



Florida Department of Health

# AGENCY STRATEGIC PLAN

January 1, 2016 – December 31, 2021



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# Mission, Vision and Values

Public Health Accreditation Board (PHAB) 5.3.2A.a: The strategic plan must include the health department’s mission, vision and guiding principles/values for the health department.





# Divisions and Offices

## **2016–2021 Agency Strategic Plan Contributing Divisions and Offices:**

### **Division of Administration**

The mission of the Division of Administration is to provide high quality administrative support through efficient resource management and accountability.

### **Division of Children’s Medical Services**

The Division of Children's Medical Services provides a continuum of health services for eligible children including essential preventive, evaluative and early intervention services for children at risk for, or who have special health care needs, in order to prevent or reduce long-term disabilities.

### **Division of Community Health Promotion**

The Division of Community Health Promotion is dedicated to helping Floridians make healthy choices that protect, promote and improve their health with a focus on advancing health equity. This goal is accomplished through collaboration with internal and external stakeholders to reduce health inequities.

### **Division of Disability Determinations**

The Division of Disability Determinations establishes the medical eligibility of applicants for Social Security disability benefits under Title II or Title XVI of the Social Security Act.

### **Division of Disease Control and Health Protection**

The Division of Disease Control and Health Protection prevents, controls and protects Florida's citizens from disease. This division strives to make Florida a healthy place to live and work.

### **Division of Emergency Preparedness and Community Support**

The Division of Emergency Preparedness and Community Support is dedicated to continuously strengthening the health and medical response system to ensure health promotion and restoration.

### **Division of Medical Quality Assurance**

The Division of Medical Quality Assurance is responsible for regulatory activities of various health care practitioners, facilities and businesses. This division strives to license qualified applicants as efficiently as possible to help meet health care needs. It also ensures the safety of Floridians through quality regulation of health care professions and educates the public on an array of health care topics.

### **Division of Public Health Statistics and Performance Management**

The Division of Public Health Statistics and Performance Management provides Florida with the latest public health data and vital statistics, coordinates the Florida Department of Health’s strategic and health improvement planning and accreditation processes and facilitates data monitoring, analysis and quality improvement functions of the performance management system.



### **Office of Budget and Revenue**

The Office of Budget and Revenue Management coordinates and provides technical assistance and direction in the operating legislative and executive functions and activities of the Florida Department of Health for budget planning. Administrative support is provided for county health departments in core contracts, Medicaid cost-based reporting, cost allocation reporting, revenue accounting/cash balances, administrative quality improvement representative, budget analysis, grant application, audit coordination and technical assistance.

### **Office of Children’s Medical Services Managed Care Plan**

The Office of Children’s Medical Services Managed Care Plan and Specialty Programs is a nationally accredited Medicaid managed care insurance plan that provides family-centered, comprehensive and coordinated care to children with special health care needs.

### **Office of Communications**

The Office of Communications supports the Florida Department of Health’s mission, which is authorized by law, to protect, promote and improve the health of all residents and visitors of Florida. The office provides this support through communication and messaging products and services that meet the needs of the agency customers, partners and stakeholders.

### **Office of the General Counsel**

The Office of the General Counsel provides professional legal representation to the Florida Department of Health.

### **Office of Information Technology**

The Office of Information Technology establishes and monitors information technology (IT) policies; establishes information security, awareness and response; supports and ensures strong performance of an IT infrastructure that enables the automation of health services; provides the automation of web content management; creates and supports data transformation and interchange with outside partners; and assists the field offices in times of disasters and outages.

### **Office of Medical Marijuana Use**

The Office of Medical Marijuana Use is charged with writing and implementing the Florida Department of Health’s rules for medical marijuana; overseeing the statewide Medical Marijuana Use Registry; and licensing Florida businesses to cultivate, process and dispense medical marijuana to qualified patients.

### **Office of Minority Health and Health Equity**

The Office of Minority Health and Health Equity ensures that all Floridians living in marginalized communities have the necessary opportunities, resources and capacity to advance health equity and achieve healthier outcomes.



# Planning Summary

PHAB 5.3.1.A.b: Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described. Examples of descriptions for steps include: opportunities and threats analysis, environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis and scenario development.

**Public health touches every aspect of our daily lives.** Public health aims to provide the maximum benefit for the largest number of people. It is what is done collectively to ensure 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 both disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

## **Florida Department of Health's Performance Management System**

The Florida Department of Health (Department) has a performance management system that is designed to ensure continuous improvement and progress toward Department goals. The system, as depicted on the following page, allows the Department to track performance by systematically collecting and analyzing data. Learning forums for routinely discussing performance to identify opportunities and targets for improvement are included.

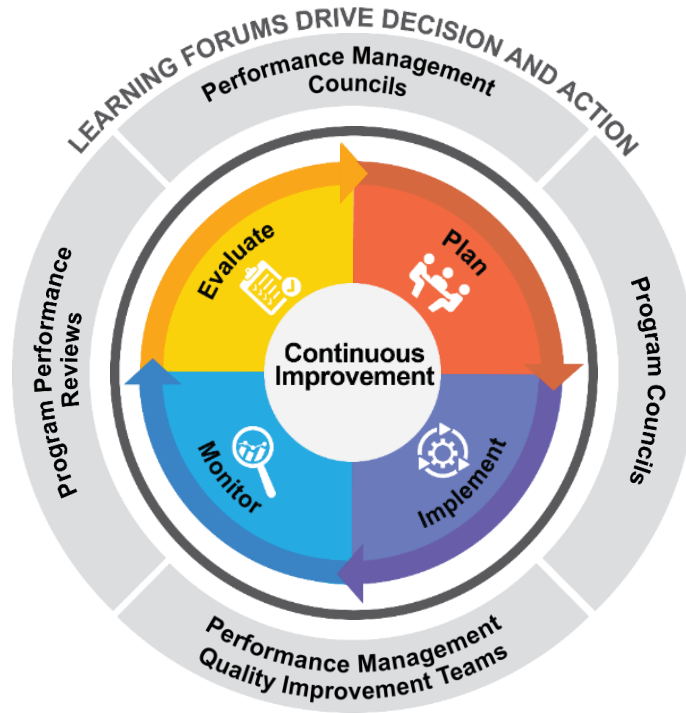
The performance management system is integrated into the Department's operations and practices. This system performs the following operations:

- Sets organizational objectives by developing strategic, health improvement, quality improvement and workforce development plans at multiple levels across the Department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.





## The Florida Department of Health Performance Management System



### 4 COMPONENTS:

#### Evaluate

- Conduct Health Assessments
- Analyze Strengths, Weaknesses, Opportunities and Threats
- Survey Workforce Interests and Needs
- Assess Culture of Quality

#### Plan

- Determine Strategic Direction
- Identify Goals, Strategies and Objectives
- Allocate Budget
- Build Capacity through Workforce Development
- Design Quality Improvement Activities
- Identify Opportunities for Improvement

#### Implement

- Execute Action Plans
- Implement Quality Improvement Initiatives/ Projects
- Utilize Stakeholder Partnerships
- Address Barriers and Challenges

#### Monitor

- Measure Performance
- Collect and Analyze Data
- Report Progress
- Consider Emerging Issues and Customer Feedback
- Celebrate Success



### Agency Performance Management Council

Strategic planning is a key component of the larger performance management system. This statewide performance management system is the cornerstone of the Department’s organizational culture of accountability and performance excellence. As depicted in the graphic below, visible and engaged leadership and staff along with an effective performance management system is critical for achieving improved health outcomes. Therefore, the Agency Performance Management Council (Council) consists of the State Surgeon General, the Chief of Staff, five deputy secretaries, eight division directors, five office directors and eight county health department directors representing each of the eight county health department consortia in the state. This council is responsible for measuring, monitoring and reporting progress on the goals and objectives of the Agency Strategic Plan, the State Health Improvement Plan and the Agency Performance Management Quality Improvement Plan. The Council also manages general performance management for these plans.



### Planning Process

The Agency Strategic Plan positions the Department to operate as a sustainable integrated public health system and provide Florida’s residents and visitors with quality public health services. It is a living document that the Department evaluates and updates regularly to address new challenges posed by the changing public health environment in Florida.

The Department conducted a strategic planning process during the summer of 2015 to define the direction and course of the agency for the next three years for its consumers, employees, administrators and legislators. The Department’s executive leadership (the State Surgeon General, the Chief of Staff and the deputies) oversaw the development of the Agency Strategic Plan. The executive leadership championed the two-month planning process, and it included numerous internal stakeholders including division and office directors, county health officers, program managers and program staff. (See Appendix A for a list of strategic planning participants.) It also engaged in discussions with the Executive Office of the Governor. Additionally, the executive leadership developed the timeline and framework for the plan and agreed to preserve the Department’s current mission, vision and values.

The Department considered key support functions required for efficiency and effectiveness and sought to delineate what it plans to achieve as an organization, the actions it should take to achieve them and how to measure success.

The Department approached the strategic planning process with the following guiding principles in mind:

- Children, adults and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
- Social determinants impact health outcomes.



## Planning Summary

- Health equity promotion is a part of every public health activity.
- Interventions to promote public health are evidence-based and supported by the community.
- The following vulnerable and marginalized populations particularly need support.
  - Older adults
  - People living in rural communities
  - People of color (racial/ethnic minorities)
  - People who identify as lesbian, gay, bisexual, transgender or intersex (LGBTI)
  - People with mental or substance use disorders
  - People with disabilities and unique abilities
  - People with low-income and those experiencing poverty
  - People with less than a high school education
  - Other social determinants of health

Department staff conducted an environmental scan of the agency, and then presented the scan to the state health office division and office directors who reviewed the findings and participated in a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT). (See pages 17-18 for a list of data sources analyzed during the environmental scan.) Information management, communications (including branding), programs and services, budget (financial sustainability) and workforce development were included as agenda items for discussion in the SWOT meeting. The SWOT analysis discussion also included the identification of external trends, events and other factors that may impact community health or the Department. (See Appendix B for all identified strengths, weaknesses, opportunities and threats.)

Executive leadership then used the SWOT analysis, the environmental scan and the mission, vision and values to develop agency goals and strategies. After deliberation and discussion, executive leadership finalized the strategic priority areas: Healthy Moms and Babies (changed to Health Equity in 2017), Long Healthy Life, Readiness for Emerging Health Threats and Effective Agency Processes and Regulatory Efficiency.

Staff then worked with program managers and their staff to write and revise goals, strategies and objectives for each priority area. During a two-day meeting with staff from various levels in the Department, including representatives from each regional county health department consortium and program council, attendees provided input and feedback on the goals/strategies and, they also developed objectives. Facilitators worked with program managers and their staff to review and verify the strategies and objectives for each priority area. The revised proposal was routed back to executive leadership for comment and approval.

The Department staff monitor strategic plan objectives through implementation plans. A designated Performance Management Quality Improvement (PMQI) Chair collects these plans which include quarterly/annual data values on indicators and sub-indicators along with a status of completion. (Completion status is one of the following: on track, not on track, complete, not complete or decision required.) The PMQI Chair enters data into the Department's online plan tracking system. The Division of Public Health Statistics and Performance Management generates reports that the Agency Performance Management Council participants use as a reference when the strategic plan is discussed.



Planning Summary

Below is a table listing the Agency Performance Management Council meetings held to revise and monitor the plan.

Month/Year	Purpose of Meeting	Outcome of Meeting	Corresponding Appendix
April 2021	Extend the plan through 2021	Members accepted all proposed objectives.	Appendix C
September 2020	Add objectives to address COVID-19 pandemic	Members accepted all proposed objectives.	Appendix D
August 2019	Quarterly review	Presenters reported on progress, obstacles, innovations and emerging trends for objectives.	N/A (No revisions to objectives)
May 2019	Quarterly review	Presenters reported status of objectives that were not on track or were new.	N/A (No revisions to objectives)
March 2019	Annual review	Members approved proposed revisions to objectives.	Appendix F
December 2018	Approve revisions to address emerging trends	Members approved revisions to objectives.	Appendix G
November 2018	Propose revisions to address emerging trends	Presenters proposed modifications and additions to objectives.	Appendix G
August 2018	Finalize revisions from annual review	Members approved revisions to objectives.	Appendix H
July 2018	Continue annual review	Presenters proposed modifications, deletions and additions to objectives	Appendix H
June 2018	Annual review	Presenters proposed modifications, deletions and additions to objectives.	Appendix H
January 2018	Approve revisions to health equity objectives	Members approved revisions to health equity objectives.	Appendix I
December 2017	Health equity program performance review	Presenters proposed modifications to health equity objectives.	Appendix I
May 2017	Finalize revisions from annual review	Members approved revisions to objectives.	Appendix J
April 2017	Continue annual review	Presenters proposed modifications, deletions and additions to objectives.	Appendix J
March 2017	Annual review	Presenters proposed modifications, deletions and additions to objectives.	Appendix J



# Strategic Priorities Strategy Map

PHAB 5.3.2.A.b-c: The strategic plan must include the health department’s strategic priorities and goals. The health department’s goals and objectives must be measurable and with time-framed targets (expected products or results).

## Priority 1: Health Equity

**Goal 1.1:** Ensure Floridians in all communities will have opportunities to achieve healthier outcomes.

<b>Strategy 1.1.1:</b>	Reduce racial disparity in infant mortality.
<b>Objective 1.1.1A:</b>	By December 31, 2021, reduce the annual Black infant mortality rate from 10.9 (2019) to 10.0 per 1,000 live births. <b>Lead:</b> Division of Community Health Promotion
<b>Objective 1.1.1B:</b>	By December 31, 2021, reduce Black-White infant mortality gap from 2.48 (2019) to less than two times higher. <b>Lead:</b> Division of Community Health Promotion
<b>Strategy 1.1.2:</b>	Adopt a system of ongoing agency capacity building on health equity.
<b>Objective 1.1.2A:</b>	By December 31, 2021, increase the percentage of Department employees who have completed the <i>Cultural Awareness: Introduction to Cultural Competency</i> from 38.2% (2020) to 50%. <b>Lead:</b> Office of Minority Health and Health Equity
<b>Objective 1.1.2B:</b>	By December 31, 2021, increase the percentage of Department employees who have completed <i>Addressing Health Equity: A Public Health Essential</i> online training from 71.82% (2020) to 82%. <b>Lead:</b> Office of Minority Health and Health Equity
<b>Objective 1.1.2C:</b>	By December 31, 2021, increase the number of divisions with a health equity training plan from 0 (2020) to 2. <b>Lead:</b> Office of Minority Health and Health Equity
<b>Objective 1.1.2D:</b>	By December 31, 2021, increase the number of health equity liaisons in county health departments from 0 (2020) to 67. <b>Lead:</b> Office of Minority Health and Health Equity
<b>Strategy 1.1.3:</b>	Reduce disparities related to COVID-19.
<b>Objective 1.1.3A:</b>	By December 31, 2021, reduce the percentage of COVID-19 cases where race and ethnicity are unknown in Merlin from 28% (6/2020) to 10%. <b>Lead:</b> Office of Minority Health and Health Equity



## Priority 2: Long Healthy Life

**Goal 2.1:** Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups.

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**Strategy 2.1.1:** Reduce HIV incidence.

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**Objective 2.1.1A:** By December 31, 2021, reduce the rate per 100,000 population of HIV transmissions diagnosed annually in Florida, from 24.5 per 100,000 population (2015) to 20.7 per 100,000 population (2021).

**Lead:** Division of Disease Control and Health Protection

**Objective 2.1.1B:** By December 31, 2021, reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 53.2 per 100,000 population.

**Lead:** Division of Disease Control and Health Protection

**Objective 2.1.1C:** By December 31, 2021, reduce the rate of HIV transmissions diagnosed annually in Florida's Hispanic population from 30.8 (2015) to 30 per 100,000 population.

**Lead:** Division of Disease Control and Health Protection

**Objective 2.1.1D:** By December 31, 2021, reduce the rate of total early syphilis cases in Florida from 34.8 (2019) to 32 per 100,000 population.

**Lead:** Division of Disease Control and Health Protection

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**Strategy 2.1.2:** Improve public health messaging pertaining to COVID-19.

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**Objective 2.1.2A:** By December 31, 2021, increase the number of paid and unpaid media advertisements reaching diverse, vulnerable populations using digital and social media platforms to educate about the importance of completing COVID-19 vaccination from 0 (1/2021) to 20.

**Lead:** Division of Community Health Promotion

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## Priority 3: Readiness for Emerging Health Threats

### Goal 3.1: Demonstrate readiness for emerging health threats.

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**Strategy 3.1.1:** Increase vaccination rates.

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**Objective 3.1.1A:** By December 31, 2021, increase the percentage of two-year-olds who are fully immunized from 86% (2014) to 90%.

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.1B:** By December 31, 2021, increase the percentage of teens (13-17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 55.9% ( $\pm 6.7\%$ ) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.1C:** By December 31, 2021, increase the proportion of all adults in Florida under the age 65 who have completed their COVID-19 vaccination series from 1.1% (2/2021) to 70%.

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.1D:** By December 31, 2021, increase the proportion of adults in Florida 65 years and older who have completed their COVID-19 vaccination series from 3.0% (2/2021) to 80%.

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.1E:** By December 31, 2021, increase the proportion of Black adults in Florida who have completed their COVID-19 vaccination series from 8.1% (4/2021) to 70%.

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.1F:** By December 31, 2021, increase the proportion of Hispanic adults in Florida who have completed their COVID-19 vaccination series from 9.6% (4/2021) to 70%.

**Lead:** Division of Disease Control and Health Protection

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**Strategy 3.1.2:** Improve Florida's Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) to better provide just-in-time data on syndromic events.

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**Objective 3.1.2A:** By December 31, 2021, increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to 350.

**Lead:** Division of Disease Control and Health Protection

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**Strategy 3.1.3:** Reduce residual risk of hazards with high public health, health care and behavioral health impacts as identified in the Florida Public Health Risk Assessment Tool.

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**Objective 3.1.3A:** By December 31, 2021, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (9 functions) for Public Health Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 (64%) to 54 (80%).

**Lead:** Division of Emergency Preparedness and Community Support

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**Strategy 3.1.4:** Decrease inhaled nicotine use among children and adults.

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**Objective 3.1.4A:** By December 31, 2021, decrease current inhaled nicotine\* prevalence in Florida youth age 11-17 from 17.1% (2020) to 16.8%.

\*Youth inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes.

**Lead:** Division of Community Health Promotion

**Objective 3.1.4B:** By December 31, 2021, decrease current inhaled nicotine\*\* prevalence in adults from 25.4% (2019) to 24.8%.

\*\*Adult inhaled nicotine includes cigarettes, cigars, little cigars, hookah, and e-cigarettes.

**Lead:** Division of Community Health Promotion

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**Strategy 3.1.5:** Investigate and respond to cases, outbreaks and other public health events to protect persons residing or traveling in Florida and implement control measures and interventions as appropriate.

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**Objective 3.1.5A:** By December 31, 2021, increase the number of county health departments implementing control measures for high-priority reportable diseases within the appropriate time frame from 54 (average from 2014-2017 reporting years) to 60.

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.5B:** By December 31, 2021, the Bureau of Public Health Laboratories will maintain a turnaround time (TAT) of  $\leq 2$  days for 96% (5/2020) of received COVID-19 samples. (TAT begins when the laboratory accesses the received samples.)

**Lead:** Division of Disease Control and Health Protection

**Objective 3.1.5C:** By December 31, 2021, increase the percentage of electronic COVID-19 laboratory order submissions from the county health departments to the Bureau of Public Health Laboratories from 60.88% in Quarter 2 (April-June 2020) to 90%.

**Lead:** Division of Disease Control and Health Protection

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**Strategy 3.1.6:** Develop infrastructure to support the assessment, referral and appropriate treatment for newborns experiencing neonatal abstinence syndrome.

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## Strategic Priorities Strategy Map

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**Objective 3.1.6A:** By December 31, 2021, increase the percentage of Child Protection Team clients ages 0 to 36 months diagnosed with neonatal abstinence syndrome who are referred to Early Steps from 57.69% (2020) to 100%.

**Lead:** Division of Children’s Medical Services

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**Strategy 3.1.7:** Increase telehealth capacity to support direct service delivery.

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**Objective 3.1.7A:** By December 31, 2021, increase the number of telehealth platforms within Critical Access Hospitals and rural EMS agencies from 1 platform to 10 platforms.

**Lead:** Division of Public Health Statistics and Performance Management

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**Strategy 3.1.8:** Increase the number of licensed health care practitioners available during a public health emergency to address shortages due to COVID-19.

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**Objective 3.1.8A:** By December 31, 2021, decrease the average time to register qualified out-of-state telehealth health care providers from 1.42 days (6/2020) to 0.99 days.

**Lead:** Division of Medical Quality Assurance

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**Strategy 3.1.9:** Plan strategically to support response efforts.

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**Objective 3.1.9A:** By February 28, 2021, the Bureau of Preparedness and Response will increase the number of county health department emergency operations plans reviewed for consistency with all Public Health Accreditation Board reaccreditation requirements and for which results are reported to the county health departments from 0 (8/2020) to 67.

**Lead:** Division of Emergency Preparedness and Community Support

**Objective 3.1.9B:** By March 15, 2021, the number of county health departments whose emergency operations plans meet all Public Health Accreditation Board reaccreditation requirements will increase from 5 (10/2020) to 67.

**Lead:** Division of Emergency Preparedness and Community Support

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## Priority 4: Effective Agency Processes

**Goal 4.1:** Establish a sustainable infrastructure that includes a competent workforce, sustainable processes and effective use of technology which supports the Department's core business functions.

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<b>Strategy 4.1.1:</b>	Maintain a sustainable performance management framework/system.
<b>Objective 4.1.1A:</b>	By December 31, 2021, the Department will advance the Agency's Quality Improvement (QI) Cultural Assessment within Phase 4: Formal QI in Specific Areas of the Organization, from a 4.1 (2017) to a 4.5. <b>Lead:</b> Division of Public Health Statistics and Performance Management
<b>Strategy 4.1.2:</b>	Ensure balanced operational budgets.
<b>Objective 4.1.2A:</b>	By December 31, 2021, have 100% of programs functioning within their annual operating budgets. <b>Lead:</b> Office of Budget and Revenue Management
<b>Objective 4.1.2B:</b>	By December 31, 2021, increase the amount of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding spent by critical access and small rural hospitals from \$714,475.81 (2020) to \$1,215,000. <b>Lead:</b> Division of Public Health Statistics and Performance Management
<b>Strategy 4.1.3:</b>	Publish public health best practices in nationally recognized journals.
<b>Objective 4.1.3A:</b>	By December 31, 2021, annually publish 30 new articles regarding the Department's accomplishments. <b>Lead:</b> Division of Community Health Promotion
<b>Objective 4.1.3B:</b>	By December 31, 2021, increase the number of peer-reviewed journal article submissions related to the Department's COVID-19 response efforts from 0 (January 2021) to 20. <b>Lead:</b> Division of Community Health Promotion
<b>Strategy 4.1.4:</b>	Increase telework capacity to maintain and enhance continuity of operations.
<b>Objective 4.1.4A:</b>	By December 31, 2021, increase the percentage of full or partial remote investigations of reported radiation medical events from 20% (12/2019) to 80%. <b>Lead:</b> Division of Emergency Preparedness and Community Support
<b>Strategy 4.1.5:</b>	Improve Human Resource (HR) efficiency.
<b>Objective 4.1.5A:</b>	By December 31, 2021, implement two (2) new ticket types, increasing the total number of FLHealthDesk-HR ticket types from 35 (2020) to 37. <b>Lead:</b> Division of Administration

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## Priority 5: Regulatory Efficiency

**Goal 5.1:** Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth.

**Strategy 5.1.1:** License health care professionals in a more timely and efficient manner.

**Objective 5.1.1A:** By December 31, 2021, reduce the percentage of deficient applications received from 65% (2020) to 60%.

**Lead:** Division of Medical Quality Assurance

**Objective 5.1.1B:** By December 31, 2021, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 1,732 (2020) to 2,500.

**Lead:** Division of Medical Quality Assurance

**Objective 5.1.1C:** By December 31, 2021, reduce the average time to issue a license to a health professional by 25%, from 65 days (2015) to 49 days.

**Lead:** Division of Medical Quality Assurance

**Strategy 5.1.2:** Increase access to and education about low- tetrahydrocannabinol (THC) cannabis and medical marijuana.

**Objective 5.1.2A:** By December 31, 2021, reduce the medical marijuana treatment center new location and product requests initial response time from 30 days (2018) to 18 days.

**Lead:** Office of Medical Marijuana Use

**Objective 5.1.2B:** By December 31, 2021, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 (2018) to 7 topics.

**Lead:** Office of Medical Marijuana Use

**Strategy 5.1.3:** Increase efficiency in disability claims processing.

**Objective 5.1.3A:** By the end of each calendar year, reduce 3 of 4 quarterly (Florida disability) claim processing times to less than the national or regional average processing time, whichever is greater.

**Lead:** Division of Disability Determinations



## Review Process

Meetings of the Council occur at least quarterly to advise and guide the creation, deployment and continuous evaluation of the Department's performance management system and its components. Each objective from this plan has been assigned to a division within the Department for implementation and quarterly reporting in the Health Improvement and Strategic Plan Tracking System. The Council reviews the quarterly agency strategic plan tracking reports for progress toward goals. During quarterly reviews, the lead division or office for each objective provides updates on objectives that are not on track. During annual reviews, the leads report progress and status for all objectives completed, on track and not on track. Based on the reviews, the Council may revise strategic plan objectives. (See Appendices C-J for a summary of revisions.) Annually, the Council will approve an Agency Strategic Plan Progress Report. Approval will be based on assessment of progress made toward reaching goals and objectives as well as achievements for the year that supported improved health outcomes.

The Council's March 2020 meeting was canceled due to the COVID-19 pandemic. The March 2020 meeting agenda included the Agency Strategic Plan annual review. Since there were no new objectives and changes to existing objectives were minor, the decision was made to proceed with all the recommended changes from the divisions. (See Appendix E for a summary of these revisions.)

The Council met in September 2020 to add COVID-19 objectives to the plan in response to the pandemic. Members added 25 new objectives to the plan that were recommended by division and office COVID-19 strategic planning teams. Objective leads were also determined during this meeting. (See Appendix D for a summary of these additions.)

The Council met in April 2021 to extend the Agency Strategic Plan into 2021. Due to the COVID-19 pandemic, the Department was unable to create a new strategic plan before the expiration of the previous strategic plan (December 31, 2020). PHAB granted Departments, with plans expiring in 2020, the ability to extend their plans up to six years due to the pandemic (PHAB standards normally restrict plans to no longer than five years). The Council added nine new objectives and extended twenty-eight objectives through 2021. (see Appendix C for a summary of these changes.)

## Environmental Scan Resources

Below is a list of the resources used to conduct the Environmental Scan that was done to develop and revise this strategic plan. Information provided by the scan was used in considering factors that influence the direction and goals of the Florida Department of Health.

1. 2015 State Themes and Strengths Assessment
2. Agency Strategic Plan tracking Report
3. [Alzheimer's Disease Facts and Figures 2015](#)
4. [Alzheimer's Disease Research Grant Advisory Board Annual Report FY 2014-2015](#)
5. [Assessment of County Health Department Immunization Coverage Levels in Two-Year-Old Children 2015](#)
6. [Behavioral Risk Factor Surveillance System \(BRFSS\) 2013](#)
7. [Biomedical Research Advisory Council Annual Report 2013-2014](#)



8. Bureau of Public Health Laboratories Labware
9. [COVID-19 Pediatric Reports](#)
10. [CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again](#)
11. [COVID-19 Serology Reports](#)
12. [COVID-19 State Reports](#)
13. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
14. [Division of Medical Quality Assurance Annual Report and Long Range Plan FY 2013-2014](#)
15. Early Steps Data System reports
16. Employee Activity Record System (EARS) reports
17. Employee Satisfaction Survey 2015 results
18. [Florida Department of Health, Long Range Program Plan 2015-16 through 2019-20](#)
19. [Florida Department of Health, Office of Inspector General Annual Report FY 2013-2014](#)
20. [Florida Department of Health, Year in Review 2013-2014](#)
21. [Florida Middle School Health Behavior Survey Results for 2013](#)
22. [Florida Morbidity Statistics Report, 2013](#)
23. [Florida Pregnancy Risk Assessment Monitoring System Trend Report 2000-2011 Executive Summary](#)
24. [Florida Strategic Plan for Economic Development](#)
25. [Florida Vital Statistics Annual Report 2014](#)
26. [Florida Youth Risk Behavior Survey Results for 2013](#)
27. [Florida Youth Tobacco Survey Results for 2014](#)
28. Florida's Women, Infants, and Children Information System and Electronic Benefits Transfer (FL-WISE Data System)
29. Health Status Assessment 2015
30. [Healthiest Weight state profile](#)
31. Leading causes of injury
32. Leading causes of death
33. Licensing & Enforcement Information Database System reports
34. Management Information and Payment System
35. Merlin COVID-19 reports
36. [Physician Workforce Annual Report 2014](#)



37. [State monthly economic updates](#)
38. [Texas Department of Health COVID-19 Data Dashboard](#)
39. [Tuberculosis Control Section Report 2013](#)
40. [Volunteer Health Services Annual Report 2012-2013](#)
41. [Washington State Department of Health COVID-19 Data Dashboard](#)
42. [World Health Organization COVID-19 Data Dashboard](#)



# Appendix A

## Agency Performance Management Council Members 2021

- **Scott A. Rivkees, MD**  
*State Surgeon General*
- **Cassandra G. Pasley, BSN, JD**  
*Interim Chief of Staff*
- **Mark S. Lander**  
*Interim Deputy Secretary for County Health Systems/Health Officer North Central Florida Consortium/Marion CHD*
- **Shamarial Roberson, DrPH, MPH**  
*Deputy Secretary for Health*
- **Robert D. Karch, MD**  
*Deputy Secretary for Children's Medical Services*
- **Michele Tallent**  
*Deputy Secretary for Operations*
- **Andrea Gary**  
*Director Office of Children's Medical Services Managed Care Plan and Specialty Programs*
- **Jason Mahon**  
*Interim Director Office of Communications*
- **Paul Chafin**  
*Interim Chief Information Officer Office of Information Technology*
- **Christopher Ferguson**  
*Director Office of Medical Marijuana Use*
- **Owen Quinonez, MD**  
*Senior Health Equity Officer*
- **Office of Minority Health and Health Equity**
- **Adrian Cooksey, PhD**  
*Health Officer Capital Consortium/Gadsden CHD*
- **Aaron Kissler**  
*Health Officer Central Florida Coalition/Lake CHD*
- **Sandon Speedling**  
*Health Officer Emerald Coast Consortium (ECCHO)/Bay CHD*
- **Patricia Boswell**  
*Health Officer Northeast Florida Consortium/Volusia CHD*
- **Paula Thaqi, MD**  
*Health Officer Southeast Consortium of Health Departments and Children's Medical Services/Broward CHD*
- **Kimberly Kossler**  
*Health Officer Southwest Florida Association of CHDs/ Collier CHD*
- **Jennifer Bencie, MD**  
*Health Officer West Central Coalition/Citrus CHD*
- **Ed McEachron**  
*Director Division of Administration*
- **Marcy Hajdukiewicz**  
*Director Division of Children's Medical Services*
- **Melissa Murray Jordan**  
*Director Division of Community Health Promotion*
- **Brian Garber**  
*Director Division of Disability Determinations*
- **Carina Blackmore, DVM, PhD**  
*Director Division of Disease Control and Health Protection*
- **Doug Woodlief**  
*Director Division of Emergency Preparedness and Community Support*
- **Ursula Keller Weiss, PhD**  
*Director Division of Public Health Statistics and Performance Management*
- **Jennifer Wenhold**  
*Acting Director Division of Medical Quality Assurance*





## Appendix A

### Children's Medical Services Strategic Planning Participants 2021

- **Cheri Andrews**  
*SW FL Regional Nursing Director*
- **Patricia Armstrong**  
*Bureau Chief  
Child Protection and Special Technologies*
- **Lisa Bonitatis**  
*Regional Program Administrator*
- **Dusty Edwards**  
*Bureau Chief, Early Steps and Newborn  
Screening*
- **Lipika Frith**  
*Plan Analyst*
- **Andrea Gary**  
*Director of Office of CMS Managed Care Plan*
- **Marcy Hajdukiewicz**  
*Division Director*
- **Mary Hilton**  
*Contract Unit Administrator*
- **Ericka Horne**  
*Health Data Analyst*
- **Chrishonda Jenkins**  
*Strategic Planning Coordinator*
- **Robert Karch, MD**  
*Deputy Secretary for CMS*
- **Joe Pepe**  
*CHD Administrator*
- **Kim Porter**  
*EHDI Coordinator*
- **Owen Quinonez, MD**  
*Senior Health Equity Officer*
- **Kelli Stannard**  
*Director CMS Managed Care Plan Operations*



## Communicable Diseases and Epidemiology Strategic Planning Participants 2021

- **Duane Ashe**  
*TB Control Section  
Administrator*
- **Leah Bass**  
*Executive Community  
Health Nursing Director*
- **Carina Blackmore, DVM,  
PhD**  
*Division Director  
Communicable Diseases  
and Epidemiology  
Program Council Co-Chair*
- **Allison Culpepper**  
*Systems Section Data  
Manager*
- **Alice Dahm**  
*Government Consultant II*
- **Roger Dobson**  
*Public Health Services  
Manager*
- **Karen Elliot**  
*Florida EIS Program  
Administrator*
- **Kendra Goff, PhD**  
*Chief, Bureau of  
Environmental Health*
- **Miranda Hawker**  
*CHD Administrator*
- **Asim Jani, MD**  
*Medical Director, Division  
of Disease Control and  
Health Protection*
- **Ashley Samuel**  
*Performance and  
QI Coordinator*
- **Stacy Shiver**  
*Division Operations  
Manager*
- **Emma Spencer, PhD**  
*Chief, Bureau of  
Communicable Diseases*
- **Thomas Troelstrup**  
*Systems Section  
Administrator*
- **Gina Vallone**  
*Section Lead*
- **Craig Wilson**  
*STD and Viral Hepatitis  
Section Administrator*
- **Clayton Weiss**  
*Chief, Bureau of  
Epidemiology*
- **Michael Wydotis**  
*Operations and Training  
Section Administrator*
- **Brandi Knight**  
*Performance and Quality  
Manager*
- **Baskar Krishnamoorthy**  
*Bureau of Epidemiology  
Immunization Section  
Business Analyst –  
FL-SHOTS*
- **Patty Lewandowski,  
PhD**  
*Chief, Bureau of Public  
Health Laboratories*
- **Ruby Nicholson**  
*Senior Management  
Analyst Supervisor*
- **Walter Niles**  
*Administrator  
Closing the Gap Grant*
- **Aman Punwani**  
*Bureau of Epidemiology  
Immunization Section  
Budget Manager*
- **Laura Reeves**  
*HIV/AIDS Section  
Administrator*
- **Radley Remo**  
*Quality Assurance Officer*
- **Amy Rikken**  
*Bureau of Epidemiology  
Immunizations  
Section Administration*
- **Tito Rubio**  
*Administrator*



## Health Promotion Strategic Planning Participants 2021

- **Marion Banzhaf**  
*Health Equity and Special Projects Manager*
- **Monique Batchelor**  
*Finance and Budget Director*
- **Yashica Ceasar**  
*Bureau Chief*
- **Shay Chapman**  
*Deputy Director of Community Health Promotion*
- **Laura Corbin**  
*Bureau Chief*
- **Felisha Dickey**  
*Administrator*
- **Ellen Farrell**  
*Bureau PMQI Liaison*
- **Christopher Ferguson**  
*Director*
- **Bonnie Gaughan-Bailey**  
*Administrator Biomedical Research Section*
- **Daniel Grischy, MD**  
*Government Operations Consultant*
- **Michelle Peart**  
*Government Operations Consultant*
- **Wes Payne**  
*Internal Communications Manager*
- **Lauren Porter**  
*Surveillance and Evaluation Manager*
- **Keshia Reid, PhD**  
*Director*
- **Anna Simmons**  
*Bureau PMQI Liaison*
- **Robert W. Smith**  
*Project Manager*
- **Jennifer Sousa**  
*Health Systems Administrator*
- **Brenda Treadwell**  
*Bureau PMQI Liaison*
- **Angel Watson**  
*Administrator*
- **Leonta Willis**  
*Government Operations Consultant II*
- **Rhonda Herndon**  
*Bureau Chief*
- **Tara Hylton**  
*Bureau Chief*
- **Sean Isaac**  
*Administrator*
- **Joy Jackson**  
*CHD Director*
- **Rhonda Jackson**  
*Administrator*
- **Melissa Murray Jordan**  
*Director*
- **Aaron Kissler**  
*CHD Administrator*
- **Wes Love**  
*Senior Management Analyst II*
- **Jason Mahon**  
*Interim Director  
Office of Communications*
- **Alan Mai**  
*Injury Epidemiologist*
- **Allison Nguyen**  
*Senior Human Services Program Manager*



## Appendix A

### Disability Determinations Strategic Planning Participants 2021

- **Anna Davis**  
*Operations & Management Consultant  
Manager (PMC member)*
- **Faith Eidse**  
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- **Brian Garber**  
*Division Director*
- **Regina Harris**  
*Senior Data Base Analyst*
- **Martin Kendal-Reed**  
*Management Review Specialist*
- **C. Jocelyn Manganello**  
*Bureau Chief of Program Services*
- **Vianca McCluskey**  
*Administrator County Health Officer*
- **Eric Metcalf**  
*Finance & Accounting Director II*
- **Tresia Mongerie**  
*Distributed Computer Systems Analyst*
- **Tequeda Patterson**  
*Government Operations Consultant II*



## Appendix A

### Environmental Health Strategic Planning Participants 2021

- **Alina Alonso, MD**  
*Director*
- **Glama Carter**  
*Director*
- **Kendra Goff, PhD**  
*Bureau Chief and State Toxicologist*
- **Charles Henry**  
*Administrator*
- **Kara Loewe**  
*EHSAM Team Manager*
- **Alma Martinez**  
*Government Operations Consultant II*
- **Jana Shamburger, PhD**  
*Epidemiologist/Program Evaluator*
- **Elke Ursin**  
*Public Health Toxicology Section  
Administrator*
- **Gina Vallone**  
*Environmental Administrator*
- **Bob Vincent**  
*Environmental Administrator*
- **Tracy Wade**  
*Assistant Bureau Chief*



## Infrastructure and Administration Strategic Planning Participants 2021

- **Alberto Araujo**  
*Government Analyst II*
- **Greg Artis**  
*Data Processing  
Manager, Service Desk*
- **Greg Ballard**  
*Assistant CHD Director,  
Volusia County*
- **Sandy Barnes**  
*Data Processing  
Manager, Health  
Management System*
- **Tracy Barnes**  
*Consultant-ITSM Program  
Manager*
- **Debra Bragdon**  
*Workforce Development  
Manager*
- **John Carter**  
*Data Processing  
Manager, Enterprise  
Application and Support*
- **Paul Chafin**  
*Interim Chief Information  
Officer*
- **Trang Chitakone**  
*Administrative Services  
Director*
- **Melissa Dice**  
*Administrative Assistant II*
- **Gary Douglas**  
*Systems Project  
Consultant*
- **Joshua Ellis**  
*Data Processing Manager*
- **Ty Gentle**  
*Director*
- **Debbie Parks**  
*Operations Manager C*
- **Sandra Park-O'Hara**  
*Santa Rosa CHD  
Administrator*
- **Owen Quinonez, MD**  
*Senior Health Equity  
Officer*
- **Mark Stich**  
*Data Processing  
Manager, End User  
Computing*
- **Len Stirrat**  
*Senior Management  
Analyst Supervisor*
- **Miatta TaylorCline**  
*Personnel Services  
Specialist*
- **Samantha Washington**  
*Chief, Bureau of General  
Services*
- **Patrick VanLandingham**  
*Government Analyst II*
- **Chris Veal**  
*Deputy Chief Information  
Officer (before moving to  
MQA)*
- **Dale Wann**  
*Information Security  
Manager*
- **Michael Graddy**  
*Support Services  
Administrator*
- **Amy Graham**  
*Chief, Personnel & HR  
Management*
- **Bret Hart**  
*Data Processing  
Manager, Network  
Services*
- **Robert Herron**  
*Chief, Bureau of Finance  
& Accounting*
- **Dennis Hollingsworth**  
*Chief of Medical and  
Health Services*
- **Holly Holt**  
*Walton CHD Administrator*
- **Candy Hughes**  
*Data Processing  
Manager, Medical Quality  
Assurance*
- **Chad Lakin**  
*Data Processing  
Manager, Data  
Administration*
- **Christine Lamia, JD**  
*Deputy General Counsel*
- **Ed McEachron**  
*Division Director*
- **Eric Montgomery**  
*Systems Project Analyst*
- **Rebecca Owen-Saucier**  
*Administrative Assistant II*



## Appendix A

### Medical Quality Assurance Strategic Planning Participants 2021

- **Michael Bennett**  
*Inspector General*
- **David Boglarsky**  
*Senior Management Analyst II*
- **Nick Cronk**  
*Senior Investigator*
- **Jessica Hollingsworth**  
*Senior Management Analyst Supervisor*
- **Jeffrey Johnson**  
*Senior Management Analyst Supervisor*
- **Cynthia Boland**  
*Senior Management Analyst II*
- **John Fleming**  
*System Support Manager*
- **Rebecca Poston**  
*Program Manager*
- **Brian Labus**  
*Government Analyst II*
- **Ryan Mims**  
*Government Operations Consultant II*
- **Ashlea Mincy**  
*Senior Management Analyst II*
- **Walter Niles**  
*Administrator, Closing the Gap Grant*
- **Cassandra G. Pasley, BSN, JD**  
*Interim Chief of Staff*
- **Jennifer Wenhold**  
*Acting Division Director*
- **Lola Pouncey**  
*Bureau Chief of Operations*
- **Mark Whitten**  
*Bureau Chief of Enforcement*





## Appendix A

### Public Health Preparedness Strategic Planning Participants 2021

- **Marisol Bahena**  
*Human Services Analyst*
- **Angela Bethea**  
*Strategic Planning and Performance  
Management Consultant*
- **Rochelle Civil**  
*Government Operations Consultant I*
- **Faith Eidse**  
*Government Consultant I*
- **Clark Eldredge**  
*Environmental Administrator*
- **Isaiah Hill**  
*Government Operations Consultant II*
- **Michael Leffler**  
*OMC Manager*
- **Steve McCoy**  
*Emergency Medical Services Administrator  
(before being appointed as Bureau Chief of  
Emergency Medical Oversight)*
- **Paul Meyers**  
*CHD Administrator*
- **Clint Sperber**  
*CHD Administrator*
- **Pam Tempson**  
*Operations Manager*
- **John Williamson**  
*Environmental Administrator*
- **Douglas Woodlief**  
*Division Director*



## Public Health Statistics and Performance Management Strategic Planning Participants 2021

- **Javier Betancourt**  
*Operations Review Specialist*
- **Kenneth Dukes**  
*Government Operations Consultant III*
- **Nathan Dunn**  
*Strategic Projects Manager*
- **Margaret Gilbert**  
*Vital Statistics Department Manager*
- **Jennifer Gomez**  
*Director of Community Health Promotion*
- **Sylvie Grimes**  
*Government Operations Consultant III*
- **Daniel Grischy, MD**  
*Government Operations Consultant*
- **Kelly Grove**  
*Government Operations Consultant III*
- **Michelle Harkness**  
*Government Operations Consultant III*
- **Ken Higginbotham**  
*Program Administrator for Administrative Services Section*
- **Jeanne Lane**  
*Bureau Chief*
- **Mike Mason**  
*Assistant Deputy Secretary for Health*
- **Michael McCaffrey**  
*Operations Manager*
- **Katie McDaniel**  
*Senior Management Analyst Supervisor*
- **Katie Noble**  
*Government Operations Consultant III*
- **Abbie Parmenter**  
*Health Services and Facilities Consultant*
- **Debbie Reich**  
*Social Services Manager*
- **Lela Shepard**  
*Director for the Office of Rural Health*
- **Deanna T. Simmons**  
*Public Health Services Manager*
- **JoAnn Steele**  
*Government Analyst II*
- **Lorraine Thompson**  
*Regional Volunteer Coordinator*
- **Donna Walsh**  
*CHD Administrator*
- **Ursula Keller Weiss, PhD**  
*Division Director*



## 2020 Agency Strategic Planning Participants

<b>Executive Leadership</b>	<b>Division/Office Directors</b>	<b>County Health Department Officers</b>
<ul style="list-style-type: none"><li>▪ <b>Scott A. Rivkees, MD</b> <i>State Surgeon General</i></li><li>▪ <b>Courtney F. Coppola</b> <i>Chief of Staff</i></li><li>▪ <b>Beth M. Paterniti</b> <i>Office of the Deputy Secretary for County Health Systems</i></li><li>▪ <b>Shamarial Roberson, DrPH, MPH</b> <i>Office of Deputy Secretary for Health</i></li><li>▪ <b>Robert D. Karch, MD</b> <i>Office of the Deputy Secretary for Children's Medical Services</i></li></ul>	<ul style="list-style-type: none"><li>▪ <b>Carina Blackmore, DVM, PhD</b> <i>Division of Disease Control and Health Protection</i></li><li>▪ <b>Paul Chafin</b> <i>Office of Information Technology</i></li><li>▪ <b>Christopher Ferguson</b> <i>Office of Medical Marijuana Use</i></li><li>▪ <b>Brian Garber</b> <i>Division of Disability Determinations</i></li><li>▪ <b>Marcy Hajdukiewicz</b> <i>Division of Children's Medical Services</i></li><li>▪ <b>Jennifer Johnson</b> <i>Division of Public Health Statistics and Performance Management</i></li><li>▪ <b>Melissa Murray Jordan</b> <i>Division of Community Health Promotion</i></li><li>▪ <b>Ed McEachron</b> <i>Division of Administration</i></li><li>▪ <b>Alberto Moscoso</b> <i>Office of Communications</i></li><li>▪ <b>Cassandra Pasley, BSN JD</b> <i>Division of Medical Quality Assurance</i></li><li>▪ <b>Owen Quinonez, MD</b> <i>Office of Minority Health and Health Equity</i></li><li>▪ <b>Doug Woodlief</b> <i>Division of Emergency Preparedness and Community Support</i></li><li>▪ <b>Cheryl Young</b> <i>Office of Children's Medical Services Managed Care Plan</i></li></ul>	<ul style="list-style-type: none"><li>▪ <b>Patricia Boswell</b> <i>Volusia CHD</i></li><li>▪ <b>Adrian Cooksey, PhD</b> <i>Gadsden CHD</i></li><li>▪ <b>Aaron Kissler</b> <i>Lake CHD</i></li><li>▪ <b>Mark S. Lander</b> <i>Marion CHD</i></li><li>▪ <b>Tito Rubio</b> <i>Citrus CHD</i></li><li>▪ <b>Sandon Speedling</b> <i>Bay CHD</i></li><li>▪ <b>Paula Thaqi, MD</b> <i>Broward CHD</i></li><li>▪ <b>Stephanie Vick</b> <i>Collier CHD</i></li></ul>



## 2019 Agency Strategic Planning Participants

Executive Leadership	County Health Department Officers	County Health Department Staff
<ul style="list-style-type: none"> <li>▪ <b>Jennifer Johnson</b> <i>Interim Assistant Deputy Secretary for Health and Director, Division of Public Health Statistics and Performance Management</i></li> <li>▪ <b>Paul D. Myers</b> <i>Deputy Secretary for County Health Systems</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Patricia Boswell</b> <i>Volusia CHD</i></li> <li>▪ <b>Rachel Bryant</b> <i>Calhoun/Liberty CHD</i></li> <li>▪ <b>Mary Kay Burns</b> <i>Desoto CHD</i></li> <li>▪ <b>Karen Chapman, MD</b> <i>Okaloosa CHD</i></li> <li>▪ <b>Adrian Cooksey, PhD</b> <i>Gadsden CHD</i></li> <li>▪ <b>Mary Garcia</b> <i>Putnam CHD</i></li> <li>▪ <b>Miranda Hawker</b> <i>Indian River CHD</i></li> <li>▪ <b>Heather Huffman</b> <i>Clay CHD</i></li> <li>▪ <b>Joy Jackson</b> <i>Polk CHD</i></li> <li>▪ <b>Karen Johnson</b> <i>Holmes CHD</i></li> <li>▪ <b>Eugenia Ngo-Seidel</b> <i>Nassau CHD</i></li> <li>▪ <b>Joe Pietrangelo</b> <i>Marion CHD</i></li> <li>▪ <b>Tito Rubio</b> <i>Collier CHD</i></li> <li>▪ <b>Sandon Speedling</b> <i>Jackson CHD</i></li> <li>▪ <b>Paula Thaqi, MD</b> <i>Broward CHD</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Chris Gallucci</b> <i>Pinellas CHD</i></li> <li>▪ <b>Sydney Harper</b> <i>Okaloosa CHD</i></li> <li>▪ <b>Nida Khan</b> <i>Pinellas CHD</i></li> <li>▪ <b>Grace Liggett</b> <i>Hillsborough CHD</i></li> <li>▪ <b>Jose Morales</b> <i>Baker CHD</i></li> <li>▪ <b>Cindy Morris</b> <i>Hillsborough CHD</i></li> <li>▪ <b>Noreen Nickola-Williams</b> <i>Saint Johns CHD</i></li> <li>▪ <b>Julianne Price</b> <i>Indian River CHD</i></li> <li>▪ <b>Morgan Smith</b> <i>Saint Johns CHD</i></li> <li>▪ <b>Versilla Turner</b> <i>Escambia CHD</i></li> </ul>
Division/Office Directors		
<ul style="list-style-type: none"> <li>▪ <b>Carina Blackmore, DVM, PhD</b> <i>Division of Disease Control and Health Protection</i></li> <li>▪ <b>Brian Garber</b> <i>Division of Disability Determinations</i></li> <li>▪ <b>Ed McEachron</b> <i>Division of Administration</i></li> <li>▪ <b>Cassandra G. Pasley, BSN JD</b> <i>Division of Medical Quality Assurance</i></li> <li>▪ <b>Doug Woodlief</b> <i>Division of Emergency Preparedness and Community Support</i></li> <li>▪ <b>Cheryl Young</b> <i>Office of Children’s Medical Services Managed Care Plan</i></li> </ul>		



**Program Staff**

---

- **Angela Bethea**  
*Division of Emergency Preparedness and Community Support Strategic Planning & Performance Management Consultant*
- **Katie Black**  
*Division of Public Health Statistics and Performance Management Government Operations Consultant III*
- **Debra Bragdon**  
*Division of Administration Manager Workforce Development*
- **Amanda Bush**  
*Office of General Counsel Chief Legal Counsel*
- **Shay Chapman**  
*Division of Community Health Promotion Bureau Chief, Family Health Services*
- **Janet Collins**  
*Division of Disease Control and Health Protection Section Manager, Performance Management*
- **Vanessa Crowther, DrPH**  
*Division of Public Health Statistics and Performance Management Administrator, Health Improvement Planning Section*
- **Nathan Dunn**  
*Division of Public Health Statistics and Performance Management Strategic Projects Manager*
- **Russell Eggert, MD**  
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- **Julia Fitz**  
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- **Jamie Forrest**  
*Division of Community Health Promotion Bureau of Chronic Disease Prevention, Administrator, Epidemiology and Evaluation Program*
- **Christopher Gainous**  
*Division of Public Health Statistics and Performance Management Supervisor, Volunteer Health Services*
- **Bonnie Gaughan-Bailey**  
*Division of Community Health Promotion Administrator, Biomedical Research Section*
- **Bob Griffin**  
*Division of Disease Control and Health Protection Administrator, Immunizations Section*
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- **Daphne Holden, PhD**  
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- **Chrishonda Jenkins**  
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- **Victor Johnson**  
*Division of Emergency Preparedness and Community Support Administrator, Operations Section*
- **Melissa Murray Jordan**  
*Division of Community Health Promotion Bureau Chief, Public Health Research*
- **Becky Keyes**  
*Office of the Deputy Secretary for County Health Systems Administrator, Statewide Services*
- **Jeanne Lane**  
*Division of Public Health Statistics and Performance Management Bureau Chief, Performance Assessment and Improvement*
- **C. Jocelyn Manganello**  
*Division of Disability Determination Bureau Chief, Program Services*



## Appendix A

- **Cynthia Norris**  
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Medical Services  
Training & Research  
Consultant*
- **Rebecca Owen-Saucier**  
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Administrative Assistant II*
- **Beth Paterniti**  
*Office of the Deputy  
Secretary for County Health  
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Administrator*
- **Michelle Peart**  
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Health Promotion  
Government Operations  
Consultant*
- **Pat Ryder, MD**  
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Bureau Chief,  
Communicable Diseases*
- **Jana Shamburger, PhD**  
*Office of Minority Health and  
Health Equity  
Epidemiologist/Program  
Evaluator*
- **Denise Simpson**  
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Assurance  
Strategic Planning Strategy  
Manager*
- **Skylar Swords**  
*Division of Public Health  
Statistics and Performance  
Management  
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Consultant III*
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Statistics and Performance  
Management  
Section Administrator,  
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- **Ursula Keller Weiss, PhD**  
*Division of Public Health  
Statistics and Performance  
Management  
Bureau Chief, Community  
Health Assessment*
- **Lalania White**  
*Division of Children's  
Medical Services  
Director, Specialty  
Programs Unit*



## 2018 Agency Strategic Planning Participants

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## Appendix A

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# Appendix B

## Strengths, Weaknesses, Opportunities and Threats (SWOT)

In preparation for the strengths, weaknesses, opportunities and threats (SWOT) analysis, the agency strategic planning participants analyzed and summarized the data sources listed on Appendix K. Participants then reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness including:

- Information management
- Communication (including branding)
- Workforce development and financial sustainability

The SWOT analysis discussion also included the identification of changing, emerging and external trends, events or other factors that may impact community health. The Performance Management Council members then used the SWOT analysis and the agency mission, vision and values to choose strategic priority areas and goals. Next, staff worked with division and office staff to write and revise strategies and objectives for each goal area. Following this, the strategies and objectives were routed back to the Agency Performance Management Council for comment and approval.

### Strengths

#### Agency Infrastructure:

- The agency's workforce is diverse and culturally competent.
- It is an integrated agency that provides a statewide comprehensive public health system (i.e. lab, pharmacy, county health department, Children's Medical Services clinic and health care practitioner regulation and licensing).
- The agency's responsibilities are outlined in Florida Statutes.
- There is a county health department in each of Florida's 67 counties. The Department is a centralized organization with the county health departments being part of the Department.
- The Emergency Support Function #8 (ESF8) response/strong preparedness infrastructure provides excellent support.
- There are agency administered public health support resources for all 67 county health departments. They are the primary service providers in the areas of infectious disease control and prevention, family health services and environmental health services. Statewide functions such as the laboratories, Vital Statistics, state pharmacies, disaster preparedness operations and emergency operations ensure efficient and coordinated approaches to monitoring diseases and responding to emerging needs at a population level.

#### Capacity:

- Partnerships at the state level and local level are strong and abundant.
- Every county has an active community health improvement planning partnership and a community health improvement plan.
- There are active and effective partnerships with stakeholders at the state level.
- The Division of Medical Quality Assurance has a strong provider assessment capability.
- There are organizational processes in place that demonstrate commitment to performance management and improvement.



## Strengths

- The workforce includes expertise in collecting, reporting and analyzing health statistics and vital records.

The agency has the ability to collect and provide comparative data through Department surveillance systems and surveys. These resources include Florida Community Health Assessment Resource Tool Set (FLHealthCHARTS.com), Merlin, Behavioral Risk Factor Surveillance System (BRFSS), and the Health Management System (HMS).

### Emerging Trends:

- Importance is placed on investing in research, transparency in results and research symposiums.
- Florida's public health statutes have been recently reviewed and are keeping pace with scientific developments and current constitutional, legal and ethical changes.
- Emerging technologies in health care, including telemedicine and electronic health records, create efficiencies and opportunities to expand services.
- The Department supports pilot and demonstration projects, and has many model practices that can be shared.
- The Department has public health preparedness plans, partnerships, expertise and leadership in the health hazard planning, preparation (including training and exercising) of staff along with material support for potential catastrophic events that may threaten the health of citizens and compromise the Department's ability to deliver needed health care services.
- Effective marketing methods are being achieved through programs like Tobacco Free Florida.

### Other:

- Physician and dental workforce assessments have already been completed.
- The Department purchases pharmaceuticals at federal pricing which is resulting in cost savings.
- There is a commitment to continuous quality improvement and creating a culture of quality, as evidenced by participation in accreditation activities.
- The Department has improved understanding of privacy and confidentiality laws and has promoted coordination across programs and systemwide.

## Weaknesses

### Agency Infrastructure:

- Succession planning, career ladders, advancement and leadership opportunities can be improved upon.
- Barriers to internal communication include a reluctance to express opinions that may be contrary to current policy.
- A comprehensive evaluation of health communications, health education and promotion interventions is lacking.
- There is a lack of standards for health communication and resource materials with culturally and linguistically appropriate messaging created to reach targeted populations.
- There is a lack of standard process maps for administrative and financial processes.
- The conduction of periodic reviews of the effectiveness of the state surveillance systems is inconsistent.

### Capacity:

- Resources for training, continuing education, recruitment and retention need improvement.
- Resources prioritized for program monitoring/evaluation and quality improvement activities are lacking.





- The number of health care providers in rural areas is not adequate.
- County health department capacity to provide locally needed services is decreasing.
- There is an increased demand for services without the capacity to meet the demand due to shrinking resources as a result of the weakening economy.

## Opportunities

### Agency Infrastructure:

- Increase recruitment of health care practitioners and public health professionals.
- Re-assess and re-evaluate health care practitioner assessments that the Department performs.
- Leverage partnerships among agencies and institutions of higher learning to enhance and improve current workforce capacity to support the education of future public health professionals.
- Participate in proposing changes to regulations.
- Embrace robust public health statutes.
- Identify common priority health issues among state and locals that present opportunities for systemwide support and collaboration.
- Regionalize the processing of accounts payable, billing, human resources and purchasing.

### Capacity:

- Include health impact assessments in planning.
- Form partnerships with non-profit hospitals to conduct community health needs assessments and preventative activities.
- Collaborate with tribal health councils.
- Increase leveraging of the Medicaid Family Planning Waiver program that allows women who have had a recent Medicaid paid service to retain coverage for family planning services for up to two years. (Due to over half of the births in Florida having been covered by Medicaid, this covers many women.) The prevention of an unplanned pregnancy or another pregnancy close to a recent birth has the potential to lower infant mortality and reduce public assistance costs. County health departments determine eligibility for the Family Planning Waiver and can influence participation in this program through outreach.
- Partner with the Department of Education and the local school systems to increase physical activity among children and improve nutrition in the schools. Encourage after-school programs to emphasize physical activity, issue awards to grade schools for both their physical activity efforts and their commitment to encouraging healthy behaviors on the part of their students.

### Emerging Trends:

- Telemedicine is being used to expand services.
- National awareness for healthier lifestyles and interest in workplace wellness programs has increased.
- Effective, evidence-based strategies and model practices are in use.
- Opportunities for the population to be insured have increased.
- There has been a shift in clinical practices locally to population health prevention services.
- A shift in public awareness and interest in social determinants of health has occurred.
- Leveraging of Medicaid for managed care creates public health improvement.

### Other:

- Educate public and policy makers about public health.
- Implement reviews of partnership development activities and their effectiveness.
- Increase preventative dental services.
- Broaden knowledge and promotion of health in all policies, especially in urban planning (e.g., smart growth and multi-modal transportation).





## Threats

### Capacity:

- There is a lack of residency slots for practitioners educated in Florida.
- There is no reciprocity for dental licenses in Florida.

### Emerging Trends:

- The population is aging.
- Funding cuts are being made to programs and full-time employees.
- Workers are receiving fewer benefits.
- There is a shortage of health care providers.
- There is an emergence of geographic health care shortage areas.
- Demands for care due to demographic shifts and economic situations are increasing.
- Program and funding cuts are shifting burdens to other segments of the public health system.
- The need for behavioral health services has increased.
- Emergency rooms are being overused for primary care.
- Changes in educational practice and school curriculum impacts learning healthy lifestyles.
- Improved technology has encouraged more sedentary lifestyles, particularly among children.
- Emerging public health threats including infectious diseases, natural disasters and concurrent complacency in terms are impacting family and business preparedness planning.
- The transition to population health from clinical is reducing the Department's ability to respond to infectious disease outbreaks such as Hemagglutinin Type 1 and Neuraminidase Type 1 (H1N1) without relying on partnership and volunteer professionals.
- The Department is being challenged to compete against the marketing capabilities of the fast food industry and the soft drink industry. The efforts of these entities are offsetting the Department's healthy behavior marketing activities.
- Florida continues to host a substantial number of medically uninsured persons who have lesser access to health care due in part to a large service and construction industry. Although the economy is recovering, many of the new jobs pay low wages and do not provide health insurance.

### Other:

- Behavioral health services are inconsistent across counties.
- There is a need to improve health status and reduce disparities in chronic diseases, tobacco use, overweight/obesity, low physical activity levels, diabetes, unintentional injury, prescription drug abuse, infant mortality and prematurity, unintended and teen pregnancy, breastfeeding, child abuse/neglect, adverse childhood events, oral health, depression and behavioral health, adult substance abuse, HIV, influenza, access to care and emerging health issues.
- Good health is often a lesser priority among some Floridians.



# Appendix C

## Summary of April 2021 Revisions

### New 2021 Objectives

#### Priority Area 1: Health Equity

- New Objectives
- 1.1.2B By December 31, 2021, increase the percentage of Department employees who have completed Addressing Health Equity: A Public Health Essential online training from 71.82% (2020) to 82%.
  - 1.1.2C By December 31, 2021, increase the number of divisions with a health equity training plan from 0 (2020) to 2.
  - 1.1.2D By December 31, 2021, increase the number of health equity liaisons in county health departments from 0 (2020) to 67.

#### Priority Area 2: Long Healthy Life

- New Objectives
- 2.1.2A By December 31, 2021, increase the number of paid and unpaid media advertisements reaching diverse, vulnerable populations using digital and social media platforms to educate about the importance of completing COVID-19 vaccination from 0 (1/2021) to 20.

#### Priority Area 3: Readiness for Emerging Health Threats

- New Objectives
- 3.1.1C By December 31, 2021, increase the proportion of all adults in Florida under the age 65 who have completed their COVID-19 vaccination series from 1.1% to 70%.
  - 3.1.1D By December 31, 2021, increase the proportion of adults in Florida 65 years and older who have completed their COVID-19 vaccination series from 3.0% (2/2021) to 80%.
  - 3.1.1E By December 31, 2021, increase the proportion of Black adults in Florida who have completed their COVID-19 vaccination series from 8.1% (4/2021) to 70%.
  - By December 31, 2021, increase the proportion of Hispanic adults in Florida who have completed their COVID-19 vaccination series from 9.6% (4/2021) to 70%.

#### Priority Area 4: Effective Agency Processes

- New Objectives
- 4.1.1A By December 31, 2021, the Department will advance the Agency's Quality Improvement (QI) Cultural Assessment within Phase 4: Formal QI in Specific Areas of the Organization, from a 4.1 (2017) to a 4.5.



## Revised Objectives Per Priority Area

### Priority Area 1: Health Equity

- Revised Objectives
- 1.1.1A By December 31, ~~2020-2021~~, reduce the annual Black infant mortality rate from 44.4 (2015) 10.9 (2019) to 10.0 per 1,000 live births.
  - 1.1.1B By December 31, ~~2020~~ 2021, reduce Black-White infant mortality gap from ~~2.6 (2015)~~ 2.48 (2019) to less than two times higher.
  - 1.1.2A By December 31, ~~2020-2021~~, increase the percentage of Department employees who completed the Cultural Awareness: Introduction to Cultural Competency and Humility and Addressing Health Equity: A Public Health Essential online trainings from less than 1% (2018) to 45%. from 38.2% (2020) to 50%.
  - 1.1.3A By December 31, ~~2020~~ 2021, reduce the percentage of COVID-19 cases where race and ethnicity are unknown in Merlin from 28% (6/2020) to ~~20%.~~ 10%.
  - ~~1.1.3B By 12/31/2020, increase the percentage of newly identified COVID-19 positive Children's Medical Services Managed Care Plan members who have received education from their care manager to mitigate COVID-19 transmission from 91% (8/21/2020) to 100%.~~

### Priority Area 2: Long Healthy Life

- Revised Objectives
- 2.1.1A By December 31, ~~2020-2021~~, increase the number of school districts ever earning the FL Healthy District Award from 53 (2018) to 67.
  - 2.1.1B By December 31, 2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 30.
  - 2.1.3A By December 31, 2020, reduce the overall age-adjusted rate of cancer deaths from 176.9 (2016) to 145 per 100,000 population.
  - 2.1.4A By December 31, 2020, increase the number of community action teams (community partners specific to address community violence) implementing the Centers for Disease Control and Prevention (CDC) STOP Sexual Violence (SV) Technical Package from 0 (2018) to 13.
  - 2.1.4B By December 31, 2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40.
  - 2.1.5A ~~2.1.1A~~ By December 31, ~~2020-2021~~, reduce the rate per 100,000 population of HIV transmissions diagnosed annually in Florida, from 24.5 per 100,000 population (2015) to ~~23.9~~ 20.7 per 100,000 population (2021).
  - ~~2.1.5B-2.1.1B~~ By December 31, ~~2020-2021~~, reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 53.2 per 100,000 population.



~~2.1.5C~~ 2.1.1C By December 31, ~~2020~~ 2021, reduce the rate of HIV transmissions diagnosed annually in Florida’s Hispanic population from 30.8 (2015) to ~~30~~ 28.1 per 100,000 population.

~~2.1.5D~~ 2.1.1D By December 31, ~~2020~~ 2021, reduce the rate of total early syphilis cases in Florida from ~~25.9~~ 34.8 (2019) to ~~22~~ 32 per 100,000 population.

~~2.1.6A~~ By September 1, 2020, implement all 7 statutory requirements for Florida's restructured trauma system.

~~2.1.7A~~ By December 31, 2020, increase the number of paid and unpaid media advertisements reaching diverse, vulnerable populations using digital and social media platforms to educate about the risk of serious illness for those persons infected with COVID-19 from 0 (7/2020) to 15.

~~2.1.7B~~ By September 30, 2020, increase the number of public health materials available to provide guidance on safe practices and COVID-19 mitigation strategies in a school setting from 0 (3/2020) to 3.

**Priority Area 3: Readiness for Emerging Health Threats**

Revised Objective 3.1.1A By December 31, ~~2020~~ 2021, increase the percentage of two-year-olds who are fully immunized from 86% (2014) to 90%.

3.1.1B By December 31, ~~2020~~ 2021, increase the percentage of teens (13-17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 55.9% (±6.7%) (2016) to 70% according to the National Immunization Survey (NIS-Teen) data.

3.1.2A By December 31, ~~2020~~ 2021, increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to 350.

~~3.1.2B~~ By December 31, 2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 250.

3.1.3A By December 31, ~~2020~~ 2021, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (9 functions) for Public Health Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 (64%) to ~~67~~ 54 (80%).

3.1.4A By December 31, ~~2020~~ 2021, decrease current inhaled nicotine\* prevalence in Florida youth ages 11-17 from 44.7% (2014) to ~~12.6%~~ 17.1% (2020) to 16.8%.

3.1.4B By December 31, 2020 2021, decrease current inhaled nicotine\*\* prevalence in adults from ~~22.2%~~ (2015) to ~~19.2%~~ 25.4% (2019) to 24.8%.

\*\* Adult inhaled nicotine includes cigarettes, cigars, little cigars, hookah and e-cigarettes.



## Appendix C

3.1.5A By December 31, ~~2020~~2021, increase the number of county health departments implementing control measures for high priority reportable diseases within the appropriate time frame from 54 (average from 2014-2017 reporting years) to 60.

~~3.1.5B By 12/31/2020, reduce the monthly average number of days between specimen result date to lab report date into Merlin for COVID-19 laboratory reports from 4 (3/2020) to 2 days.~~

~~3.1.5C~~ 3.1.5B By December 31, ~~2020~~2021 the Bureau of Public Health Laboratories will test and report ~~95%~~96% of received COVID-19 samples with a turnaround time (TAT) of  $\leq$  2 days. (TAT begins with the laboratory accessions the received samples.)

~~3.1.5D~~ 3.1.5C By December 31, ~~2020~~2021, increase the percentage of electronic COVID-19 laboratory order submissions from the county health departments to the Bureau of Public Health Laboratories from 60.88% in Quarter 2 (April-Jun 2020) to ~~70%~~90%.

~~3.1.5E By 12/31/2020, increase the number of COVID-19 Electronic Laboratory Reporting and COVID-19 Electronic Case Reporting facilities from 187 reporting facilities (3/1/2020) to 405.~~

~~3.1.5F By 12/31/2020, increase the monthly percentage of Florida's population tested for COVID-19 from 4.93% (6/2020) to 10%.~~

3.1.6A By December 31, ~~2020~~2021, increase the percentage of Child Protection Team clients ages 0 to 36 months diagnosed with neonatal abstinence syndrome who are referred to Early Steps from ~~19.63% (fiscal year 2017/2018)~~57.69% (2020) to 100%.

3.1.7A By December 31, ~~2020~~, 2021, increase the number of telehealth platforms within critical access hospitals and rural EMS agencies from 1 platform to 10 platforms.

~~3.1.7B By 12/31/2020, increase the percentage of suitable and eligible clients utilizing telehealth services coordinated by the Brain and Spinal Cord Injury Program for therapy and/or medical follow-up from less than 1% (7/2020) to 20%.~~

~~3.1.7C By 12/31/2020, increase the percentage of Children's Medical Services internal and contract provider continuity of operations plans that include virtual and other provisions for home visiting functions from 0% (4/1/2020) to 100%.~~

~~3.1.7D By 12/31/2020, decrease the percentage of early intervention services for Early Steps enrollees that are delayed due to COVID-19 from 10% (7/31/2020) to 0%.~~



## Appendix C

~~3.1.9A By 12/31/2020, increase the number of county health departments with a priority action plan for environmental health inspections from 0 (9/1/2020) to 67.~~

~~3.1.9B~~ 3.1.9A By ~~10/31/2020~~ February 28, 2021, the Bureau of Preparedness and Response will increase the number of county health department emergency operations plans reviewed for consistency with all Public Health Accreditation Board reaccreditation requirements and for which results are reported to the county health departments from 0 (8/2020) to 67.

~~3.1.9C~~ 3.1.9B By ~~12/31/2020~~ March 15, 2021, the number of county health departments whose emergency operations plans meet all Public Health Accreditation Board reaccreditation requirements will increase from 5 (10/2020) to 67.

~~3.1.9D By 12/31/2020, increase the number of county health departments with one or more COVID-19 objectives in at least one foundational plan (community health improvement plan, strategic plan, performance management quality improvement plan, workforce development plan and/or emergency operations plan) from 0 (8/2020) to 67.~~

### Priority Area 4: Effective Agency Processes

~~4.1.1A By December 31, 2020, improve the combined agency-level performance management assessment score (on a scale of 1-5) from 3.32 (2017) to at least 4.29.~~

~~4.1.1B By 12/31/2020, improve the combined division-level performance management assessment score (on a scale of 1-5) from 3.93 (2017) to at least 4.29.~~

~~4.1.1C By 12/31/2020, improve the combined CHD-level performance management assessment score (on a scale of 1-5) from 4.05 (2017) to at least 4.29.~~

4.1.2A By December 31, ~~2020~~ 2021, have 100% of programs functioning within their annual operating budgets.

4.1.2B By ~~12/31/2020~~ December 31, 2021, increase the amount of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding spent by critical access and small rural hospitals from ~~\$80,697 (7/2020) to \$650,000.~~ \$714.81 (2020) to \$1,215,000.

4.1.3A By December 31, ~~2020~~ 2021, annually publish 30 articles regarding the Department's accomplishments in peer-reviewed journals.

4.1.3B By December 31, ~~2020~~ 2021, increase the number of peer-reviewed journal article submissions related to the Department's COVID-19 response efforts from 0 (January 2021) to ~~40~~ 20.

4.1.4A By ~~12/31/2020~~, the Office of Information Technology will increase the percentage of Department employees who have access to its remote access toolkit from ~~12.2% (2/1/2020) to 99%.~~



## Appendix C

~~4.1.4B By 12/31/2020, the Division of Disability Determinations will increase the percentage of fulfilled telework requests, if job duties allow and with delegated authority approval, from less than 1% (3/25/2020) to 99%.~~

~~4.1.4C~~ 4.1.4A By 12/31/2020 December 31, 2021, increase the percentage of full or partial remote investigations of reported radiation medical events from 20% (12/2019) to 80%.

### Priority Area 5: Regulatory Efficiency

~~5.1.1A By December 31, 2020, reduce the number of lines of regulation from 71,442 (2015) to 57,719.~~

~~5.1.5A~~ 5.1.2A By December 31, ~~2020~~ 2021, reduce the medical marijuana treatment center new location and product request initial response time from 30 days (2018) to ~~24~~ 18 days.

~~5.1.5B~~ 5.1.2B By December 31, ~~2020~~ 2021, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 (2018) to ~~5~~ 7 topics.





# Appendix D

## Summary of September 2020 New Objectives

On September 10, 2020, the Agency Performance Management Council held a special meeting to consider COVID-19 objective recommendations for the Agency Strategic Plan from the division/office strategic planning teams. The council discussed each objective, made edits where necessary and agreed to add all 25 proposed COVID-19 objectives to the Agency Strategic Plan. The COVID-19 objectives will assist the Department in addressing COVID-19 related health threats. These new objectives are listed in the table below.

### New COVID-19 Objectives

#### Priority Area 1: Health Equity

- New Objectives
- 1.1.3A By 12/31/2020, reduce the percentage of COVID-19 cases where race and ethnicity are unknown in Merlin from 28% (6/2020) to 20%.
  - 1.1.3B By 12/31/2020, increase the percentage of newly identified COVID-19 positive Children’s Medical Services Managed Care Plan members who have received education from their care manager to mitigate COVID-19 transmission from 91% (8/21/2020) to 100%.

#### Priority Area 2: Long Healthy Life

- New Objectives
- 2.1.7A By 12/31/2020, increase the number of paid and unpaid media advertisements reaching diverse, vulnerable populations using digital and social media platforms to educate about the risk of serious illness for persons infected with COVID-19 from 0 (7/2020) to 15.
  - 2.1.7B By 9/30/2020, increase the number of public health materials available to provide guidance on safe practices and COVID-19 mitigation strategies in a school setting from 0 (3/2020) to 3.

#### Priority Area 3: Readiness for Emerging Health Threats

- New Objectives
- 3.1.5B By 12/31/2020, reduce the monthly average number of days between specimen result date to lab report date into Merlin for COVID-19 laboratory reports from 4 (3/2020) to 2 days.
  - 3.1.5C By 12/31/2020, the Bureau of Public Health Laboratories will maintain a turnaround time (TAT) of <=2 days for 95% (5/2020) of received samples. (TAT begins when the laboratory accessions the received samples.)
  - 3.1.5D By 12/31/2020, increase the percentage of electronic COVID-19 laboratory order submissions from the county health departments to the Bureau of Public Health Laboratories from 60.88% (6/2020) to 70%.





## Appendix D

### New Objectives

3.1.5E By 12/31/2020, increase the number of COVID-19 Electronic Laboratory Reporting and COVID-19 Electronic Case Reporting facilities from 187 reporting facilities (3/1/2020) to 405.

3.1.5F By 12/31/2020, increase the monthly percentage of Florida's population tested for COVID-19 from 4.93% (6/2020) to 10%.

3.1.7A By 12/31/2020, increase the percentage of critical access hospitals with a telehealth platform for use in hospital emergency departments and by local emergency medical services agencies from 10% (7/2020) to 100%.

3.1.7B By 12/31/2020, increase the percentage of suitable and eligible clients utilizing telehealth services coordinated by the Brain and Spinal Cord Injury Program for therapy and/or medical follow-up from less than 1% (7/2020) to 20%.

3.1.7C By 12/31/2020, increase the percentage of Children's Medical Services internal and contract provider continuity of operations plans that include virtual and other provisions for home visiting functions from 0% (4/1/2020) to 100%.

3.1.7D By 12/31/2020, decrease the percentage of early intervention services for Early Steps enrollees that are delayed due to COVID-19 from 10% (7/31/2020) to 0%.

3.1.8A By 12/1/2020, decrease the average time to register out-of-state telehealth health care providers from 3.77 days (6/2020) to 2 days.

3.1.8B By 12/1/2020, increase the percentage of eligible health care practitioners who reactivate their license in response to a public health emergency, as defined in s. 381.00315(1)(c)(3), F.S, from 5.1% (8/12/2020) to 15%.

3.1.8C By 12/1/2020, increase the percentage of Florida active licensed health care practitioners who indicate their willingness to serve in special need shelters or to help staff medical assistance teams during times of emergency or major disasters from 40% (8/12/2020) to 50%.

3.1.9A By 12/31/2020, increase the number of county health departments with a priority action plan for environmental health inspections from 0 (9/1/2020) to 67.

3.1.9B By 10/31/2020, the Bureau of Preparedness and Response will increase the number of county health department emergency operations plans reviewed for consistency with all Public Health Accreditation Board reaccreditation requirements and for which results are reported to the county health departments from 0 (8/2020) to 67.

3.1.9C By 12/31/2020, the number of county health departments whose emergency operations plans meet all Public Health Accreditation Board



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reaccreditation requirements will increase from (baseline to be determined after objective 3.1.9B is completed) (10/2020) to 67.

3.1.9D By 12/31/2020, increase the number of county health departments with one or more COVID-19 objectives in at least one foundational plan (community health improvement plan, strategic plan, performance management quality improvement plan, workforce development plan and/or emergency operations plan) from 0 (8/2020) to 67.

### Priority Area 4: Effective Agency Processes

New Objectives 4.1.2B By 12/31/2020, increase the amount of Coronavirus Aid, Relief, and Economic Security (CARES) Act funding spent by critical access and small rural hospitals from \$80,697 (7/2020) to \$650,000.

4.1.3B By 12/31/2020, increase the number of peer-reviewed journal article submissions related to the Department's COVID-19 response efforts from 0 (9/2020) to 10.

4.1.4A By 12/31/2020, the Office of Information Technology will increase the percentage of Department employees who have access to its remote access toolkit from 12.2% (2/1/2020) to 99%.

4.1.4B By 12/31/2020, the Division of Disability Determinations will increase the percentage of fulfilled telework requests, if job duties allow and with delegated authority approval, from less than 1% (3/25/2020) to 99%.

4.1.4C By 12/31/2020, increase the percentage of full or partial remote investigations of reported radiation medical events from 20% (12/2019) to 80%.



# Appendix E

## Summary of March 2020 Revisions to Objectives

The Agency Performance Management Council’s March 2020 meeting was canceled due to the COVID-19 pandemic. The agenda for the March 2020 meeting included the annual review of the Agency Strategic Plan. Since there were no new objectives and changes to existing objectives were minor, the decision was made to proceed with all the recommended changes from the divisions.

### Revised Objectives Per Priority Area

#### Priority Area 1: Health Equity

- Revised Objectives
- ~~1.1.2A. Between 3/1/2018 and 12/31/2020, have 14 counties engage in a new PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) project.~~
  - ~~1.1.3B By 12/31/2019, conduct an organizational health equity assessment.~~
  - ~~1.1.3C By 6/30/2019, establish baseline data that show the diversity of the Department’s current workforce to include race, ethnicity and gender.~~
  - ~~1.1.3D By 12/31/2019, assess and promote the inclusion of social determinants of health in community health improvement plans from 88% (2016) to 100% of plans.~~

#### Priority Area 3: Readiness for Emerging Health Threats

- Revised Objectives
- ~~2.1.6 Reduce the incidence of Alzheimer’s disease and related dementias~~
  - ~~2.1.6A By 12/31/2019, establish 15 partnerships for developing activities that can impact the awareness and research of Alzheimer’s disease and related dementias.~~
  - ~~2.1.7~~ 2.1.6 Develop an integrated trauma system.
  - ~~2.1.7A~~ 2.1.6A By 9/1/2020, implement all seven statutory requirements for Florida’s restructured trauma system.
  - 3.1.2A By 12/31/2020, increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to ~~360~~ 300.
  - 3.1.2B By 12/31/2020, increase the number of hospitals participating in electronic lab reporting from 52 (2014) to ~~246~~ 250.
  - 3.1.3A By 12/31/2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities (~~8-9~~ functions) for Public Health Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 (2017) to ~~54~~ 67.

#### Priority Area 3: Readiness for Emerging Health Threats

- Revised Objective
- By 12/31/2020, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans from 137 (2015) to ~~4,250~~ 1,691.



# Appendix F

## Summary of March 2019 Revisions to Objectives

The Agency Performance Management Council met on March 14, 2019, and approved the changes as depicted in the table below which shows revised and new objectives per priority area.

### Revised and New Objectives Per Priority Area

#### Priority Area 1: Health Equity

- Revised Objectives By 12/31/2020, reduce the annual Black infant mortality rate from 11.4 (2015) to ~~8.3~~ 10 per 1,000 live births.
- Between 3/1/2018 and 12/31/2020, ~~40~~ 14 counties will engage in a new PACE-EH (Protocol for Assessing Community Excellence in Environmental Health) project.
- By 12/31/2020, increase the percentage number of Department employees who have completed ~~Cultural Awareness: Introduction to Organizational Cultural Competence~~ the Cultural Awareness: Introduction to Cultural Competency and Humility and Addressing Health Equity: A Public Health Essential online trainings from less than 1% (2018) to 45%.
- By ~~6/30/2019~~, 12/31/2020, conduct an organizational health equity assessment.
- By 12/31/2019, assess and promote the inclusion of social determinants of health in community health improvement plans from ~~92%~~ 88% to 100% of plans.
- By ~~12/31/2018~~, establish a reporting structure for reporting progress on health equity initiatives and best practices.
- By ~~12/31/2018~~, establish new partnerships and enhance existing partnerships collaborating with health departments to address the social determinants of health.

#### Priority Area 2: Long Healthy Life

- Revised Objectives By 12/31/2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to ~~20~~ 30.
- By 12/31/2020, establish ~~40~~ 15 partnerships for developing activities that can impact the awareness and research of Alzheimer’s disease and related dementias.
- New Objectives By 12/31/2020, increase the number of school districts ever earning the Florida Healthy District Award from 53 (2018) to 67.



By 12/31/2020, increase the number of community action teams (community partners specifically to address community violence) implementing the Centers for Disease Control and Prevention’s (CDC) STOP Sexual Violence (SV) Technical Package from 0 (2019) to 13.

By 12/31/2020, increase the number of counties that are included in a Safe Kids coalition from 38 (2018) to 40.

~~By 12/31/2020, increase the number of schools ever earning the Healthier US Schools Challenge: Smarter Lunchroom recognition from 374 (2015) to 650, with a focus on Title I schools.~~

~~By 12/31/2020, decrease the age-adjusted, non-drug related injury rate from 9,682.4 (2016) to 8,714.2 per 100,000 population.~~

~~By 12/31/2020, decrease the age-adjusted, non-drug related death rate from 53.6 (2016) to 48.2 per 100,000 population.~~

~~By 12/31/2020, increase the proportion of People Living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 56% (2014) to 63%.~~

**Priority Area 3: Readiness for Emerging Health Threats**

- Revised Objectives By 12/31/2020, increase the percentage of female teens (13–17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from ~~57.2% (2014)~~ 55.9% (±6.7%) (2016) to 70%, according to the National Immunization Survey (NIS-Teen) data.
- By 12/31/2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to ~~140~~ 216.
- By 12/31/2020, increase the percentage of Child Protection Team clients ages 0 to 36 months diagnosed with neonatal abstinence syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) to 100%.
- ~~By 12/31/2020, increase the percentage of male teens (13–17 years of age) who have completed the first dose of the Human Papilloma Virus (HPV) vaccine from 41% (2014) to 70%, according to the National Immunization Survey Teen (NIS-Teen) data.~~

**Priority Area 4: Effective Agency Processes**

- Revised Objective By 12/31/2020, annually publish ~~16~~ 30 articles regarding the Department's accomplishments in peer-reviewed journals.
- New Objectives By 12/31/2020, improve the combined agency-level performance management assessment score (on a scale of 1-5) from 3.91 (2017) to at least 4.29.
- By 12/31/2020, improve the combined division-level performance management assessment score (on a scale of 1-5) from 3.93 (2017) to at least 4.29.



## Appendix F

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By 12/31/2020, improve the combined county health department-level performance management assessment score (on a scale of 1-5) from 4.05 (2017) to at least 4.29.

~~By 12/31/2018, create and implement a workforce development plan that contains the necessary requirements from the Public Health Accreditation Board listed in Standards 8.1 and 8.2.~~

~~By 6/30/18, complete a comparative analysis of agency IT expenditures.~~

~~By 12/30/18, demonstrate the benefits of consolidated billing functions by showing overall savings, improved collection rates and lower denial rates for CHDs in billing consortiums.~~

### Priority Area 5: Regulatory Efficiency

Revised Objective	By 12/31/2020, reduce the number of lines of regulation from 71,442 (2015) to <u>59,074</u> <u>57,719</u> .
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# Appendix G

## Summary of November-December 2018 Revisions to Objectives

The Agency Performance Management Council met on November 8, 2018 and December 13, 2018 and approved the changes as depicted in the table below which shows revised and new objectives per priority area.

### Revised and New Objectives Per Priority Area

#### Priority Area 1: Health Equity

Revised Objectives ~~By 12/31/2020, the number of DOH employees who completed all three parts of the FDOH Health Equity and Social Justice 101 trainings will increase from 1,320 to 14,130.~~

By 12/31/2020, the number of Department employees who completed *Cultural Awareness: Introduction to Organizational Cultural Competence* and *Addressing Health Equity: A Public Health Essential* online trainings will increase from less than 1% (2018) to 45%.

By ~~12/31/2019~~ 6/30/2019, conduct an organizational health equity assessment.

#### Priority Area 3: Readiness for Emerging Health Threats

Revised Objective By 12/31/2020, increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to ~~246~~ 350.

New Objectives By 12/31/2020, increase the number of county health departments implementing control measures for high priority reportable diseases within the appropriate time frame from 54 (average from 2014-2017 reporting years) to 60.

By 12/31/2020, increase the percentage of Child Protection Team clients diagnosed with neonatal abstinence syndrome who are referred to Early Steps from 19.63% (fiscal year 2017/2018) to 100%.

#### Priority Area 5: Regulatory Efficiency

New Objectives By 12/31/2020, reduce the septic tank failure rate from 1.97 within two years of system installations (2017) to 1.95 per 1,000.

By 12/31/2020, reduce the medical marijuana treatment center new location and product requests from 30 days (2018) to 21 days.

By 12/31/2020, increase the scope and topics of the statewide cannabis and marijuana education campaign from 2 (2018) to 5 topics.



# Appendix H

## Summary of June-August 2018 Revisions to Objectives

The Agency Performance Management Council met on June 21, 2018 and July 12, 2018 to perform an annual review and evaluation of the plan. On August 27, 2018, the council met and approved the changes as depicted in the table below which shows revised and new objectives per priority area.

### Revised and New Objectives Per Priority Area

#### Priority Area 1: Health Equity

- Revised Objectives      By 12/31 2020, reduce the annual Black infant mortality rate from 11.4 (2015) to 8.310 per 1,000 live births.
- ~~By 12/31/2018, 10 county health departments who have not completed a community environmental health assessment will be engaged with an under-resourced community to identify their environmental health issues, set priorities for action and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).~~
- Between 3/1/2018 and 12/31/2020, ten counties will engage in a new Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) project.
- ~~By 12/31/2017, develop and provide social determinants of health trainings and tools to CHDs and state office program staff.~~
- By 12/31/2020, the number of Department employees who completed all three parts of the *FDOH Health Equity and Social Justice 101* training will increase from 1,320 to 14,130.
- ~~By 12/31/2018, develop a process to recruit and retain a diverse workforce equipped to address health equity.~~
- By 6/30/2019, actively recruit, employ, retain and advance a diverse workforce that is equipped to address health equity and represents the areas that are being serviced by the Department.

#### Priority Area 2: Long Healthy Life

- Revised Objectives      By 12/31/2018, increase the number of schools ever earning the Healthier US Schools Challenge: Smarter Lunchroom recognition from 374 (2015) to 600650, with a focus on Title I schools.
- By 12/31/2020, increase the number of Baby-Friendly Hospitals in Florida from 10 (2015) to 4420.





## Appendix H

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~~By 12/31/ 2020, increase the percentage of adults receiving services from in Federally Qualified Health Centers with diagnosed high blood pressure that who had their blood pressure adequately controlled (less than 140/90 at the last visit) during the measurement period from 59.7% (2013) to 61.5%.~~

By 12/31/2020, reduce the overall age-adjusted rate of cancer deaths from 176.9 (2016) to 145 per 100,000 population.

~~By 12/31/2018, reduce the number of newly diagnosed HIV infections in Florida by 2% annually, from 4,613 (2014) to 4,255.~~

By 12/31/2020, reduce the rate of HIV transmissions diagnosed annually in Florida from 24.5 (2015) to 23.9 per 100,000 population.

~~By 12/31/2018, reduce the number of newly diagnosed HIV infections in Florida's Black population from 2,024 (2014) to 1,867.~~

By 12/31/2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Black population from 66.9 (2015) to 65.3 per 100,000 population.

~~By 12/31/2018, reduce the number of newly diagnosed HIV infections in Florida's Hispanic population from 1,281 (2014) to 1,182.~~

By 12/31/2020, reduce the rate of HIV transmissions diagnosed annually in Florida's Hispanic population from 30.8 (2015) to 30 per 100,000 population.

By 12/31/2020, reduce the rate of total early syphilis cases in Florida from 48.5 (2014) 25.9 (2017) to 47.9 22 per 100,000 population.

By 12/31/2020, establish 5-10 partnerships for developing activities that can impact the incidence awareness and research of Alzheimer's disease and related dementias.

~~By 12/31/2018, decrease the age-adjusted injury death rate from 66.88 (2015) to 60.19 per 100,000.~~

~~By 7/1/2017, restructure Florida's current trauma allocation methodology and standards.~~

~~By 12/31/2020, increase the percentage of People Living with HIV (PLWH) in Florida with a suppressed viral load (<200/ml) from 56% (2014) to 63%.~~

New  
Objectives

By 12/31/2020, decrease the age-adjusted, non-drug related injury rate from 9,682.4 (2016) to 8,714.2 per 100,000 population.

By 12/31/2020, decrease the age-adjusted, non-drug related death rate from 53.6 (2016) to 48.2 per 100,000 population.

By 9/1/2020, implement all seven statutory requirements for Florida's restructured trauma system.

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**Priority Area 3: Readiness for Emerging Health Threats**

Revised Objectives By 12/31/2020, increase the percentage of female teens (13–17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from ~~57.2% (2014)~~ 55.9% (±6.7) (2016) to 70%, according to the National Immunization Survey (NIS-Teen) data.

By 12/31/2020, increase the percentage of male teens (13–17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 41% (2014) to ~~50~~70%, according to the National Immunization Survey Teen (NIS-Teen) data.

By 12/31/2020, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to ~~44~~216.

~~By 12/31/2020, 88 facilities using flat files to populate (Electronic Surveillance System for the Early Notification of Community-based Epidemics) ESSENCE will convert to Health Level Seven International (HL7).~~

~~By 12/31/2018, increase Florida's National Health Security Preparedness Index (NHSPI) score from 7.3 (2015) to 7.8.~~

New Objectives By 12/31/2020, increase the number of facilities submitting Health Level Seven International (HL7) data from 226 (2017) to 246.

By 12/31/2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities for Public Health-Community Preparedness, Emergency Operations Coordination and Mass Care Coordination from 43 to 51.

**Priority Area 4: Effective Agency Processes**

Revised Objectives By ~~June 30 of each year~~ 12/31/2020, have 100% of programs functioning within their annual operating budgets.

~~By 12/31/2017~~ 6/30/2018, complete a comparative analysis of agency IT expenditures.

By 12/31/2020, annually publish ~~46~~ 30 articles regarding the Department's accomplishments in peer-reviewed journals.

By 12/31/2019, ~~enhance implement 19 processes in the FLHealthDesk-HR system to automate HR paper forms and increase efficient and effective HR management practices~~ by streamlining 19 current workflows, revising the steps.

~~By 12/31/2017, receive an actuarially sound administrative cost target for the Children's Medical Services Managed Care Plan and develop a health plan service delivery contracting model(s) by 12/31/2018.~~



**Priority Area 5: Regulatory Efficiency**

Revised Objectives By ~~6/30/2018~~ 12/31/2020, reduce the number of lines of regulation from 71,442 (2015) to 60,725.

By 12/31/2020, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to 206,255.

By the end of each calendar year, reduce three of four quarterly (FL disability) claim processing times to less than the national or regional processing time, whichever is greater.

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# Appendix I

## Summary of December 2017-January 2018 Revisions to Objectives

The Agency Performance Management Council met on December 14, 2017, to conduct a program performance review of Health Equity. The Council drafted revisions to two objectives. On January 19, 2018, the Council met and approved the changes as depicted in the table below which shows revised objectives and lead reassignment per priority area.

### Revised Objectives and Lead Reassignment Per Priority Area

#### Priority Area 1: Health Equity

Revised Objectives	<p><u>By 12/31/2018, establish a reporting structure for reporting progress on health equity initiatives and best practices.</u></p> <p><u>By 12/31/2018, establish new partnerships and enhance existing partnerships collaborating with health departments to address the social determinants of health.</u></p> <p><del>By 12/31/2018, establish a reporting structure for reporting progress and best practices and measure the percentage of increase in number of new partners that collaborate with health departments to address one or more local community health influences.</del></p> <p><u>By 12/31/2018, assess and promote the inclusion of social determinants of health in of community health improvement plans from 92% to 100% of plans.</u></p> <p><u>By 12/31/2018, conduct an organizational health equity assessment.</u></p> <p><del>By 12/31/2017, conduct an organizational health equity assessment, including establishing a baseline of number of community health improvement plans that include addressing the social determinants of health.</del></p>
Lead Reassignment	<p>By 12/31/2018, develop a process to recruit and retain a diverse workforce equipped to address health equity.</p> <p><u>Lead: Division of Administration</u></p> <p><del>Lead: Office of Minority Health and Health Equity</del></p>



# Appendix J

## Summary of March-May 2017 Revisions to Objectives

The Agency Performance Management Council met on March 10, 2017, to perform an annual review and evaluation of the plan. The Council revised 16 objectives, deleted nine and added 15 for 2017. On April 13, 2017, the Council met to further revise the plan. Revisions were finalized on May 4, 2017. (See the table below for new and revised objectives per priority area.)

Revised and New Objectives Per Priority Area	
<b>Priority Area 1: Health Equity</b>	
New Objectives	<p>By 12/31/2018, establish a reporting structure for reporting progress and best practices; and measure the percentage increase in the number of new partners that collaborate with health departments to address one or more local community health influences.</p> <p>By 12/31/2018, 10 county health departments that have not completed a community environmental health assessment will be engaged with an under-resourced community to identify their environmental health issues, set priorities for action and address identified issues (e.g., using Protocol for Assessing Community Excellence in Environmental Health: PACE-EH).</p> <p>By 12/31/2017, develop and provide social determinants of health trainings and tools to CHDs and state office program staff.</p> <p>By 12/31/2017, conduct an organizational health equity assessment that includes establishing a baseline for the number of community health improvement plans that include addressing the social determinants of health.</p> <p>By 12/31/2018, develop a process to recruit and retain a diverse workforce equipped to address health equity.</p>
Revised Objectives	<p><u>By 12/31/2018, reduce the annual Black infant mortality rate from 11.4 (2015) to 8.3 per 1,000 live births.</u></p> <p><u>By 12/31/ 2020, reduce the Black-White infant mortality gap from 2.6 (2015) to less than two times higher.</u></p> <p><del>By 12/31/2018, reduce the three-year rolling average of Black infant mortality rate from 10.9 (2012-2014) to 8.3 per 1,000 live births and reduce Black-White infant mortality gap from 2.25 to less than 2 times higher or reduce the Black-White infant mortality gap by 12%.</del></p>



**Priority Area 2: Long Healthy Life**

- New Objectives**
- By 12/31/2018, increase the number of schools ever earning the Healthier US Schools Challenge: Smarter Lunchroom recognition from 374 to 600, with a focus on Title I schools.
  - By 12/31/2018, increase the number of Baby-Friendly Hospitals in Florida from 10 to 14.
  - By 12/31/2018, increase the percentage of adults receiving services from Federally Qualified Health Centers with diagnosed high blood pressure who had their blood pressure adequately controlled (<140/90) during the measurement period from 59.7% to 61.5%.
  - By 12/31/2018, reduce the number of newly diagnosed HIV infections in Florida’s Hispanic population from 1,281 (2014) to 1,182.
  - By 7/1/2019, restructure Florida’s current trauma allocation methodology and standards.
- Revised Objectives**
- By 12/31/2018, reduce the overall age-adjusted rate of new cancer deaths from 176.9 (2016) ~~424~~ to 145 ~~400~~ per 100,000.
  - By 12/31/ 2018, decrease the age-adjusted unintentional injury death rate from 66.88 (2015) ~~46.7 (2014)~~ to 60.19 ~~38.7~~ per 100,000 population.
  - By 12/31/ 2018, increase the percentage of People Living with HIV (PLWH) in Florida ADAP clients with a suppressed an-undetectable viral load (<200/ml) from 56% ~~89%~~ (2014) to 63% ~~92%~~.
  - By 12/31/2018, increase the percentage of children in grade 1 who are at a healthy weight from ~~66% (2013)~~ to 70%.
  - By 12/31/2018, increase the percentage of adults in Florida who are at a healthy weight from ~~35% (2013)~~ to 38%.
  - By 12/31/ 2018, reduce the number of adults who report ever being told they had coronary heart disease, a heart attack, or a stroke from 10.3% (2013) to 9.8%.

**Priority Area 3: Readiness for Emerging Health Threats**

- Revised Objectives**
- By 12/31/2018, increase percentage of teens who have completed the first HPV shot from 57.2% (2014) to 70%.
  - By 12/31/2018, increase the percentage of female teens (13-17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 57.2% (2014) to 70%, according to the National Immunization Survey (NIS-Teen) data.
  - By 12/31/2018, increase the percentage of male teens (13-17 years of age) who have completed the first dose of the human papillomavirus (HPV) vaccine from 41% (2014) to 50%, according to the National Immunization Survey Teen (NIS-Teen) data.



By 12/31/2018, increase Florida's National Health Security Preparedness Index (NHSPI) score from 7.3 (2015) ~~7.8 (2014)~~ to 7.8 ~~8.1~~.

By 12/31/2018, decrease current inhaled nicotine prevalence in adults from 22.2% (2015) ~~21.3% (2014)~~ to 19.2%. (Adult inhaled nicotine includes cigarettes, cigars, hookah and e-cigarettes.)

**Priority Area 4: Effective Agency Processes**

New Objectives

By 12/31/2018, create and implement a workforce development plan that contains the necessary requirements from the Public Health Accreditation Board listed in Standards 8.1 and 8.2.

By 12/31/2018, demonstrate the benefits of consolidated billing functions by showing overall savings, improved collection rates and lower denial rates for county health departments in billing consortiums.

By 12/31/2017, receive an actuarially sound administrative cost target for the Children's Medical Services Managed Care Plan and develop a health plan service delivery contracting model(s) by 12/31/2018.

By 12/31/2017, implement 19 processes in the FLHealthDesk-HR system to automate HR paper forms and increase efficient and effective HR management practices.

Revised Objectives

By June 30 of each year, ~~2016~~ have 100% of programs functioning within their annual operating budgets.

By 12/31/2018, publish 16 ~~five~~ articles regarding the Department's accomplishments in peer-reviewed journals.

~~By 6/30/2018, increase communication products from 3,000 (2015) to 3,600.~~

~~By 12/31/2020, increase participation of Department employees in one or more professional development opportunities to 50%.~~

~~By 12/31/2016, implement the operational plan for Human Resources Consortiums.~~

~~By 12/31/2016, provide evidence for value/return on investment for consolidating billing functions.~~

~~By 12/31/2017, reduce administrative costs associated with Title XIX and Title XXI to 6.5-8% of plan expenditures.~~



**Priority Area 5: Regulatory Efficiency**

New Objective	By 1/31/2018, reduce the average time to issue a license to a health professional by 25%, from 65 days (2015) to 49 days.
Revised Objectives	<p>By 6/30/2018, reduce the number of lines of regulation by 15% from 71,442 (2015) to <del>58,074</del> <u>57,719</u>.</p> <p>By 12/31/2018, reduce <del>by 50%</del> the percentage of deficient applications received from 74% (2015) to 37%.</p> <p>By 12/31/2018, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50%, from 137 (2015) to <del>206</del> <u>1,255</u>.</p> <p>By <u>the end of each calendar year</u>, <del>reduce 12/31/2016</del>, ensure that three of four quarterly (FL disability) claim processing times to less than the national average processing time.</p> <p><del>By 12/31/2017, establish enterprise solutions for all department regulatory functions.</del></p>

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