



# 2018 Annual Report

*Committed to Excellence*

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# Message from the Health Officer

**Raul Pino, MD, MPH**

As the community of Orange County continues to grow each year, The Florida Department of Health in Orange County (DOH-Orange) is committed to ensuring that our workforce is equipped and trained to provide quality service by expanding our knowledge to better drive the efforts within each of the areas in which we serve. The focus of the 2018 Annual Report is to

highlight the many ways the dedicated staff of DOH-Orange work to spread the public health message and improve our public health system. As an integrated Department of Health accredited by the Public Health Accreditation Board (PHAB), DOH-Orange is dedicated to achieving the highest standards of public health practice through quality improvement, performance management, accountability, transparency, and the capacity to deliver the Ten Essential Public Health Services. The format of the 2018 Annual Report differs from past reports as it is broken down by the first ten (10) PHAB Domains, which directly correlate to the Ten Essential Public Health Services. Throughout this report, you will gain insight on how the Department works to meet the goal of each of these domains through the work and activities completed each year.

While being new to Florida, in my time here I have witnessed first hand the excellent work and commitment from our staff in serving the community of Orange County. Through collaborative partnerships within our own programs and also with community organizations, we move one step closer to achieving our vision of becoming “The Healthiest State in the Nation”. I am confident in all The Florida Department of Health in Orange County has to offer to this county and look forward to all future challenges and accomplishments.

Protecting Your Health...It's What We Do!



A handwritten signature in black ink that reads "Raul Pino".

Raul Pino, MD, MPH

# ORANGE COUNTY

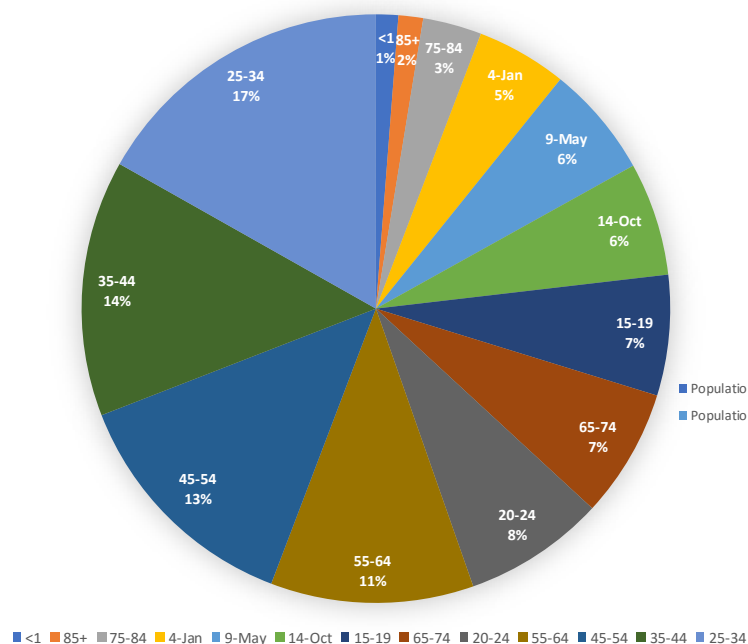
**Orange County** has a total of 903 square miles of land and 99 square miles of water, and it is located in Central Florida. It is bordered on the north by Seminole County, east by Brevard County, south by Osceola County, and to the west by Lake County. Orange County is home to over **1,370,447\*** residents. There are 13 municipalities in the county; the **City of Orlando** accounts for over 21% of the population. Orlando is the largest inland city in Florida.

The county is located in what is known as the **Orlando-Kissimmee-Sanford Metropolitan Statistical Area (MSA)**. The City of Orlando, known as the City Beautiful, is one of the top five travel destinations in America. It welcomes over 60 million national and international visitors every year.

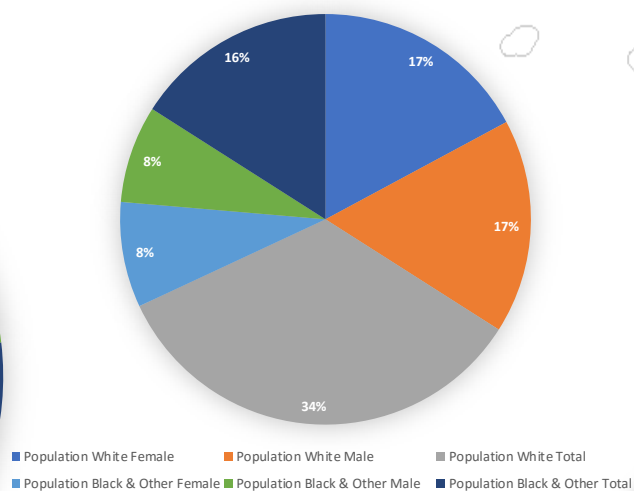
Orange County is the state's **5th** most populous county, home of **6.3%** of Florida's overall population. It is also the **16th** fastest-growing county in Florida, experiencing a population growth of **37.1%** between the 2000 and 2010 census counts, surpassing the state's growth rate of **22.9%**. If this growth rate continues, it can be predicted that by 2020 Orange county will have an estimated population of **1,387,675**.

Population  
**1,370,447**

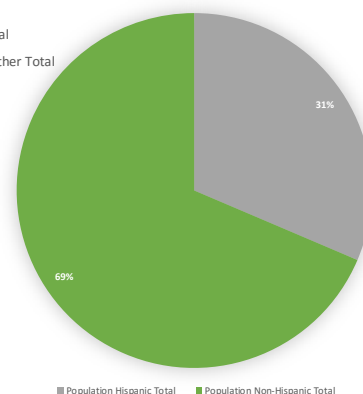
**Population by County by Age  
Population Orange, 2018**



**Population by County by Race by Sex  
Population Orange, 2018**



**Population By Ethnicity  
Population Orange, 2018**



# MISSION

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

# VISION

To Be The Healthiest State in the Nation.



# & VALUES

## INNOVATION

We search for creative solutions and manage resources wisely.

## COLLABORATION

We use teamwork to achieve common goals and solve problems.

## ACCOUNTABILITY

We perform with integrity and respect.

## RESPONSIVENESS

We achieve our mission by serving our customers and engaging our partners.

## EXCELLENCE

We promote quality outcomes through learning and continuous performance improvement.

**PROTECTING YOUR HEALTH...IT'S WHAT WE DO!**

# DOMAIN 1 Monitor HEALTH STATUS

Conduct and disseminate assessments focused on population health status and public health issues facing the community.

**AREA7:** Area 7 HIV Surveillance team is responsible for reporting all HIV positive cases in Orange, Osceola, Seminole and Brevard Counties. This data is utilized to monitor HIV morbidity in the area, as well as provide important information to determine priority populations for testing and prevention.

**DENTAL:** We monitor our client's oral health status each time someone comes to our clinic sites (Hoffner Dental and the Mobile Dental Unit School-Based Sealant Program). We address any dental concerns at the time of the visit and schedule follow-ups for necessary treatment. We discuss the importance of good oral hygiene.

**ENVIRONMENTAL HEALTH:** Environmental Health identifies and solves community environmental public health problems. This includes the monitoring of municipal and private well drinking water samples conducting routine surveillance of permitted locations to ensure compliance and following up with animal bite victims.

**EPIDEMIOLOGY:** The Epidemiology Department conducts disease surveillance and investigates suspected occurrences of acute 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 reporting from the medical community as required by Chapter 381.0031 (1,2), Florida Statutes. Data is collected and examined to determine the existence of trends and to identify community health problems. We conduct syndromic and influenza-like surveillance activities. Syndromic surveillance was added to the disease reporting process as an active method of determining activities in the community that could be early indicators of outbreaks and bioterrorism.

**IMMUNIZATIONS:** The Immunization Program conducts a monthly assessment survey (1 & 2-year-old survey) to assess a sample of immunization coverage levels. The survey will assess the percent of children that are up to date with routine recommended vaccines before they reach 2 years of age (4:3:1:3:3:1:4) - (4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, 4 PCV-13).

## OFFICE OF COMMUNITY HEALTH:

**Tobacco:** Tobacco Free Florida in Orange county (TFF-OC) responds to increasing rates of tobacco consumption (especially in young adult populations) and subsequent morbidities and mortalities associated with second-hand and tertiary smoke exposures across the lifespan.

**Healthy at Any Age:** In response to increasing life expectancies, and statewide demographic profiles, Floridians in Orange county are living longer. Healthy at Any Age ensures aging populations enjoy qualities of life, independence, safety, and wellness at highest levels as long as possible.

**Health Equity:** The Office of Community Health, Health Equity program recognizes persistent inequities in incidence and prevalence of nearly all chronic and infectious diseases based on race, socio-economic status, geographic dispersion, gender, and other demographics.

**Healthy Babies:** Our efforts to monitor health status of women of child-bearing age, Pregnancy Risk Assessment Monitoring System (PRAMS), fetal and infant mortality (including respiratory and other infections, malnutrition, SIDS, congenital malformations, disorders related to premature birth, infant affected by maternal complications, infant affected by cord or placenta, unintentional injuries, respiratory distress, bacterial sepsis, neonatal hemorrhage and necrotizing enterocolitis) and social and cultural determinants of health, inform our approaches to improving health outcomes during infants' first year of life.

**Health Equity:** Monitoring Florida's excessive levels of obesity across the lifespan (currently, only 36 percent of Floridians are at a healthy weight) is the source of our efforts to foster healthy eating and active lifestyles throughout Orange County.

**BCCEDP:** Our focus in the Breast and Cervical Cancer Early Detection Program (BCCEDP) is on mortality (and morbidity) in female populations due to breast and cervical cancers.

**OPQI:** The Office of Performance and Quality Improvement (OPQI) participates in or leads a collaborative process resulting in a Comprehensive Community Health Assessment (CHA). The CHA provides the basis for development of the local Community Health Improvement Plan (CHIP).

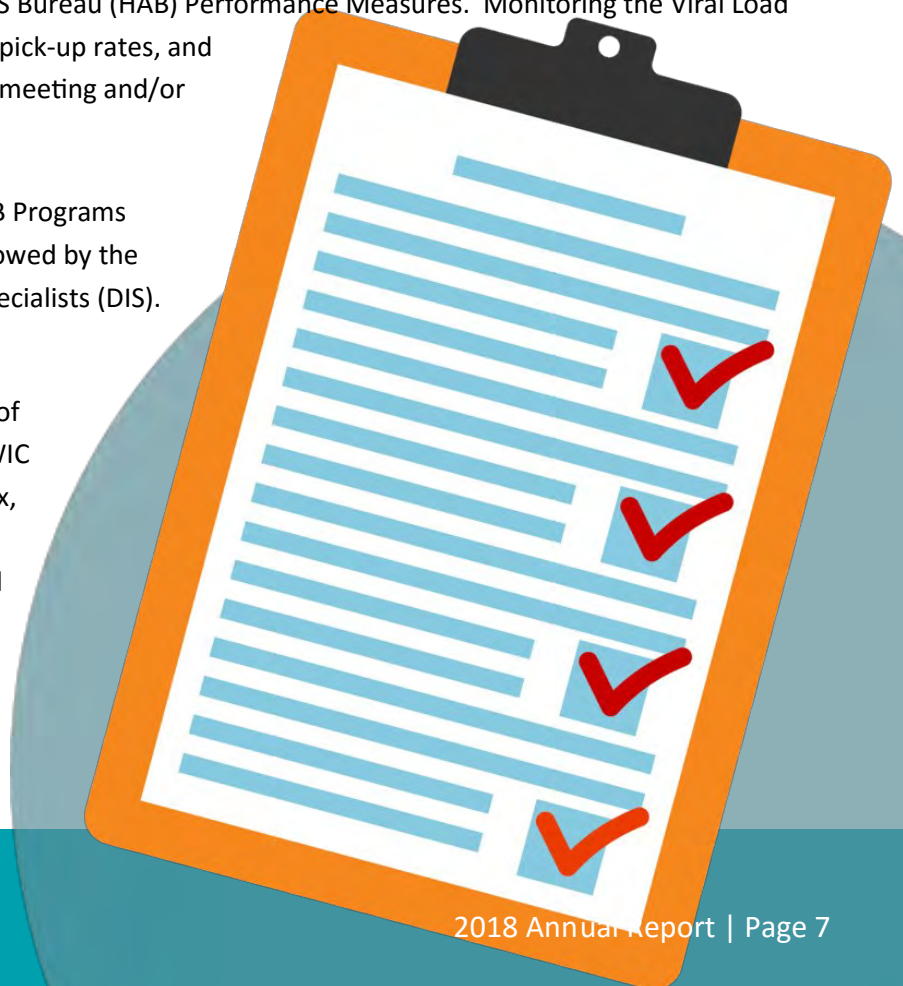
**SCHOOL HEALTH:** Health and Immunization records are monitored throughout the school year for non-compliance by the School Health team.

**STD:** Monitoring is done on an ongoing basis by examining demographic information obtained from clients who test positive for sexually transmitted diseases. The demographic information helps us identify areas that have high morbidity, so we can target those areas for educational outreach and screenings.

**SCC:** The Sunshine Care Center (SCC) is a Ryan White funded operation. The Health and Human Resource Administration (HRSA) through its' Ryan White funded programs has four primary goals: (1) Reduce new HIV infections; (2) Increase access to care and optimize health outcome for people living with HIV (PLWH); (3) Reduce HIV-related health disparities and health inequities; and (4) Achieve a more coordinated national response to the HIV epidemic. The successfulness of achieving these goals are monitored by continuous review of the HIV/AIDS Bureau (HAB) Performance Measures. Monitoring the Viral Load Suppression rates, AIDS Drug Assistance Program (ADAP) pick-up rates, and Medical Nutritional Values are true indications the SCC is meeting and/or exceeding the National goals.

**TB/REFUGEE:** All TB cases/suspects are reported to the TB Programs from area hospitals. The cases/suspects reported are followed by the Nurse Case Managers (NCM) and Disease Intervention Specialists (DIS).

**WIC:** Health Support Specialists and Health Support Technicians measure the height, weight and hemoglobin of clients. The Nutrition Educators and Nutritionists of the WIC Program evaluate the height and weight, Body Mass Index, hemoglobin, dietary intake and proper food sanitation practices of clients. We monitor the indicators of Prenatal Entry, Breastfeeding and Overweight children.



# Diagnose & INVESTIGATE

Investigate health problems and environmental public health hazards to protect the community.

**ENVIRONMENTAL HEALTH:** Diagnose and Investigate — Environmental public health problems and health hazards in the community. Sanitary Nuisances, mosquitos, rodents and food and waterborne illness investigations are all examples of this.

**EPIDEMIOLOGY:** The Epidemiology Department investigates occurrences of acute infectious diseases and conditions that are reported from physician's offices, hospitals, laboratories and other medical providers and community partners. Our staff ensure that action is taken to control and prevent acute infectious disease outbreaks from occurring in Orange County.

**FAMILY PLANNING PRENATAL HEALTH:** Diagnose and Investigate health problems through routine STD screening, testing and treatments for all clients and their partners.

**IMMUNIZATIONS:** The Immunization Program aims to be cognizant of any disease detection or outbreaks locally and nationally.

## **OFFICE OF COMMUNITY HEALTH:**

**Tobacco:** While consumption of tobacco is an individual decision, access to, and marketing for tobacco products has great impacts on initiation of tobacco use. Social acceptance of tobacco use and nicotine addiction, as opposed to other addictive substances, also contributes to continued consumption. However, second-hand and tertiary level exposures, which may have similar health outcomes, are not associated with direct consumption of these products. Also, advent of electronic cigarettes, vaping pipes, and other 'alternatives' still provide risks for nicotine addiction and subsequent morbidities and mortality.

**Healthy at Any Age:** Aging populations can be at higher risks for a number of health hazards. Not only chronic diseases, but infectious diseases, unintentional injuries, lack of physical activity, food access, access to quality care, medical compliance/adherence, cognitive health, affordable housing, transportation all impact aging populations' health.

**Health Equity:** Health Equity looks beyond individual risk behaviors to group-level environmental and contextual factors that contribute health risks. These group-level factors include systemic conditions in which people are born, grow, live, work, learn, age and exist. We acknowledge these factors impact health outcomes across the lifespan and work with other sectors to address factors such as racism, sexism, discrimination, segregation in employment, housing, and education, as well as health care, public safety and food access.



**Healthy Babies:** Efforts include not only the examining health risks and resulting wellness of infants, but also contextual factors impacting family dynamic such as housing stability, safety and preparedness, economic profile, nutritious food/water accessibility, neighborhood composition, parenting knowledge, and other factors pre-conception.

**Healthiest Weight:** The persistent and excessive levels of obesity across the lifespan in Florida and in Orange county are clearly linked to other external and contextual factors. Further investigations have led to examinations of built environments, community compositions, economic profiles, accessibilities of fresh fruits and vegetables, police presence and other factors. Healthiest Weight considers these factors as crucial for addressing obesity in Orange county.

**BCCEDP:** A central health hazard we have found throughout Orange county is lack of adequate health insurance and/or access to quality screening and care. These factors impact the level and progression at which cancers are found and impacts abilities of medical to effectively treat these conditions and save the lives of women.

**SCHOOL HEALTH:** We investigate health problems reported by Orange County Public Schools (OCPS) and collaborate with our Epidemiology department when needed.

**STD:** Through interview with clients infected with STDs, we obtain partner information, demographics, information on new trends in the community and new or popular use of drugs. This information helps us to determine action plans for designated areas.

**SCC:** Monitoring the data for new infections of HIV provides a clear view of trends, hotspots (high prevalent areas for concentrated infections), and population demographic. The information obtained from the data allows various departments that address the needs of the HIV community to develop strategies, create outreach opportunities, share and allocate resources, and seek other funding opportunities. The Sunshine Care Center (SCC) continues to address the needs of newly diagnosed HIV patients through Test and Treat, a newly implemented clinic. The implementation of Early Intervention Specialist (EIS) positions, allow for the SCC to target outreach and linkage of new HIV positive cases and the re-engagement of loss to care patients.

**TB/REFUGEE:** Once an individual is identified as a case or suspect the Nurse Case Manager (NCM) and/or Disease Intervention Specialist (DIS) will go to the patient home to evaluate the home setting and social situation of the patient to ensure there is nothing in the environment that will interfere with treatment (i.e.- lack of food). Also, The DIS conducts a contact investigation to ensure those at risk of exposure are tested and treated if needed.

**WIC:** Health Support Specialists and Health Support Technicians measure the height, weight and hemoglobin of clients. CPA Staff assess this data identifying if the client is at normal weight, underweight, overweight or obese; inadequate eating patterns and/or is at risk of nutritional deficiencies; inadequate feeding practices as PICA; intake of unsafe foods; choking risk of infants and children; physical activity levels and evaluate the hemoglobin to detect possible dietary iron deficiencies. CPAs and IBCLC identify when an infant is getting adequate amounts of breastmilk.



# DOMAIN 3 INFORM & EMPOWER

Inform and educate about public health issues and functions.

**AREA 7:** Area 7 staff participate in several National HIV observance days (National Testing Day, National Black HIV/AIDS Awareness Day, World AIDS Day, etc.) in order to help educate the people of Central Florida about HIV/AIDS, STIs, and PrEP services. In addition to the national observance days, we have participated in several local events throughout Central Florida (Gay Days, Orlando Pride, Space Coast Pride, Florida Classic) in order to educate people on the importance of knowing their status, testing at least once a year, and preventative measures available. Area 7 participated in a total of 26 events in 2018.

**DENTAL:** Our entire Dental staff is always educating the clients (parents and children) the importance of good oral hygiene, dental check-ups every six (6) months and proper diet to promote good oral care. We are always stressing the importance of following and completing the dental treatment plan at our fixed clinic-Hoffner Dental and the necessity of dental sealants on our Mobile Dental Unit.

**ENVIRONMENTAL HEALTH:** People are educated on environmental public health issues through our Community Environmental Health Initiatives. This occurs regularly through our interactions with the public and policy makers through educational outreach efforts and the actions of our Community Environmental Health groups.

**EPIDEMIOLOGY:** The Epidemiology Program frequently conducts public outreach and presentations as requested about acute infectious diseases in addition to routine planned outreaches in the community and targeted at risk-populations.

**FAMILY PLANNING PRENATAL HEALTH:** Inform, educate, and empower people through the reproductive life plan for every family planning and prenatal client. Also, inform, educate and empower the women who participate in the Bellies, Babies & Beyond (BB&B) project to receive an array of services which include prenatal care in a group setting, prenatal education, mental health services, case management, and breastfeeding support.

**HEALTHY START:** Healthy Start knows that the greatest gift a community can give a baby is an opportunity to celebrate his or her first birthday and beyond. Therefore, the Healthy Start program is working tirelessly in partnership with Florida Healthy Babies to inform, educate and empower pregnant women and families by increasing the community awareness about infant mortality and the causes of infant mortality, including Sudden Infant Death and Sudden Unexpected Infant Deaths. This year Healthy Start has partnered with local retailers such as Pottery Barn; Macro Baby; Bed, Bath and Beyond; and Buy Buy Baby with a "Healthy Retailer Initiative". The objective of this initiative is to reduce SIDS and unsafe sleep practices on a local level. This is being done by partnering with retailers to model in their store displays what a safe sleep environment looks like. Safe Sleep Environment Training has been provided to more than 200 staff members and customers in these partnering retailers.

In addition, Healthy Start initiated three (3) other new initiatives this year, "Safe Ride 4 Babies", a car seat education program; WISE (Women & Infant Support Education), a 6-week parenting seminar; and KIIS (Keeping Incoming Infants Safe), a program developed to provide pack 'n plays and car seats at no charge to evacuees from Puerto Rico or other islands affected by Hurricane Maria.

**IMMUNIZATIONS:** The Immunization program informs, educates and disseminates language specific literature to all target populations (Adults, Adolescents, Parents of children, Elderly) daily via client services in the clinic, via outreach events in the community and providing each client with the current vaccine information statement (VIS) prepared by the Centers for Disease Control and Prevention (CDC).

## OFFICE OF COMMUNITY HEALTH:

**Tobacco:** Tobacco Free Florida in Orange County (TFF-OC) has focused on addressing vendors/advertising sources for tobacco products, individuals, multi-family housing locales, and local businesses to inform, educate and empower people about tobacco use and its risks to themselves and their families.

**Healthy at Any Age:** Healthy at Any Age provides needed information to aging populations about available resources to improve their quality of life. The program provides activities tailored for aging populations to stay healthy and safe, and actively seeks feedback on remaining gaps in services for these populations.

**Health Equity:** The Health Equity program leverages existing community assemblies to monitor social and cultural factors impacting health outcomes. Also, Health Equity works to inform communities about how to address these group-level issues and advocate for themselves and others.

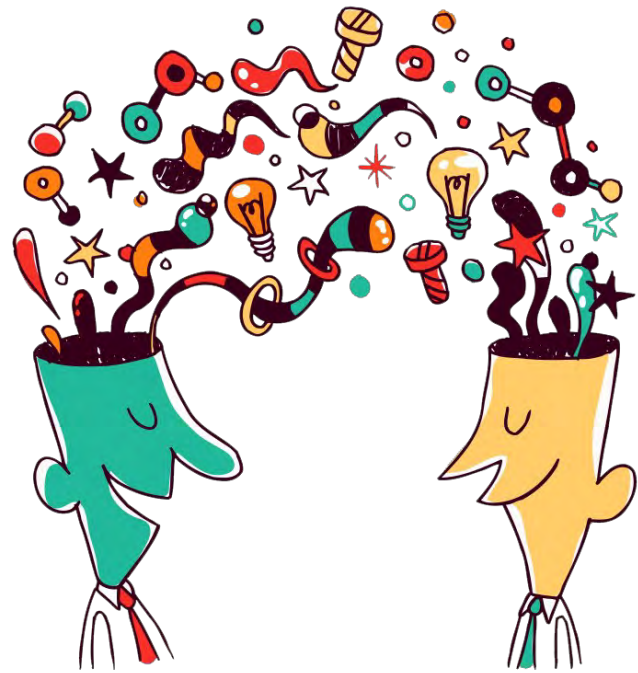
**Healthy Babies:** The Healthy Babies program focuses educational activities on reducing infant mortality (and social, cultural and/or geographic inequities around infant mortality) through emphasizing the importance of eating healthy before, during and after pregnancy; promoting prenatal care in the first trimester; promoting safe sleep environments; and addressing the social determinants of health to improve the quality of life for newborns.

**Healthiest Weight:** The Healthiest Weight program's educational topics and audiences range from school-age children to parents, businesses, church and civic organizations and address diverse issues including bicycle safety for children, establishing vegetable markets in areas defined as "food deserts", encouraging families to make healthier choices for consumption, and instructing individuals toward regular physical activity in numerous forms.

**BCCEDP:** The Breast and Cervical Cancer Early Detection Program provides informative flyers in multiple languages to encourage women to complete self-examinations, as well as to access available resources for screening (which can be free) and treatment. BCCEDP leverages visibility at community health events, and visits faith-based and community-based organizations throughout the county to engage with women about cancer prevention and early detection.

**SCHOOL HEALTH:** We educate through provisions with Orange County Public School System providing health education in schools and our staffed Neighborhood Children and Family Facilities. We also attend community events providing literature to families concerning public health issues and provide immunizations.

**STD:** The STD Program informs, educates and empowers its clients on a daily basis. Clients who seek screenings and exams are provided with education about the various STDs. They are informed and empowered to identify signs and symptoms which can prevent infection or reinfection.



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**SCC:** The SCC patient education and empowerment process is continually provided to the HIV+ population through a variety of programmatic departments (i.e. ADAP, Medical Case Management [MCM], PEER Educators, Research, and Medical team members). During the 2018 medical enrollment drive, ADAP was very successful with assisting patients with initial certification/re-certification. They were able to enroll 1800 patients statewide into the Affordable Care Act surpassing the YR2017 enrollment target. SCC has a diverse PEER staffing (Transgender, MSM, Haitian, African American, and Women). Each PEER maintains a minimal caseload (25 clients) of target population to address population health outcomes specific to their assigned population. The utilization of PEER Educators as patient advocates in the day-to-day operation of the medical clinic is a unique strategy that allows newly diagnosed patients and patients experiencing medical issues to have one-on-one contact with a staff that understand their cultural, linguistic, and sexual identity as well as the complexity of their issues and barrier to better assist the patient with navigating the support systems which are entitled by Ryan White. The PEERs help manages the Client Advisory Board (CAB) which gives the clients a voice in the management of care for PLWH. The PEERs also conduct outreach and education meetings that are directed at understanding HIV medications and life cycle of HIV.

**TB/REFUGEE:** The NCM and DIS educate the patients and contacts on TB transmission, treatment, and prevention.

**WIC:** Upon assessment of anthropometrics, hemoglobin, dietary eating patterns, breastfeeding readiness and practices, feeding practices and physical activity levels, the CPAs counsels the clients. All Pregnant and Post-Partum women are encouraged and empowered to breastfeed. We have an IBCLC and Breastfeeding Peer Counselors in home to support this effort.

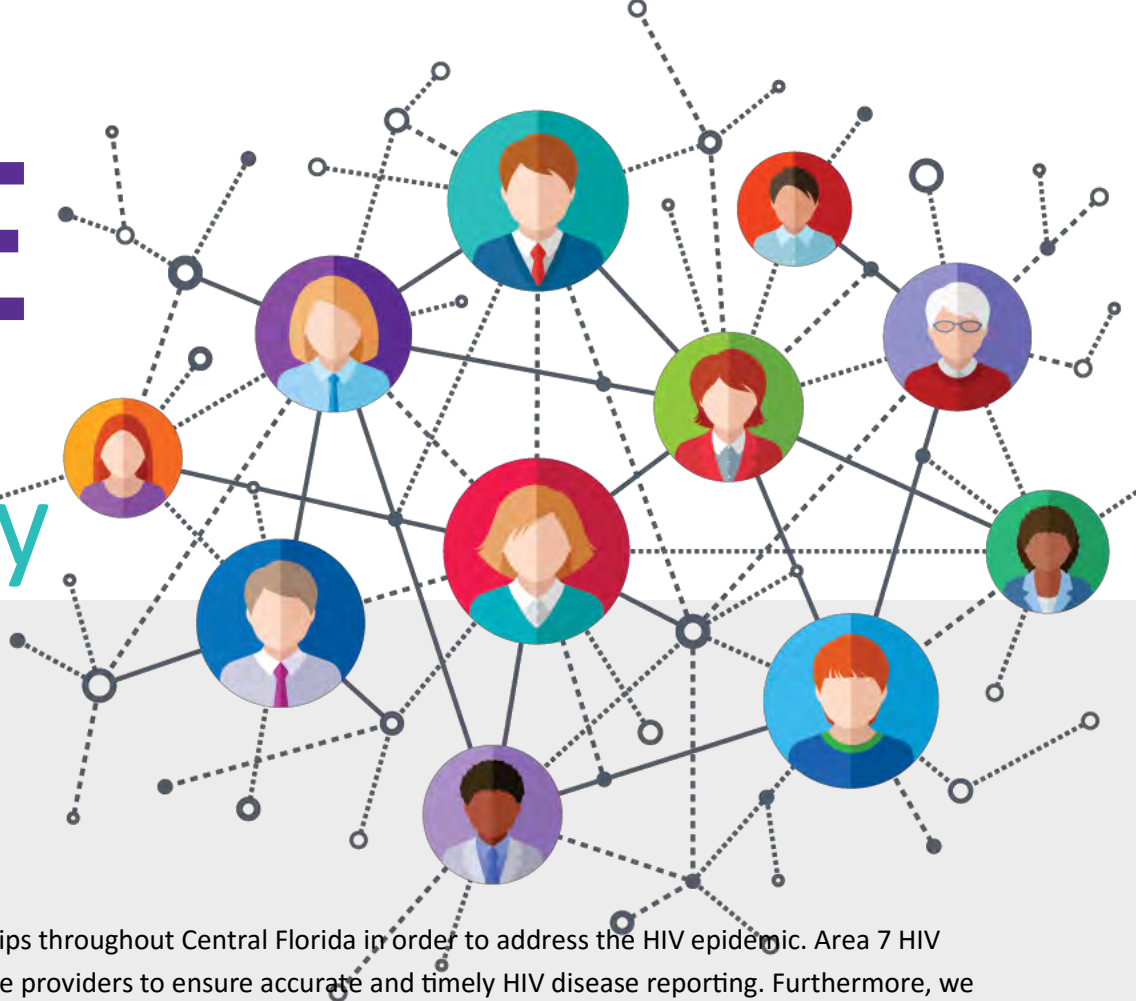




## DOMAIN 4

# ENGAGE With the Community

Mobilize community partnerships to identify and solve health problems.



**AREA 7:** Area 7 fosters several partnerships throughout Central Florida in order to address the HIV epidemic. Area 7 HIV Surveillance works with public and private providers to ensure accurate and timely HIV disease reporting. Furthermore, we partner with the four county health departments (Orange, Osceola, Seminole, and Brevard) to provide technical assistance regarding testing and counseling, PrEP, and linkage to care. In addition, we work with our local community-based organizations to provide technical assistance and guidance.

**DENTAL:** Dental participates in outreach events and school teach-ins each year. We are always meeting with community partners such as the Orange County School Board for our School-Based Sealant Program on our Mobile Dental Unit. We are always marketing our program in the community.

**ENVIRONMENTAL HEALTH:** Mobilize Community partnerships and actions to identify and solve environmental health problems. We participate on a variety of Boards, Workgroups and Partnerships including; the Florida Asthma Coalition, Bike Walk Central Florida, Best Foot Forward, the Holden Heights CDC, the Good Food Policy Council of Central Florida, the Food Insecurity Taskforce and the Bithlo Transformation Group.

**EPIDEMIOLOGY:** The Epidemiology Program partners with health care facilities across the spectrum of care, as well as with public (county EMS, fire departments, law enforcement) and private agencies (Health Care Center for the Homeless) to address acute infectious diseases.

**FAMILY PLANNING PRENATAL HEALTH:** Mobilize community partners through active participation on the local Infant Mortality Task Force which includes multiple community partners and the sharing of our client reports and accomplishments in healthcare.

**HEALTHY START:** We've all heard the old African Proverb – "It takes a Village to Raise A Child". Indeed, it does. The Healthy Start Program have mobilized community partnerships to address infant mortality and as a result have expanded service locations throughout Orange County, Florida. Partnerships have been formed with Healthy Start Coalition of Orange County, Orlando Health, Florida Hospital, Community Health Centers of Central Florida, Howard Phillips Development Center, Children Safety Village, Department of Children's and Families, ASPIRE Health Partners, WellCare Health Plan, UCP/BETA, Orange County Female Detention Center, Prosperitas Leadership Academy, Birth Place, Healthy Families Orange, Early Head Start and Covenant House.

**IMMUNIZATIONS:** The Immunization program actively engages with community partners (other local CHD's) in multiple counties, coalitions, and team conference calls.

## **OFFICE OF COMMUNITY HEALTH:**

**Tobacco:** Tobacco Free Florida in Orange County (TFF-OC) has obtained a strong group of community partners to address direct and indirect exposures to tobacco and nicotine, and regularly meets with vendors regarding marketing focused on youth and/or lower-income communities.

**Healthy at Any Age:** Healthy at Any Age combines with community centers, health providers, transportation and other sectors to identify and address issues contributing to health outcomes. The program provides increased education (or repeats messaging) to make sure aging populations utilize available resources tailored for them.

**Health Equity:** Health Equity has linked with community- and faith-based organizations, educational, commercial, corporate, and civic organizations to heighten awareness and maintain knowledge about current social and cultural impacts throughout Orange county.

**Healthy Babies:** Because conception, pregnancy and delivery are such personal decisions, Healthy Babies relies on linkages with community partners from various sectors including gynecologists/obstetricians, midwifery birthing centers, retail entities (including WIC stores and baby-focused retailers), educational centers, and community- and faith-based organizations to inform populations-at-large and monitor impending changes in population-level decision-making and needs. We also sponsor a county-wide Community Conversation annually to monitor these issues.

**Healthiest Weight:** To facilitate education and instruction, Healthiest Weight partners with several primary and secondary schools throughout Orange County. Further, community centers, parks and recreation locales, businesses, faith- and community-based organizations have all participated in Healthiest Weight activities.

**BCCEDP:** BCCEDP links with community- and faith-based organizations, medical service providers, and various civic organizations to educate and instruct about early detection efforts. Further, we remain in contact with BCCEDP programs serving Osceola, Seminole, and Brevard counties to minimize duplication of services.

**OPQI:** OPQI engages with the Public Health System and the Community in identifying and addressing health problems through collaborative processes in order to implement the Community Health Improvement Plan (CHIP).

**SCHOOL HEALTH:** During the summer the School Health Program partners with OCPS to provide immunizations to children. The NCF nurses attend all NCF back to school functions providing immunizations to children. The Bithlo/Christmas NCF nurse has a Swish program for the children in that area which provides a fluoride rinse for the children every Wednesday at Columbia School since there is no fluoride in the well water of that area.

**STD:** The STD program has many partnerships throughout the community. We have partnered with The Center to provide STD testing free of charge to a high-risk population (MSM). We have partnered with the University of Central Florida to provide free testing to students Quarterly.

**SCC:** The Hispanic staff members of the Sunshine Care Center participated in Commissioner Tony Ortiz's "Government Academy" providing information about HIV and other health concerns. The academy provides a means for the citizens of the counties to attend a symposium with a multitude of professional services and acquire answers to questions and aide to navigate our local systems such as health, legal, citizenship, housing, education, etc. The staff utilize their professional license to provide medical services to uninsured/underinsured at Shepard's Hope and volunteer their personal time and efforts to address the needs of the homeless population in Orange County.

The SCC staff collaborated with internal partners and assisted with DOH-Orange Community Vaccination Event. The research team is currently working with community partners, universities, and pharmaceutical companies to create a Hep-C Consortia that will soon (2019) be an established operations to address treatment for the Mono-Hep-C population that are uninsured. Presently in Orange and the surrounding counties, there is a rise in the cases of viral Hepatitis C. DOH-Orange has taken the lead in mobilizing a consortium of community leaders that are involved and have the capabilities of serving the vast number of patients otherwise unable to receive care. Recognizing the strength in numbers we created the consortium of entities including; non-profit healthcare agencies, diagnostics companies, local physicians network, pharmaceutical companies, and other county departments of health. All to move Florida closer to becoming the healthiest state in the nation and eradicating Hep C. The SCC nursing team established an HIV thrift store to assist our patients in need of clothing items- “particularly coats for the winter,” and other items of interest that are donated by staff and community partners.

**TB/REFUGEE:** The TB Program maintains a close working relationship with area hospitals and community agencies to monitor patients and identify resources that may be of help to our patients.

**VITALS:** Vital Statistics works alongside community outreach partner IDignity to help provide identification to homeless and economically disadvantaged individuals and families. Without identification access to health services becomes difficult.

**WIC:** WIC-Orange County works in partnership with multiple organizations in the community. We provide the services of a nutritionist to Head Start clients in need of specialized diets and also encourage Farmers Markets to become WIC approved vendors. The WIC Program has a partnership with Help Me Grow-United Way to screen WIC one year old clients with potential developmental disabilities. With the purpose of keeping WIC-Orange sustainable in providing services to clients with Medical diagnosis, we have also partnered with the Florida Hospital Dietetic Internship. They will provide supervised clinical nutrition practice to WIC-Orange Nutrition Educators.

“...to identify and address health problems.”







## DOMAIN 5

# POLICIES & PLANS

**AREA 7:** The Area 7 Perinatal Taskforce partnership is between community-based organization Miracle of Love, Orange County SCC, and Orlando Health System (Winnie Palmer High Risk Clinic, Winnie Palmer Labor and Delivery, and Arnold Palmer Infectious Disease Clinic) to address perinatal HIV transmission. The goal of the group is to work to prevent HIV perinatal transmission as this a goal of the State to have a less than 5 cases. In 2018 we follow-up with 78 “Mama Bears”. To ensure providers are aware of the Perinatal Referral process we provided presentations internally (Family Planning, STD, Healthy Start). Furthermore, we sent out a provider letter indicating the Florida statutes 384.31 regarding reporting, Florida administrative code CH.64D-3.042 regarding prenatal testing, and recommendations from American College of Obstetricians and Gynecologist regarding labor and delivery protocols to over 600 providers in Central Florida.

**DENTAL:** When needed we are called upon to discuss water fluoridation in the community which affects policies and plans for community water systems and the continued necessity of continual water fluoridation.

**ENVIRONMENTAL HEALTH:** Develop policies and plans — That support individual and community environmental public health efforts. We effect policy change by educating partners and elected officials regarding environmental health issues by participating on workgroups to address policies.

**EPIDEMIOLOGY:** The Epidemiology Program, through surveillance and data analysis activities provide evidence-based practices that inform the development of guidelines, policies, and regulations to control and prevent acute infectious diseases. One example is our work with the Orange County Heroin Task Force to address the burgeoning opioid epidemic in Orange County.

**IMMUNIZATIONS:** The Immunization program utilize and follow guidelines according to the current standard of care via the Advisory Committee on Immunization Practices (ACIP), Internal Operating Procedures (IOP) and Vaccine standing orders.

### OFFICE OF COMMUNITY HEALTH:

**Tobacco:** Current policies from the US Office on Housing and Urban Development (HUD) has required government-subsidized multi-family housing to become smoke-free. This year, we have worked with several of these housing facilities as well as private apartment complexes to encourage them to establish policies to become smoke-free. We have also worked with local businesses to implement smoke-free workplace policies, as well.

**Healthy at Any Age:** Activities implemented through Healthy At Any Age respond to expressed and inferred community needs and address a wide range of factors impacting qualities of life for aging populations.

**Health Equity:** Plans such as establishing support groups and Men’s Health Clinics, as well as participating in national and international health observances to highlight health priorities for underserved communities are ongoing.

**Healthy Babies:** We have only recently collected enough information and insights to engage policy review and recommendations. We intend to allocate significant time to these efforts soon.



**Healthiest Weight:** We have only recently collected enough information and insights to engage policy review and recommendations. We intend to allocate significant time to these efforts soon.

**BCCEDP:** Our efforts to assist communities to re-prioritize breast and cervical health and other women's issues are building momentum and awareness throughout Orange county. In coming years, we will be prepared to coordinate partnerships toward community-level plans for all women in Orange county.

**OPQI:** OPQI conducts a comprehensive planning process resulting in a Community Health Improvement Plan (CHIP). Implementation of the CHIP is tracked by OPQI. OPQI develops (Strategic Planning) and implements a Health Department Organizational Strategic Plan. Strategic Planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A Strategic Plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it.

**SCHOOL HEALTH:** Our staff is part of the Special Needs Shelter Team where COOP policy is in place.

**STD:** The STD program works with community partners to implement Congenital Syphilis Review Board. The review board developed plans to limit the number of babies born with syphilis through messaging at bus shelters in high risk areas, pens and water bottles handed out during outreach and clinic visits.

**SCC:** SCC has a quality team that consistently reviews data, medical records, and input from clients and funding source for improvement. One departmental milestone was the ADAP bench mark which led to the PDCA project and changes to the departmental structure and revisions in internal processes and policies. The department success is measure by the State ADAP medication pick up rate which is currently established at 85% for all 67 CHD. DOH Orange ADAP department has caseload of 1305 participants that are seen at SCC and the surrounding counties. The population size is comparative to other larger metroplex such as Miami-Dade, Broward, Hillsboro, Duval, and Palm Beach. Prior to the implementation of new processes and policies, the ADAP department was not consistently achieving the State standard. After changes, ADAP have consistently achieved or exceeded the state standards and is ranked first among the comparative counties at 91.1%.

Because of shifts in the specialty referral process for billing that was established in Yr2016 and again in Yr2017 by Ryan White Part A Grantee's Office, policies changes were coordinated between SCC and Orange County Medical Clinic (OCMC) to better streamline process/work flow of State and Local government agencies. SCC continues to manage a large volume of Ryan White patients referral and coupled with the Medicaid, Medicare, and Third Party providers for the clients that did not qualify for Ryan White funding. Soon, DOH-Orange will pilot an electronic process internally that will allow specialty referrals forms to be tracked and managed through the eHMS database and should decrease the amount of time spent coordinating the entire referral processes.

During the 2018-2019 fiscal year the Nutritional Supplement Program policies changed for the SCC RW Part C and Part D case managers. SCC RW Part A consumer's receiving nutritional supplement were outsourced to Community Based Organizations (Hope and Help, CMWP, Miracle of Love and Turning Point) posing a travel/transportation barrier for consumers needing to pick-ups Ensure from their respective CBO case management offices after their visit with SCC Nutritionist. The SCC case management program requested policy amendment allowing the SCC case managers to order and deliver Ensure at SCC. Currently, SCC is completing projects (QFlow, No-Show, wait-time, and data consolidation) to establish policy change and processes at both local and state level.

**TB/REFUGEE:** When needed, internal procedures are written to outline how to best service our clients. Policies are reviewed annually and updated as needed.

**WIC:** WIC-Orange have a Standard Operating Procedures for: Breastfeeding Peer Counselors Scope of Practice; Breast pumps Equipment Protocol; Benefits Issuance; Bloodwork documentation for Clients; Language Line Services; Provision of Medical Foods through Direct Distribution; Second Nutrition Education Contact; High Risk Contact Documentation; Destruction of Formula and Food; Procedures during Hurricanes; Data to Transfer WIC Participants.

# Enforce PUBLIC HEALTH LAWS

Enforce laws and regulations that protect health and ensure safety.



**ENVIRONMENTAL HEALTH:** Laws and regulations that protect environmental public health and ensure safety. Most of Environmental Health's day to day activities include enforcing public health laws and State statutes in Orange County.

**IMMUNIZATIONS:** The Immunization program follows the guidelines mentioned in Domain 5 to ensure client and staff safety. Vaccine Information Statements are required by law to be provided to clients or the clients parent/guardian if the client is a minor.

**SCHOOL HEALTH:** The School Health team reviews health and immunization records of the students in Orange County. Each principal or registrar is notified if a student is not up to date with a physical exam or immunizations.

**STD:** The STD program staff is trained in HIPPA compliance and places a high priority on the confidentiality of client information.

**SUNSHINE CARE CENTER:** Have an established goal of no more than five mother-to-child HIV transmissions among all 67 counties. To accomplish this goal, SCC Perinatal Program partnered with DOH-Orange Area7, Orlando Health System (High Risk Obstetric Services), Winnie Parmer Hospital, and Arnold Palmer Specialty Practices. Other members of the Central Consortium are Housing Opportunities for Persons with AIDS (HOPWA) and Targeted Outreach for Pregnant Women Act (TOPWA) program office, DOH-Orange Healthy Start, DOH-Orange Women's Health, DOH-Orange Women, Infant and Children (WIC) Program and DOH-Orange STD. During YR2018, DOH-Orange had two mother-to-child HIV transmissions out of 93 HIV+ pregnancies- a .02% rate. Both cases were due to mothers that were non-compliant to medical care and treatment as well as medication compliant. As a result, the prenatal consortium has discussed the implementation of Video Directly Observed Therapy (VDOT) as an option to ensure the pregnant mother is compliant. The Prenatal VDOT program will only be utilized for non-compliant pregnant mothers and conducted by a medical care manager with direct contact with the medical provider.

**TB/REFUGEE:** The TB Program maintains a close working relationship with the DOH legal office and seeks guidance on obtaining court order for non-compliant patients as needed.

**WIC:** The WIC-Orange Vendor Manager does annual compliance reviews on our 126 WIC approved vendors, to make sure they meet the minimum inventory requirement of foods and that the rules established by the WIC Program are being followed. The Vendor Manager also works with the WIC State Office in conducting investigations on the misuse of WIC funds.



## DOMAIN 7

# IMPROVE ACCESS

Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

**AREA 7:** Area 7 has a linkage team that provide linkage to HIV services throughout the four-county region. They are responsible for assisting persons living with HIV that are aware of their status, persons who have newly tested HIV positive, and persons who are not currently accessing HIV/AIDS care. The team focuses on increasing the number of people who know their HIV status, to increase the number of HIV positive persons linked to care, to increase the number of people retained in care and on antiretroviral therapy and maintaining a suppressed viral load. Through our Test and Treat program we linked a total of 209 individuals to care within Orange, Osceola, and Seminole counties.

**DENTAL:** When needed, referrals are provided to specialists for our clients in need of additional specialist care i.e. pediatric dentists, endodontists and oral surgeons.

**ENVIRONMENTAL HEALTH:** This is an important part of what we do and is completed through our partnerships and work group memberships. A great example is our Indoor Air Quality program where no regulation exists, so clients can be assisted through a network of other government agencies.

**EPIDEMIOLOGY:** The Epidemiology Program, through surveillance and data analysis activities provide evidence-based practices that inform the development of guidelines, policies, and regulations to control and prevent acute infectious diseases. One example is our work with the Orange County Heroin Task Force to address the burgeoning opioid epidemic in Orange County.

**FAMILY PLANNING PRENATAL HEALTH:** Link people to needed personal health services which is done through client referrals to local health care partners to augment and enhance the total healthcare spectrum. We broke the barrier of flu and Tdap vaccinations by immunizing the prenatal and family planning client in all three of our clinics for Flu, Tdap and HPV .

**HEALTHY START:** The Healthy Start goal of improving pregnancy, health, and developmental outcomes is facilitated through care coordination services that provide the knowledge, encouragement, linkages, and support necessary to maximize families' health, wellbeing, and self-sufficiency. Our Healthy Start care coordinators achieve this goal by helping participants and their families receive the appropriate interventions they need to improve situations that place them at risk. The care coordinators strive to assure each participant's continued involvement in prenatal and child health care as well as other needed community and Healthy Start services through actively engaging the participant and building on the families' strengths, assets and goals. Services are provided at no cost to participants. In addition to care coordination, Healthy Start services include: Breastfeeding Education and Support, Childbirth Education, Home Visits, Interconception Education and Counseling, Parenting Education and Support (i.e. Car Seat Safety, Safe Sleep Environment), Supportive Counseling, Smoking Cessation Education and Counseling. In 2018, the Healthy Start Program provided services to 11,344 pregnant women and/or infants. All services are funded by The Healthy Start Coalition of Orange County.



**IMMUNIZATIONS:** The Immunization Program provides and links other available or additional services to clients to prevent missed opportunities for vaccine preventable diseases.

## OFFICE OF COMMUNITY HEALTH:

**Tobacco:** Tobacco Free Florida offers a number of options to quit tobacco consumption. Communities are offered access to face-to-face, phone-based, and online options to address nicotine addiction and minimize direct and distal harm to communities.

**BCCEDP:** BCCEDP allots much of its effort to aligning service providers and garnering their support to provide screenings and/or treatment to women. Once established, communities are provided these services and/or referred to participating service providers.

**SCHOOL HEALTH:** The School Health program works with community partners to get students and families linked to the services that they need.

**STD:** The STD program provides linkage to interdepartmental programs as well community-based programs. Interdepartmental programs such as Test and Treat and PrEP. Community based programs such as TOPWA for housing and Aspire for mental health treatment.

**SUNSHINE CARE CENTER:** SCC received Ryan White funding for two EIS staff during YR2018, who were tasked with case contact for newly diagnosed HIV+ individuals and linking them into care. The EIS established contact and completed Ryan White eligibility processes and treatment/consent documents which reduced the time linking the individuals to the clinic. Newly infected individuals were processed directly to the client while others (previously established) that needed only to be re-engaged into care were tracked through the SCC normal clinic process. The EIS conducted 220 newly diagnosed cases and re-engaged 60+ clients back into care. Their efforts assisted with improving the loss to care rates, re-engagement rates, linkage to clinical service rates and the rate of individual prescribed ART by linking newly diagnosed to Test and Treat.

Since the implementation of the Test and Treat clinic in SCC, 108 newly diagnosed cases were seen in YR2018. Identifying and treating this population has helped with increasing the number of patients that are aware of their status and quickly linking them to other needed health services has also assisted with health equity issues because individuals are now able to acquire a medical home and have their medical issues addressed and resolved.

**TB/REFUGEE:** Patients are referred and linked to needed resources when areas that may interfere with the completion of treatment are identified. The TB Program also provides Incentive & Enabler services to the patient as approved and provided by the TB Program in Tallahassee (i.e.- rent assistance, utility assistance, food coupons, etc.)

**WIC:** The WIC Program refers clients to needed health and other services they may qualify for. We have 8 WIC Clinics countywide, strategically located to provide accessibility to the population we serve.





**AREA 7:** To ensure our partners are competent on the HIV epidemic, we provide monthly HIV counseling training called HIV/AIDS 500/501. In 2018, Area 7 trained 170 new HIV testers who provide testing and counseling throughout the 4-county region.

**DENTAL:** Regular training of our staff is a must. The Dental Program was awarded special project money for a new electronic oral health records. Several trainings have been performed and more is scheduled for our staff's proficiency in this new program.

**EMERGENCY OPERATIONS:** In July of 2018, the employee training program joined with the Emergency Operations Program. The program name changed to Public Health Training, Preparedness and Response Program and is responsible for developing trainings and exercise programs to enhance the knowledge of the employees in areas of disaster preparedness and professional growth in the workplace.

Planning and training began in 2016 for the final Point of Dispensing (POD) full scale exercise that took place in March of 2018. This 9-county, region wide exercise gave the Department of Health in Orange County employees the ability to use all the knowledge gained through training and drills to open a Drive Though POD for the community partners to attend.

Basic Life Saving and AED classes are offered to employees each month. In 2018, Heartsaver CPR and AED trainings were offered to several community partners.

**ENVIRONMENTAL HEALTH:** We assure a competent environmental public health workforce. This is accomplished through the standards for training and certification as established by State and National certification boards, the agency expectations as well as through our Employee Development and Employee Engagement committees.

## DOMAIN 8

Continued

**EPIDEMIOLOGY:** The Epidemiology Program provides staff with the opportunity to participate in peer-attended conferences and workshops provided by the state Bureau of Epidemiology, as well as encourages publication in national, peer-reviewed journals, and possible attendance at national epidemiology meetings. Each employee is encouraged to take advantage of leadership training provided by DOH to build the next generation of public health leaders.

**FAMILY PLANNING PRENATAL HEALTH:** Assure a competent public healthcare workforce by providing monthly trainings. These are provided through staff meetings for the program by internal and external healthcare experts and through the completion of online trainings recommended by Title X, MCH and HRSA grant entities.

**HEALTHY START:** Assure a competent maternal child health workforce. This is accomplished by providing ongoing staff development opportunities on maternal child health evidence-based curriculums, population health and social determinants of health through the completion of LMS online trainings, webinars, and face-to-face in-services.

**IMMUNIZATIONS:** The Immunization program is diligent with training, mentoring and developing staff via monthly home team meetings, huddles, annual mandatory trainings, webinars, on the job training to ensure competency, vaccine education, and in-services.

### OFFICE OF COMMUNITY HEALTH:

**Tobacco:** Training and professional development are key components of the Office of Community Health, and Tobacco Free Florida-Orange County is always observing opportunities to engage with diverse communities directly and build new partnerships to improve in-house expertise.

**Healthy at Any Age:** As information becomes clearer about aging populations, the Office of Community Health will ensure attendance at pertinent training and instruction.

**Health Equity:** Instruction on social and cultural determinants of health as well as maintaining constructive community partnerships will continue to be emphasized for the Office of Community Health, Health Equity program.

**Healthy Babies:** Healthy Babies maintains ongoing surveillance for training on infant health.

**Healthiest Weight:** Healthiest Weight maintains ongoing surveillance for training on comprehensive wellness and physical activity across the lifespan. It is our perspective that individuals will initiate and sustain behavioral change in activities they enjoy.

**BCCEDP:** Beyond oncology, BCCEDP is contributing to, and gaining competencies from, environmental health, social and cultural determinants of health, and other women's health issues. We will continue to participate in these trainings and obtain comprehensive approaches to wellness including breast and cervical cancer prevention.

**OPQI:** OPQI ensures a competent workforce through the assessment of staff competencies, the provision of individual training and professional development, and the provision of a supportive work environment via the development and implementation of the Strategic Workforce Development Plan. The health department workforce

development plan ensures that staff development is addressed, coordinated, and appropriate for the health department's needs. A strategic workforce includes the alignment of workforce development with the health department's overall mission and goals and the development of strategies for acquiring, developing, and retaining staff.

**SCHOOL HEALTH:** The School Health Supervisors attend the Florida Association for School Nurses Conference every year and bring back current best practice materials for the staff to use. The entire School Health Staff attends the Florida School Health Association conference on a yearly basis to obtain CEU's and to be updated on current school-based health practices.

**STD:** The STD program strives to hire the most qualified applicants by requiring specialized training and experience. Once hired, staff will receive initial training, job-specific and ongoing yearly refresher training and updates.

**SUNSHINE CARE CENTER:** The SCC is very committed to ensuring a competent workforce. During Yr2018, 35 professional and para-professional staff members attended specialized conferences (AETC, HRSA, CDC), participated in webinars associated with their profession, and/or completed online certifications. Four staff members received scholarships to participate in the US Conference on AIDS and five staff members are utilizing the State of Florida Education Reimbursement Program for higher learning opportunities such Bachelor's and MPH degrees. The SCC also has staff members that are professors and proctors for universities or teaching hospitals; Ana Ruadoble and Jose Otero teach at Ana G. Mendez University, Dr. Solero, Dr. Hopkins and Dr. Desai all mentor and train Fellows and medical students from Orlando Medical Clinic and Nova University, and Willie Carter, is a professor/mentor at the University of Central Florida Medical (1st year Med-Student Research Program).

**TB/REFUGEE:** Staff are cross-trained to be able to assist in different areas of the TB and Refugee Health Program as needed.

**WIC:** With the purpose of keeping WIC-Orange sustainable in providing services to clients with Medical diagnosis, we have partnered with the Advent Health Dietetic Internship Program. They will provide 200 hours of supervised clinical nutrition practice to WIC-Orange Nutrition Educators. Regular training is conducted, and meetings held with staff at least twice a year in addition to tracking that they complete any mandatory trainings within the designated timeframes. WIC Supervisors meet monthly to discuss issues and then that information is shared at sites via monthly home team meetings.





# Evaluate & IMPROVE

Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

**DENTAL:** With the roll-out of the new Dental Managed Care Plans, we are continually evaluating the services we provide to our clients.

**EMERGENCY OPERATIONS:** During 2018, the Public Health Training, Preparedness and Response Program planned two successful immunizations events. The first event in July 2018, provided vaccinations to the school-aged children getting ready to return to school. Over 2,530 vaccines were given to 1,078 clients during the 7-day event. In December 2018, 143 Flu and 106 Hep A shots were given to clients using a drive-thru model. This was the first time in over 10 years this method was used. Each event utilized a different Point of Dispensing model allowing us to test our preparedness capabilities in a real event. The planning for the next 2019 Back to School event will utilize the lessons learned and improvement plans to create a larger event.

**ENVIRONMENTAL HEALTH:** The Environmental Health office currently has four (4) Six Sigma trained Green Belts and is working to certify two more. Quality and Process Improvement is practiced and has been recognized through the receiving of numerous Prudential Productivity Awards.

**EPIDEMIOLOGY:** The Epidemiology Program conducts review of acute infectious disease case data to ensure quality and timeliness of data collection and reporting. There are several numerically defined measures to ensure appropriate investigation and prevention and control measures are instituted.

**FAMILY PLANNING PRENATAL HEALTH:** Evaluate effectiveness and quality through our quality improvement project of record audits by each staff member on a monthly basis. This has improved documentation and mobilized efforts to update all documentation for improved clarity and concise verbiage.

**HEALTHY START:** Reliable, complete, and timely information is essential for public health decision-making and action. Therefore, the Healthy Start program conducts continuous evaluation and monitoring of service delivery. This is done by conducting ongoing quality improvement activities which include: Plan, Do, Check, Act (PDCA) of the provision of services. Local data is collected on customers' satisfaction of services, units of service, types of service, demographic populations, treatment, and type of health education and counseling services provided (i.e. breastfeeding, childbirth, parenting, car seat, and psychosocial). Additionally, national, state, and county level Maternal Child Health data is utilized to evaluate the health of the community, to identify where improvements have been made or where more interventions are needed. Indicators used in the comparison include Healthy People 2020 goals, infant mortality, causes of infant mortality (i.e. low birth weight, prematurity, Sudden Infant Death Syndrome, perinatal conditions), teen pregnancies, including repeat teen pregnancies rates, tobacco use, breastfeeding initiation and types of drug usage by parents of substance exposed newborns.

**IMMUNIZATIONS:** The Immunization Program evaluates quality and process improvements on an ongoing basis via brainstorming, staff input and feedback, Information Technology (IT) input and feedback, initiating storyboarding, internal audits, evidence-based input/feedback, corrective action plans, surveys and statistical information.

## **OFFICE OF COMMUNITY HEALTH:**

**Tobacco:** Measurable objectives ensure benchmarking and efficiency in program implementation. Monitoring use of smoking



cessation options and adoption of smoke-free policies for multi-family housing units inform Tobacco-Free Florida-Orange County's assessment of program effectiveness.

**Healthy at Any Age:** Ongoing outreach and collaboration with the Orange County Office on Aging will ensure Healthy at Any Age remains aware of changing needs of aging populations throughout Orange County. Responsive activities, classes, instruction and service utilization will assess effectiveness and quality of program implementation.

**Health Equity:** Initiation/participation in outreach opportunities, ongoing communication with individuals and community organizations, and directing subject matter experts and governmental leaders toward addressing contextual issues that impact health of Orange county communities are important facets of evaluating effectiveness of services provided. In addition, establishment of new objectives and avenues to increase access to quality health promotion, disease prevention information and services to all of Orange County contribute to this assessment.

**Healthy Babies:** Evaluations include assessments of completion of activities as well as quality of interactions with communities and partners to determine efficacy of program design. In addition, we are constantly seeking knowledge of impending changes in Orange County communities (including ethnic and language propensities, physically and mentally disabled, and LGBTQ+ populations) to ensure inclusion and responsiveness to diversities.

**Healthiest Weight:** Process and outcome evaluations and qualitative assessments determine efficacy of program design. In addition, we seek feedback from Orange county communities (including aging populations, ethnic and language propensities, and physically and mentally disabled) to ensure inclusion and responsiveness to diversities.

**BCCEDP:** Process and outcome evaluations and qualitative assessments from service providers and participants determine efficacy of program design.

**OPQI:** Performance Management and Quality Improvement practices and processes

OPQI uses a Performance Management System to monitor achievement of organizational objectives and develops and implement Quality Improvement processes integrated into organizational practice, programs, processes, and interventions. Performance Management and Quality Improvement practices and processes. Part of creating this infrastructure involves writing, updating, and implementing a health department Quality Improvement Plan.

**STD:** The STD program asks its customers to complete a survey after each visit. The survey results will provide insight into what the clients think of the program and the services. This allows program staff and management to make changes so that they can better serve the community.

**SUNSHINE CARE CENTER:** The SCC program has a quality manager, data manager, clinical manager and IT Electronic Support team that reviews records, monitors data from various systems (Careware, PROVIDE, eHMS-HIV) and meet with departmental leadership to report findings and variances of data and processes that affect the programmatic operation and client services. The report findings assist the program manager with making decisions for programmatic improvement and process changes, and requesting additional funding to increase access to care, continued quality of care, cost effectiveness/risk reduction, and program sustainability. SCC also coordinate with AETC to conduct site audits for recommended improvement/suggestions, and receives annual site audits from RW grantee office, State offices and Federal audits from HRSA Ryan White office. During YR2018, SCC received a passing score from two of its funding source (Ryan White Part A and Part B office). Internally, SCC is monitoring several PDCA projects and the Ryan White HAB measures: Patient wait time for clinical flow process goal of <30min; Patient no-show with a reduction goal <20%; and improving wellness clinic HIV+ women HAB measures to reach 85% target rate.

**TB/REFUGEE:** QI reviews are done periodically to evaluate the TB and RH clinics.

**WIC:** All WIC Supervisors conduct audits and monitor the staff delivery of services; for the continued improvement of our processes.



Apply

# EVIDENCE BASE

Research for new insights and innovative solutions to health problems.

**AREA 7:** Although Pre-Exposure Prophylaxis (PrEP) is not a new innovative preventative measure to combat HIV (utilized since 2012 in other areas), it is new to State of Florida Health Departments. The Department of Health Surgeon General tasked all 67 county health departments to have PrEP services, Area 7 was a part of the implementing services through the STD program in Orange County Health Department (CHD), where services were initiated on 4/2/2018. The PrEP coordinator has recruited 147 clients for services and has maintained 100 clients for follow-up services. In addition, to implementing PrEP services in Orange CHD, the HIV/AIDS Program Coordinator has provided technical assistance and guidance in initiating services with Seminole, Osceola and Brevard CHDs. Furthermore, the HAPC developed several palm cards geared to target populations in English and Spanish, as well as patient resource guide.

**DENTAL:** Dental Health is a very important part of health in general. There have been studies performed regarding the lack of oral health on how it can affect the overall health of a person. We are always stressing to our clients the importance of twice per year check-ups and cleanings for everyone. Not just taking care of oral health when there are problems (i.e. tooth pain, swollen face) for example.

**ENVIRONMENTAL HEALTH:** The Environmental Health office received a grant this year to test the effectiveness of utilizing Mosquito Fish to abate mosquito larva in swimming pools at abandoned homes instead of utilizing larvicidal chemicals. We have installed an aquaponic system on the site of a Community Partner in East Orange County and were awarded a Prudential Productivity award for this effort.

**EPIDEMIOLOGY:** The Epidemiology Program publishes in national, peer-reviewed journals based on acute infectious disease investigations and outbreaks and best practices that may be novel and informative to the greater body of public health research and applied public health practice.

**IMMUNIZATIONS:** The Immunization Program brainstorms for “Forward-thinking” initiatives, opportunities to prevent duplication of services, innovative ideas and solutions to work effectively, efficiently, and accurately, to prevent health problems and ensure a healthy outcome during clinic services.

## OFFICE OF COMMUNITY HEALTH:

**Tobacco:** The Office of Community Health (OCH) is committed to investigating influences on tobacco use from diverse populations and seeks ongoing feedback from populations on factors that influence these decisions given high levels of knowledge of the risks involved.

**Healthy at Any Age:** OCH has established new partnerships with LGBTQ+ and disabled populations to make sure activities are inclusive and responsive to diverse needs of diverse populations.

**Health Equity:** The Office of Community Health has established new partnerships with LGBTQ+, aging and disabled populations to ensure assessment of community-level associations with health outcomes are inclusive and indicative of changing community dynamics.

**Healthy Babies:** Healthy Babies through the Office of Community Health is in partnership with organizations throughout Orange county that provide insights on ethnic, cultural, LGBTQ+ and disabled populations and readily accepts implications on key program objectives and activities to accomplish program goal.

**Healthiest Weight:** The Healthiest Weight program through the Office of Community Health is in partnership with organizations throughout Orange county that provide insights into diverse populations and subsequently impact program objectives.

**BCCEDP:** Through the Office of Community Health, BCCEDP gains insights on various populations including aging, LGBTQ+, disabled, and ethnic populations. Also, internal partnerships in the FL DOH keep BCCEDP aware of opportunities to increase community awareness and foresee changes impacting program implementation.

**SCHOOL HEALTH:** Each staff member of the School Health team looks continuously for innovative solutions to health problems to keep the children of Orange County from missing school.

**STD:** The STD program uses telehealth for PrEP clients when there is no PrEP provider inhouse. The STD program is involved in a study with Rutgers University to determine the best approach to increase STD testing among HIV positive patients and those at high risk of contracting the HIV virus.

**SUNSHINE CARE CENTER:** DOH-Orange continues to participate in research, maintaining a minimum of two research projects to improve HIV services as well as other infectious diseases. Currently, DOH-Orange is the lead site of three participating county health departments (Alachua, Bay and Orange) in a national SPNS Project to improve STD prevention amongst patients living with HIV. DOH is also championing a project to eradicate HCV, bringing together several counties and nonprofit agencies to provide treatment and improve the quality of care for patients living with Hepatitis C.

The PRiME study is a cohort of 20 community-based health centers will participate in the study with up to 15 of their patients. The 1.25-hour educational program presented by a clinician is intended to educate patients on the risks of HIV disease progression, treatment, and self-care. The program, providers, and patients will complete tethered baseline surveys designed to assess each group's HIV-related knowledge, attitudes and beliefs, practice patterns (clinicians), and self-care skills (patients). The overall designed is to increase communication between patient and provider here at DOH Orange.

**WIC:** As the population in Orange County grows, the clientele with Medical Diagnosis have grown as well. Through the partnership with Florida Hospital Dietetic Internship, we are creating a path for Nutrition Educators to become Licensed Nutritionists. With this opportunity, we will be able to continuously provide nutrition counseling services our clientele.

The USDA designs the WIC Food Packages based on research from the health and nutrition field. USDA-WIC updates as new findings becomes available. Our Breastfeeding component is evidence based on research. All Licensed Nutritionists must get 30 CEUs biannually, to keep the FL State License in Good Standing. All Licensed Nutritionists that are Registered Dietitian as well, need to get 75 CEUs every five years to keep the RD credential active.

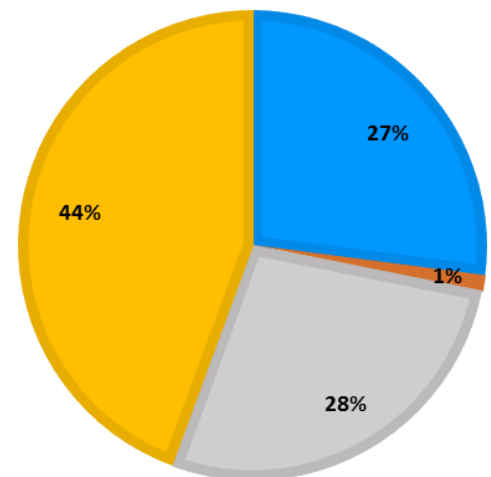


# FINANCIAL HIGHLIGHT

Consolidated Statement of Operations  
(FY 2017-2018)

## REVENUES

General Revenue Other State Funds Federal Funds Local Revenues



## REVENUES

General Revenue	\$9,299,926.00
Other State Funds	\$352,682.00
Federal Funds	\$9,977,404.00
# Local Revenue	\$15,418,614.00
<b>Total</b>	<b>\$35,048,626.00</b>

## EXPENSES

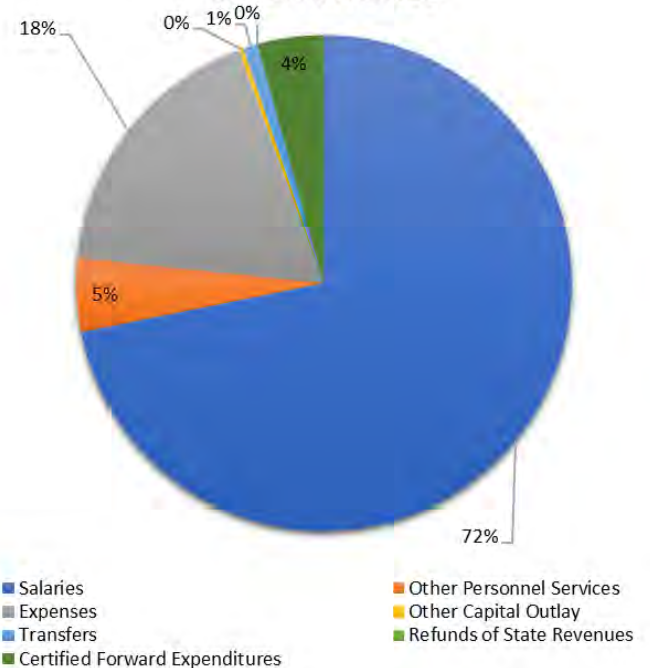
Salaries	\$25,409,841.00
Other Personnel Services	\$1,693,716.00
Expenses	\$6,294,209.00
Other Capital Outlay	\$115,945.00
Transfers	\$324,765.00
Refunds of State Revenues	\$14,631.00
*Certified Forward	\$1,521,340.00
<b>Total Expenditures</b>	<b>\$35,374,447.00</b>

**Reserve** **\$(325,821.00)**

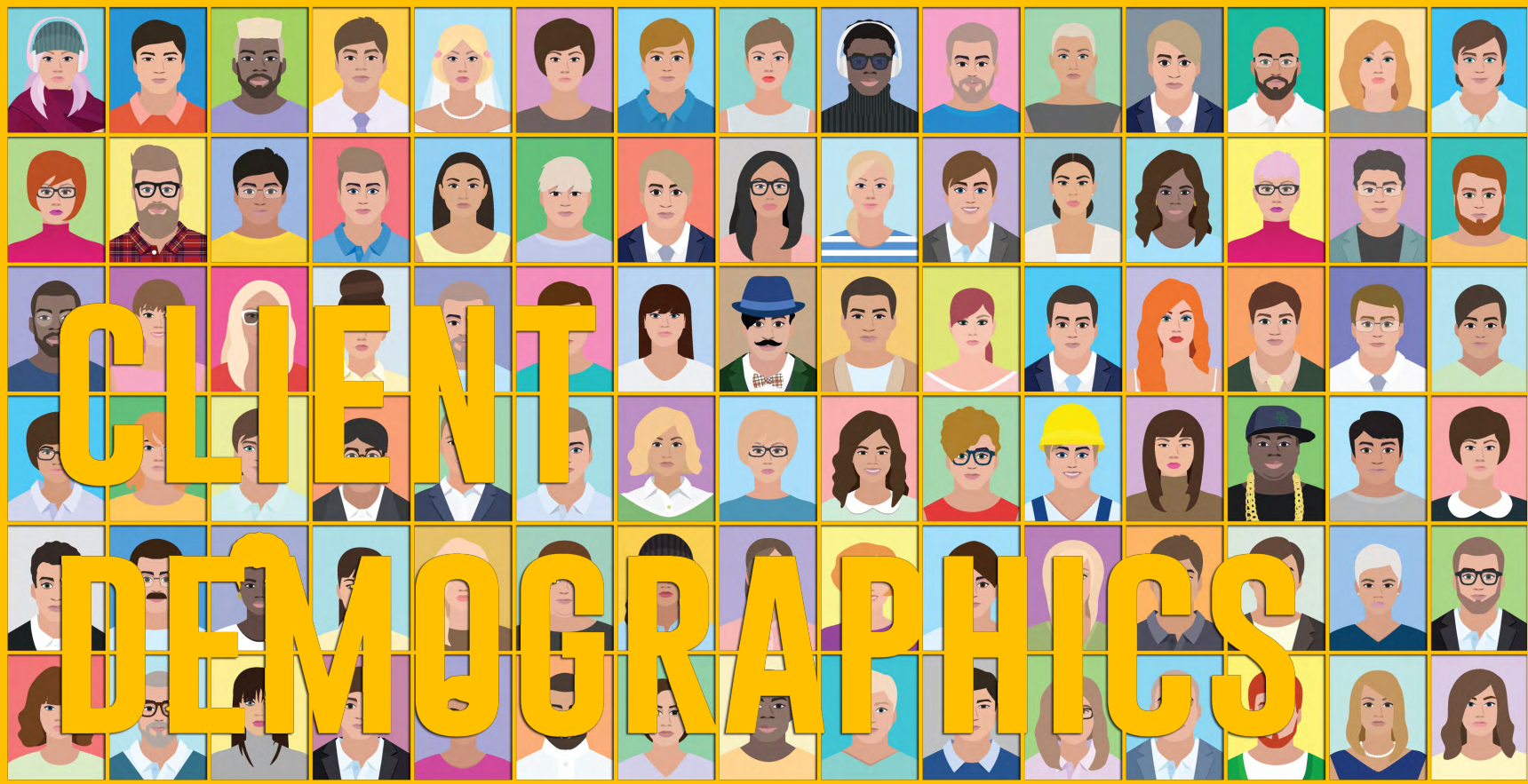
#Includes: Client Fees, Local Grants and Contracts & direct Federal Grants

\*Expenses paid in 2017-2018 obligated in prior fiscal year

## EXPENDITURES

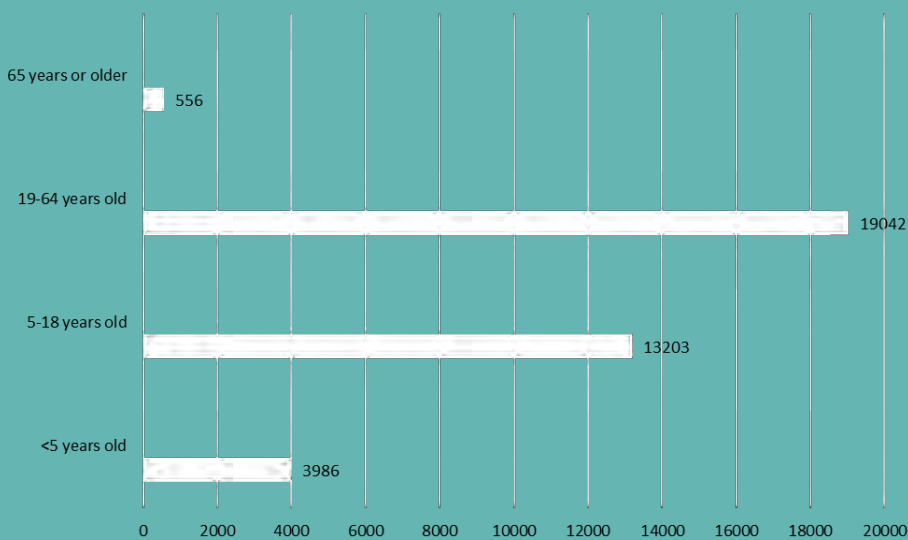




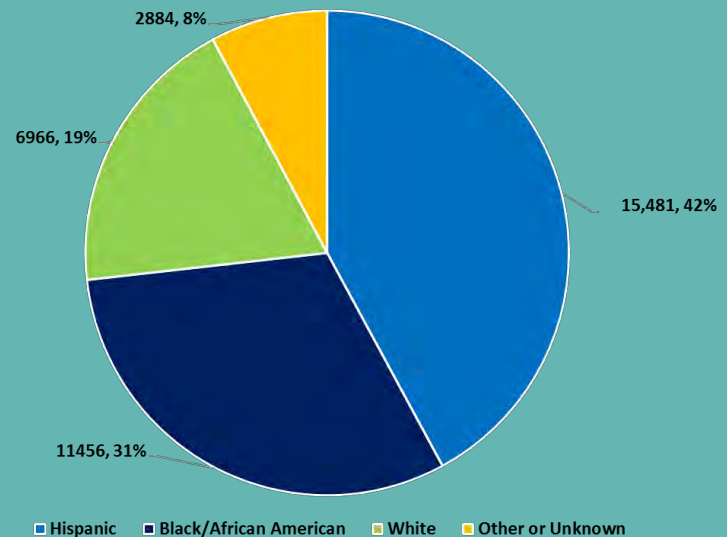


TOTAL CLIENTS **36,787**  
 TOTAL VISITS **85,581**

Client Count by Age



Client Count by Race/Ethnicity





## COMMUNICABLE DISEASE

13,214



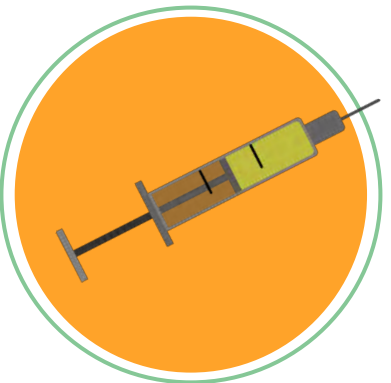
## FAMILY PLANNING PRENATAL HEALTH

2,999



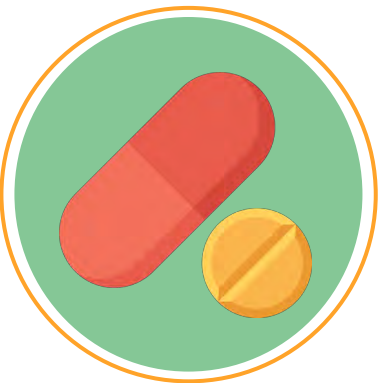
## DENTAL

2,968



## IMMUNIZATIONS

13,214



## PHARMACY

368

# CLIENT COUNT BY PROGRAM AREA



... OTHER  
4,372

# LOCATIONS



## **Administration Building**

6101 Lake Ellenor Drive  
Orlando, Florida 32809  
407-858-1400

## **Apopka Health Center**

1111 North Rock Springs Road  
Apopka, Florida 32712  
**WIC Program** 407-858-1481

## **Central Health Center**

832 W. Central Boulevard  
Orlando, Florida 32805  
**Main Number** 407-858-1430  
**WIC Program** 407-858-1494  
**Central Express** 407-858-1487

## **Church Street Vital Statistics Office**

807 West Church Street  
Orlando, Florida 32805  
407-858-1460

## **Colonial - Environmental Health**

1001 Executive Center Drive, Suite 200  
Orlando, Florida 32803  
407-858-1497

## **Eastside Health Center**

12050 East Colonial Drive  
Orlando, Florida 32829  
**WIC Program** 407-858-1494  
**Family Planning/Prenatal Health**  
407-858-1487

## **Hoffner Health Center**

5449 South Semoran Boulevard  
Orlando, Florida 32826  
**Dental (Suite 19B)** 407-858-1478  
**WIC Program** 407-858-1479

## **Lake Underhill Health Center**

5730 Lake Underhill Road  
Orlando, Florida 32807  
**WIC Program** 407-858-1476

## **Ocoee Health Center**

475 West Story Road  
Ocoee, Florida 34791  
**Healthy Start** 407-858-1472

## **Southside Health Center**

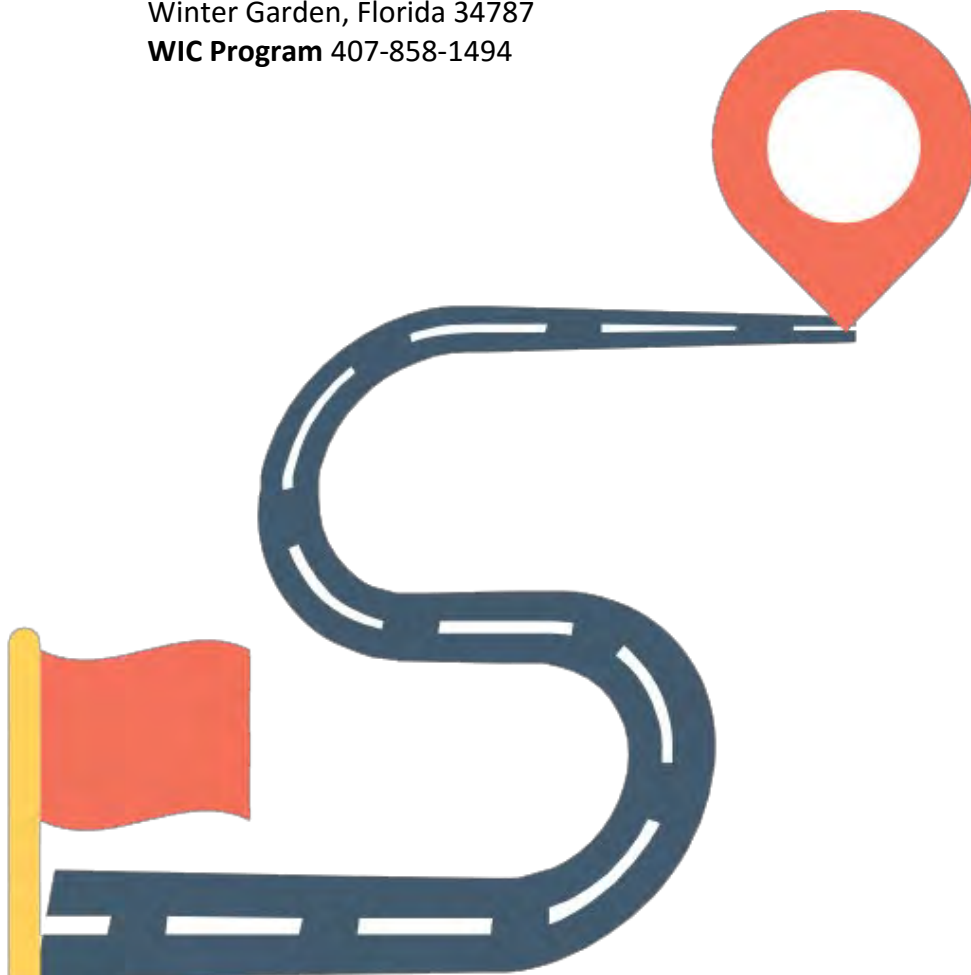
6101 Lake Ellenor Drive  
Orlando, Florida 32809  
**WIC Program** 407-858-1494  
**Family Planning/Prenatal Health** 407-858-1487

## **Westside Health Center**

6218 West Colonial Drive, Suite 232  
Orlando, Florida 32808  
**WIC Program** 407-858-1494

## **Winter Garden Health Center**

13275 West Colonial Drive  
Winter Garden, Florida 34787  
**WIC Program** 407-858-1494





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