

Florida Department of Health in  
Orange County

# Strategic Plan 2016-2018

Published January 2016  
Revised February 2018



6101 Lake Ellenor Drive  
Orlando, Florida 32809



*Kevin M. Sherin, MD, MPH, MBA*  
**Health Officer and Director**

**Mission:**

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

**Rick Scott**

Governor

**John H. Armstrong, MD, FACS**

State Surgeon General &amp; Secretary

**Vision:** To be the Healthiest State in the Nation**Florida Department of Health in Orange County****6101 Lake Ellenor Drive Orlando, Florida 32809****<https://orange.floridahealth.gov>****Produced by****Florida Department of Health- Orange**

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## The Florida Department of Health in Orange County

January 4, 2016

Dear Orange County Residents:

The Florida Department of Health in Orange County (DOH-Orange) is working to create a culture of quality and health equity to improve public health. With these quality issues in mind, we are committed to provide health resources to all members of the community to improve population health and provide a higher quality of life. DOH-Orange is guided by a strategic plan that includes the State Health Improvement Plan, the Comprehensive Health Assessment, the Community Health Improvement Plan and the input of our community partners.

DOH-Orange's Strategic Plan is an internal document that serves as a guide for improving every aspect of our population's health. We continually plan and partner with local organizations, both public and private to achieve the best health delivery system possible to improve the health of our citizens. Our goals are to promote, protect, prevent and improve our population's health so that all may enjoy a long and healthy life regardless of where one lives in the county or the social or economic situation (Health Equity).

Public health's history has for centuries dealt with the challenges associated with fighting infectious diseases through improved sanitation, vaccinations, and health education. But there has also been a steep rise in chronic health problems such as obesity, heart disease, diabetes and other conditions such as cancer, impacting the outcomes in population health. We are working continuously to improve these and other pressing public health challenges. By starting programs such as Healthy Weight, Meatless Mondays and working with the Orange County Public Schools to provide programs to students that will prevent obesity, heart disease and diabetes we are striving to improve our citizens' health.

As Florida progress towards an integrated Department of Health, all of Florida's County Health Departments, together with the Florida Department of Health's Central office, are working toward achieving accreditation status by the Public Health Accreditation Board to bring accountability, excellence and a process of continuous quality improvement for public health services throughout Orange County.

Sincerely,

**Kevin M. Sherin, MD, MPH, MBA**

**Health Officer and Director**

**Department of Health- Orange County**

**Florida Department of Health- Orange**

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## Revision History

Date	Notes	Version
8/15/2015	Draft	0.0
1/19/2016	Original Publication	1.0
2/28/2017	<p>Changes to the following areas:</p> <ul style="list-style-type: none"> <li><b>Deleted:</b> IS.3.1 Increase percentage of completed customer satisfaction surveys with a satisfactory or better rating by 12/31/2018. Also deleted all <a href="#">references</a> and targets.</li> <li><b>Modified:</b> From: CE.2.2 Decrease percentage of annual number of newly diagnosed HIV infections in Orange County by 12/31/2018. To: CE.2.2 Meet or exceed national and state Viral Load suppression rates by 12/31/2018. Also changed all <a href="#">references</a> and targets.</li> <li><b>Modified:</b> Baseline of PS.2.1. to 89.2% (2015 Trending Down).</li> <li><b>Added:</b> Appendix G – Strategic Plan Change Management Process.</li> <li><b>Added:</b> Appendix H – Strategic Plan Change Management Log.</li> <li><b>Added:</b> Appendix I – Strategic Plan Change Request Template.</li> <li><b>Updated:</b> Alignment with new CHIP 2016 – 2019 and Hyperlinks.</li> </ul>	1.1
2/28/2018	<p>Changes to the following areas:</p> <ul style="list-style-type: none"> <li><b>Modified:</b> Appendix D changed title from Plan of Work for Strategies and Indicators to Plan of Work for Strategies, Indicators, and Alignment.</li> <li><b>Modified:</b> Appendix D updated alignments to Agency Strat Plan, QI Plan, and CHIP.</li> <li><b>Modified:</b> Appendix D added symbols indicating that the strategy/objective is one of the seven agency priority objectives.</li> <li><b>Modified:</b> Appendix D updated targets for objective CE.4.5 Increase percentage of adults who are at a healthy weight (BMI of &lt; 30) to match Florida CHARTS and Agency Strategic Plan (2016) goals.</li> <li><b>Modified:</b> Appendix D updated targets for objective PS.1.1. Increase the number of clinical trials per year to 2 from 3.</li> <li><b>Modified:</b> Appendix D updated targets for objective CE.4.1 Increase percentage of WIC infants who are ever breastfed to 79.2% from 77.40%.</li> </ul>	1.2

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	<ul style="list-style-type: none"><li>• <b>Modified:</b> Change objective 'PS.1.1 Increase the number of clinical trials per year' to 'PS.1.1 Maintain the number of clinical trials per year'.</li><li>• <b>Modified:</b> Appendix H updated information in Strategic Plan Change Management Log (Closed HIV-001 request).</li><li>• <b>Modified:</b> Appendix H updated information in Strategic Plan Change Management Log (Closed RS-004 request)</li><li>• <b>Added:</b> Published date on cover page.</li><li>• <b>Modified:</b> Appendix F added titles and changed SPIL to PMC.</li><li>• <b>Modified:</b> Appendix B changed monitoring from SPIL to PMC.</li></ul>	

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## Revision Summary 2018

Every year, the Florida Department of Health in Orange County reviews the Strategic Plan with the internal stakeholders (Performance Management Council) for progress towards achievement of the goals and objectives contained in the plan. If a revision is necessary, a revised strategic plan is produced and republished. The following is a summary of the changes for 2018:

- Updated alignment (Appendix D) with Agency Strategic Plan (Published January 2016, Revised May 2017), Quality Improvement Plan, and CHIP.
- Updated alignment (Appendix D) with Florida Department of Health Seven Florida Health Performs items (HIV Infections, Childhood Vaccine, Infant Mortality, Health Equity, Inhaled Nicotine, Trauma Services, and Licensure Time).
- Modified Appendix D to update targets for objective CE.4.5 Increase percentage of adults who are at a healthy weight (BMI of < 30) to match Florida CHARTS and Agency Strategic Plan (2016) goals.
- Modified Appendix D to update targets for objective PS.1.1. Increase the number of clinical trials per year to 2 from 3 to match current levels of effort. Also, PS.1.1 was modified from 'Increase the number of clinical trials per year' to 'Maintain the number of clinical trials per year' to match target requirement (change request order # RS-004).
- Modified Appendix D to updated targets for objective CE.4.1 Increase percentage of WIC infants who are ever breastfed to 79.2% from 77.40% to match requirements from County Performance Snapshot for 2017.

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# Mission, Vision and Values

## **Mission**

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

## **Vision**

To be the Healthiest State in the Nation.

## **Values**

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

# Executive Summary

The Florida Department of Health in Orange County (DOH-Orange) initiated a new strategic planning process in April 2015. The process involved numerous internal stakeholders including senior leadership, program managers, and a dedicated Strategic Planning Committee. External stakeholders were also engaged in the planning process through multiple channels that included speaking with the Orange County Government on December 11, 2015.

DOH-Orange approached the strategic planning process with a number of objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services. In order to best achieve its mission and vision, DOH-Orange is organized into a number of program areas that focus on the surveillance, prevention, detection and treatment of the most significant health and environmental issues within the county. The major services provided by DOH-Orange include:

**Infectious Disease Services:** HIV/AIDS Surveillance, Prevention and Patient Care, Sexually Transmitted Diseases (STD), Tuberculosis Control (TB), Epidemiology and Disease Control, and Hepatitis.

**Clinical and Nutrition Services:** School Health, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Refugee Health, Family Planning, Immunizations, Pharmacy, and Dental.

**Environmental Health Services:** Food Hygiene, Drinking Water Treatment and Distribution Facilities, Biomedical Waste, Tattoo and Body Piercing, Public Swimming Pool and Bathing Places Inspections, Group Care Facilities Inspections, Mobile Home Parks, Lead, Sanitary Nuisance and Rodent Control, Indoor Air Quality, Tanning, Onsite Sewage and Disposal Systems, Radiological Health, Well Surveillance, Water Well Construction, Rabies Control and Tattoo Artist Licensure.

**Emergency Preparedness and Response:** All Hazards Planning, Leadership of Emergency Support Function 8, Health and Medical, Special Needs Shelters, Medical Reserve Corps, and Cities Readiness Initiative.

DOH-Orange also sought to articulate what we plan to achieve as an organization, how we will achieve it, and how we will know if we have achieved it. Quarterly monitoring will take place (see appendix B). The DOH-Orange Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, administrators and legislators seeking to understand the work of Orange County public health. Our Strategic Plan is intended to position DOH-Orange to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to exceed expectation for our customers' public health services.

Our strategic planning process resulted in identifying four critical priorities. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions, and issues examined by the DOH-Orange leadership team. DOH-Orange's strategic priorities are:

1. Infrastructure
2. Community Engagement
3. Precision Services
4. Workforce development

These priorities guided development of goals, strategies and objectives and will help to shape decisions about resources and actions. These priorities are intertwined with our goals and expectations of developing a Culture of Quality, Improving Public Health while growing a Culture of Health Equity.

The result of the strategic planning process is a well-crafted roadmap that we will review and revise annually to meet emerging strengths, weaknesses, opportunities and threats or challenges specific to Orange County.

# Background and Overview

**Public health touches every aspect of our daily lives.** By definition, public health aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy. Public Health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact population-wide health.

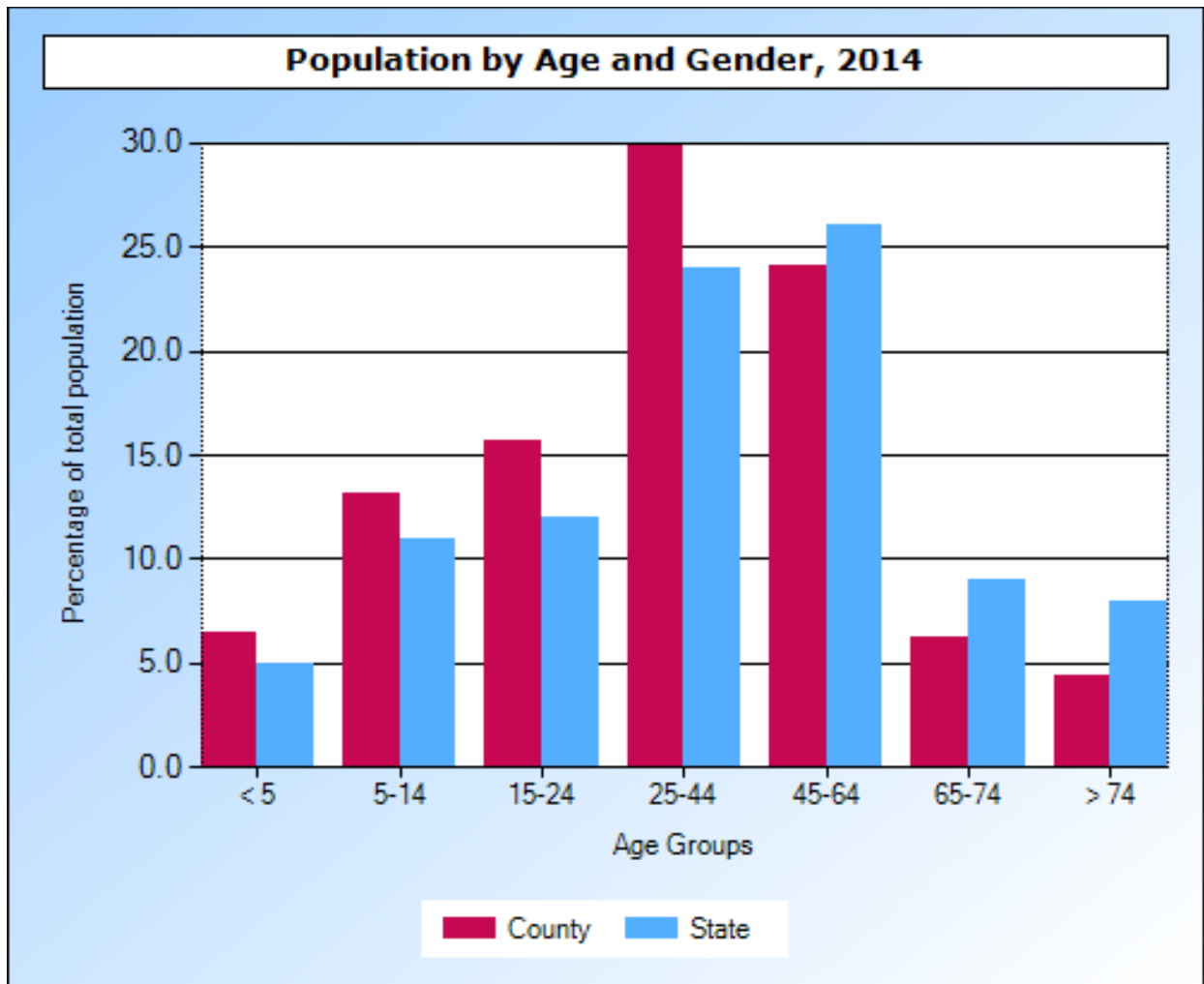
**The over-arching goal of public health** is actually population health which means to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Through research, surveillance, and data analysis, we develop programs and policies that protect the health of the entire community. As we develop these programs and policies we must be mindful that we are responsible for growing a Culture of Health Equity in Orange County.

## Demographics

The Florida Department of Health in Orange County serves a population of 1,233,793. Florida's population is 19,548,031.

**Where we live influences our health.** Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Orange County apart is the age of residents under 45 is 65% compared to age 45 and over residents at 34%. Also the fact that we are a growing Hispanic population of almost 30% compared to the 24% for the state. We also have a higher Black population compared to the state at 22.2% compared to the state's 16.7%.

# Population by Age and Gender Orange County, Florida

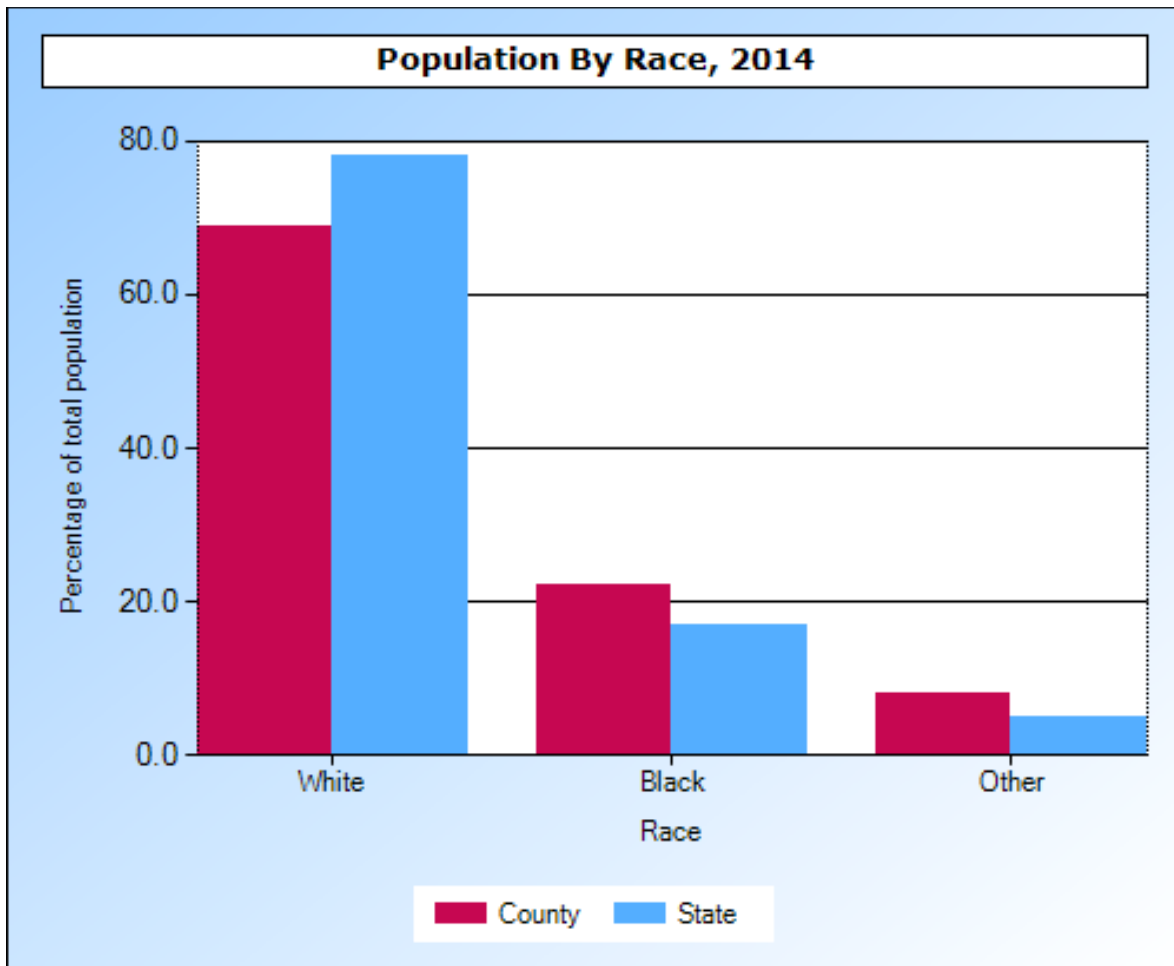


County								State		
Age Group	Data Year	Male	Female	Total	Male%	Female%	Total%	Male%	Female%	Total%
< 5	2014	40,943	39,130	80,073	6.7%	6.3%	6.5%	5.9%	5.4%	5.6%
5-14	2014	83,237	79,697	162,934	13.7%	12.7%	13.2%	12.2%	11.2%	11.7%
15-24	2014	97,934	95,757	193,691	16.1%	15.3%	15.7%	13.4%	12.3%	12.8%
25-44	2014	183,851	184,965	368,816	30.2%	29.6%	29.9%	25.1%	24.0%	24.5%
45-64	2014	145,140	152,279	297,419	23.9%	24.3%	24.1%	26.7%	27.3%	27.0%
65-74	2014	35,342	41,030	76,372	5.8%	6.6%	6.2%	9.5%	10.5%	10.0%
> 74	2014	21,916	32,573	54,489	3.6%	5.2%	4.4%	7.3%	9.4%	8.4%

**Data Source:** The Florida Legislature, Office of Economic and Demographic Research.

[Florida Charts](#)

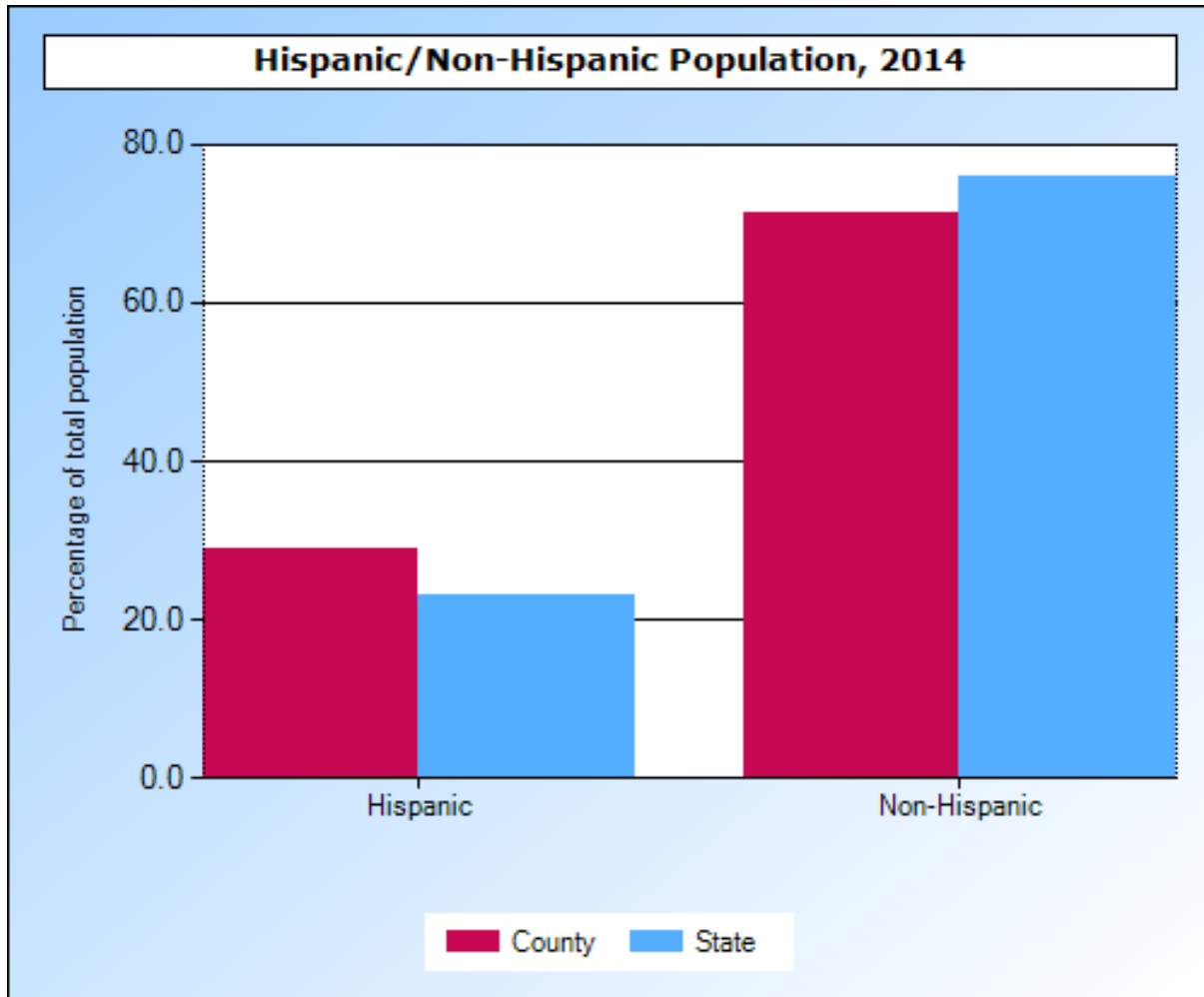
**Population by Race  
Orange County, Florida**



County					State
Race		Data Year	Population	Percentage	Percentage
White		2014	856,230	69.4	78.2
Black		2014	273,513	22.2	16.7
Other		2014	104,050	8.4	5.1

**Data Source:** The Florida Legislature, Office of Economic and Demographic Research.

[Florida Charts](#)



County				State
Race	Data Year	Population	Percentage	Percentage
Hispanic	2014	355,137	28.8	24.0
Non-Hispanic	2014	878,656	71.2	76.0

**Data Source:** The Florida Legislature, Office of Economic and Demographic Research.

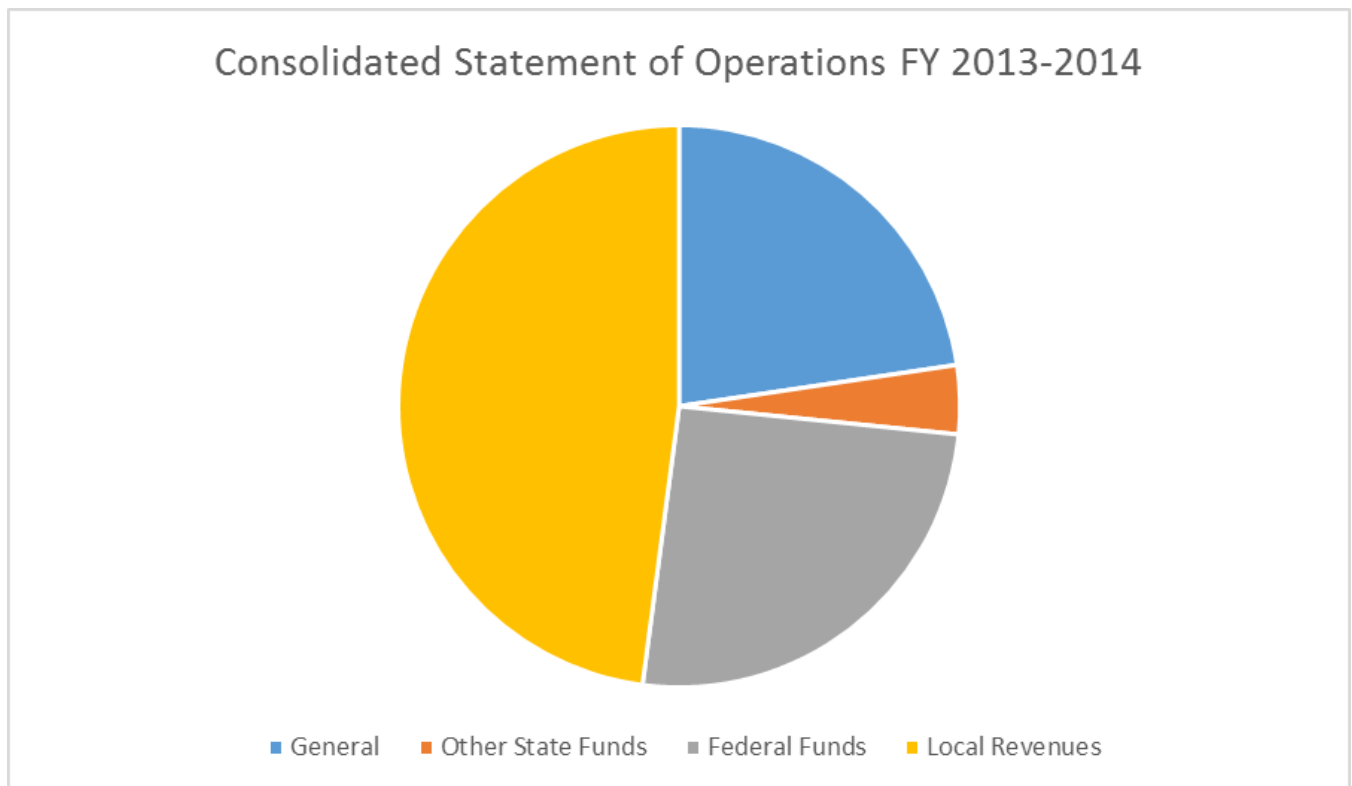
[Florida Charts](#)



## Budget and Revenue

Florida Department of Health in Orange County financial resources are provided through multiple sources. These include fees, grants, and budget allocations from the County, State and Federal governments.

### The Florida Department of Health in Orange County Revenue Percentage by Source Fiscal Year 2013-2014

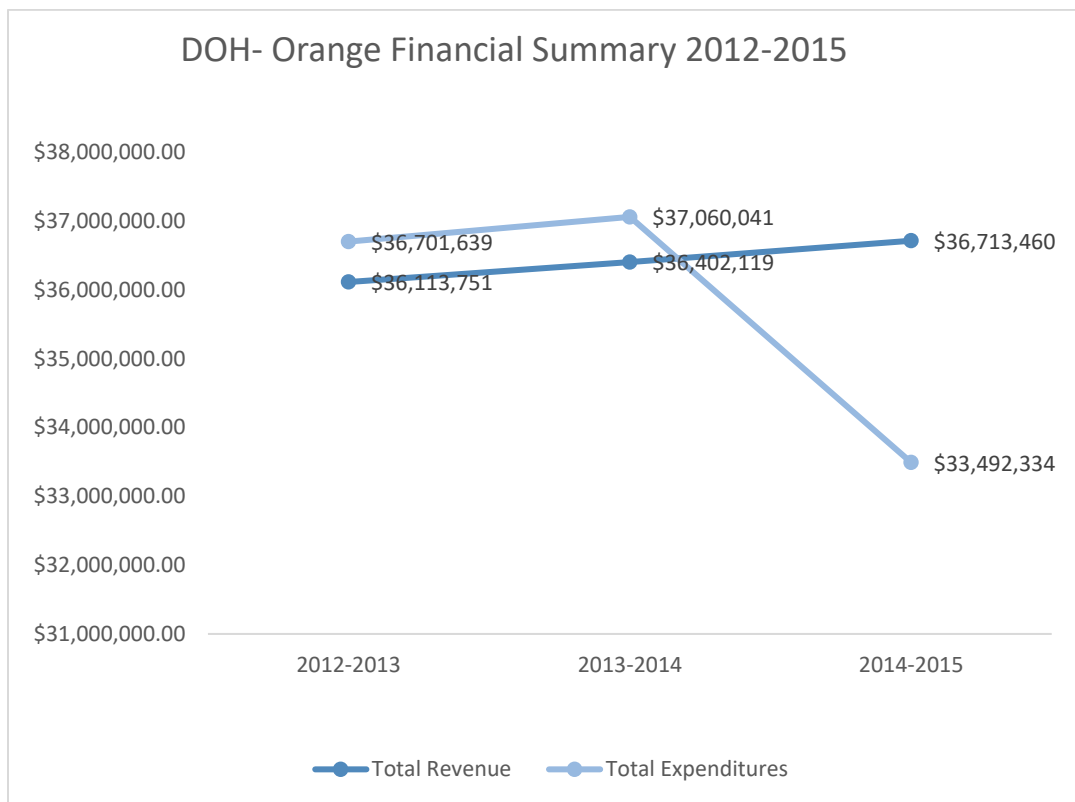


[DOH-Orange Annual Report 2014](#)

## Budget and Revenue

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid, state and federal cuts to the Florida Department of Health in Orange County. The graph below represents our revenue and expense relationship over the past three years.

**The Florida Department of Health in Orange County  
Revenue and Expenses 2012– 2015**



Source: [Florida Health Performs](#)

## **Programs and Services**

**Some of the most effective strategies for improving public health** include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for Florida Department of Health in Orange County's commitment to providing the highest standards of public health through the following core functions and services:

### **Environmental Health**

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

### **Communicable Disease Control**

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

### **Public Health Preparedness**

We partner with the local healthcare system, emergency management, government and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and minimize loss.

### **Healthy Start**

We offer a wide variety of services for pregnant women, mothers, fathers and children under the age of 3 years. This program is an effort to reduce the infant mortality rate in our area. Programs offered are Healthy Start, MomCare, Nurse Family

Partnership (NFP) and Bellies, Babies and Beyond (BBB), programs.

### **Epidemiology**

We conduct disease surveillance and investigates suspected occurrences of infectious diseases and conditions that are reported from physician's offices, hospitals, laboratories and other medical providers and community partners. Surveillance is primarily conducted through passive reporting from the medical community as required by Chapter 381.0031 (1, 2), Florida Statutes. We ensure that action is taken to prevent infectious disease outbreaks from occurring in Orange County communities and are attractions

### **Family Planning and Prenatal Health**

We offer prenatal care to at risk population of women, including high risk clients. We offer education and counseling to help men and women, (teens and adults) plan their families and improve their reproductive health and birth outcomes.

### **Community Health and Statistics**

We plan and implement programs like Healthiest Weight and Tobacco Free Florida to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships.

### **Women, Infants and Children (WIC)**

We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant,

breastfeeding and post-partum women, infants, and children up to age five.

### **School Health**

We collaborate with the local school boards to improve student health by offering immunizations, vision and hearing screenings, and tracking of physical development in all children.

### **Vital Statistics**

We maintain Florida birth and death records locally and are able to assist with birth, death, marriage and divorce records for all fifty states. Using data collected by our

office, we are able to assist the state with tracking causes of morbidity and mortality—two main indicators of health status.

### **Neighborhood Center for Families (NCF)**

Services that respond to the needs of Children and families in the home, school and community including health screenings, education, immunizations and senior services. Home visits are provided upon request. An annual health fair is held with the assistance of other agencies.

# SWOT Analysis

## **Strengths, Weakness, Opportunities and Threats (SWOT) Analysis\***

**Strengths (Internal):** characteristics of your agency that give it an advantage

**Weaknesses (Internal):** characteristics that place the agency at a disadvantage

**Opportunities (External):** outside elements that the agency could use to its advantage

**Threats or Challenges (External):** elements in the environment that could cause trouble for the agency

In preparation for the SWOT analysis, staff from DOH-Orange summarized data from the Community Health Assessment, the Community Health Improvement Plan, the Employee Satisfaction Survey, the County Snapshot, the County Health Profile, and customer satisfaction data. Further, they looked at financial data, and they interviewed key stakeholders.

DOH-Orange Quality Manager had facilitated discussions of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these data with different programs. This included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion during their SWOT meeting.

DOH-Orange Quality Manager presented this information about the environmental scan to the Strategic Planning workgroup, who reviewed the findings of agency SWOT analysis. The Strategic Planning workgroup members then used the SWOT analysis and the agency mission, vision and values to choose strategic issue areas and agency goals. After a face-to-face meeting, members arrived at the final strategic issue areas: Infrastructure, Community Engagement, Precision Services, and Workforce Development.

The Strategic Planning workgroup presented final results to the SPIL Team, who reviewed the findings of agency SWOT analysis and the strategic issue areas and agency goals. SPIL Team members then used the SWOT analysis and the agency mission, vision and values to approve recommendations. Planning committee then worked with program managers to write and revise strategies and objectives for each goal area, which were then routed back to the SPIL Team for comment and approval.

See Appendix A for a list of the SWOT results.

# Strategic Priorities

## Strategic Issue 1: Infrastructure

### Goal:

Achieve operational efficiencies through sound financial and business practices within regulatory constraints in order to remain sustainable

### Strategies:

1. Maximize revenue and maintain budgetary control procedures for sustainability
2. Maintain standards for information security and privacy
3. Ensures quality service to all stakeholders
4. Maintains statistics for federally funded programs

## Strategic Issue 3: Precision Services

### Goal:

Provide high quality community needs-driven programs, services, and credible health information resulting in superior customer service

### Strategies:

1. Ensure the provision of quality health services through continued participation in the latest research
2. Identify, respond to, measure and monitor community health issues

## Strategic Issue 2: Community Engagement

### Goal:

Improve the community's health through integrated, evidence-based prevention, protection and promotion initiatives

### Strategies:

1. Grow a culture of health equity
2. Protect the community from preventable diseases, prevent the spread of communicable diseases and minimize impact on the community from public health hazards
3. Promote population health issue through social media
4. Promote healthy family lifestyles and reduce infant mortality risk.
5. Prepare the community for state and local disaster response

## Strategic Issue 4: Workforce Development

### Goal:

Foster a healthy work environment to ensure a highly competent, knowledgeable workforce with opportunities for professional growth and development

### Strategies:

1. Promote strategies that enhance employment and retention of engaged, knowledgeable staff
2. Promote a culture of quality within all departments

# Strategies and Indicators

## Strategic Issue Area: Infrastructure

Strategies	Indicators
IS.1 Maximize revenue and maintain budgetary control procedures for sustainability	IS.1.1 Programs will operate within their annual operating budgets IS.1.2 Decrease the rate of workers' compensation incidents per 100 employees IS.1.3 Increase percentage of complaint Purchase card payments IS.1.4 Decrease percentage of staff leaving DOH-Orange
IS. 2 Maintain standards for information security and privacy	IS.2.1 Increase percentage of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment
IS.3 Ensures quality service to all stakeholders	<del>IS.3.1 Increase percentage of completed customer satisfaction surveys with a satisfactory or better rating</del> IS.3.2 Increase the overall score of Employee Satisfaction Survey
IS.4 Maintains statistics for federally funded programs	IS.4.1 Increase percentage of CHD family planning clients served who have documentation of race in their records

## Strategic Issue Area: Community Engagement

Strategies	Indicators
CE.1 Grow a Culture of Health Equity	CE.1.1 Increase percentage of managers/supervisors implementing CLAS Inventory Tool
CE.2 Protect the community from preventable diseases, prevent the spread of communicable diseases and minimize impact of on the community from public health hazards	CE.2.1 Increase percentage of pediatric dental clients served in a low service area <del>CE.2.2 Decrease percentage of annual number of newly diagnosed HIV infections in Orange County</del> CE.2.2 Meet or exceed national and state Viral Load suppression rates CE. 2.3 Increase percentage of outbreaks responded to within 14 days
CE.3 Promote population health issues through social media	CE.3.1 Increase utilization of current social media
CE.4 Promote healthy family lifestyles and reduce infant mortality risk	CE.4.1 Increase percentage of WIC infants who are ever breastfed CE.4.2 Decrease/Maintain current percentage of infant mortality rates in Hispanic population



	CE.4.3 Decrease infant mortality rates in the Black Population CE.4.4 Reduce percentage of teens (11-17 yrs.) who use any type of tobacco/smoking product CE.4.5 Increase percentage of adults at a healthy weight (BMI <30)
CE.5 Prepare the community for state and local disaster response	CE.5.1 Increase collaboration with local emergency management to establish a SpNS operation that can support all vulnerable populations for 72 hours CE.5.2 Increase joint response activities with community partners CE.5.3 Establish a responder and safety program for DOH staff and MRC volunteers CE.5.4 Increase activities for DOH staff and MRC volunteers that provides training for safety and health risks

#### Strategic Issue Area: Precision Services

Strategies	Indicators
PS.1 Ensure the provision of quality health through continued participation in the latest research.	PS.1.1 <del>Increase</del> Maintain the number of clinical trials per year
PS.2 Identify, respond to, measure and monitor community health issues	PS.2.1 Increase Annual Comprehensive Environmental Health Score (ACEHS) PS.2.2 Increase percentage of 2 year-old County Health Department (CHD) clients fully immunized PS.2.3 Increase percentage of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis PS.2.4 Increase percentage of TB cases with a documented HIV test result

#### Strategic Issue Area: Workforce Development

Strategies	Indicators
WF.1 Promote strategies that enhance employment and retention of engaged, knowledgeable staff	WF.1.1 Increase percentage of DOH-Orange employees will have opportunity to participate in one or more professional development opportunities
WF.2 Promote a culture of quality within all departments	WF.2.1 Increase percentage of program that have participated in a documented quality improvement project

# Appendix A

## Strengths, Weakness, Opportunities and Threats (SWOT) Analysis\*

### Strengths (Internal)

1. Leaders for Electronic Health Records
2. Excellent partnerships with hospitals and community based organizations such as Kaley and Vision Quest
3. Passionate, engaged, and self-motivated employees who are dedicated to public health
4. Experience with multifaceted outbreaks, including high national media attention
5. Excellent community engagement through education, testing, and vaccination outreach
6. Major contributor to public health knowledge via publications and research projects
7. Employees retain skills to communicate complex health concepts effectively to the community in a short turnaround time (e.g., outbreaks, media requests, presentations)
8. Team members who are trained and experienced professional and paraprofessionals for successful rapid responses to surge capacity events
9. Integrates interns, volunteers, and mentorship opportunities to build future public health capacity and leaders
10. Readily available employees who are capable to respond to medical community inquiries
11. Well-respected by the state health office and other county health departments
12. Collaborative internal partnerships with employees from programs such as Emergency Operations and Environmental Health
13. Allows the different programs access to program leaders who can assist with scheduling, and arranging the trainings of the employees along with the program specialist
14. Conducts internal HMS audits that identify gaps in performance or procedures that then are part of a Plan, Do, Check, Act (PDCA) model for quality improvement
15. Strong support from Senior Management
16. Strong relationship with Orange County Public Schools
17. Provides high quality of care to clients
18. Minimal amount of Medicaid providers in proximity to Hoffner Dental Clinic
19. Cultural competence, teamwork, skill level, flexibility, creativity
20. Provides health education regarding chronic disease, tobacco prevention, family planning, STI prevention, and men's health
21. Health policy expertise in topics such as tobacco, healthiest weight and health equity
22. Excellent grant writers
23. Serves the community's clients to the best of abilities and strives to follow through with their expectations
24. DOH- Orange is highly effective in supporting community partnerships, leading public health initiatives, and collaborating on health intervention projects
25. Maintains strong presence in community by participating in community planning bodies

26. Highly talented employees who are capable of applying skills to multiple projects as needed to meet DOH-Orange goals
27. Conducts HIV clinical trials that improve the continuity of care and access to meds for this population
28. Strong media engagement
29. Excellent quality improvement efforts through Quality Counsel and other workgroups
30. Neighborhood Center for Families (NCF) program
31. Family planning and sterilization "LARK"
32. Centering (Central Express)
33. Healthy Start -Nurse Family Partnership, Belly, Babies and Beyond and MomCare
34. Medical Reserve Corp (MRC)
35. Health Equity-CLAS

### Weaknesses (Internal)

1. Lack of access to Orange County Public Schools and their sms, employees, and children
2. Lack of legal training
3. Unrealistic timeline demands placed on employees
4. Lack of communication between employees, and employees and supervisors
5. Low salaries
6. Long wait times and overscheduling
7. Language and cultural barriers among employees and clients
8. Government agency politics
9. Outdated equipment and technology
10. Network speed too slow to accommodate Electronic Health Records
11. Limited budget for various department activities such as employee development and community outreach
12. Lack of permanent positions which leads to low employee morale
13. Not enough allotted appointments for the clients
14. Incorrect billing
15. Internal processes regarding employee changes extends time needed to fill vacant positions
16. Internal guidelines hinder ability to hire above base rate, which reduces hiring competitiveness
17. Continued loss of positions - currently operating below CSTE standards for community population to FTE ratio (calculation does not incorporate high tourist population)
18. Core employee positions are primarily general revenue funded, which require local leadership discretion to refill (not automatic)
19. Location of office increases travel time for outreach programs
20. Competing priorities (i.e., outbreaks, reportable diseases, projects, multiple score cards)
21. Reputation of employee availability and knowledge within medical community leads to DOH-Orange as preferred point-of-contact for inquires, which often involves employees addressing and managing other counties epidemiology matters
22. Funding unavailability for statistical software critical to outbreak and project data analysis
23. Shortage of trained non-epidemiology program employees for local surge capacity

24. Numerous requests for project participation from internal and external partners that are outside scope of program goals, mandates, and capacity
25. Internal processes hindering investigation process (i.e., information requests from numerous agencies, outdated or under supported electronic data systems)
26. Vision of one integrated Florida Department of Health, but operations remain in siloes
27. Some departments generate expenses but not revenue
28. DOH- Orange is part of a large county and usually is unable to draw resources from other counties, and frequently asked to impart resources
29. Separation of clinical employees from administration employees
30. Departments can identify changes that need to be done but cannot enforce those changes
31. Audit tools and schedules not developed or not available from previous years
32. Program requirements of employees are considered "extra" and often times are ignored by employees
33. CPR, Fit-testing, Audits, In-services, and Nursing Orientation are all required to fit into one schedule often conflicting
34. Present economic climate and its potential impact on funds for low income clients
35. Rapidly changing climate of Medical MMA (Managed Care)
36. Lack of communication between departments in DOH- Orange
37. Lack of setting sustainability as a priority
38. Lack of collaboration and support from internal partners/team members
39. Public perception of our mission by general public and legislature
40. Social media restrictions
41. Lacking a strong Men's Health Component
42. While employees want to improve morale, communication, and the overall environment; and DOH- Orange has implemented suggested employee changes, there has not been a measurement of current employee perceptions to see if implemented changes achieved their intent
43. Employees are holding positions in which they are not qualified or have the skills to hold
44. Inconsistent follow through at all levels – (how information is communicated- lost in all e-mails, place a flag in outlook or send as invitation, reminder, etc.)/ Process issues- change in processes
45. All Staff meetings on school holidays
46. Housing all "stuff" (documentation) in one place (SharePoint)
47. Lack of employee involvement/response (employee satisfaction survey, annual report, other requests)
48. State GR Equity
49. Immunization: roles, weak procedures

### **Opportunities (External)**

1. Concerns and comments can be sent to Tallahassee
2. Trainings that address legal aspects, communication, and funding
3. Increase access to care
4. Technology
5. HRSA centering grants/new grants
6. Centrally located
7. An abundance of loyal clients
8. Services are needed

9. Serve clients with Medicaid
10. Improve communication/information exchange with providers (i.e., hospitals, physicians), including access to Electronic Medical Records and school-based surveillance
11. Develop new and strengthen existing partnerships with stakeholders
12. Education/training of internal stakeholders within DOH-Orange
13. Continued outreach to sustain positive perception of program with future public health leaders (i.e., volunteers, interns, schools)
14. Target populations that need services
15. Educate external stakeholders (e.g. continued efforts to inform public of our services, improve community awareness of public health communications, and provide outreach in the community)
16. Ability to attend training to learn to train other fit-testers
17. Working with county's office of EMS/OMD to become a BLS training center
18. Begin a Heartsaver course to teach unlicensed employee BLS CPR
19. Manage current Medical MMA's (Managed Care) to benefit DOH - Orange Dental Program
20. Fill the health needs of the community through the work of DOH- Orange
21. Taking advantage of labor force skills
22. Provide quality services when they have nowhere else to go
23. Ability to gain new partnerships such as Winnie Palmer and Mobile Dental Units
24. Ability to provide excellent services to clients
25. Marketing
26. Workforce development
27. There are many agencies/groups in our community focusing on things that correlate to what we do; it would be great to work together. Bring a loved one to the doctor day is a great and positive example

### **Threats or Challenges (External)**

1. Lack of access to Orange County Public Schools and their sms, employees, and children
2. No standards in schools and with providers
3. Unrealistic demands placed on employees
4. Poor client behaviors and habits leads to a lack of information from clients
5. HMS down (Tally)
6. Lack of training
7. Medicaid provider competition
8. Lack of DOH advertisement
9. HMOs
10. Change of leadership
11. Clients stressed (economics and insurance changes)
12. Healthcare community (e.g., laboratories, practitioners, hospitals) failure to communicate reports of reportable disease cases in a timely manner or report at all
13. State mandated changes to reportable diseases and conditions resulting in increased workload for already over-extended staff
14. State mandated increases in quality improvement measures for local CHD for State funding sources
15. Changing political climate impact local resources and priorities
16. Resource limitations for travel and training

17. Limited promotional opportunities and performance-based pay increases
18. Limited resources for program operation (e.g. fund for outbreak response or community engagement on emerging diseases)
19. Unfunded mandates from multiple entities (national, state, and local)
20. High and increasing tourist population (estimated 60 million per year to central Florida) bringing health conditions that DOH-Orange must retain sufficient capacity and knowledge to rapidly and effectively respond (e.g., MERS-CoV)
21. Increasing unvaccinated rates among school aged children
22. Knowledge about extent to which vaccination waning for vaccine preventable diseases (i.e., pertussis)
23. Emerging infectious diseases (e.g., Chikungunya, MERS-CoV, Ebola, Enterovirus-D68)
24. State direct shift to private companies self-monitoring for environmental conditions known to allow for disease transmission (i.e., pool inspections)
25. Inconsistency of communication from the state office on matters that affect daily operations
26. Technology advances are resource dependent, which limits ability of staff to innovate process improvements to overcome funding reductions
27. Budget cuts, which can cause less funds to purchase training equipment for staff
28. Inability to partner with AHEC for mandatory trainings that staff need for licensure renewal
29. Lack of funding at the State level
30. Changing economic climate, especially targeting of social programs
31. Medical MMA (Managed Care) reimbursement rates
32. Timely reimbursements by Medical MMA (Managed Care) for services provided
33. Other agencies providing the services we provide
34. Lack of knowledge regarding the services that DOH- Orange provide
35. Change in political views/legislature/political power
36. Limited commitment from community partners to support our mission
37. Overcoming resistance to social norm changes
38. Legislature not understanding health promotion (uninformed about public health)
39. Competitors are making efficient use of social media
40. Salaries are not competitive
41. Competitors who are able to provide services at various times including weekends
42. Increasingly limited access to care
43. More full time employees
44. Funding is the main external factor that is a negative one to us. Departments within DOH- Orange seem to be getting smaller and smaller, and as budgets are cut and workloads that belonged to numerous people are brought onto one or two people it affects how much of the community we can actually reach
45. Staff reductions within the program
46. Ability of DOH-Orange leadership to support staff who demonstrate consistent hard work and dedication, is eroded by organizational changes that appear cold and uncaring regarding staff

# Appendix B

## Planning Summary

Florida Department of Health in Orange County's Strategy and Performance Improvement Leadership (SPIL) Team, made up of leadership, Quality Improvement Liaison, and planners, oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
06 April 2015	Strategic Planning Workgroup Kickoff Meeting
22 July 2015	Establish timeline for strategic plan development-- Executive Management Team (EMT) & Quality Counsel (QC)
27 July 2015	Brainstorming Session to develop strategic issue areas and goals for Agency Strategic Plan
18 August 2015	First SPIL team meeting
15 September 2015	<u>SPIL Team meetings</u>
06 October 2015	Strategic Planning updates
03 November 2015	Approval of Strategic Plan
08 December 2015	
20 November 2015	Discuss and modify draft Agency Strategic Plan

## Monitoring Summary

The SPIL Team was changed to the Performance Management Council (PMC) during 2017. The PMC is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item. On a quarterly basis, the PMC Team will review quarterly Strategic Plan Tracking Reports, showing progress toward goals, and annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. We will revise the Strategic Plan annually beginning Aug. 2016, based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.



# Appendix C

## Stakeholder Engagement

The Florida Department of Health in Orange County has been working diligently to maintain transparency throughout the Strategic planning process. Kevin M. Sherin, MD, MPH, MBA, Health Officer and Director.

Dr. Kevin Sherin, Health Officer and Director, has engaged community stakeholders through numerous channels. Dr. Sherin participates in meetings and conference calls throughout Orange County. For example, he meets with the Orange County Advisory Council monthly, CHP Policy Council School Health Sub group, YMCA of Central Florida, Community Anti-Drug Coalitions, The Homeless Court Concept, Shepherd's Hope (Healthcare for low income community members), one on one meetings with county commissioners and mayor and Orlando mayor, and city council members, Orange County Sherriff and Orlando Police Chief, State Representatives and Senators and Orange County School Board members. He is involved in the initiation of the Orange County Heroin Task Force and Men's Health Initiative of Central Florida.

He also attends workshops such as Senior Officials Workshop on Preparedness, Bioshield Exercises is interviewed by the media for example "Orlando Matters" (WOFL interview July 2015), and Community Engagement Initiatives.







Derrick Nealey, Assistant Director/Acting HR Director was invited to present the County Health Department's Strategic Plan goals to government community leaders on December 11, 2015.

# Appendix D

## Plan of Work for Strategies, Indicators, and Alignment

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
<a href="#">IS.1.1</a> Programs will operate within their annual operating budgets	100%	100%			SP4.1.3A SP4.1.2A	<del>6/30/2017</del> 6/30 of each year.	Fiscal
<a href="#">IS.1.2</a> Decrease percentage for the rate of workers' compensation incidents per 100 employees	11.04%	8.8%			SP4.1.3 SP4.1.2	12/31/2018	Facilities
<a href="#">IS.1.3</a> Increase percentage of complaint Purchase card payments	97.03%	99%			SP4.1.3 SP4.1.2	6/30/2017	Fiscal
IS.1.4 Decrease percentage of staff leaving DOH-Orange (includes OPS)*data from hand counted list through payroll	21.31%	<15.25%* Healthcare <a href="#">Industry</a> average (total and voluntary - 2014)				12/31/2018	<del>HR Liaison</del> All Departments (L4-Managers)
<a href="#">IS.2.1</a> Increase percentage of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment	99%	100%				12/31/2018	IT
<a href="#">IS.3.1</a> Percent of completed customer satisfaction surveys with a satisfactory or better rating	92% (2014 Trending down)	90%				12/31/2018	Operations

<a href="#">IS.3.2</a> Increase the overall score of Employee Satisfaction Survey	3.74	>= 4				12/31/2018	OPQI
<a href="#">IS.4.1</a> Increase percentage of CHD family planning clients served who have documentation of race in their records	93% (2014)	>95%				12/31/2018	FP/PH
CE.1.1 Increase the percentage of managers/supervisors implementing CLAS Inventory tool	No baseline (new tool)	100%				12/31/2018	OPQI (Health Equity Coordinator)
<a href="#">CE.2.1</a> Percentage of pediatric dental clients served in a low service area by 10%* based on level in 2012-2015 Strategic Plan Completion Matrix	5134	5647	CHIP 2.1, 2.2, 2.3, 3.1, 3.2			12/31/2018	Dental
<a href="#">CE.2.2</a> Decrease percentage of the annual number of newly diagnosed HIV infections in Orange County	40.8%	31.4%	CHIP G3.8		SP2.1.5A	12/31/2018	Immunology
<a href="#">CE.2.2</a> Meet or exceed national and state Viral Load suppression rates	58% (State 2014)	80%	CHIP G3.7		SP2.1.5A 	12/31/2018	Immunology
<a href="#">CE.2.3</a> Percentage of selected reportable disease cases of public health significance reported within 14 days of notification	100%	>= 77%	CHIP G3.6			12/31/2018	EPI
CE.3.1 Increase utilization of current social media	No baseline (new program)	100%			SP4.1.1	12/31/2018	PIO

<a href="#">CE.4.1</a> Increase percentage of WIC Infants who ever breastfed	77.8%	<del>78.8%</del> 77.40% (2014) 79.2% (2016)	<del>CHIP G2.1</del>		SP 1.1.1 	12/31/2018	WIC/HS
<a href="#">CE.4.2</a> Decrease/Maintain current percentage of infant mortality rates in Hispanic population <a href="#">HP2020*</a>	5.8%% (2011-2014)	*6.0%	<del>CHIP G2.1</del> CHIP 2.1, 2.2, 2.3, 3.1, 3.2		SP1.1.1  	12/31/2018	WIC, HS, FP/PH
<a href="#">CE.4.3</a> Decrease percentage of infant mortality rates in Black Population <a href="#">HP2020*</a>	11.1% (2011-2014)	*6.0%	<del>CHIP G2.1</del> CHIP 2.1, 2.2, 2.3, 3.1, 3.2		SP1.1.1  	12/31/2018	WIC, HS, FP/PH
<a href="#">CE.4.4</a> Decrease percentage of Youth (ages 11-17) who use any type of tobacco or smoking product	14.7%	12.6%	<del>CHIP G4</del>		SP3.1.4A 	12/31/2018	Tobacco Campaign
<a href="#">CE.4.5</a> Increase percentage of adults who are at a healthy weight (BMI of < 30)	<del>61%</del> 34.6% (2010)	<del>&gt;63%</del> 38% (Agency Strat Plan 2016)	<del>CHIP G1.1, G2 &amp; G3</del> CHIP 1.2		<del>SP2.1.1B</del>	12/31/2018	OPQI
<a href="#">CE.5.1</a> Increase collaboration with local emergency management to establish a SpNS operation that can support all vulnerable populations for 72 hours	0	1			SP3.1.3A	12/31/2018	Emergency OPS
<a href="#">CE.5.2</a> Increase joint response activities with community partners	0	2			SP3.1.3A	12/31/2018	Emergency OPS

<a href="#">CE.5.3</a> Establish a responder and safety program for DOH staff and MRC volunteers	0	1			SP3.1.3A 	12/31/2018	Emergency OPS
<a href="#">CE.5.4</a> Increase activities for DOH staff and MRC volunteers that provides training for safety and health risks	1	9			SP3.1.3A 	12/31/2018	Emergency OPS
<a href="#">PS.1.1</a> <del>Increase</del> Maintain number of clinical trials per year	2	<del>3</del> 2				12/31/2018	Research
<a href="#">PS.2.1</a> Increase Annual Comprehensive Environmental Health Score (ACEHS)	89.2% (2015 Trending Down)	90%				12/31/2018	EVH
<a href="#">PS.2.2</a> Increase percentage of 2-year-old County Health Department (CHD) clients fully immunized	95%	96%	<del>CHIP G3.1</del>		SP3.1.1A 	12/31/2018	Immunization, <del>HS, BB&amp;B, NFP, and NCF</del>
<a href="#">PS.2.3</a> Increase percentage of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis	74.40%	>90%	<del>CHIP G3.3</del>			12/31/2018	STD
<a href="#">PS.2.4</a> Percentage of TB cases with a documented HIV test result	90.3%	92%				12/31/2018	TB/Refugee Health
WF.1.1 Increase percentage of DOH-Orange employees will have opportunity to participate in one or more professional development opportunities	No baseline new tool	100%			<del>SP4.1.2A</del>	12/31/2018	All programs

WF2.1 Increase percentage of program that have participated in a documented quality improvement project	No baseline new tool	50%		QIP 1.a & 2.a		12/31/2018	OPQI
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**Symbols indicate that the strategy/objective is one of the seven agency priority objectives.**

# Appendix E

## Glossary

### Baseline Data

Existing data that show current level of the indicator you are seeking to improve. Baseline data are used to determine the quantitative level for success and indicates how much change will occur if the desired outcome is achieved.

### Goal

Long-range outcome statements that are broad enough to guide the agency's programs, administrative, financial and governance functions (Allison & Kaye, 2005).

### Objective

Short to intermediate outcome statements that are specifically tied to the strategy and goal. Objectives are clear and measurable.

*Measure of change, in what, by whom, by when*

### Strategy

The approach you take to achieve a goal.

### SWOT Analysis

A structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in your agency.

- **Strengths:** characteristics of your agency that give it an advantage.
- **Weaknesses:** characteristics that place the agency at a disadvantage.
- **Opportunities:** outside elements that the agency could use to its advantage.
- **Threats:** elements in the environment that could cause trouble for the agency.

### Target

Measurable and time specific target for achieving objectives.



# Appendix F

## Strategic Planning Committee members

### DOH-Orange Strategic Planning Committee members as of April 2015

Last Name	First Name	Organization	Title	Email
Ahonkhai	Lesli P	DOH-Orange PMC	Assistant Director for Operations	<a href="mailto:Lesli.Ahonkhai@flhealth.gov">Lesli.Ahonkhai@flhealth.gov</a>
Araujo	Alberto	DOH-Orange PMC	OPQI (Quality Improvement, PHAB, Strategic Planning)	<a href="mailto:Vicente.Araujo@flhealth.gov">Vicente.Araujo@flhealth.gov</a>
Avila	Daniel M	DOH-Orange HR	OPQI (Performance Management, Leadership Academy)	<a href="mailto:Daniel.Avila@flhealth.gov">Daniel.Avila@flhealth.gov</a>
Bloodworth	Gabriele	DOH-Orange PMC	Nursing Director	<a href="mailto:Gabriele.Bloodworth@flhealth.gov">Gabriele.Bloodworth@flhealth.gov</a>
Brewington	Daphne	DOH-Orange PMC	Administrative Assistant	<a href="mailto:Daphne.Brewington@flhealth.gov">Daphne.Brewington@flhealth.gov</a>
Collinge	Christopher	DOH-Orange PMC	IT Department Manager	<a href="mailto:Christopher.Collinge@flhealth.gov">Christopher.Collinge@flhealth.gov</a>
Davenport	Veronica	DOH-Orange HS	Healthy Start Supervisor	<a href="mailto:Veronica.Davenport@flhealth.gov">Veronica.Davenport@flhealth.gov</a>
Gay	Tammy D	DOH-Orange IAP	Immunizations Manager	<a href="mailto:Tammy.Gay@flhealth.gov">Tammy.Gay@flhealth.gov</a>
Hale	Steven	DOH-Orange PMC	Medical Director	<a href="mailto:Steven.Hale@flhealth.gov">Steven.Hale@flhealth.gov</a>
Hulse	Melissa	DOH-Orange IT	Data Processing Analyst	<a href="mailto:Melissa.Hulse@flhealth.gov">Melissa.Hulse@flhealth.gov</a>
Khoury	Donita	DOH-Orange OPQI	OPQI (PDCA)	<a href="mailto:Donita.Khoury@flhealth.gov">Donita.Khoury@flhealth.gov</a>
Martinez	Yolanda	DOH-Orange PMC	OPQI Manager	<a href="mailto:Yolanda.Martinez@flhealth.gov">Yolanda.Martinez@flhealth.gov</a>
Nealey	Derrick	DOH-Orange PMC	Assistant Director for Administration	<a href="mailto:Derrick.Nealey@flhealth.gov">Derrick.Nealey@flhealth.gov</a>
O'Brien	Karen T	DOH-Orange SH	Nurse	<a href="mailto:Karen.OBrien@flhealth.gov">Karen.OBrien@flhealth.gov</a>
Overfield	David	DOH-Orange EVH	EVH Program Manager	<a href="mailto:David.Overfield@flhealth.gov">David.Overfield@flhealth.gov</a>
Sherin	Kevin	DOH-Orange PMC	Health Officer, PMC Chair	<a href="mailto:Kevin.Sherin@flhealth.gov">Kevin.Sherin@flhealth.gov</a>
Simmons-Lesesne	Lavern	DOH-Orange PMC	Administrative Assistant to Health Officer	<a href="mailto:Lavern.Simmons-Lesesne@flhealth.gov">Lavern.Simmons-Lesesne@flhealth.gov</a>

Stephan	Saadia S	DOH-Orange EPI	Nurse	<a href="mailto:Saadia.Stephan@flhealth.gov">Saadia.Stephan@flhealth.gov</a>
Tompkins	Jennifer	DOH-Orange WIC	Senior Public Health Nutritionist Supervisor	<a href="mailto:Jennifer.Tompkins@flhealth.gov">Jennifer.Tompkins@flhealth.gov</a>

# Appendix G

## Strategic Plan Change Management Process

### DOH-Orange Strategic Plan Change Management Process

Florida Department of Health in Orange County uses a system engineering Change Management Process. The change management process in systems engineering is the process of requesting, determining attainability, planning, implementing, and evaluating of changes to a system. Its main goals are to support the processing and traceability of changes to an interconnected set of factors'.

Requests are made to the Strategic Plan Administrator. The following information is required for a change request:

1. System Change Description (state exactly what is being changed and what processes are affected)
2. Who requested the change/Date change will occur (should give at least 2 weeks for people to state objections or concerns)
3. Reason for the change (provide a firm rationale for the change that will answer questions before they are asked)

Strategic Plan Administrator checks the above information, determines attainability, evaluates the change, and makes a recommendation based on the findings. Strategic Plan Administrator then bring change request with recommendation to the Strategy and Performance Improvement Leadership (SPIL) Team monthly meeting for final resolution and signatures. Strategic Plan Administrator plans and implements the change with the requestor.

A log is kept for all change requests (Appendix H).

A sample of the change request template can be found on Appendix I.

# Appendix H

## Strategic Plan Change Management Log

### DOH-Orange Strategic Plan Change Management Log as of December 2017


Strategic Plan Change Management Log - DOH-Orange 2016-2018 Strategic Plan										
ID	Current Status	Strategic Plan Objective	Change Request Description	Who	Date Change will Occur	Reason for Change	Document Location	Date Identified	Date Approved	Approved By
NA-001	Closed	IS.1.4., WF.1.1., WF.2.1.	Programs under the purview of Nursing Administration is already reporting on the Strategic Plan Objective and this is considered a duplication of efforts.	Karen Clark, Administrative Assistant III	2016 Q3	members of Nursing Administration are already reporting on the Strategic Plan Objectives.	<a href="#">Change Request</a>	7/13/2016	7/14/2016	SPIL and signed by Steven Hale
OP-001	Closed	IS.1.4., IS.3.1., WF.1.1., WF.2.1.	Programs under the purview of Operations is already reporting on the Strategic Plan Objective and this is considered a duplication of efforts. IS.3.1. will be driven by a Green Belt project and deleted from Strategic Plan.	Lesli Ahonkhai, Operations Manager	2016 Q3	Duplication efforts since members of Operations department are already reporting on the Strategic Plan Objectives.	<a href="#">Change Request</a>	7/13/2016	7/14/2016	SPIL and signed by Steven Hale
PIO-001	Closed	IS.1.4.	Objective: IS.1.4 Decrease percentage of staff leaving DOH-Orange (*includes OPS staff) Completion Date: 12/31/2018 => Since she does not have staff under her or a way of controlling staff leaving.	Mirna Chamorro, PIO	7/30/2016	Based on the making of the PIO position, the PIO does not supervise staff and has no indicators to measure if the number of staff leaving DOH-Orange is decreasing.	<a href="#">Change Request</a>	7/13/2016	7/14/2016	SPIL and signed by Lavern Simmons-Lesesne
HR-001	Closed	IS.1.4., WF.1.1., WF.2.1.	HR Department (HR) has the following objectives and since HR has been centralized regionally, there is a need to cancel these activities assigned to HR.	Alberto Araujo for Business Office manager, GA II	7/30/2016	Based on the changes made to centralize HR, the HR liaison personnel will not have any resources to perform Strategic Plan tasks.	<a href="#">Change Request</a>	7/13/2016	7/14/2016	SPIL and signed by Lavern Simmons-Lesesne

ID	Current Status	Strategic Plan Objective	Change Request Description	Who	Date Change will Occur	Reason for Change	Document Location	Date Identified	Date Approved	Approved By
HS-001	Closed	PS.2.2.	Request to have Strategic Plan 2.2 be deleted from the Healthy Start Program. Anticipates that the deletion of this indicator from the Healthy Start program will not affect the established processes.	Penny Smith	1/1/2016	The Healthy Start program is a home visiting case management program that provides care coordination, education, assessments and referrals. Although they are able to assess and educate participants on the importance of being fully immunized by two years old. We are unable to directly impact this indicator. In addition, historically the HS care coordination program follows infant participants in the program on the average of 4-6 months of age. The only exception is the HS-Nurse Family Partnership and Bellies, Babies and Beyond program. Thus within these programs the overall number of cases per a case manager for this period is minimal (approximately 100 infants total). Therefore, the quarterly activities identified will not provide major	<a href="#">Change Request</a>	7/29/2016	8/30/2016	SPIL and signed by Lavern Simmons-Lesesne
RS-001	Closed	IS.1.4.	Request to have Strategic Plan IS.1.4 be deleted from the Research Unit. Anticipates that the deletion of this indicator from the Research Unit will not affect the established processes.	Dr. Hale	9/10/2016	At the end of 2015 budget year, Administration adversely affected two positions in the Research unit, leaving only one coordinator for all duties along with the program. The coordinator does not have staff and thus has no indicators to measure	<a href="#">Change Request</a>	7/31/2016	9/15/2016	SPIL and signed by Chris Collinge
RS-002	Closed	WF.1.1.	Request to have Strategic Plan WF.1.1 to be deleted from the Research Unit. Anticipates that the deletion of this indicator from the Research Unit will not affect the established	Dr. Hale	9/10/2016	Willie Carter is one person unit and has already professional development requirement in his PEF.	<a href="#">Change Request</a>	7/31/2016	9/15/2016	SPIL and signed by Chris Collinge
RS-003	Closed	WF.1.2.	Request to have Strategic Plan WF.1.2 to be deleted from the Research Unit. Anticipates that the deletion of this indicator from the Research Unit will not affect the established	Dr. Hale	9/10/2016	Willie Carter is one person unit and has already QI Project requirement in his PEF.	<a href="#">Change Request</a>	7/31/2016	9/15/2016	SPIL and signed by Chris Collinge

NCF-001	Closed	PS.2.2.	Requesting to remove Objective: PS.2.2 Increase percentage of 2-year-old County Health Department (CHD) clients fully immunized Completion Date: 12/31/2018. 2-year-old immunization summary is not applicable for NCF	Sirmans, Ruthie	9/9/216	2-year-old immunization summary is not applicable for NCF. This is a report that is provided by Immunization department for the agency.	<a href="#">Change Request</a>	7/31/2016	9/15/2016	SPIL and signed by Chris Collinge
HIV-001	Closed	CE.2.2.	Requesting a change of objective from Objective: CE.2.2 Decrease percentage of the annual number of newly diagnosed HIV infections in Orange County to Meet or exceed National and State viral load suppression rates.	Dr. Ewa Szczypinska and Dr. Steven Hale	11/4/2016	There is a bigger opportunity to work on Viral Load Suppression because it is part of HRSA and CDC standard of care for patients with HIV and improving DOH-Orange overall Viral Load Suppression and Adherent to Medication will reduce potential transmission of HIV in the community. Management feels this is a good effort to take.	<a href="#">Change Request</a>	11/4/2016	2/14/2017	SPIL and signed by Derrick Nealey
RS-004	Closed	PS.1.1	Requesting a change of objective from Objective: PS.1.1 Increase number of clinical trials per year to PS.1.1 Maintain number of clinical trials per year.	Alberto Araujo for Research manager.	1/1/2018	reorganization and lost some staff. At this time, they cannot increase the number of clinical trials but they can maintain current levels.	<a href="#">Change Request</a>	9/30/2017	2/20/2018	PMC and signed by Kevin Sherin

# Appendix I

## Strategic Plan Change Request Template



**Strategic Plan 2016--2018 Change Request Form**

**System Change Description** *(state exactly what is being changed and what processes are affected):*

\_\_\_\_\_

\_\_\_\_\_

**Who requested the change/Date change will occur** *(should give at least 2 weeks for people to state objections or concerns)?*

\_\_\_\_\_

\_\_\_\_\_

**Reason for the change** *(provide a firm rationale for the change that will answer questions before they are asked)?*

\_\_\_\_\_

\_\_\_\_\_

**Reviewer Comments:**

\_\_\_\_\_

\_\_\_\_\_

**SPIL Signature:**

Signature \_\_\_\_\_ → → Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**Strategic Plan Administrator Signature:**

Signature \_\_\_\_\_ → → Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**Change Implementation completed by:**

Signature \_\_\_\_\_ → → Print Name \_\_\_\_\_

Title: \_\_\_\_\_ → → Date: \_\_\_\_\_

Comments must be received by the stated deadline. All comments will be provided to the SPIL for consideration and action, if necessary, prior to approval and implementation. If you do not respond it is assumed that you concur with the requested change.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion.

As the world's population grows, the demand for food and other resources will increase. This will put pressure on the environment and on the world's food supply.

One way to meet this demand is to increase the amount of food that is produced. This can be done by using more land for agriculture.

Another way to meet this demand is to increase the efficiency of food production. This can be done by using better farming techniques.

Both of these methods have their own problems. Increasing the amount of land used for agriculture can lead to deforestation and loss of biodiversity.

Increasing the efficiency of food production can lead to the use of more pesticides and fertilizers, which can be harmful to the environment.

One solution is to use sustainable farming practices. These practices take into account the needs of the environment and the community.

Sustainable farming practices can help to meet the world's growing demand for food while also protecting the environment.

There are many different types of sustainable farming practices. Some of these include organic farming, permaculture, and agroecology.

Organic farming is a type of farming that does not use synthetic pesticides or fertilizers. Instead, it uses natural methods to control pests and fertilize the soil.

Permaculture is a type of farming that is based on the principles of ecology. It aims to create a self-sustaining system that can produce food and other resources.

Agroecology is a type of farming that combines the principles of ecology with the principles of agriculture. It aims to create a system that is both productive and sustainable.

Sustainable farming practices can help to meet the world's growing demand for food while also protecting the environment. This is a win-win situation for everyone.

There are many different ways to practice sustainable farming. The best way to choose a method is to consider the needs of your local community and the environment.

By using sustainable farming practices, we can help to ensure that there is enough food for everyone in the world. This is a goal that we should all strive for.

There are many different ways to practice sustainable farming. The best way to choose a method is to consider the needs of your local community and the environment.

By using sustainable farming practices, we can help to ensure that there is enough food for everyone in the world. This is a goal that we should all strive for.

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