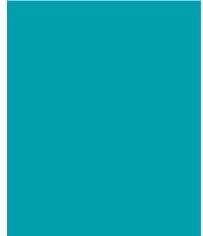


Florida Department of Health in Hernando County
Strategic Plan 2016-2018



Rick Scott
Governor

John H Armstrong, MD, FACS
State Surgeon General and Secretary

Robin Napier, MS
Administrator

November 2015



Florida Department of Health in Hernando County
7551 Forest Oaks Blvd
Spring Hill, FL 34606

Produced by
The Florida Department of Health in Hernando County
Strategic Planning Committee

Mission:

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



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

October 1, 2015

Dear Hernando County Residents:

I am pleased to present the Florida Department of Health in Hernando County's 2015-2017 Strategic Plan. It has been our pleasure to partner with you in moving health forward in your community.

The Department's core values of innovation, collaboration, accountability, responsiveness and excellence dictate that we constantly tend to the people of Florida with thoughtful care. These values propel the Department and our mission forward, allowing us to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

We encourage the communities of Hernando County to pursue healthy choices through our Healthiest Weight Florida initiative, a public-private collaboration that brings together state agencies, nonprofit organizations, businesses and entire communities to help Florida's children and adults make consistent, informed choices about healthy eating and active living. We are working together to reshape environments so that the healthy choice becomes the easy choice.

The achievements of the Florida Department of Health in Hernando County over the past year have helped to move Florida closer to becoming the healthiest state in the nation. With your support and collaboration, we will continue to safeguard and nurture our most valuable resource: health.

Sincerely,

Robin Napier, MS
Administrator

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Mission, Vision and Values

Mission – Why do we exist?

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

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Values – What do we use to achieve our mission and vision?

Innovation: We search for creative solutions and manage resources wisely.

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

Accountability: We perform with integrity & respect.

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

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

Executive Summary

The Florida Department of Health in Hernando County (DOH-Hernando) initiated a new strategic planning process in September 2015. The process involved numerous internal stakeholders including senior leadership, program managers, and a dedicated Strategic Planning Committee. External stakeholders were also engaged in the planning process through multiple channels that included the Board of Directors of the Nature Coast Community Health Center and the Community Health Improvement Planning Partnership of Hernando County.

DOH- Hernando approached the strategic planning process with a number of objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services.

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

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

- Healthy Moms and Babies
- Long, Healthy Life
- Readiness for Emerging Health Threats
- Effective Agency Processes

These priorities guided development of goals, strategies and objectives and will help to shape decisions about resources and actions.

The result of the strategic planning process is a well-crafted roadmap that we will review and revise annually to meet emerging challenges and opportunities.

Background and Overview

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

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles, and research for disease and injury prevention. Through research, surveillance, and data analysis, we develop programs and policies that protect the health of the entire community.

Demographics: The Florida Department of Health in Hernando County serves a population of Hernando. Semi-rural Hernando County has a current population of 172,788 and is located on the Gulf of Mexico in west central Florida. Population growth can fuel the demand for health care services and can magnify the successes and failures a community has in terms of health behaviors and health outcomes. While the state population grew by 17.6 percent (15,982,378 in 2000 to 18,801,310 in 2010), Hernando County had a much faster growth of over 32 percent since the 2000 Census population of 130,802. By 2020, estimated growth will put the population at 197,764 residents, a little over fourteen percent increase over 2010 population when the state population is estimated to grow by 13 percent over the same period.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Hernando County apart is the high percentage of people over the age of 65, a figure which is 8.37% higher than that for the State.

**Population by Age
Hernando County and Florida**

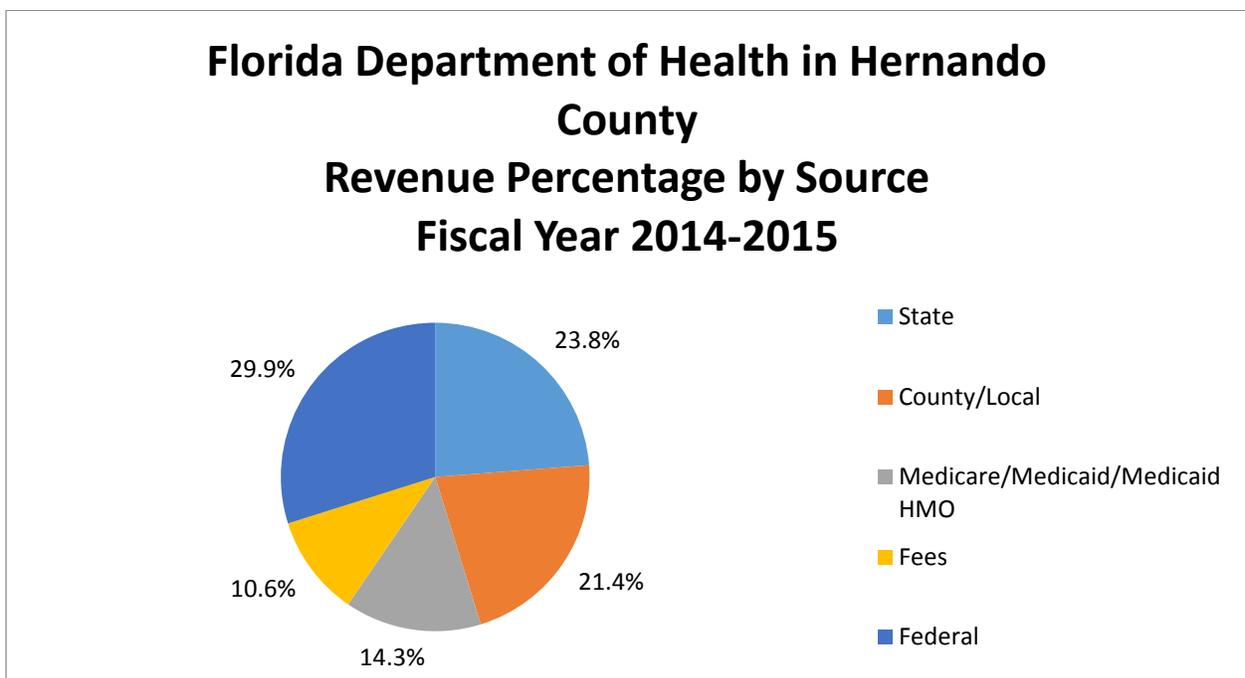
	County 2014		State 2014
Age Group	Total Number	Total Percentage	Total Percentage
< 5	8,504	4.92	5.7
5 - 14	19,335	9.98	11.7
15 - 24	17,780	11.51	13.0
25 - 44	34,452	19.94	25.2
Subtotal	80,071	46.35	55.6
45 - 64	48,194	27.88	27.0
65 - 74	23,233	13.45	9.2
> 74	21,290	12.32	8.2
Subtotal	92,717	53.65	44.4

Source: Census 2010 and BEBR

Background and Overview

Budget and Revenue

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



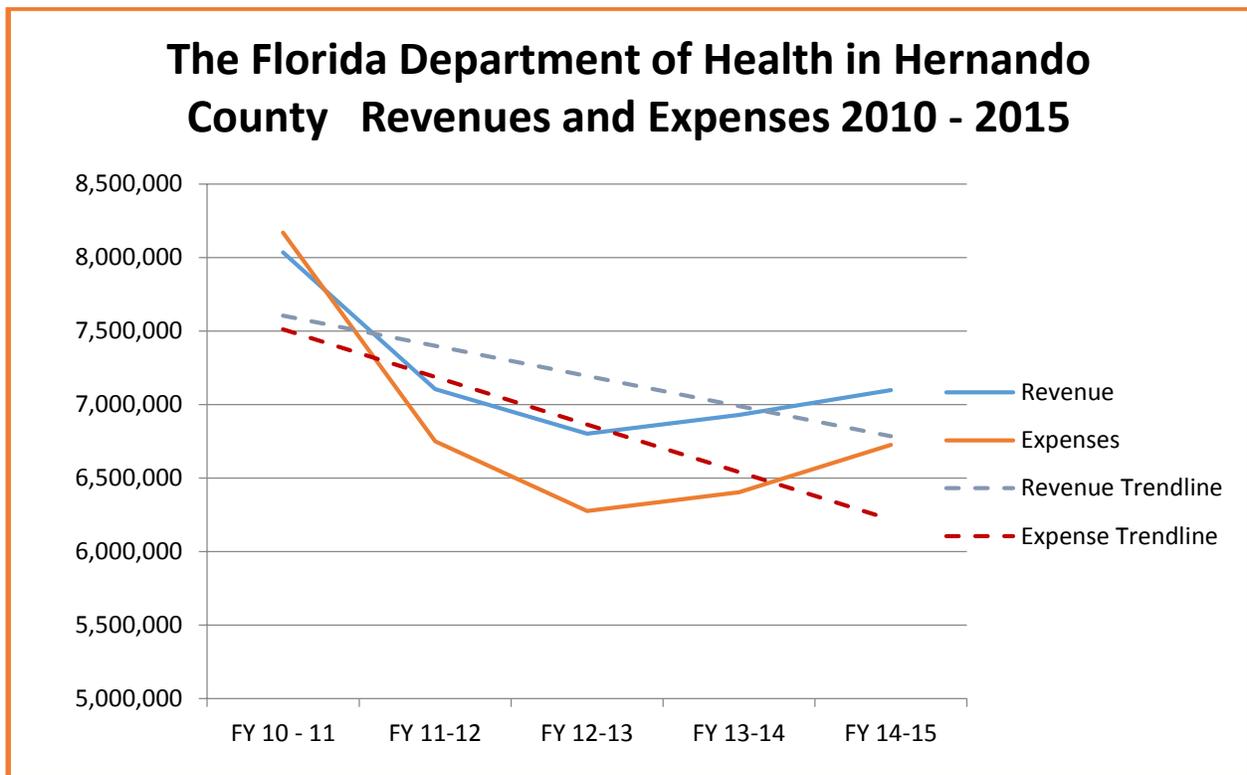
Source: – FIRS – L3 by Category Fiscal Year Report

Background and Overview

Budget and Revenue

Some of the changes affecting the Florida Department of Health in Hernando County services and programs include the advent of Statewide Managed Medicaid as well as state and federal budget cuts. The graph below represents the revenue and expense relationship over the last five years. The corresponding dashed lines represent general trends in revenue and expenses which smooths out fluctuations in data giving a better view of trends. As illustrated, revenues have decreased but Florida Department of Health - Hernando has been able to manage expenses to somewhat mirror revenues.

**The Florida Department of Health in Hernando County
Revenue and Expenses 2009 – 2014**



Background and Overview

Programs and Services

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

Environmental Health

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

Communicable Disease Control

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

Public Health Preparedness

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

Family Planning

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

Community Health

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships.

Women, Infants and Children (WIC)

We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

School Health

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

Vital Statistics

We maintain Florida birth and death records locally and are able to assist with birth, death, marriage and divorce records for all fifty states. Using data collected by our office, we are able to assist the state with tracking causes of morbidity and mortality—two main indicators of health status.

SWOT Analysis

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

STRENGTHs

- Strong breastfeeding peer group
- Smoking cessation classes offered through Gulfcoast Area Health Education Center North at the FDHO-Hernando
- Strong network of community partners
- Comprehensive dental services for pregnant women
- Good immunization rates for 2 year olds
- FDOH-Hernando staff member working as a lactation consultant at Bayfront – Spring Hill
- FDOH-Hernando has current Project Public Health Ready status
- More teens using long acting reversible contraception
- Good relationships with area hospitals infection control staff
- Strong CHIP collaborative
- Staff who are very competent, knowledgeable and professional
- Strong trust fund balance
- Strong relationships with the Hernando County Board of County Commissioners
- Strong relationships with the Brooksville City Commissioners and Manager
- Chronic disease grant dollars to promote healthy lifestyles
- Good participation in community events by staff and community members alike
- Increased staff knowledge about their budgets
- Improved staff understanding of their role in a disaster
- Improved staff job satisfaction
- Strong CHD leadership
- Strong in strategic planning
- Provision of needed family planning services to the community
- Provision of prenatal care
- Offering crisis intervention training in the community
- Community outreach
- Establishing an FQHC in response to community health care needs
- Public health preparedness training to staff and community members

WEAKNESSES

- More cross training is needed among staff
- More training needed regarding performance management
- Need to improve internal and external communication
- More work is needed to improve the throughput rates for medical and dental clients
- The telephone system
- Hernando is not a walkable community
- Lack of bilingual staff
- Need to make the community more aware of the services offered at the health department as there is still an awareness gap
- Limited number of school health nurses
- Lack of specialty doctors in the County
- Stigma among some about coming to the health department for services
- Limited dental care access for adults

OPPORTUNITIES

- Another local hospital will be delivering babies
- Lack of bilingual staff
- Initiate sealants in some Hernando schools
- We are becoming one of five (5) billing hubs in the State
- High staff turn-over rates provide an opportunity to refresh staffing
- Opportunity to increase staff participation in community events
- Strengthen internal and external communication
- Provide cancer screenings
- Client satisfaction has decreased this past year
- More Spanish speaking people in the community
- Need for childcare certification program to improve nutrition and physical activity standards
- FQHC transition will impact staff and facility usage
- Residency program at the FQHC
- Need for worksite wellness
- Hernando is experiencing a “silver tsunami”
- Assessment of the vulnerability of the public water supply
- More outreach and health education in the community
- Assessment of FDOH-Hernando staff turn-over rate

THREATS

- FQHC transition
- Financial cuts that at Federal and State levels
- We train staff and then they leave
- There is growing community-wide concern for the increased amount of area residents with addiction problems
- The State is no longer paying for staff professional memberships
- Growing obesity problem in Hernando County
- Lack of mental health services in Hernando County
- A limited school district budget does not allow for health and safety to be a priority
- Legislation regarding Planned Parenthood
- Governmental interference that stymies the cause of public health
- Hernando County has limited public transportation
- Growing rate of diabetes in Hernando County
- Overall decline in health in Hernando County based on the Robert Woods Johnson National County Health Rankings
- Need to address concerns (i.e. training) of caregivers for an aging population

**See Appendix B for a description of the SWOT process*

Summary of Strategic Priorities

Strategic Issue 1: Healthy Moms and Babies

Goal: Reduce infant mortality

Overview: Improving the well-being of mothers and infants is an important public health goal. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. The objectives of the Healthy Moms and Babies strategic issue addresses a wide range of conditions, health behaviors, and health systems indicators.

Strategies:

- Identify and address risk factors through Healthy Start services.
- Promote healthy lifestyles and reduce chronic disease risk in WIC infants

Strategic Issue 2: Long, Healthy Life

Goal: Increase healthy life expectancy

Overview: Health-related quality of life is a multi-dimensional concept that includes domains related to physical, mental, emotional, and social functioning. It goes beyond direct measures of population health, life expectancy, and causes of death, and focuses on the impact health status has on quality of life.

Strategies:

- Promote healthy lifestyles and reduce chronic disease risk
- Increase the healthy weight of children and adults

Strategic Issue 3: Readiness for Emerging Health Threats

Goal: Demonstrate readiness for emerging health threats

Overview: Preparedness involves multiple government agencies, nongovernmental organizations, the private sector, communities, and individuals working together to improve the ability to prevent, prepare for, respond to, and recover from a public health incident. The objectives for preparedness are based on a set of national priorities with the overarching goal to build community resilience and to strengthen and sustain health and emergency response systems.

Strategies:

- Minimize impact on the community from public health hazards
- Increase vaccination rates for children and adults
- Prevent and control infectious diseases

Strategic Issue 4: Effective Agency Processes

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

Overview: Effective agency processes are fundamental to the provision and execution of public health services. Effective agency processes provide the capacity to prepare for and respond to both acute and chronic threats to the community health. Effective agency processes are the foundation for planning, delivering, and evaluating public health.

Strategies:

- Identify, respond to, and monitor community health issues through collaborative partnerships
- Ensure the provision of quality health services through performance management and customer satisfaction
- Maintain agency standards
- Develop, sustain and improve an agency Workforce Development Plan.
- Increase the number of communications products (e.g. press releases, infographics, social media)

Strategies and Indicators

Strategic Issue Area: Healthy Moms and Babies

Strategies	Indicators
Identify and address risk factors through Healthy Start services.	Address all risk factors identified during the Initial Contact in Healthy Start
	Include risk factors identified during the Initial Contact in the Initial Plan of Care in Healthy Start.
Promote healthy lifestyles and reduce chronic disease risk in WIC infants	Percentage of WIC infants who are ever breastfed

Strategic Issue Area: Long, Healthy Life

Strategies	Indicators
Promote healthy lifestyles and reduce chronic disease risk	Percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis
	Percent of clients who routinely picked-up ADAP medications each month of the year
	Percent of teen CHD family planning clients who adopt an effective or higher method of birth control
	Percentage of diabetic clients whose HgbA1C levels are less than or equal to 8%
	Proportion of primary care physician office visits where adults 19 years and older are screened for depression
	Number of Hernando Title I schools that offer dental sealants
	Number of children who have received dental sealants
	Number of Family Planning (FP) Waiver eligible clients completing the FP Waiver application in years one and two of enrollment.
Increase the healthy weight of children and adults	Early Care and Education Centers (ECE) taking steps to improve healthy eating and physical activity standards.
	Adoption of a Complete Streets policy.
	Percentage of WIC children 24-60 months of age who are overweight or obese.

Strategic Issue Area: Readiness for Emerging Health Threats

Strategies	Indicators
Minimize impact on the community from public health hazards	Hernando County licensed Early Care and Education Centers (ECE) implementing the Disaster Day Care guide into their normal operations.
	Annual Comprehensive Environmental Health Score (ACEHS)
	Composite Annual Score of Core Epidemiology Measures
	Composite Annual Preparedness Score
Increase vaccination rates for children and adults	Percentage of 2 year-old County Health Department (CHD) clients fully immunized
Prevent and control infectious diseases	Percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection
	Percent of TB cases with a documented HIV test result

Strategic Issue Area: Effective Agency Processes

Strategies	Indicators
Identify, respond to, and monitor community health issues through collaborative partnerships	Annually revised CHIP
	FQHC transition plan
Ensure the provision of quality health services through performance management and customer satisfaction	Current DOH-Hernando Performance Management Dashboard
	Client satisfaction surveys with a satisfactory or better rating
	Employee satisfaction surveys with a satisfactory or better rating
	Adult health medical client throughput
	Dental client throughput
Maintain agency standards	Compliance on the FDOH Internal Controls Questionnaire (ICQ)
	Compliance on the FDOH Annual Information Security and Privacy Assessment

	AR for CHD's participating in FDOH-Hernando's billing hub
	Compliance of DOH-Hernando local playbook
Develop, sustain and improve an agency Workforce Development Plan.	Workforce Development plan will be developed and implemented
Increase the number of communications products (e.g. press releases, infographics, social media)	Create a comprehensive communication and outreach plan
	Implement a News Brief for staff

Appendix A

**The Florida Department of Health in Hernando County
County Strategic Planning Committee Members
as of September 1, 2015**

Name	Position/Title	Department
BAITA, KATHIE L	HEALTH SERVICES MANAGER	NURSING/CLIENT SERVICES
BASS, JESSIE A	DATA PROCESSING CONSULTANT	ADMINISTRATIVE SERVICES/IT
CANADA, SANDRA	SENIOR COMMUNITY HEALTH NURSING SUPERVISOR	NURSING
CRANDALL, VIRGINIA J	SENIOR COMMUNITY HEALTH NURSING DIRECTOR	NURSING
ELLIS, ANN-GAYL	HEALTH EDUCATION PROGRAM CONSULTANT	ADMINISTRATION
GIFFORD, GRACE A	SENIOR COMMUNITY HEALTH NURSE	NURSING
GOETSCHIUS, JOANN	LICENSED PRACTICAL NURSE	NURSING
GRAY, ALBERT C	ENVIRONMENTAL HEALTH MANAGER	ENVIRONMENTAL HEALTH
MEEHAN, JASON	NUTRITION PROGRAM DIRECTOR	NUTRITION
MILLER, TIMOTHY	ACCOUNTING SUPERVISOR	FISCAL
KEENAN, TERESA A	DENTAL PROGRAM MANAGER	DENTAL
LEGUEN, FERMIN C	MEDICAL EXECUTIVE DIRECTOR	MEDICAL
MATTEI, NINA L	PUBLIC HEALTH PREPAREDNESS PLANNER	ADMINISTRATION

Name	Position/Title	Department
NAPIER, ROBIN	ADMINISTRATOR	ADMINISTRATION
SANCHEZ, ANITA E	ADMINISTRATIVE ASSISTANT/HUMAN RESOURCE LIAISON	ADMINISTRATIVE SERVICES/HR
SAUSKOJUS, KATHLEEN G	ADMINISTRATIVE SERVICES DIRECTOR	ADMINISTRATION

Appendix B

Planning Summary

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

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
9-1-2015	Establish timeline for strategic plan development
9-3-2015	Distribute Environmental Scan
9-14-2015	Discuss the Environmental Scan results and prepare for the SWOT Analysis
9-21-2015	Conduct SWOT Analysis, brainstorm issues, preliminary prioritization of issues, and preliminary categorization of issue areas.
9-22-2015	Conduct SWOT Analysis, brainstorm issues, and review preliminary prioritization of issues with members of the CHIP Executive Committee.
9-23-2015	Conduct SWOT Analysis, brainstorm issues, and review preliminary prioritization of issues with members of the FQHC Board.
9-28-2015	Develop strategic issue areas and goals and objectives for Agency Strategic Plan
9-30-2015	Share draft Agency Strategic Plan with peer county
10-5-2015	Discuss and modify draft Agency Strategic Plan
10-7-2015	Submit Agency Strategic Plan

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

DOH-Hernando County staff presented their environmental scan to the SPIL Team, who reviewed the findings and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these findings. They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in their SWOT meeting.

SPIL Team members then used the SWOT analysis and the agency mission, vision and values to choose strategic issue areas and agency goals. After several face-to-face meetings and electronic surveys, members arrived at the final strategic issue areas: Healthy Moms and Babies, Long, Healthy Life, Readiness for Emerging Health Threats, and Effective Agency Processes. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area, which were then routed back to the SPIL Team for comment and approval.

Monitoring Summary

The SPIL Team is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item. On a quarterly basis, the SPIL Team will review quarterly the Performance Management Dashboard, showing progress toward goals, and annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. We will revise the Strategic Plan annually by September 30, based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.

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Appendix C

Stakeholder Engagement

The Florida Department of Health in Hernando County has been working diligently to maintain transparency throughout the Strategic planning process. Robin Napier, FDOH- Hernando Administrator, has engaged community stakeholders through numerous channels. Some key activities include:

9/21/2015: DOH - Hernando staff participated in a strategic planning meeting in which the SWOT analysis was completed and key indicators were selected.

9/22/2015: The Community Health Improvement Plan Partnership Executive Committee participated in a DOH – Hernando strategic planning meeting in which the SWOT analysis was completed. Key community leaders offered input into the CHD’s process and strategic priorities.

9/23/2015: The Nature Coast Community Health Center’s (NCCHC) Board of Directors participated in a DOH – Hernando strategic planning meeting in which the SWOT analysis was completed. Due to the fact that the NCCHC has been co-located with FDOH-Hernando for the past ten years, these Board members were able to offer key insights in to the strategic plan.

9/28/2015: DOH - Hernando staff participated in a strategic planning meeting in which strategic objectives were drafted.

9/30/2015: A draft the DOH – Hernando strategic plan was sent to DOH – Citrus for peer review and comment.

Appendix D

Plan of Work and Alignment

Strategic Issue Area: Healthy Moms and Babies

Agency Strategic Plan Goal Alignment: Reduce infant mortality						
Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Due Date	Responsibility
By April 15, 2016, increase the percentage of Healthy Start records that address all risk factors identified during the Initial Contact from 58.8% to 95%.	58.8% 3/2015	95%	N/A	N/A	4/15/ 2016	D. Powell
By April 16, 2016, increase the percentage of Healthy Start Initial Plans of Care that include all risk factors identified during the Initial Contact from 85.2% to 95%.	85.2% 3/2015	95%	N/A	N/A	4/15/ 2016	D. Powell
Increase the percentage of WIC infants who are ever breastfed from 70.9% to 77.5%.	70.9% 3/2015	77.5%	N/A	N/A	3/31/ 2018	J. Meehan

Strategic Issue: Long, Healthy Life

Agency Strategic Plan Goal Alignment: Increase healthy life expectancy						
Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Due Date	Responsibility
The percent of HCHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis (CY) will increase from 90% to over 92%.	90% CY 2014	>92%	N/A	N/A	12/31/2018	V. Crandall
The percent of clients who routinely picked-up ADAP medications each month of the year (RWFY) will increase from 85% to 90%.	85% CY 2014	90%	N/A	N/A	12/31/2018	V. Crandall
The percent of teen CHD family planning clients who adopt an effective or higher method of birth control will remain above 80%. (CY)	97% CY 2014	>95%	N/A	N/A	12/31/2018	V. Crandall
In order to improve glycemic control among persons with diabetes, the percentage of diabetic clients whose HgbA1C levels are less than or equal to 8% will increase from	64.3% CY 2014	68%	N/A	N/A	4/30/2017	V. Crandall

The proportion of primary care physician office visits where adults 19 years and older are screened for depression will increase from 59% to 65%.	59% CY 2014	65%	N/A	N/A	4/30/ 2017	V. Crandall
Increase the number of Hernando Title I schools that offer dental sealants from 0 to 10.	0	10	N/A	N/A	12/31/2018	T. Keenan
Increase the number of children who have received dental sealants from 0 to 250 as a result of participation in the DOH-Hernando school-based sealant program.	0	250	N/A	N/A	12/31/2018	T. Keenan
Family Planning Waiver eligible clients: success will be measured by showing an increase of at least 40% in the number of eligible clients that successfully complete the FP Waiver	0	40% increase	N/A	Improve Family Planning Waiver application rates	12/31/2016	V. Crandall

Family Planning Waiver eligible clients: Success will be measured by showing an increase of at least 40% in the number of eligible clients that successfully complete the FP Waiver application for the second year	0	40% increase	N/A	Improve Family Planning Waiver application rates	12/31/2016	V. Crandall
Early Care and Education Centers (ECE) taking steps to improve healthy eating and physical activity standards.	0	5	N/A	Healthy Weight	6/30/2016	AG. Ellis
DOH-Hernando will partner with the local Hernando/Citrus MPO to advocate for the adoption of a Complete Streets policy within its jurisdiction by June 30, 2016	0	1	N/A	Healthy Weight	6/30/2016	AG. Ellis
Decrease the percentage of WIC children 24-60 months of age who are overweight or obese.	23.8% 3/2015	22.4%	N/A	N/A	3/31/2018	J. Meehan

Strategic Issue: Readiness for Emerging Health Threats

Agency Strategic Plan Goal Alignment: Demonstrate readiness for emerging health threats						
Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Due Date	Responsibility
50% of Hernando County licensed Early Care and Education Centers (ECE) will implement the Disaster Day Care guide into their normal operations.	0	40	N/A	N/A	12/31/2018	N. Mattei
Maintain an Annual Comprehensive Environmental Health Score (ACEHS) that meets or exceeds the State target. (CY)	96.2%	90%	N/A	N/A	12/31/2018	A.Gray
Maintain a Composite Annual Score of Core Epidemiology Measures that meets or exceed the State target (CY)	100%	>71%	N/A	N/A	12/31/2018	G. Gifford
Maintain a Composite Annual Preparedness Score that meets or exceeds the State target (CY)	4.8	4	N/A	N/A	12/31/2018	N. Mattei
Increase the percentage of 2 year-old County Health Department (CHD) clients fully immunized from 95% to over	95% CY 2014 97.5% Current YTD	>95%	N/A	Immunization rates	12/31/2016	V. Crandall

The percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection will remain over 75%.	100% CY 2014	>92%	N/A	N/A	12/31/2018	V. Crandall
The percent of TB cases with a documented HIV test result will be at least 84%. (CY)	N/A	>84%	N/A	N/A	12/31/2018	V. Crandall

Strategic Issue: Effective Agency Processes

Agency Strategic Plan Alignment: Establish a sustainable infrastructure, which includes a competent workforce, sustainable processes and effective use of technology, which supports all of the Department's core business functions.						
Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Due Date	Responsibility
Maintain a collaborative community health assessment process that results in an annually revised CHIP with measureable outcomes and goals.	2014 CHIP	2015 CHIP	CHIP Leadership	N/A	10/31/2015	AG. Ellis
An FQHC transition plan will be developed and implemented.	N/A	Monitor monthly	N/A	N/A	4/30/2017	R. Napier
Monitor progress of FDOH-Hernando Performance Management Dashboard indicators monthly	4 meetings	12 meetings annually	N/A	N/A	12/31/2018	K. Sauskojus
Percent of client satisfaction surveys with a satisfactory or better rating will increase from 88.24% to 90%	88.24%	90%	N/A	N/A	12/31/2018	K. Sauskojus

Employee satisfaction at the DOH-Hernando will improve due to a 10% increase of the mean of the two low scoring Employee Satisfaction Survey 2015 items: "leadership development opportunities are available to me" and "I get thanks or recognition when I do good work".	3.25 Leadership 3.43 recognition 4.11 Thanks	10%	N/A	Employee satisfaction	8/31/2016	ESS Team
Adult health medical client throughput will increase from an average of 8 to 12 per provider per day.	8 8/2015	12	N/A	N/A	4/30/2017	V. Crandall
Maintain an average dental client throughput of 15 clients per dentist per day.	15.5	15	N/A	N/A	12/31/2018	T. Keenan
Percent of items in compliance on the FDOH Internal Controls Questionnaire (ICQ) will be maintained annually at	100%	100%	N/A	N/A	6/30/2018	ASD

Percent of items in compliance on the FDOH Annual Information Security And Privacy Assessment will remain at	100%	100%	N/A	N/A	12/31/2018	N. Mattei
The AR for CHD's participating in FDOH-Hernando's billing hub will not exceed 8.5% of total billings for the last 12 months.	N/A	8.5%	N/A	N/A	12/31/2018	T. Miller
Document that the DOH-Hernando budgeting process in the local playbook is in accordance with the State Budget Allocation Rapid Process Improvement Project.	N/A	YES	N/A	Budget allocation process	7/15/2018	ASD
A local Workforce Development plan will be developed that includes cross training, disaster response, fiscal training, worksite wellness program, performance management, retention plan)	N/A	YES	N/A	N/A	12/31/2016	Anita Sanchez

Workforce Development plan implementation will be monitored quarterly	NO	4 Meetings Annually	N/A	N/A	12/31/2018	Anita Sanchez
Create a comprehensive communication and outreach plan for DOH-Hernando services.	NO	YES	N/A	External communication	6/30/2016	AG.Ellis
Implement a News Brief to be distributed to all DOH-Hernando staff monthly.	9 issues annually	12 issues annually	N/A	Internal communication	10/31/2015	AG.Ellis

Appendix E

Glossary

Baseline Data

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

Goal

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

Objective

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

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

Strategy

The approach you take to achieve a goal.

SWOT Analysis

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

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

Target

Measurable and time specific target for achieving objectives.

Appendix F

Environmental Scan Discussion Notes

The following represents the key environmental scan themes discussed during the SPIL team meeting held on September 14, 2015.

Discussion Question #1: What is going on in the community that the DOH-Hernando serves? What are the trends, needs and opportunities for change within the community? Are customers satisfied with our services?

- In looking at Customer satisfaction survey results for FY 2014-15 dissatisfied or very dissatisfied customers equaled and average of 6% - 7% of total customers. In looking at complaint category wait time is by far the biggest category followed by access to care and staff. I think we need to push the use of technology more within our Health Department to get the most efficient use of time from all. In looking at statistical data the percent of population that is 65 or older is 26% in Hernando County compared to 18% statewide which seems like a pretty big difference. I'm not sure we are focused on that large group of citizens.
- Nutrition education, lack of mental health counseling, substance abuse. Customer satisfaction surveys contain numerous long wait complaints.
- Low income, high poverty, drug use on the rise, lack of mental health care. Customer still not happy with the long wait time
- For the most part customers are satisfied with services but not with wait times. They would like to be able to talk w/ a live person rather than voice mail and they would like more specialty services to be available thru the CHD. Transportation is still a concern. We do not have enough appointment slots for those without insurance. Many still seek care just for immediate needs and resist healthy lifestyle changes. No shows among those w/ insurance is worse than for those without insurance, including the first visit to get established. Concerned about the number of clients with mental health concerns (of varying intensities and presentations) with little community support.
- We serve a multitude of transplants from areas with more hustle and bustle. There is an upward trend in STD; especially high school children. I would like to see a more active approach to reaching out to the high school teens regarding STD's. Prescription drug, alcohol and other drug abuse is viewed as one of the major health problems confronting Hernando County.
- I believe the majority is satisfied with the service provided, however the wait time issue is a constant.
- Low income, high poverty, poor health behaviors, less healthcare providers, lower life expectancies, increased chronic diseases, limited transportation, prescription drug abuse.

- Moderate increase in commercial and residential building/OSTDS permits. Several Biomedical Waste generating businesses (Doctors, medical offices) moving to larger locations. Ethnic diversity increasing over the past 2-3 years. Customers are very satisfied with our services. 2 valid customer complaints received over the past years and 47 positive CSS. 4,680 inspections performed by 4 Facility and OSTDS staff in last 2 most recent permitting years. Most recent Work Load Unit calculation based on number of inspections performed and including clerical and supervisory support indicated Environmental Health is 0.7 FTE understaffed.
- Trend is the electronic age and social media. The need for medical health care for the uninsured is a huge need. Yes, we have a high client satisfaction.
- There is increasing interest in the overall health of the community from area partners and stakeholders. Although we still have a higher proportion of residents age 65+ than the State, the demographics are slowly changing and more Hernando residents are younger. There is a need for more health care specialists, mental health services, and dentists who serve low income families. CHD customer satisfaction has been fluctuating over the past 2 years.
- We always need more mental health and behavioral health services and resources. We could more completely integrate large data sets (like the Robert Wood Johnson Health Data) into our strategic planning and daily operations. Make it part of the language.
- We need more access to behavioral health services
- We need nutritionists who can do one:one nutrition counseling

Discussion Question #2: What is the financial picture within the economic climate? What are the DOH-Hernando resources, assets and opportunities?

- Financial outlook is good in the immediate future, more uncertainty after April, 2017 if FQHC funding goes away. Need to look at alternative funding sources (new contracts, grants)
- High unemployment leading to insufficient dietary needs and quality. Lack of health care.
- Project Access enrollment, WIC Education.
- Low income, high poverty
- DOH-Hernando is strengthening community partnerships
- The CHD is doing well financially but will need to assess/predict the impact of the loss of the FQHC on our budget and the way in which we provide services. We have good opportunities to continue to work with partners and great resources in the staff who represent us in the community.
- Hernando has a very supportive board of commissioners. The climate is in question regarding federal financial support.
- Low income, high poverty, uninsured clients, decreased property values
- See Question #1 for EH staff resources, 0.7 FTE understaffed. Economic growth in our county is predicted to be slow. Vehicle and equipment assets in EH are more than adequate.
- Our community partners are a great resource, our employees and clients our assets and the opportunities are endless with education, training etc.

- The unemployment rate is improving and housing is gradually rebounding. The Medicaid environment is changing and uncertain. DOH-Hernando revenues will be decrease when FQHC funds are no longer available. Medicaid revenues have been better than anticipated. The CHD will becoming a billing hub for the State is a significant opportunity.
- It feels like the economy is picking up and it seems like people are not quite so concerned about jobs and finances. But, the number of government jobs (county, city, fire, law, EMS) have not rebounded to pre-recessions levels.
- I believe affordable care act includes coverage for mental health counseling
- Problem: not everyone can afford affordable care act insurance.

Discussion Question #3: Information management is the collection and management of information from one or more sources and the distribution of that information to one or more audiences. This can involve those who have a stake in, or a right to that information. Management means the organization of and control over the structure, processing and delivery of information. How is the health department doing with its information management?

- The state does a fair job with "Charts" website as far as reporting on health trends but data is from 2013 (2 years old). I looked and local health information on trends and concerns seems spotty in Hernando County. It looks like quite often we are very good at collecting raw data(information) at our level but disseminating it to various stakeholders is a struggle based on what is actually needed, time to analyze data and report out.
- PIO does a great job of disseminating information to community partners.
- DOH-Hernando is improving by blast faxing, radio/newspaper/social media advertising
- As far as EMR, HMS continues to require duplicate entry of many things and slows down efficiency. As far as information management outside of HMS, we make a lot of effort to communicate and need to continue efforts to improve. This is especially true when we think about the need to help the community and our partners understand what our mission is and how we perform our responsibilities.
- I believe the department is open with the distribution of information.
- Good
- This process is performed by the Department of Health in Hernando County's PIO with technical information obtained from the subject matter experts and approved by the Administrator.
- I believe we manage it well, I would like to see it shared more readily via financial reports to the staff unable to access reports.
- The CHD does a good job keeping information secure but this is getting to be a more daunting task with the onslaught of more viruses (i.e. Crypto).
- We're still "hand tabulating" or using desk calculators when we have the power of spreadsheets and other applications at our fingertips. We generate a lot of useful data that is not linked with other datasets. We also unknowingly recreate a lot of data sets. We struggle with maintaining data integrity and with updating routine information.

Discussion Question #4: How is the health department doing with sending and receiving critical information internally?

- I believe that we do a good job of internally communicating critical information to appropriate staff
- Not all information is filtered to direct reports or information is miscommunicated or not fully understood by staff.
- Information still doesn't get information from management to employees or what is relayed is lost in translation
- We make a lot of effort to communicate in a variety of ways and need to continue efforts to improve. There is sometimes a gap between sending information out and verifying that it was received or understood. There is also information overload sometimes.
- Excellent, all staff are promptly informed of critical information
- Depends on the manager/supervisor.
- Very efficient and quick, mostly via e-mail.
- We could do better. The information does not trickle all the way down, or only bits and pieces trickle down.
- Email traffic is higher than ever but there is still plenty of opportunity to keep staff better informed. Distribution lists are not always current so some staff do not receive critical information. There are also situations when there is simply too much information flowing to keep up with.
- We're getting better and could do better by asking for more feedback from the receivers.
- Better than in the past

Discussion Question #5: How is the health department doing with sending and receiving critical information to the community (i.e. Stakeholders, partners)?

- I think we sometimes limit ourselves to the same communication outlets over & over. I have looked for local information repeatedly on Facebook but have only seen the state DOH site. May also want to look at other radio stations (maybe 106.3)
- Several tools are utilized to inform community when necessary.
- DOH-Hernando is improving by blast faxing, radio/newspaper/social media advertising attending meetings
- The community and maybe even our partners need to better understand what our mission is and how we perform our responsibilities.
- Excellent
- Good
- Critical EH information is filtered through Department of Health Headquarters, our local Administrator, and PIO prior to dissemination to the public.
- Great, with monthly meetings and our community partner outreach.

- Pretty well, however we do not always follow-up to solicit input from those in receipt of the information.
- It seems to depend on the data, the topic, the recipients, and the senders. In other words, we seem inconsistent.
- Adequate

Discussion Question #6: What are the health department's strengths and weaknesses? Are internal processes efficient and meeting needs of the customer (internal or external)? How is the support from the community?

- I think we are very good at core public health services like immunizations, environmental health, family planning, communicable diseases, etc. I don't believe that we are as efficient as possible with primary care services. The support from our Community Partners seems exceptional and they seem always ready to help out.
- Support is growing with community partners.
- Internal process seems stuck with little resolution of the problem. Customers often complain of long wait times.
- Weakness both internal and external: too many excuses/lack of action
- Internal- not everyone carries their own weight no accountability
- Processes are not efficient because of lack of follow thru
- We have strength in our village-attitude and employees helping others both within and between departments. We multi-task pretty well. Within medical/nursing we continue to work on efficiency and customer satisfaction. Wait times and telephones are still a problem.
- We have many programs to serve the community. We are fortunate to have a community liaison, who works with the community to bring awareness. The process of trying to accommodate clients scheduling needs and wait times proves difficult to be a success.
- Strengths include new facility to welcome clients and locations that are easily accessible. External weaknesses are customer complaints on wait times to be seen, wait times for initial visits. Internal weaknesses include decreased employee satisfaction and decreased job security.
- Our response to both internal and external customers is accurate and efficient. Community support is very active and positive. I received calls several times a week in EH thanking us for our customer service or specific help received.
- Our strengths are the ability to see an expanded mixture of clients service types within a short period of time, our weakness would be the time it takes a client during a visit.
- Strengths: staff knowledge of their jobs, teamwork and cooperation to "get the job done", staff job satisfaction is improving, we have the assets needed to perform our work efficiently, strong network of community partners. Weaknesses: need to strengthen interdepartmental communication, increase understanding of quality improvement and performance management for all staff. Internal processes: we need to review our processes more regularly to see if they are still the most

efficient way to manage. Community support is high and we enjoy the support of the BOCC and other key community stakeholders.

- It seems like support from the community is strong in several departmental areas. Key partnerships and stakeholders seem more "on-board" without programs and initiatives.
- For the most part support from community strong. Support from happy customers strong. People who think the health department is responsible for anyone who needs help don't always think we are great when they can't get immediate care.
- We provide great care. It just appears to be challenging and slow to access.

Discussion Question #7: What is going on at the local, state, national and legislative level that may impact the health department or the community?

- Continuing political fights over Affordable Care Act. Continuing efforts to reduce health Department funding at state level.
- FQHC and Affordable Care Act.
- May get out of FQHC
- The change in 'ownership' of the FQHC and the impact of the legislature's decision not to expand Medicaid both affect the CHD and its residents.
- The uncertainty in the changing healthcare landscape with national health reform and state Medicaid reform increases the complexity of planning community health improvement initiatives.
- Attempting to remove ourselves from being a FQHC.
- Possible state-wide ban on land spreading of septage pending.
- Our FQHC Primary Care clients will be transitioned to another source. We will lose Medicaid, HMO, Private Insurance and Federal funding for the lost clients.
- Budget cuts, alterations to Medicaid.
- ICD-10, Presidential election, Affordable Care Act expansion or elimination in the next Congress and administration.
- Affordable care act
- Emphasis on prevention
- Increasing recreational drug use

Discussion Question #8: What types of learning and growth are important for the health department? What is the current capacity of the health department to meet these needs now and in the future?

- In looking at specific health challenges in Hernando County I can see 4 - 5 areas where we do not look good statistically when compared to the state as a whole. These areas look to be higher vaccine preventable cases (such as Hep B) in Hernando County than statewide. A higher percentage of adults diagnosed with some sort of arthritis than statewide (42% vs 32%). Adults limited in activities due to some sort of physical, mental or emotional problem (30% vs 23% statewide). Adults with diagnosed hypertension (42% vs 34% statewide). These are some areas we could look at for opportunities for learning & growth and also some possibilities of what kind of services to look at for possible funding and growth in the future.
- Staff training opportunities are not being offered or approved when feasible for all staff. Trainings and growth opportunities seem to only benefit a few.
- Staff buy in and training
- Learning to be nimble can be difficult, depending on the requirements of the program. Rapidly changing guidelines and processes mean that staff must be comfortable with change and creative in problem solving; this is not always something that can be taught. Hiring the right people and looking beyond their immediate skill-set might help with this.
- I believe we have the structural capacity to meet the needs in the future. I believe to reach more of the community the hours of operation may need adjusted.
- Learning how to work as a team will help with growth and success. Asking for opinions and not implementing staff ideas causes for employee dissatisfaction. The capacity to meet the needs of employees and clients is possible without adding additional staff if they work together.
- Major complaint from EH staff is lack of raises or monetary incentives over long periods of time.
- Training opportunity is difficult for all staff due to providing services. We need to do better at Staff Development. Not having Primary Care may facilitate that avenue.
- The ESS states that we need to provide more leadership development opportunities to all staff. More training regarding QI, process management/mapping, accreditation standards. The CHD currently has the capacity to meet these needs.
- Research opportunities for workgroups to learn together. This may lead to smaller sized trainings, but with a wider range of specific topics and purposes. Provide or create more job-specific and work group-specific training opportunities.
- Imparting a culture of prevention/healthy behaviors / personal responsibility. Maybe every employee needs to adopt a mantra that reinforces "personal responsibility" as a part of the care plan.
- Providers/forms are being encouraged to inquire about patient eating and exercise habits just like they do about smoking and drinking habits.

