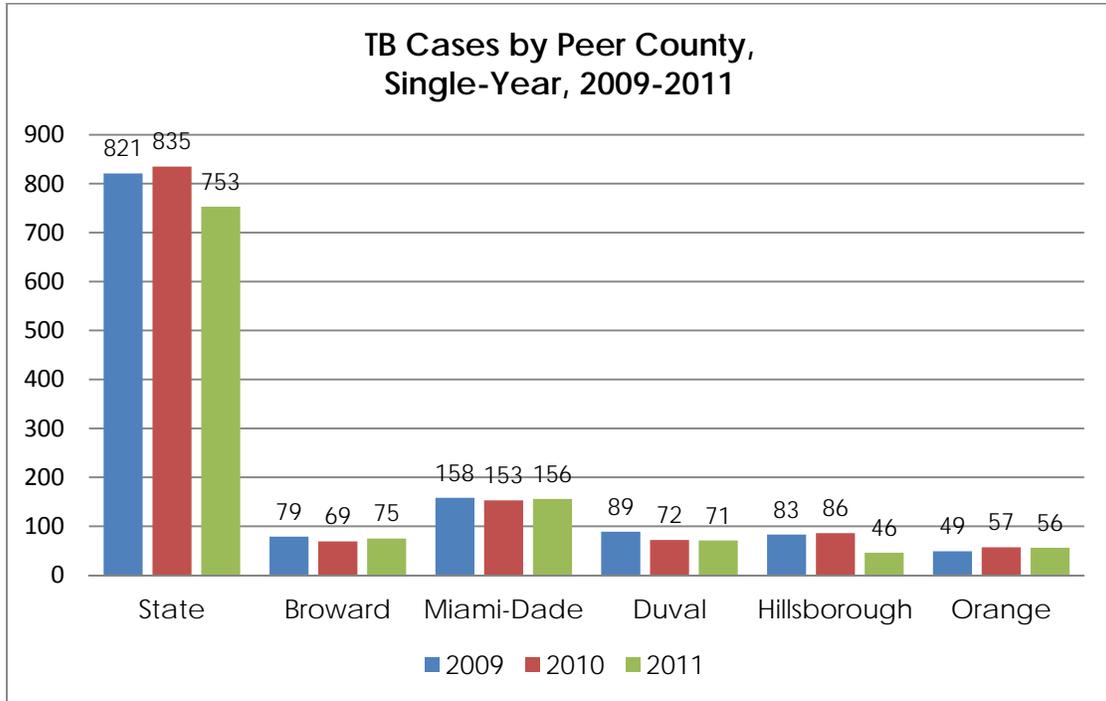
* Number of new cases

The number of new cases of Sexually Transmitted Diseases (STD) is displayed in the figure below. When compared to the state rate in 2011 (511.9), Orange County's rate was higher (678.3) per 100,000 population.

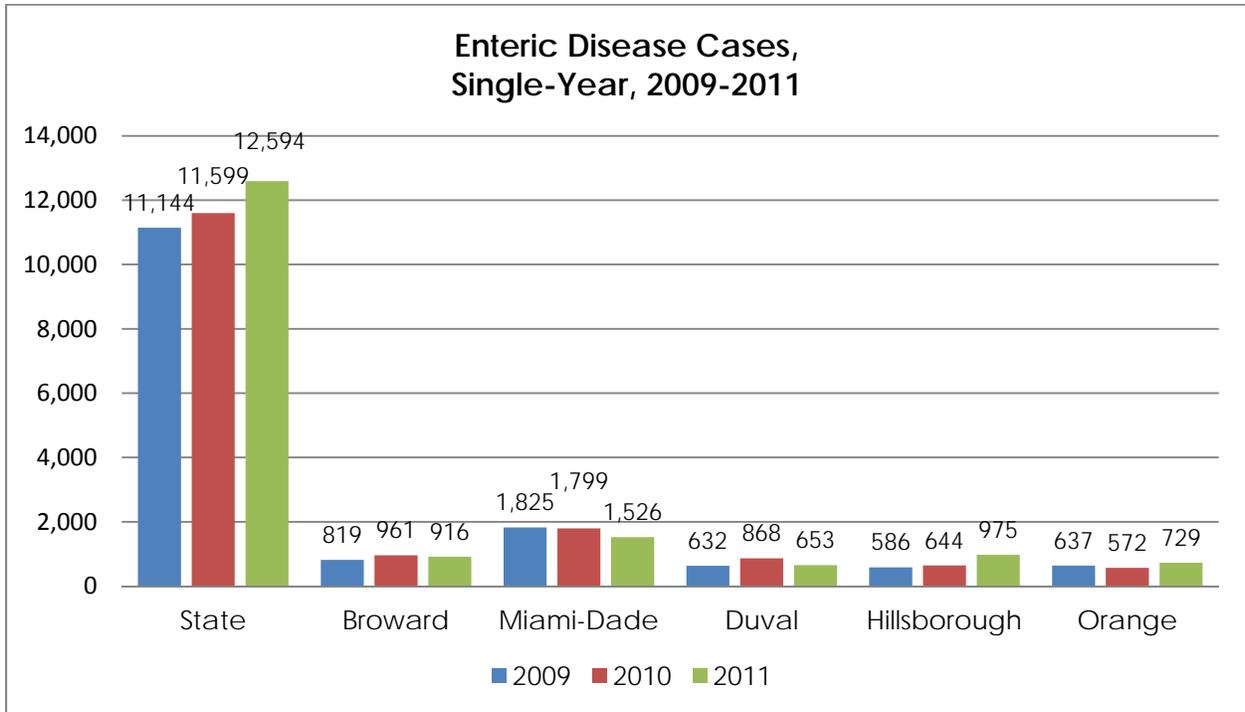


* Number of new cases of Gonorrhea, Chlamydia, and Syphilis

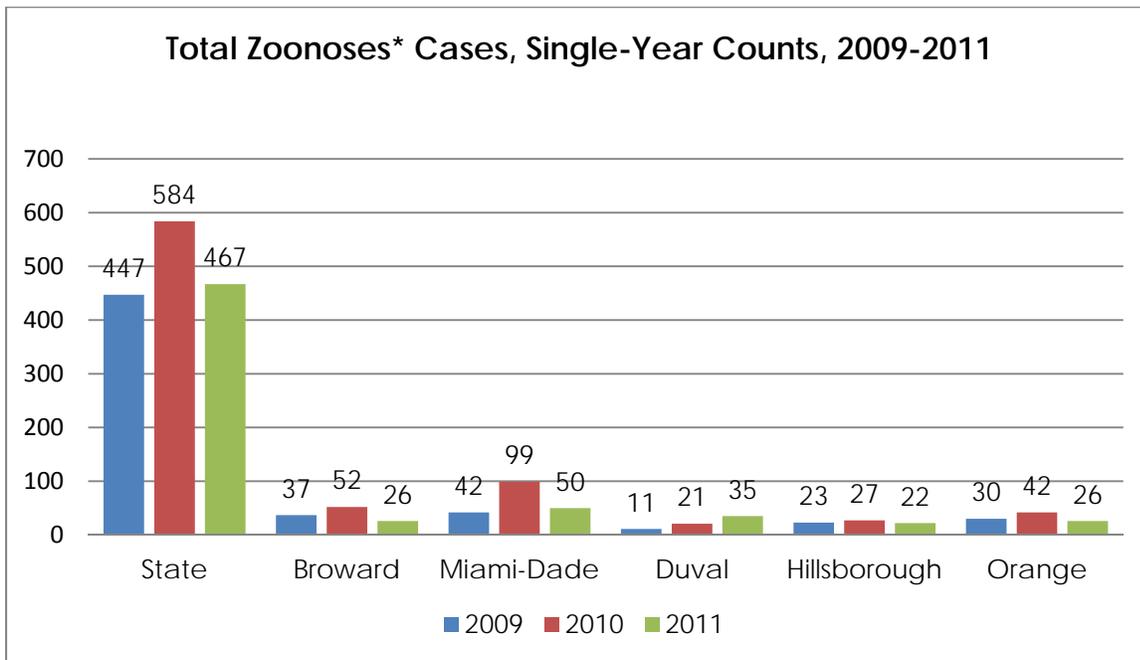
Orange County's rate per 100,000 in 2011 for Tuberculosis (TB) cases was 4.8, with the state rate for the same period as 4.0. The number of Tuberculosis cases by peer counties for 2009 to 2011 is presented in the figure below.



Orange County's number of enteric disease cases for 2009 to 2011 is presented below in comparison to the state and peer counties. The rate per 100,000 in 2011 for Orange County was below the state rate; 62.8 as compared to 66.5.



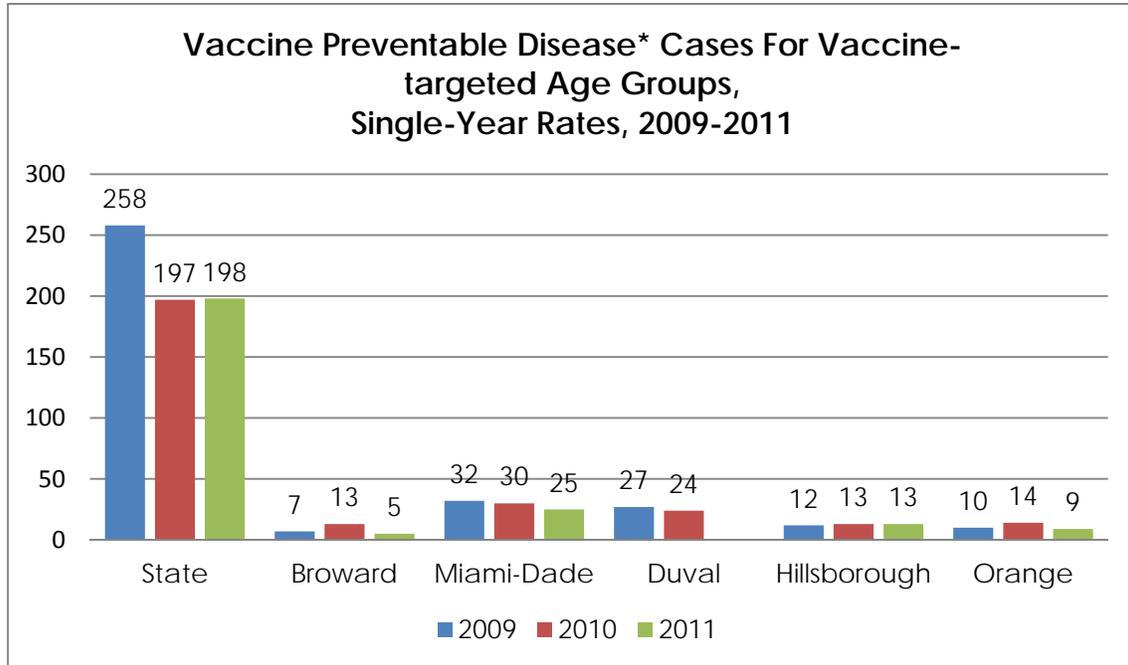
Zoonotic diseases are those diseases that are spread from animals to people. According to the CDC, approximately 75% of recently emerging infectious diseases affecting humans are diseases of animal origin. The Florida Department of Health in Orange County monitors, investigates, and works to prevent zoonotic diseases. The total zoonotic disease cases for 2009 to 2011 is displayed in the figure below. Orange County's rate per 100,000 population in 2011 was 2.2, which was below the state rate of 2.5.



* Includes: ANIMAL RABIES, BRUCELLOSIS, DENGUE FEVER, ENCEPHALITIS - EASTERN EQUINE, ENCEPHALITIS - ST. LOUIS, ENCEPHALITIS - WEST NILE VIRUS, ENCEPHALITIS - WESTERN EQUINE, HANTAVIRUS INFECTION, LEPTOSPIROSIS, LYME DISEASE, MALARIA, PSITTACOSIS, ROCKY MOUNTAIN SPOTTED FEVER, TOXOPLASMOSIS (does not include animal bites).

Immunizations

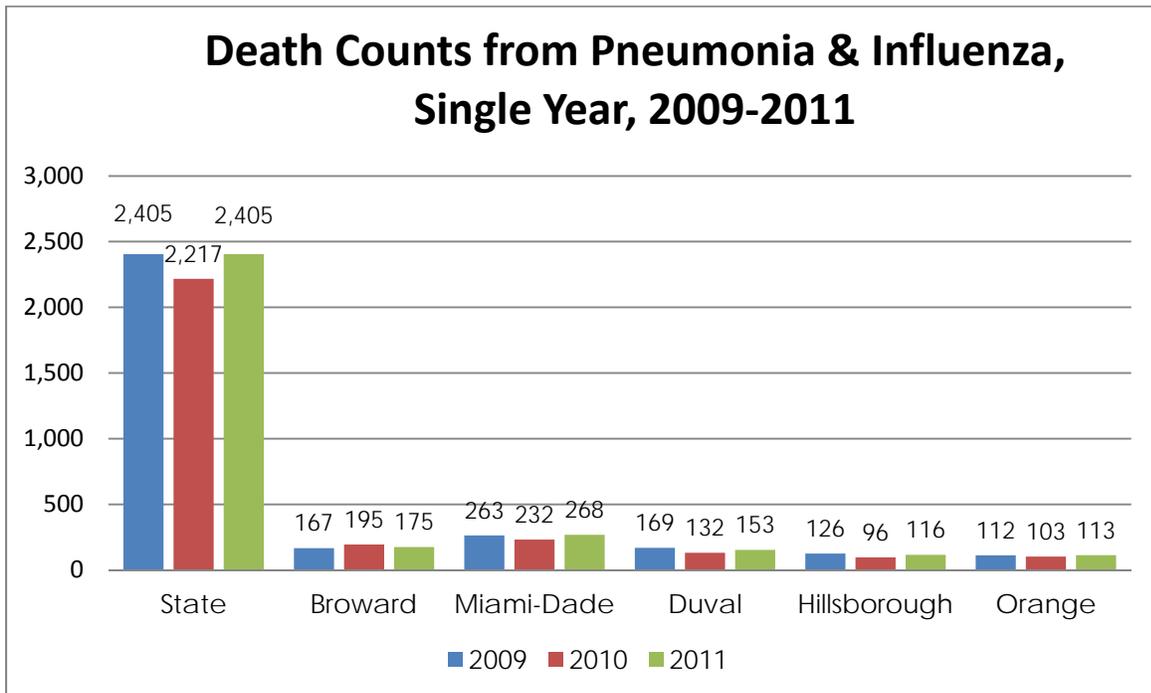
The DOH-Orange provides immunizations to both adults and children. The client count for this area accounted for 42% of all personal health services provided in 2010. Orange County's number of vaccine preventable disease cases for vaccine-targeted age groups for 2009 to 2011 is presented below in comparison to the state and peer counties. The rate per 100,000 in 2011 for Orange County was below the state rate; 0.8 as compared to 1.0.



* Includes Diphtheria, HiB < 5, Hepatitis B < 19, Measles < 19, Mumps, Rubella, Polio, Tetanus and Pertussis < 7

Influenza is a highly infectious viral illness. The risk for complications and hospitalizations from influenza are higher among persons 65 years of age and older, young children, and persons of any age with certain underlying medical conditions. The impact of influenza in the United States is quantified by measuring pneumonia and influenza (P and I) deaths. Beginning in the 2010-2011 influenza season the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices recommended annual influenza vaccination for all persons 6 months of age and older.

The death counts from pneumonia and influenza are summarized in the figure below for 2009 to 2011. Orange County's death rate per 100,000 population in 2011 was 11.05, which was higher than the state rate of 9.2

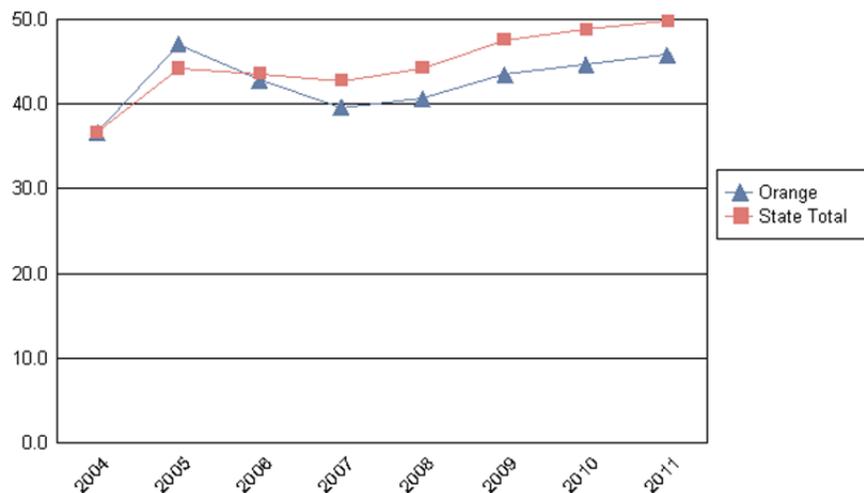


Family Planning and Maternity

The Maternal Health area provides prenatal and postpartum medical services for women and coordinates delivery services at the hospital of the client's choice. In addition, a Certified Nurse Midwife delivery service began in 2008. The number of live births and number of female population (ages 15-44) is presented in the table below for 2009 to 2011. The number of live births per 1,000 female population 15-44 for Orange County in 2011 was 57.4, which was below the state rate of 60.6.

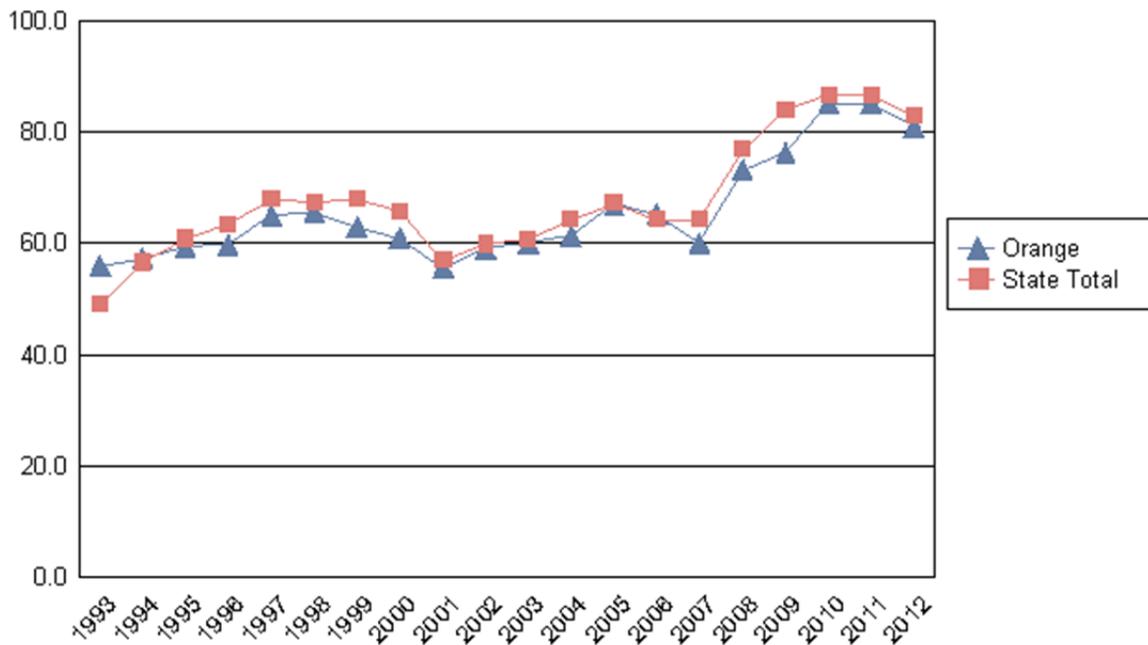
	Number of Live Births			Number of Female Population 15-44		
	2009	2010	2011	2009	2010	2011
State	221,391	214,519	213,237	3,519,040	3,539,145	3,544,595
Broward	21,394	21,342	21,075	354,587	350,383	348,209
Miami-Dade	32,341	31,335	31,349	512,047	252,478	524,777
Duval	13,176	12,616	12,402	182,941	185,146	184,200
Hillsborough	16,729	19,409	16,456	257,920	265,649	266,265
Orange	15,393	15,186	15,392	258,696	264,713	266,455

The percentages for births covered by Medicaid are displayed in the figure below for Orange County as compared to Florida for 2004 to 2011. In 2011, 7,045 births were covered by Medicaid in Orange County for a rate of 45.8; this is below the state rate of 49.8.



The DOH-Orange Family Planning Program provides contraceptive and medical services for females in the child bearing age and limited services to males. Healthy Start Program at the DOH-Orange provides prenatal and infant health care which promotes positive birth outcomes.

Women, Infants, and Children (WIC) monitors students' health records for compliance with school entry requirements; provides individual assessments, health screenings, referrals and follow ups. The 10-year counts for WIC eligibles served are displayed in the figure below. In 2012, DOH-Orange had 33,166 participants in the WIC program, according to the Florida Department of Health's CHARTS. This was a rate per 100,000 of 81.0, which was below the state rate of 82.9.



Dental

The DOH-Orange Dental Program provides preventive dental services and screenings including cleanings, restorations, sealants and extractions for children. Limited emergency services for adults are also provided.

Environmental Health

Community-wide services monitor and regulate those agents in the Orange County environment which could be hazardous to the health of the public.

Health Promotion, Education and Health Disparities

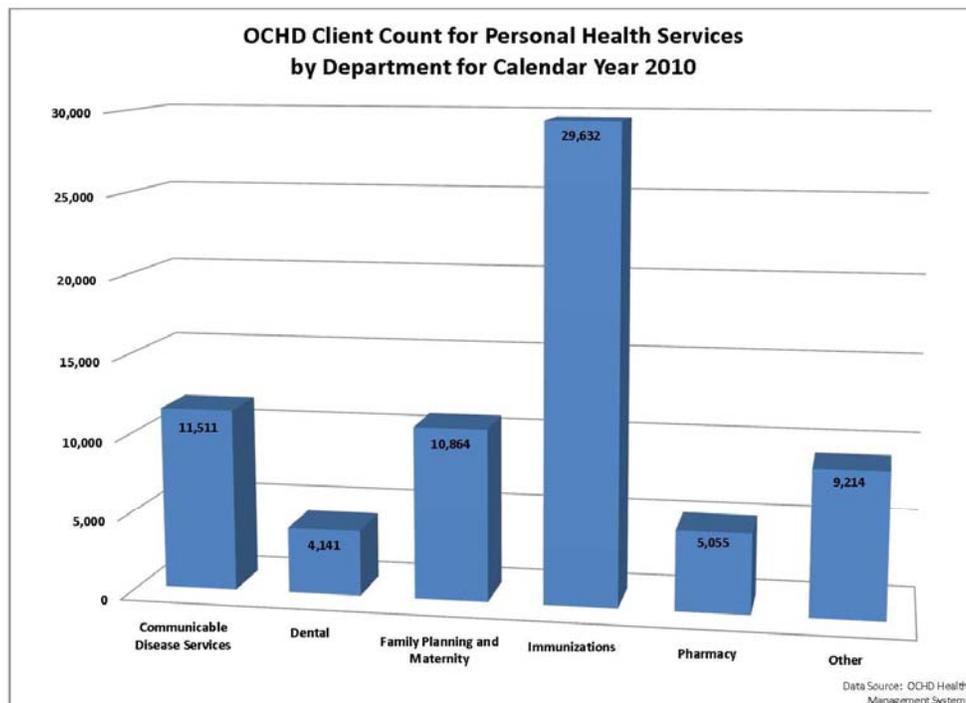
This Program, of the DOH-Orange, provides information, technical assistance and education to individuals and groups, in order to promote and improve the health and safety of our community.

Client Profile

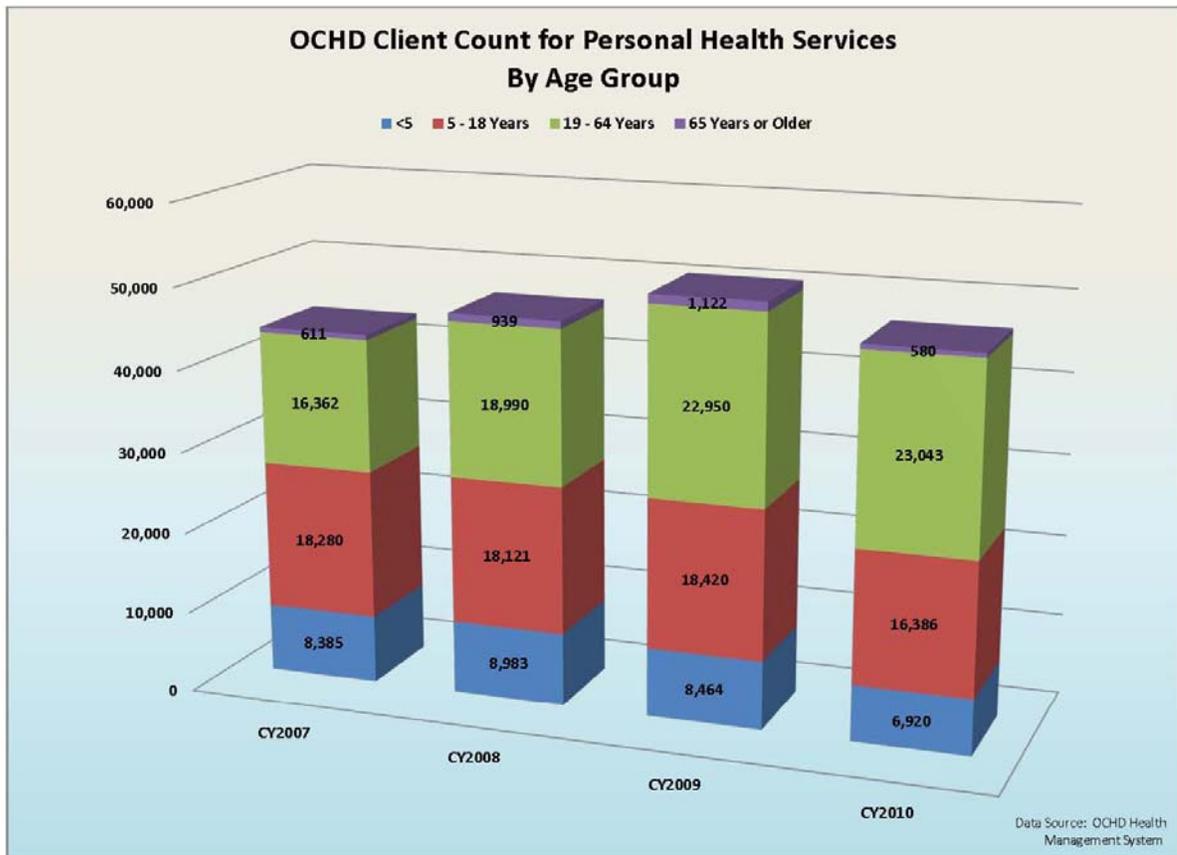
Florida Department of Health in Orange County employees provide services, develop and manage collaborative programs, and continuously assess and refine business practices in an effort to fulfill their mission and vision. These services, programs, and practices impact the lives of the residents of Orange County.

In 2010, the Florida Department of Health in Orange County provided personal health services to over 70,417 clients. Services were provided through Communicable Disease Prevention, Dental, Family Planning and Maternity, Immunizations, Pharmacy, and other programs.

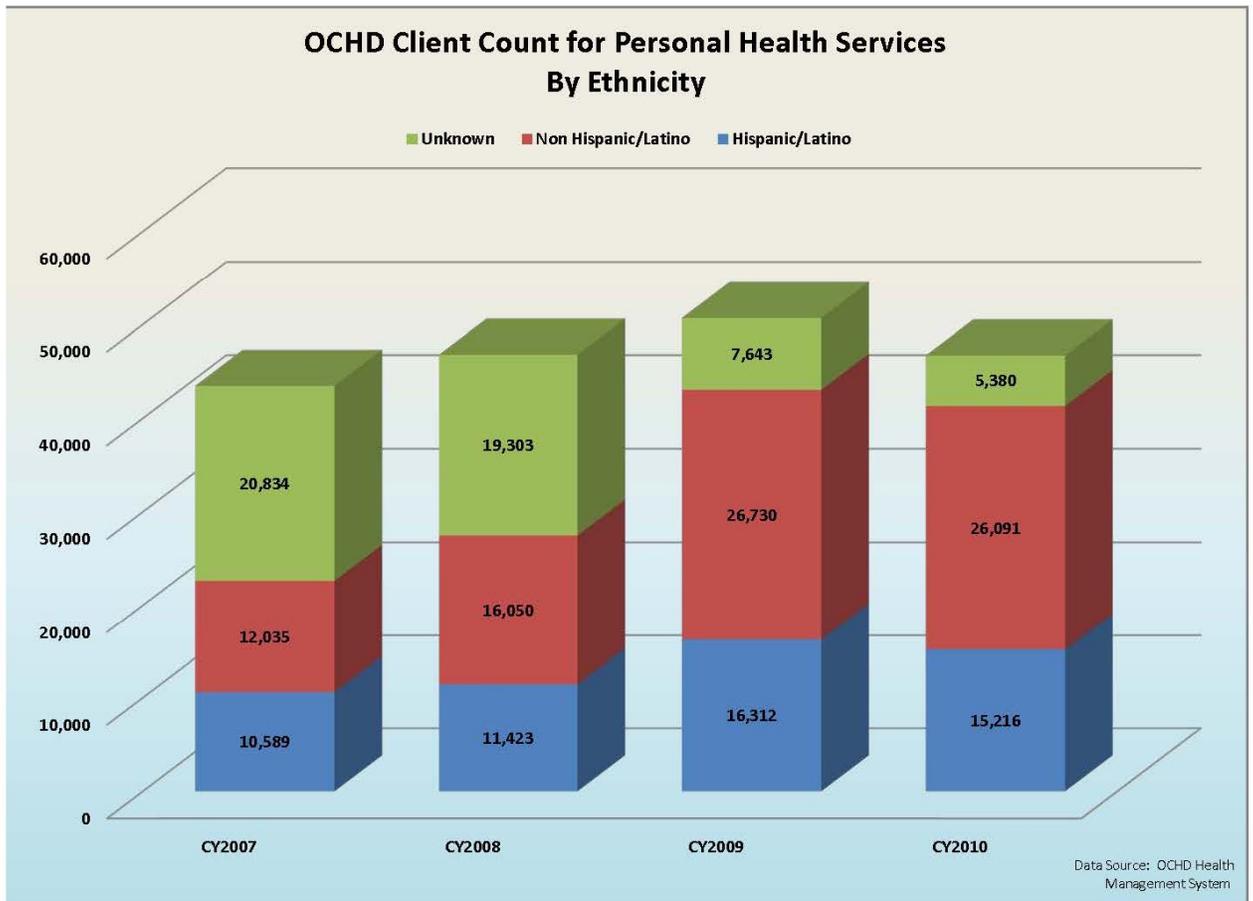
Over one-third (42%) of personal health services were provided in the area of Immunizations. Communicable Disease Services clients accounted for 16.3% of personal health services, with 15.4% of clients coming from Family Planning and Maternity. The figure below summarizes the client count for 2010.



In 2010, over half (56.6%) of all personal health services were provided to clients between the ages of 19 to 64, with 40.2% of services accessed by clients ages 5 to 18 years. The only age group that saw an increase in personal health services was those 19 to 64 years. The figure below summarizes client counts for 2007 to 2010.



DOH-Orange provided services to almost 18,686 Black/African-American client, 16,105 White clients, and 15, 206 Hispanic/Latino clients. The figure below provides comparative information for 2007 to 2010 for personal health services' client counts by ethnicity.



Of the clients who received personal health services from the Florida Department of Health in Orange County, 52.3% paid for the service out-of-pocket and 45.4% paid through Medicaid.

