



Florida Department of Health in Charlotte County

Strategic Plan 2016-2019

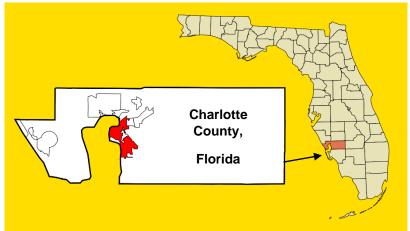
Minor Update: Completed September 2017













Florida Department of Health in Charlotte County 1100 Loveland Boulevard Port Charlotte, Florida 33980 http://charlotte.floridahealth.gov

Produced by

The Florida Department of Health in Charlotte County

Office of Strategic Planning, Communications & Preparedness

Mission:

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



Rick Scott Governor

Celeste Philip, MD, MPH Interim State Surgeon General

February 21, 2017

Dear Charlotte County Residents:

It is my pleasure to present you with an updated Department of Health (DOH) in Charlotte County Strategic Plan. Normally this plan is done every two years, however, in this instance we have updated our Plan halfway through the two-year cycle to allow for the incorporation of new initiatives under my new administration.

Our department is responsible for protecting, promoting and improving the health of all people in Florida through integrated state, county and community efforts, yet concentrating our counties specific and unique needs.

The Department of Health in Charlotte County's Strategic Plan for 2016-2018 will guide our department's strategic directions and priorities over the next three years. It highlights key areas where DOH-Charlotte seeks to make significant improvements in the health and well-being of Charlotte County residents. The plan not only sets forth what we will strive to achieve—it provides a road map for how we plan to achieve it.

Priorities have been set within the context of a dynamically changing public health environment. Health care reform and other forces of change are providing DOH-Charlotte with the opportunity to redefine ourselves as a forward-looking organization. As public health professionals and decision-makers, we find ourselves in a unique moment poised to reaffirm our core services and scope out new areas of focus.

This Strategic Plan highlights key areas where we plan to effect significant change in the coming years, and identifies five strategic priority areas that organize these focused efforts with fiduciary responsibility.

As your Department, my staff and I look forward to servicing each of you and in advocating on your behalf in the ensuing future.

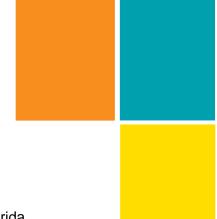
Sincerely.

Frank Louis Lepore, DPM, MBA, FACHE Health Officer / Director

FL DOH in Charlotte County

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MISSION

Why do we exist?

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

VISION

What do we want to achieve?

To be the Healthiest State in the Nation.

VALUES

What do we use to achieve our mission and vision?

I nnovation: We search for creative solutions and manage resources wisely.

C ollaboration: We use teamwork to achieve common goals & solve problems.

A ccountability: We perform with integrity & respect.

R esponsiveness: We achieve our mission by serving our customers & engaging our partners.

E xcellence: We promote quality outcomes through learning & continuous performance improvement.

Executive Summary

The Florida Department of Health in Charlotte County (DOH- Charlotte) initiated a new Strategic Planning process in August 2015. The process involved numerous internal staff including senior leadership, program managers, supervisors, front line staff and a dedicated Strategic Planning Committee (Appendix A). External partners were also engaged in the planning process through multiple channels that included community focus groups, workshops, presentations, feedback surveys and multiple collaborative partnership meetings (Appendix C).

DOH- Charlotte 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.

DOH- Charlotte 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 (Appendix B). The DOH-Charlotte 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 Charlotte County public health. Our Strategic Plan is intended to position DOH- Charlotte to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to give our customers high quality public health services.

Our Strategic Planning process resulted in identifying five priorities, or perspectives. These perspectives represent the synthesis and integration of information, data, opinions, perceptions, and issues examined by the DOH-Charlotte leadership team. DOH-Charlotte's perspectives are:

Perspective #1 – Healthy Moms and Babies

Perspective #2 – Long, Healthy Life

Perspective #3 – Readiness for Emerging Health Threats

Perspective #4 - Effective Agency Processes

Perspective #5 – Workforce Development

These perspectives guided development of goals, objectives and measures and will help to shape decisions about resources and actions (Appendix D).

The result of the Strategic Planning process is a well-crafted roadmap that DOH-Charlotte will review and revise (as needed) annually to meet emerging challenges and opportunities.

In March 2016 DOH-Charlotte, as part of the Florida Integrated Local Public Health Department System, received accreditation from the Public Health Accreditation Board (PHAB). Being accredited means our department performs at the highest nationally recognized, practice-focused and evidenced-based standards. This entails continuous quality improvement, performance management, workforce development, cultural competency, standardized

processes and procedures, best practices, outstanding customer service and continued community involvement and partnership development among other world class standards.

In July 2017, the Strategic Plan was reviewed, along with the strategic planning cycle. It was determined by the Performance Management Council (PMC), formerly the SPIL, that extending the cycle to conclude each plan at the end of a fiscal year as opposed to a calendar year would optimize the cycle. The planning process and timeframe would remain the same, but having six months between initial planning and implementation will allow for better alignment with the budget.

The group also decided to maximize the use of InsightVision software for all performance measures at DOH-Charlotte. This decision prompted minor revisions to the Strategic Plan to align the language of the Plan to the structure of InsightVision. Changes to this plan included changing "priority issues" to "perspectives", and "indicators" to "measures". This mirrored language between InsightVision and the DOH-Charlotte Strategic Plan will make measuring performance of the plan more streamlined.

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 overarching goal of public health is 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.

Demographics

The Florida Department of Health in Charlotte County serves a population of 164,927.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Charlotte County apart is that it ranks second in the Nation with over 35% of people who are 65 and older; preceded by Sumter County, FL with 52.9%.

Population by Age

Charlotte County and Florida

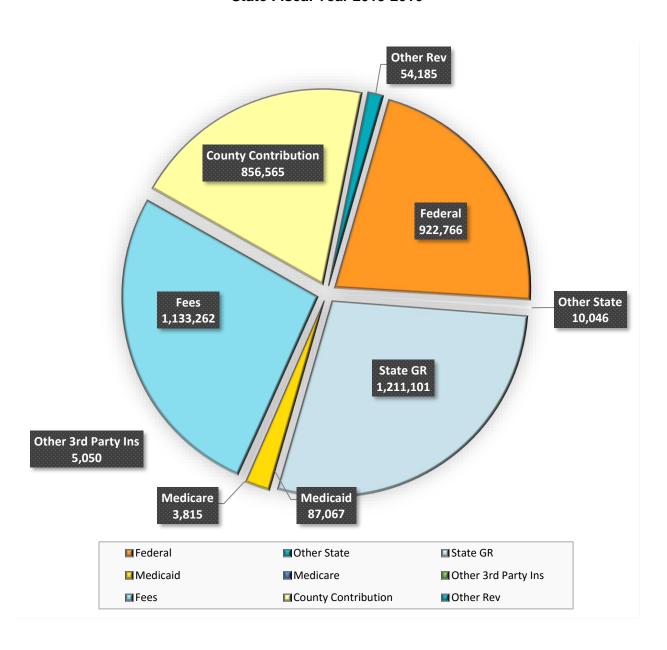
	County	State - 2014		
Age Group	Total Number	Total Percentage	Total Percentage	
< 5	5,688	3.5	5.6	
5 – 14	12,610	7.6	11.7	
15 – 24	13,589	8.2	12.8	
25 – 44	25 – 44 25,759		24.5	
Subtotal	Subtotal 57,646		54.6	
45 – 64	49,648	30.1	27.0	
65 – 74	65 – 74 30,325		10.0	
> 74	> 74 27,308		8.4	
Subtotal	107,281	65.1	45.4	
Total	164,927	100.00		

Source: Population estimates are provided by the Department of Health, Office of Health Statistics and Assessment in consultation with the Florida Legislature's Office of Economic and Demographic Research (EDR).

Budget and Revenue

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

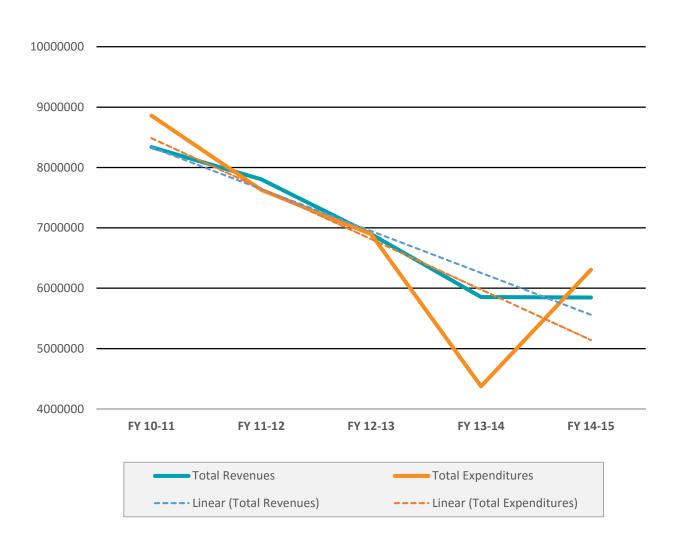
The Florida Department of Health in Charlotte County
Revenue Percentage by Source
State Fiscal Year 2015-2016



Revenue and Expenses

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 Charlotte County. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the trend of these values.

The Florida Department of Health in Charlotte County Revenue and Expenses State Fiscal Year 2010 – 2015



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 Charlotte 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 providing refugee health services, investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and HIV/AIDS surveillance, education and testing, 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.

QUALITY IMPROVEMENT (QI)

We continually seek to improve the quality of the programs and services we offer and maintain Accreditation standards aligning our goals & objectives to QI (Appendix D).

FAMILY PLANNING

We offer education and counseling to help women plan their families and improve their reproductive health and birth outcomes.

GROWING STRONG FAMILIES

We empower at-risk women to change behavior in order to improve their quality of life and that of their children and families.

COMMUNITY HEALTH

We plan and implement programs 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 new moms, infants, and children up to age five.

SCHOOL HEALTH

We collaborate with the local school board 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.

SWOT Analysis*

Strengths (Internal)

Experience

Equipment

Vehicles

Small Agency

Knowledgeable staff

Cooperation

Vaccine Availability

Educated staff

Dedicated staff

Enthusiasm

Passion for Health

Team Players

Same branding

Strong Leadership

Strong Community collaboration

Customer Service Oriented

Kindness

Hard working people

Weaknesses (Internal)

Lack of support from central office

Budget cuts every year

Lack of authority (too centralized)

Lack of effective communication

Late in technology

Turn over

Low paying jobs

No compensation (salary increases)

Low staff coverage

Too many trainings

Too much red tape

Reduces sites (building locations)

Lack of mass public transportation

Not enough street lights

Not enough bike lanes

Not enough sidewalks

Time wasted

Diversity-Language barrier

Opportunities (External)

Invest more in educating the community about health issues

Be more visible to the community (PR Plan)

Create a strong communications plan

Create a PR plan

Increase partnerships

Increase training opportunities

Increase cross training

Increase staff levels

Increase services offered

Pursue more grants funding

Increase HPV vaccinations

Increase breast feeding rates

Increase mental and behavioral support

Reach more people- preventive services

Get involved with homeless initiatives

Add employee incentives/ salary increases

Add employee recognition program

Add a work-out lounge for employees

Allow flex hour schedules

Communication thru social media to promote health

Conduct EH inspections by drones in the future

Threats or Challenges (External)

Shrinking revenues

Ignorance

Politics

Legislation

Intolerance

Information Management

Elections year

Political apathy

Budget cuts

Lack of Medicare

^{*}See Appendix B for a description of the SWOT process

Perspectives

Perspective 1: Healthy Moms and Babies

Goal:

Improve the health of moms and babies through integrated, evidence-based prevention, protection, and promotion initiatives

Objectives:

- To maintain the percent of 2-year-old clients fully immunized.
- 2. To increase the percent of WIC infants ever breastfed.
- 3. To increase the number of pregnant women receiving
- To maintain the percentage of teen family planning clients who adopt an effective or higher method of birth control.
- 5. To maintain the financial impact of the GSF program.

Perspective 3: Readiness for Emerging Health Threats

Goal:

Prevent the spread of communicable diseases and minimize the impact of public health hazards.

Objectives:

- 1. To maximize readiness for emerging disease threats
- To maximize readiness for emerging natural or manmade disasters
- 3. To maximize protection from environmental health

Perspective 2: Long, Healthy Life

Goal:

Promote healthy life styles, reduce chronic disease risk, and improve quality of life

Objectives:

- To maintain the number of students exposed to
 5-2-1-0 Let's Go!
- 2. To increase the number of HPV vaccine doses administered.
- 3. To reduce unintentional injuries in children ages 0-4.

Perspective 4: Effective Agency Processes

Goal

Achieve operational efficiencies through sound Financial, Process Improvement and Business Practices.

Objectives:

- 1. To ensure balanced operational budget.
- To ensure that actual quarterly expenditures align with budgeted expenditures.
- To maintain standards for information security and privacy.
- To improve the quality of agency processes in line with PHAB accreditation.
- 5. To meet and exceed customer satisfaction.
- 6. To have a self-sustaining dental clinic program.

Perspective 5: Workforce Development

Goal

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

Objectives

- 1. To develop an organizational strategy to capture institutional knowledge.
- 2. To provide learning opportunities for professional growth.
- 3. To establish a roadmap to continuous development of our workforce.

Goals, Objectives & Measures

Perspective 1: Healthy Moms and Babies

Goal 1.1: Improve the health of moms and babies through integrated, evidence-based prevention, protection, and promotion initiatives.

Objectives	Measures
1.1.1: To Maintain the percent of 2-	1.1.1A: The percent of 2-year-old clients fully immunized.
year-old fully immunized.	
1.1.2: To increase the percent of WIC	1.1.2A: The percent of WIC infants who were ever breastfed.
infants ever breastfed.	
1.1.3: Increase the number of pregnant	1.1.3A: The number of pregnant women receiving a flu
women receiving a flu vaccine.	vaccine.
1.1.4: To maintain or increase the	1.1.4A: The percentage of teen family planning clients who
percentage of teen family planning	adopt an effective or higher method of birth control.
clients who adopt an effective or higher	
method of birth control.	
1.1.5: To maintain the current financial	1.1.5A: The financial impact of the Growing Strong Families
impact of the GSF program.	(GSF) program.

Perspective 2: Long, Healthy Life

Goal 2.1: Promote healthy life styles, reduce chronic disease risk, and improve quality of life.

Objectives	Measures
2.1.1: To sustain the number of	2.1.1A: The number of children exposed to 5-2-1-0 Let's Go!
students exposed to 5-2-1-0 Let's Go!	
2.1.2: To increase the number of HPV	2.1.2A: The number of HPV doses administered.
doses provided.	
2.1.3: To reduce unintentional injuries	2.1.3A: The number of unintentional injuries in ages 0-4.
in ages 0-4.	

Perspective 3: Readiness for Emerging Health Threats

Goal 3.1: Prevent the spread of communicable diseases and demonstrate readiness to protect the public from emergency disasters and health threats

Objectives	Measures
3.1.1: To maximize readiness for	3.1.1A: Composite Annual Score of Core Epidemiology
emerging disease threats.	Measures.
3.1.2: To maximize readiness for emerging natural or manmade disasters.	3.1.2A: Composite Annual Preparedness Score.
3.1.3: To maximize protection from environmental health hazards.	3.1.3A: Comprehensive Environmental Health Score.

Goals, Objectives & Measures

Perspective 4: Effective Agency Processes

Goal 4.1: Achieve operational efficiencies through sound Financial, Process Improvement, and Business Practices.

Objectives	Measures
4.1.1: To ensure balanced operational	4.1.1A: Federal Schedule C OCA cash balances = zero 60
budget.	days after grant period ends.
4.1.2: To ensure that actual quarterly expenditures align with budgeted	4.1.2A: Quarterly budget variance.
expenditures.	
4.1.3: To maintain standards for information security and privacy.	4.1.3A: Percent of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment.
4.1.4: To improve processes.	4.1.4A: The percent of Agency QI project Plan-Do-Check-Act steps on time
4.1.5: To meet and exceed customer	4.1.5A: Percent of completed customer satisfaction surveys
satisfaction.	with a satisfactory or better rating.
4.1.6: To have a self-sustaining dental clinic program.	4.1.6A: Revenue generated by dental clinic.

Perspective 5: Workforce Development

Goal 5.1: Foster a healthy work environment to ensure a highly competent, knowledgeable workforce with opportunities for professional growth and development.

Objectives	Measures
5.1.1: To develop an organizational	5.1.1A: Number of completed internal processes per
strategy to capture institutional	Department added to the central repository.
knowledge.	
5.1.2: To provide learning opportunities	5.1.2A: Number of in-house trainings offered.
for professional growth.	
5.1.3: To establish a roadmap to	5.1.3A: Development of Workforce Development Plan.
continuous development of our	
workforce.	

List of potential strategies and projects

In addition to the funded perspectives, goals, and objectives listed above, Appendix E contains a list of potential strategies and projects. This list is a compilation of items that were identified throughout various exercises (such as the S.W.O.T. Analysis, the 2015 CHA, Community Focus groups, etc.) but were not included in the 2016-2018 Strategic Plan due to resources constraints.

These strategies and projects are listed for future consideration. The list of potential strategies and projects is necessary to demonstrate our commitment to continue implementing identified initiatives, as resources becomes available, and also to help guide the strategic focus of DOH-Charlotte as we continue pursuing alternative sources of funding and developing collaborative partnerships. This list is considered a living document and will be updated as needed.

Appendix A

The Florida Department of Health in Charlotte County Strategic Planning and Improvement Leadership Members



Frank L . Lepore
DOH-Charlotte Administrator



Alberto PerezFinancial Administrator



Dianne NugentExecutive Community Health Nursing Director



Karl HenryEnvironmental Health Administrator



Glama CarterDirector, Office of Strategic Planning, Communications and Preparedness



Abbey Ellner Health Promotion Manager



Joshua HughesDistributed Computer Systems Administrator



Jennifer S. SextonPublic Information Officer



Janet Jaeger Administrative Assistant

Appendix B

Planning Summary

The Florida Department of Health in Charlotte County's Performance Management Council (PMC) and Senior Leadership, oversaw the development of the Strategic Plan and followed the Performance Management Planning Cycle (Appendix F).

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
Aug 21, 2015	Establish timeline for Strategic Plan development
Sept 11, 2015	SWOT Analysis
Nov 9, 2015	Develop strategic issue areas, goals and objectives for Agency Strategic Plan
Nov 30, 2015	Discuss and modify draft Agency Strategic Plan priorities
February 1, 2016	Solidify strategic priority items by having an all staff Strategic Planning two-hour interactive exercise. Send meeting summary survey to narrow down the list of priorities.
February 19, 2016	Incorporate staff's input from survey and prepare final draft of Agency Strategic Plan. Utilize the Strategic Plan to guide the budget process.
September 6, 2016	Sr. Leadership team meeting with new Health Officer (Dr. Lepore) to review the current Strategic Plan and determine if revisions were necessary.
September 12, 2016 to January 10, 2017	Re-evaluation of priorities by Sr. Leadership during weekly meetings to identify immediate upcoming challenges and re-evaluation, if needed, prior to the start of the budgeting process.
January 2017	Minor update to plan
February 13, 2017	Adoption of minor update/revisions to the 2016-2018 Strategic Plan and review and evaluation of the 2016 Strategic Progress Annual Report presented to the PMC and SR. Leadership.
March 24, 2017	2016-2018 Strategic Plan minor update and the 2016 Strategic Progress Annual Report presented and discussed to staff at the All Staff meeting.
July 10, 2017	Performance Management Council agreed to extend length of 2016-2018 Strategic Plan through June 30, 2019 with the purpose of aligning with agency budget cycle.
September 2017	Minor update to plan

In preparation for the strengths, weaknesses, opportunities and threats (SWOT) analysis, staff from DOH-Charlotte County conducted an environmental scan and summarized data from the Community Health Assessment, the Community Health Improvement Plan, Healthy People 2020, the Employee Satisfaction Survey, and customer satisfaction data. Further, they looked at financial data, and they interviewed key stakeholders.

The SWOT analysis exercise was held during an All-Staff meeting having participation from 63 staff members representing all areas of operations, supervision and management. The exercise was conducted over a two-hour period in a very dynamic and interactive manner.

DOH-Charlotte staff presented the environmental scan to the PMC, who reviewed the findings and had a facilitated discussion of agency SWOT analysis. They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in the SWOT analysis meeting.

PMC members then used the SWOT analysis and the agency mission, vision and values to create a draft document containing strategic issue areas and agency goals. This draft document was summarized and discussed once again with staff at an All-Staff meeting with the purpose of narrowing down the priorities (February 1, 2016). The findings from this meeting were summarized in the form of a survey and sent to staff for final vetting. Staff voted (via Survey Monkey) and selected their final priorities. Survey feedback was incorporated into the Strategic Plan and a list of funded and un-funded priorities was developed. After final review the Strategic Plan adopted four FDOH strategic priority issues as perspectives and a fifth local perspective related to workforce development:

Perspective #1 - Healthy Moms and Babies

Perspective #2 - Long, Healthy Life

Perspective #3 - Readiness for Emerging Health Threats

Perspective #4 - Effective Agency Processes

Perspective #5 – Workforce Development

The final report was presented to the PMC for final review and approval.

During the months of September 2016 and January 2017 Sr. Leadership held weekly meetings to identify immediate upcoming challenges and re-evaluate priorities; align the budget to include new goals and objectives; incorporate new initiatives brought forth by Dr. Lepore; and allocate appropriate resources. This resulted in what is referred to as a minor update of the Plan.

Monitoring Summary

The PMC is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan. On a quarterly basis, the PMC will conduct Strategic Plan reviews to monitor progress toward goals and objectives. On an annual basis, a Strategic Plan Progress Report, will be created assessing the progress toward achieving goals and objectives for the year. We will review and revise (if necessary) the Strategic Plan annually by September, based on an assessment of availability of resources and data, community readiness, progress, and alignment of goals.

Appendix C

Partners Engagement

The Florida Department of Health in Charlotte County has been working diligently to maintain transparency throughout the Strategic Planning process. The department has engaged multiple community partners throughout the planning process and in prioritization exercises that included community focus groups, workshops, presentations, feedback surveys and numerous collaborative partnership meetings.

On December 18, 2014, the Charlotte County Board of County Commissioner's Budget Office invited DOH-Charlotte staff to participate in the County's Human Services SWOT analysis which included community leaders and numerous service organizations. This process facilitated communication of goals and objectives among agencies, as well as increased collaboration and identification of priorities and necessary resources.

On February 9, 2015 DOH-Charlotte participated in the Charlotte County Board of County Commissioners Strategic Focus Meeting. This was an all-day face to face exercise in which elected officials worked together with staff and identified strategic issues and established priorities.

On February 25, 2015 DOH-Charlotte engaged in the 2015 Long Range Transportation Plan Consensus Building Workshop. From this meeting, DOH-Charlotte was able to exchange ideas and relate needs identified by the Community Health Improvement Partnership (CHIP) Access to Care sub-committee, ensuring communication and enhancing collaboration.

On March 11, 2015 DOH-Charlotte hosted the Community Health Assessment Forces of Change workshop. During this exercise partners, community leaders and members were engaged in the identification of Forces that would affect the Strategic Planning process and influence the direction of key initiatives.

On April 22, 2015 DOH-Charlotte united forces with local transportation services providers, hospitals and local care services providers such as the Virginia B. Andes, Bayfront Health Hospital and Fawcett Memorial Hospital in partnership with the CHIP Access to Care. This Try-Transit initiative promoted alternative modes of transportation such as walking, biking, car pulling and using public transportation to improve health and provide access to care services.

On May 20, 2015 DOH-Charlotte held the Community Health Assessment identification of issues workshop. Over 55 community service organizations and representatives gathered and discussed the preliminary findings of the Community Health Assessment which utilized the Mobilizing for Action through Planning and Partnerships (MAPP) from the National Association of City and County Health Officials (NACCHO) as its Strategic Planning tool for the 2015 Community Health Assessment (CHA) Plan.

On September 1, 2015 DOH-Charlotte presented the final findings of the 2015 CHA to the community and engaged them in the strategic prioritization of issues.

Our Community Partners



Mission:

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

Appendix D

Work Plan Alignment

Perspective 1: Healthy Moms and Babies

Measures	Baseline	Target	Agency Strategic Plan Alignment	CHIP Alignment	QI Alignment	Due Date & Report Frequency	Owner
1.1.1A: The percent of 2-year-old clients fully immunized	100%	95%	State priorities #1, #2, #3 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care	Community Health	2018 (Bi-Annual)	Community Health Clinic, WIC & Dental Team (WIC)
1.1.2A: The percent of WIC infants who were ever breastfed	79%	82%	State priorities #1, #2 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care	Community Health	2018 (Bi-Annual)	Community Health Clinic, WIC & Dental Team (WIC)
1.1.3A: The number of pregnant women receiving a flu vaccine	70	<u>></u> 70	State priorities #1, #2, #3 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care	Community Health	2018 (Annual)	Community Health Clinic, WIC & Dental Team
1.1.4A: The percentage of teen family planning clients who adopt an effective or higher method of birth control	100%	100%	State priorities #1, #2 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care	Community Health	2018 (Bi-Annual)	Community Health Clinic, WIC & Dental Team (Family Planning)
1.1.5A: The financial impact of the Growing Strong Families (GSF) program.	\$2,800	\$2,800	State Priorities #1, #2 CHA 2015 HP 2020	Maternal & Child Access to Care	Community Health	2018 (Annual)	Community Health

Perspective 2: Long Healthy Life

Measures	Baseline	Target	Agency Strategic Plan Alignment	CHIP Alignment	QI Alignment	Due Date & Report Frequency	Owner
2.1.1A: The number of children exposed to 5-2-1-0 Let's Go!	298	400	State priorities #2 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care	DCPP Team	2018 (Annually)	DCPP Team (Health Promotion)
2.1.2A: The number of HPV doses administered.	199	≥ 199	State priorities #1, #3 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care	Community Health	2018 (Annually)	Community Health Clinic, WIC & Dental Team
2.1.3A: The number of unintentional injuries in ages 0-4.	172	≤ 170	State priorities #2 FL Snap Shot CHA 2015 HP 2020	Access to Care Chronic Disease Prevention	DCPP Team	2018 (Annually)	DCPP Team (Health Promotion)

Perspective 3: Readiness for Emerging Health Threats

Measures	Baseline	Target	Agency Strategic Plan Alignment	CHIP Alignment	QI Alignment	Due Date & Report Frequency	Owner
3.1.1A: Composite Annual Score of Core Epidemiology Measures	100%	67%	State priorities #2, #3, #5 FL Snap Shot CHA 2015 HP 2020	Chronic Disease Prevention	DCPP Team	2018 (QTRLY)	DCPP Team (Epidemiology)
3.1.2A: Composite Annual Preparedness Score	4.8	4.0	State priorities #3, #4, #5 FL Snap Shot CHA 2015 HP 2020	Chronic Disease Prevention	DCPP Team	2018 (Annually)	DCPP Team (Preparedness)
3.1.3A: Comprehensive Environmental Health Score	89.7%	90%	State priorities #3, #4, #5 FL Snap Shot CHA 2015 HP 2020	Chronic Disease Prevention	EH Team	2018 (Tri- Annually)	Environmental Health Team

Perspective 4: Effective Agency Processes

Perspective 4: Ef	Baseline	Target	Agency	CHIP	QI	Due Date	Owner
			Strategic Plan Alignment	Alignment	Alignment	& Report Frequency	
4.1.1A: Federal Schedule C OCA cash balances = zero 60 days after grant period ends.	100%	100%	State priorities #4 FL Snap Shot CHA 2015 HP 2020	No direct correlation yet beneficial	Admin Team	2018 (QTRLY)	Administrative Services Team (Financial)
4.1.2A: Quarterly budget variance.	100	<5%	State priorities #4 FL Snap Shot CHA 2015 HP 2020	No direct correlation yet beneficial	Admin Team		
4.1.3A: Percent of items in compliance with DOH information security & privacy standards, as defined in the annual information security & privacy assessment.	100%	100%	State priorities #4, #5 FL Snap Shot CHA 2015 HP 2020	No direct correlation yet beneficial	Admin Team	2018 (QTRLY)	Administrative Services Team (MIS)
4.1.4A: The percent of Agency QI project Plan-Do- Check-Act steps on time	100%	100%	State priorities #4, #5 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care Chronic Disease Prevention Mental Health	QI	2016 (Annually)	Administration (QI)
4.1.5A: Percent of completed customer satisfaction surveys with a satisfactory or better rating.	96.4%	90%	State priorities #4, #5 FL Snap Shot CHA 2015 HP 2020	Maternal & Child Access to Care Chronic Disease Prevention Mental Health	Admin Team	2018 (QTRLY)	Administrative Services Team (Operations)

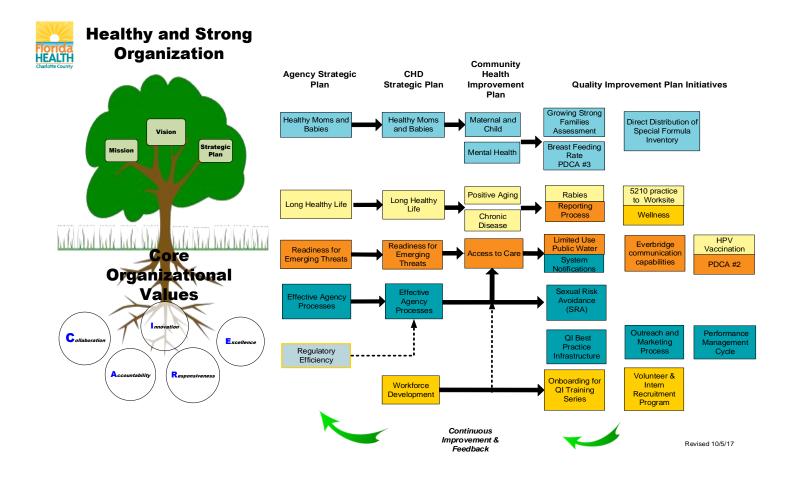
4.1.6A: Revenue	N/A	\$82,500	State priorities	Access to	Admin	2018	Dental Team
generated by dental clinic.			#4	Care	Team	(QTRLY)	Dr. Cuccieri
dornar omnor			FL Snap Shot	Chronic Disease			
			CHA 2015	Prevention			
			HP 2020				
			111 2020				

Perspective 5: Workforce Development

Measures	Baseline	Target	Agency Strategic Plan Alignment	CHIP Alignment	QI Alignment	Due Date & Report Frequency	Owner
5.1.1A: Number of completed internal processes per Department annually.	Not Available	8 IOPs per year	State priorities #4, #5 FL Snap Shot	No direct correlation yet beneficial	Admin Team	2016 (Annually)	All Department Directors
5.1.2A: Number of in-house trainings offered.	3	≥3	Local Health Department Priority #5	No direct correlation yet beneficial	Admin Team	2018 (Annually)	All Department Directors
5.1.3A: Development of Workforce Development Plan.	Not Available	By June 30, 2018	Local Health Department Priority #5	No direct correlation yet beneficial	Admin Team	2018 (Annually)	WFD Team

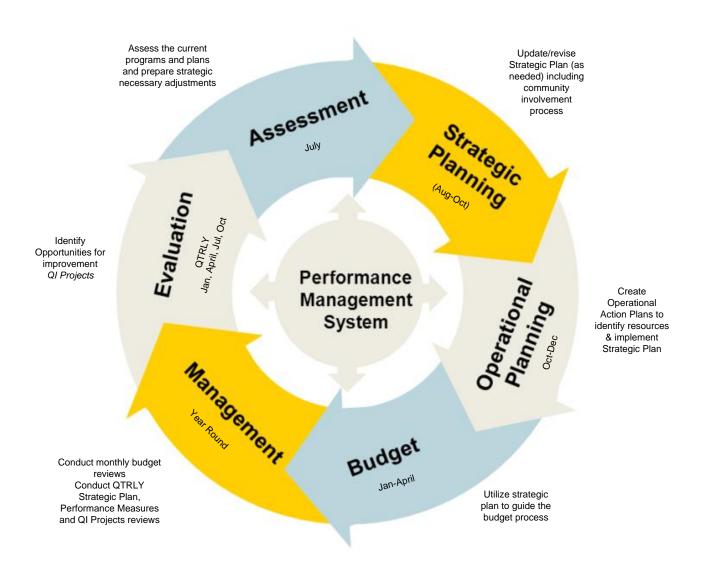
Appendix E

Agency Alignment



Appendix F

PERFORMANCE MANAGEMENT CYCLE



Appendix G

STRATEGIC PLANNING TIMELINE

