



Florida Department of Health in Pinellas County

STRATEGIC PLAN

2013 – 2015

Rick Scott

Governor

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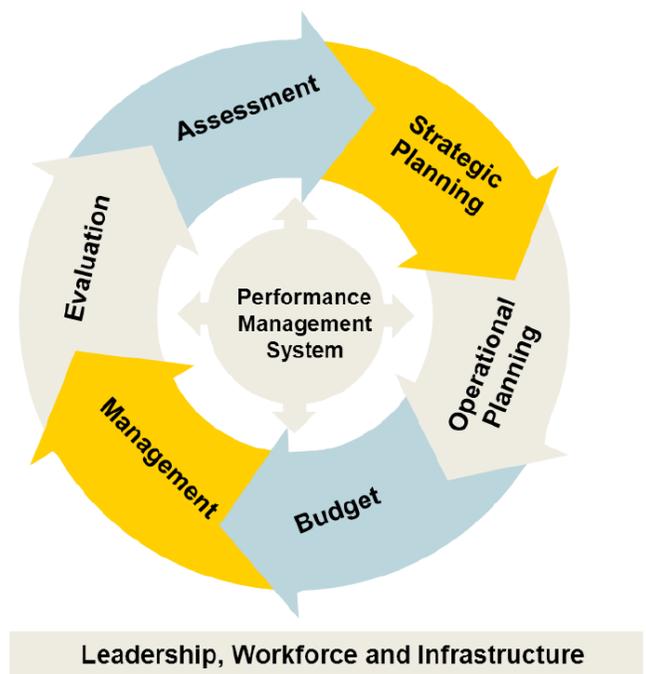
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INTRODUCTION

The Florida Department of Health in Pinellas County (DOH-Pinellas) was established in 1936 and was the seventh County Health Department to open its doors in the State of Florida. Today, DOH-Pinellas is one of 67 County Health Departments operating under the Florida Department of Health (DOH). The Department of Health was established by the Florida Legislature in 1996 as the state’s agency dedicated to protecting, promoting, and improving the health of all people in Florida. DOH is an integrated agency comprised of a state health office, County Health Departments, Children’s Medical Services, Medical Quality Assurance, Disability Determinations, and public health laboratories throughout the state of Florida. DOH is led by a State Surgeon General who serves as the State Health Officer.

DOH-Pinellas serves Pinellas County with more than 600 employees in six health department locations across the county, including St. Petersburg, Pinellas Park, Mid-County, Largo, Clearwater, and Tarpon Springs, and school clinics in Boca Ciega, Gibbs, and Northeast High Schools. Services provide for the wide range of public health needs in the community including infectious disease control, health promotion, chronic disease prevention, environmental health monitoring and regulation, disaster preparedness and response, vital statistics, as well personal health services including home visiting and clinic services. DOH-Pinellas collaborates with local public health system partners, including county and city government, hospitals and health care providers, schools, social service providers, community based organizations and many others for effective public health delivery. These partners and stakeholders were active participants in the 2012 Community Health Assessment and 2013 – 2017 Community Health Improvement Plan for Pinellas which informed the development of this strategic plan.

This strategic plan provides a framework for action over the next three years. As shown at right, the strategic plan is a key component of the DOH performance management system and allows DOH-Pinellas to identify the critical issues that must be addressed to protect, promote and improve the health of all people in Pinellas. The plan ensures alignment of agency goals to the state’s public health system priorities, DOH objectives, and local health priorities established in the Community Health Improvement Plan. The objectives in the plan will be used to measure the progress toward the goals. The Strategic Implementation Plans for each priority area support the integration of strategies into the day to day operations of programs and staff.



DOH Mission, Vision, and Values

DOH-Pinellas operates under the Department of Health unified mission, vision, and core values.

MISSION:

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

VISION:

To be the **healthiest state** in the nation.

VALUES (I CARE):

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

DOH Strategic Priorities

1. Health Protection and Promotion
2. Financial and Business Excellence
3. Service to Customers and Community
4. Workforce Development

STRATEGIC PLANNING PROCESS

The strategic planning process was led by the DOH-Pinellas Executive Management Team (EMT) with key participants including the CHD Director, Assistant Director, and Division Directors for Administrative Services, Clinical Services and Community Health Promotion, Disease Control and Health Protection, Human Resources and Training, Information Technology, Maternal and Child Health Home Visiting Services, and Planning and Performance Management. EMT met weekly in March and April 2013 to identify strategic priorities, set goals, develop strategies, and formulate objectives.

The planning process utilized analysis of internal and external data and information from the State Health Assessment and State Health Improvement Plan, DOH Agency Strategic Plan, DOH Agency QI Plan, and local Community Health Assessment and Community Health Improvement Plan. EMT also completed a SWOT analysis as described in the following section. EMT chose to adopt the DOH strategic priorities to emphasize the integrated organization and ensure alignment of local goals to the state’s public health system. State and local strategic alignment can be seen in Appendix A. See the table below for key dates and activities in the DOH-Pinellas strategic planning process. A strategy map and summary of goals, strategies, and objectives developed by EMT for each strategic priority follow.

Key Dates	Activity/Topic
May 8, 2012	Collaborative engagement of local public health system partners for: <ul style="list-style-type: none"> - Community Themes and Strengths Assessment - Forces of Change Assessment
September 2012	Convened Pinellas Community Health Action Team comprised of local public health system stakeholders to guide completion of Community Health Assessment (CHA) and development of Community Health Improvement Plan (CHIP)
May 22, 2013	Collaborative engagement of local public health system partners for CHIP implementation planning
March 1, 8, 15, 22 and April 5, 2013	Executive Management Team Strategic Planning meetings
April 17, 2013 May 15, 2013 June 19, 2013 July 17, 2013	Performance Management Council Strategic Implementation Planning meetings
July 23, 2013	Operations Management Team review and adoption of Strategic Implementation Plans

SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis was completed by EMT as part of the strategic planning process. The analysis included a review of the Community Health Assessment for themes, strengths, and forces of change in Pinellas as identified by the community, including the opportunities created and threats generated by these forces. The key strengths, weaknesses, opportunities, and threats identified in the process are outlined below. A summary SWOT Analysis is also included in Appendix B.

STRENGTHS

- Integrated statewide system for public health
- Large workforce
- Strong partnerships with funders, county, and community
- Capacity to apply for grants and funding
- Technology, including EHR, HMS, and other systems
- Longevity of workforce with knowledge and expertise in specific areas
- Scope of services for clients
- Prevention programs such as Healthy Start, Healthy Families, WIC
- Established policies and procedures
- Strong financial reporting infrastructure

The identified **key strengths to leverage** are the agency's technology and reporting infrastructure and a large and experienced workforce.

WEAKNESSES

- Management by crisis
- Low employee morale, satisfaction, and engagement
- Lack of focus on staff training, development, advancement
- Lack of prevention funding
- Too much data- need to filter and focus efforts
- Retirements and loss of expertise
- Infectious diseases held in programmatic fashion, stovepipes
- Lack of statewide coordination and standards; frequent changes and inconsistent messages
- Low wages
- Understanding policy versus procedures
- Measuring evidence based and promising practices
- Doing more with less- lack of detail, more errors
- Diversity in workforce and management

The identified **key weaknesses to overcome** are retirements of long term employees, lack of employee development and advancement opportunities, lack of diversity in workforce and management, and low employee morale.

OPPORTUNITIES

- Diverse population
- Urban/resource rich environment
- Governor's prevention related health priorities including dental, tobacco, and immunizations
- State Surgeon General's prevention focused healthiest weight initiative
- Affordable Care Act, increased access to health coverage
- Higher education institutions for workforce development
- Better understand which reports provide information needed
- Educate elected officials
- Revise policies and procedures
- Strong public/private partnership; ability to leverage resources
- EHR/meaningful use requirements
- National Public Health Accreditation
- Federal, State, and local grant and funding opportunities
- Network of 67 CHDs in the state
- Texting to clients
- Integration of systems of care

The identified **key opportunities** are using EHR and technology to improve access, quality, and efficiency, an accreditation and performance focus, strong community partnerships, and the Governor and DOH focus on prevention and promotion, including healthy weight, tobacco, immunizations, and oral health.

THREATS

- Aging population and workforce
- Insufficient funding to meet some mandates
- Continued economic downturn
- Stagnant wages
- Rising obesity and chronic disease rates
- Affordable Care Act; lack of implementation in Florida
- Hurricane vulnerability and long term recovery
- Politics rather than need driving policy and funding
- Lack of trust of government programs
- Changes in leadership and direction with new Governors/State Surgeon Generals
- Lack of consistent policies and direction from state
- Legislative changes to scope and mission of DOH
- Funding mostly for traditional public health versus prevention and chronic disease
- Capacity of health system for newly insured under ACA

The identified **key threats to monitor** are capacity of health system for the newly insured population under health reform, and frequent changes in state leadership, legislation, and policy.

Strategy Map

STRATEGIC PRIORITIES

<p>Health Protection & Promotion</p>	<p>Financial & Business Excellence</p>	<p>Service to Customers & Community</p>	<p>Workforce Development</p>
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GOALS

<ul style="list-style-type: none"> -Protect the population from health threats -Reduce chronic disease morbidity and mortality -Improve maternal and child health 	<ul style="list-style-type: none"> -Improve efficiency and effectiveness -Maximize funding to accomplish the public health mission -Promote a culture of organizational excellence -Optimize communications 	<ul style="list-style-type: none"> -Assure access to health care -Promote an integrated public health system 	<ul style="list-style-type: none"> -Attract recruit and retain a competent and credentialed workforce -Ensure partnerships and systems to support the future workforce
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STRATEGIES

<ul style="list-style-type: none"> -Prevent and control infectious disease -Prevent and reduce intentional and unintentional injuries -Increase the proportion of adults and children who are at a healthy weight -Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure -Reduce infant mortality 	<ul style="list-style-type: none"> -Adopt certified EHR software -Use IT & systems to efficiently support disease prevention, intervention & epidemiological activities -Use public health IT & systems to efficiently improve business practices -Implement tools, processes & methods that support accountability & provide transparency in administrative management systems -Maximize revenue -Review & update fee policies & fee schedules -Collect, track, & use performance data to continuously improve -Develop, implement, & sustain integrated QI processes -Develop, implement & improve communication strategies & plans 	<ul style="list-style-type: none"> -Increase access to care for underserved populations -Provide equal access to culturally & linguistically competent care -Implement & link health improvement planning at state and local levels -Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals -Support local efforts to revitalize communities 	<ul style="list-style-type: none"> -Implement a competency-based framework for recruitment and training -Provide trainings and resources that support and develop current public health employees -Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce
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HEALTH PROTECTION AND PROMOTION

Goal 1.1: Protect the population from health threats	<p>Strategy 1.1.1: Prevent and control infectious disease</p> <ul style="list-style-type: none">➤ Objective A: By Dec. 31, 2015, increase the percentage of two year olds in Pinellas County who are fully immunized from 75.3% (2012) to 90%.➤ Objective B: By Dec. 31, 2015, reduce the bacterial STD case rate among Pinellas females 15-34 years of age by 5%, from 3,162 per 100,000 (2011) to 3,004 per 100,000. <hr/> <p>Strategy 1.1.2: Prevent and reduce intentional and unintentional injuries</p> <ul style="list-style-type: none">➤ Objective A: By Dec. 31, 2015, reduce the rate of deaths from unintentional injury among Pinellas children ages 0-14 from 11.7 per 100,000 in 2009-2011 to 8.9 per 100,000 in partnership with local Safe Kids chapter or coalition.➤ Objective B: By Dec. 31, 2015, reduce the average monthly rate of Pinellas children 0-4 experiencing child abuse from 3.71 per 1,000 in 2012 to 3.34 per 1,000.
Goal 1.2: Reduce chronic disease morbidity and mortality	<p>Strategy 1.2.1: Increase the proportion of adults and children who are at a healthy weight</p> <ul style="list-style-type: none">➤ Objective A: By Dec. 31, 2015, increase the proportion of Pinellas County children (1st, 3rd, & 6th grade) who are at a healthy weight from 65.1% in 2010-2011 to 65.7%. <hr/> <p>Strategy 1.2.2: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure</p> <ul style="list-style-type: none">➤ Objective A: By Dec. 31, 2015, increase the number of committed never smokers among Pinellas County youth ages 11-17 from 64.1% (2012) to 67.3%.
Goal 1.3: Improve maternal and child health	<p>Strategy 1.3.1: Reduce infant mortality</p> <ul style="list-style-type: none">❖ Objective A: By Dec. 31, 2015, reduce the infant mortality rate in Pinellas from 6.7 per 1,000 live births (2010 - 2012) to 6.0 per 1,000 live births (2012 - 2014).

FINANCIAL AND BUSINESS EXCELLENCE

Goal 2.1: Improve efficiency and effectiveness	Strategy 2.1.1: Adopt certified electronic health record software <ul style="list-style-type: none">➤ Objective A: <i>By Dec. 31, 2013, all Pinellas Clinical and Dental sites will be utilizing the clinical visit within the HMS Electronic Health Record for client visits.</i>
	Strategy 2.1.2: Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities <ul style="list-style-type: none">➤ Objective A: <i>By Dec. 31, 2014, increase the number of Pinellas emergency rooms submitting electronic information used for syndromic surveillance to DOH from 85.7% to 100%.</i>
	Strategy 2.1.3: Use public health information technology and systems to efficiently improve business practices <ul style="list-style-type: none">➤ Objective A: <i>By June 30, 2014, implement agency-wide communications cloud services to fully leverage scalability and interoperability with email, office suite and collaboration tools.</i>
	Strategy 2.1.4: Implement tools, processes, and methods that support accountability and provide transparency in DOH administrative management systems <ul style="list-style-type: none">➤ Objective A: <i>By March 31, 2015, implement and utilize an online travel system.</i>➤ Objective B: <i>By June 30, 2014, implement an electronic review of contracts and grants.</i>
Goal 2.2: Maximize funding to accomplish the public health mission	Strategy 2.2.1: Maximize Medicaid and other third party revenue to help retain the infrastructure necessary to meet the public health needs of the community <ul style="list-style-type: none">➤ Objective A: <i>By Dec. 31, 2015 implement the CHD Health Management System billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.</i>
	Strategy 2.2.2: Review and update fee policies and fee schedules <ul style="list-style-type: none">➤ Objective A: <i>By Dec. 31, 2013 and annually, review and update fee policies and fee schedules.</i>

Goal 2.3: Promote a culture of organizational excellence	Strategy 2.3.1: Collect, track, and use performance data to inform business decisions and continuously improve <ul style="list-style-type: none"> ➤ Objective A: <i>By December 31, 2014, implement and maintain an online performance monitoring dashboard.</i>
	Strategy 2.3.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes, and interventions <ul style="list-style-type: none"> ➤ Objective A: <i>By December 31, 2015, implement 95% of activities in the agency QI plan based on established schedule.</i> ➤ Objective B: <i>By December 31, 2013, and annually, maintain the percentage of completed customer satisfaction surveys with a satisfactory or better rating at 90% or better.</i>
Goal 2.4: Optimize communications	Strategy 2.4.1: Develop, implement, and improve internal and external communication strategies and plans <ul style="list-style-type: none"> ➤ Objective A: <i>By December 31, 2015, maintain 95% compliance with objectives in the DOH strategic communications plan.</i>

SERVICE TO CUSTOMERS AND COMMUNITY

Goal 3.1: Assure access to health care	<p>Strategy 3.1.1: Increase access to care for underserved populations</p> <ul style="list-style-type: none">➤ Objective A: <i>By Dec. 31, 2015, increase the number of dental clients served from 11,500 to 12,650.</i>➤ Objective B: <i>By Dec. 31, 2015 decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 16.1% (2010) to 15.2%.</i> <hr/> <p>Strategy 3.1.2: Provide equal access to culturally and linguistically competent care</p> <ul style="list-style-type: none">➤ Objective A: <i>By December 31, 2014, conduct a Culturally and Linguistically Appropriate Services (CLAS) self-assessment.</i>
Goal 3.2: Promote an integrated public health system	<p>Strategy 3.2.1: Implement and link health improvement planning at state and local levels</p> <ul style="list-style-type: none">➤ Objective A: <i>By December 31, 2013, distribute a current Community Health Improvement Plan that aligns with SHIP using a minimum of three methods of distribution.</i>➤ Objective B: <i>By December 31, 2014, convene with Community Health Action Team a minimum of annually to assess CHIP progress.</i> <hr/> <p>Strategy 3.2.2: Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals</p> <ul style="list-style-type: none">➤ Objective A: <i>By December 31, 2014, increase public health presence in the local planning process by attending a minimum of one county planning board, planning review committee, or regional planning meeting.</i>➤ Objective B: <i>By December 31, 2014, share data and information about Community Health Assessment work with partner organizations.</i> <hr/> <p>Strategy 3.2.3: Support local efforts to revitalize communities</p> <ul style="list-style-type: none">➤ Objective A: <i>By December 31, 2014, create a Community Action Team to increase activities and support for household and community level development.</i>

WORKFORCE DEVELOPMENT

Goal 4.1: Attract, recruit, and retain a competent and credentialed workforce	<p>Strategy 4.1.1: Implement a competency-based framework for recruitment and training</p> <ul style="list-style-type: none">➤ Objective A: <i>By December 31, 2015, 80% of employees will have an employee development plan that identifies at least one competency-based training.</i> <hr/> <p>Strategy 4.1.2: Provide trainings and resources that support and develop current public health employees</p> <ul style="list-style-type: none">➤ Objective A: <i>By December 31, 2015 implement the DOH competency based certificate programs for public health employees.</i>
Goal 4.2: Ensure partnerships, systems and processes to support the future workforce	<p>Strategy 4.2.1: Develop, sustain, and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce</p> <ul style="list-style-type: none">➤ Objective A: <i>By June 30, 2015, implement 95% of activities identified in the Workforce Development Plan based on established schedule.</i>

STRATEGIC IMPLEMENTATION PLANNING

Strategic implementation planning was conducted for each priority area to support the integration of strategies into the day to day operations of programs and staff. The Strategic Implementation Plans that follow include specific activities and interventions that will be implemented to address each objective, an accountable Division for each activity, timeline for completion, and measurement plans. These plans were completed by the local Performance Management Council, comprised of managers and staff with program level expertise in Communicable Diseases, Communications, Dental Services, Environmental Health, Epidemiology, Finance and Accounting, General Services, Health Equity, Health Information Management, Health Promotion, Healthy Families, Healthy Start, Healthy Start Federal, Information Technology, Medical Services, Nurse Family Partnership, Nursing, Planning and Performance Management, Public Health Preparedness, School Health, Vital Statistics, and WIC and Nutrition. Additional input and final adoption of the plans was carried out by the Operations Management Team and employee representatives who are responsible for plan implementation.

HEALTH PROTECTION AND PROMOTION

Goal 1.1: Protect the population from health threats

Strategies:

1.1.1: Prevent and control infectious disease

1.1.2: Prevent and reduce intentional and unintentional injuries

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015, increase the percentage of two year olds in Pinellas County who are fully immunized from 75.3% (2012) to 90%.	Florida CHARTS	Annual
By Dec. 31, 2015, reduce the bacterial STD case rate among Pinellas females 15-34 years of age by 5%, from 3,162 per 100,000 (2011) to 3,004 per 100,000.	Florida CHARTS	Annual
By Dec. 31, 2015, reduce the rate of deaths from unintentional injury among Pinellas children ages 0–14 from 11.7 per 100,000 in 2009-2011 to 8.9 per 100,000 in partnership with local Safe Kids chapter or coalition.	Florida CHARTS	Annual
By Dec. 31, 2015, reduce the average monthly rate of Pinellas children 0-4 experiencing child abuse from 3.71 per 1,000 in 2012 to 3.34 per 1,000.	Florida Department of Children and Families	Monthly (by request)

Outcomes

Immunization rates for two year-old clients will remain between the state goal of 90% and the 2013 agency rate of 100%; countywide coordinated strategies for immunizations will be implemented; Child care providers will have at least a 90% rate of enrolled 2 year olds who are fully immunized; 80% of providers will comply with the deadlines and have improved immunizations records; increased screening for STDs among females 15-34 years of age; improved partnership with Safe Kids; increased staff awareness about leading causes of childhood injury; increased education about how to keep children safe; divisions provide information to clients on topics including preventing childhood injury and STDs; increased coordination with other agencies to prevent child abuse; increased knowledge among staff about recognizing and reporting child abuse.

Strategy 1.1.1: Prevent and control infectious disease

Objective A: By Dec. 31, 2015, increase the percentage of two year olds in Pinellas County who are fully immunized from 75.3% (2012) to 90%.

Assigned Division: Disease Control & Health Protection

Implementation Plan

	Activity	Timeframe	Process Measure
1	Maintain internal vaccine compliance through continued surveillance and coordination with WIC, MCH Home Visiting Services, and Vital Statistics	July 2013 - December 2015	Quarterly internal Florida SHOTS reports will be reviewed at internal Immunization Task Force meetings
2	Initiate and maintain separate internal and external Immunizations Task Forces in order to coordinate and strategize countywide	July 2013 - June 2014	Internal and External Task Force will meet quarterly at a minimum
3	Initiate and continue opportunities for staff to promote vaccine compliance among their professional peers	July 2013 - June 2014	Staff will promote vaccine compliance at 6 or more community meetings each year, reported to the internal Immunization Task Force
4	Institute reminders for child care providers during monitoring when enrolled children are within 30 days of being overdue for one or more immunizations	July 2013 - June 2014	95% of providers will receive reminders at each semi-annual inspection about children under 2 years old who are within 30 days of their next immunization(s)
5	Coordinate with divisions to increase the visibility of educational materials to their clients (website links, information sheets, etc.)	July 2013 - December 2015	WIC, MCHHV, Dental, and Child Care Licensing will add an Immunizations link to their web page; a minimum of one printed immunization information sheet is available for distribution to clients
6	Create and implement a marketing campaign to medical providers and the community	July 2013 - December 2015	Campaign materials that address the primary groups above will be available to staff, as budget permits, including links to immunization information on external websites, specifically those on the external task force

Objective B: By Dec. 31, 2015, reduce the bacterial STD case rate among Pinellas females 15-34 years of age by 5%, from 3,162 per 100,000 (2011) to 3,004 per 100,000.

Assigned Division: Disease Control & Health Protection

Implementation Plan

	Activity	Timeframe	Process Measure
1	Provide education in middle and high schools about STD prevention	July 2013 - June 2014	One presentation per month in middle and/or high schools
2	Provide STD prevention education and STD screening in resorts, bars, and clubs	July 2013 - June 2014	One presentation and/or one screening event per month in resorts, bars, or clubs
3	Continue coordination with other agency divisions, especially during STD Awareness Month (April), to increase the visibility of educational materials to their clients (website links, information sheets, etc.)	July 2013 - December 2015	Family Planning, Health Promotion, BCC, MCHHV, Women's Health, Men's Health, and Teen pages will add STD link to their web page; a minimum of one printed STD information sheet is available for distribution to clients

Strategy 1.1.2: Prevent and reduce intentional and unintentional injuries

Objective A: By Dec. 31, 2015, reduce the rate of deaths from unintentional injury among Pinellas children ages 0-14 from 11.7 per 100,000 in 2009-2011 to 8.9 per 100,000 in partnership with local Safe Kids chapter or coalition.

Assigned Division: Clinical Services & Community Health Promotion

Implementation Plan

	Activity	Timeframe	Process Measure
1	Promote the Safe Kids water safety website and related events, and distribute information about "layers of protection"	July 2013- December 2013	At least one new appropriate agency division or department will add the Safe Kids Florida Safe Pools link to their web page; minimum of one printed information sheet is available for distribution to clients
2	Conduct annual training on the Safe Kids priority areas and identify additional training options in TRAIN	July 2013 - June 2014	Conduct a minimum of one training per year in two of the three priority areas

Objective B: By Dec. 31, 2015, reduce the average monthly rate of Pinellas children 0-4 experiencing child abuse from 3.71 per 1,000 in 2012 to 3.34 per 1,000.

Assigned Division: MCH Home Visiting

Implementation Plan

	Activity	Timeframe	Process Measure
1	Continue to identify families with risk factors for child abuse and neglect, primarily through pre- and post-natal screening processes, and refer them to the appropriate MCHHV program	July 2013 - December 2015	The rate of HS screenings will be maintained at or above 85%.
2	Provide training to all agency staff regarding the definition of child abuse and neglect, how and when to report, and reporting laws that apply to staff; partner with CPID trainers to develop and institutionalize internal training for current and future agency staff	July 2013 - December 2015	Completed training curriculum; at least one agency division or program will host the training per quarter to cover existing employees; core staff is trained to provide the training at NEO to cover new employees

HEALTH PROTECTION AND PROMOTION

Goal 1.2: Reduce chronic disease morbidity and mortality

Strategies:

1.2.1: Increase the proportion of adults and children who are at a healthy weight

1.2.2: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015, increase the proportion of Pinellas County children (1st, 3rd, & 6th grade) who are at a healthy weight from 65.1% in 2010-2011 to 65.7%.	DOH School Health Services Summary	Annual
By Dec. 31, 2015, increase the number of committed never smokers among Pinellas County youth ages 11-17 from 64.1% (2012) to 67.3%.	Florida Youth Tobacco Survey	Annual

Outcomes

Healthy Weight Committee with each division represented; Clients educated on how to eat healthy foods to maintain a healthy weight; increased WIC participation among 3 and 4 year old children

Strategy 1.2.1: Increase the proportion of adults and children who are at a healthy weight

Objective A: By Dec. 31, 2015, increase the proportion of Pinellas County children (1st, 3rd, & 6th grade) who are at a healthy weight from 65.1% in 2010-2011 to 65.7%.

Assigned Division: Clinical Services & Community Health Promotion

Implementation Plan

	Activity	Timeframe	Process Measure
1	Work with WIC to create an internal healthy weight committee facilitated by the Health promotion and School Health Program	October - December 2013	Committee created and meeting monthly by the end of 2013
2	Enlist the help of Pinellas County Cooperative Extension and any other community partners in providing funding for and/or providing cooking demonstrations in the Mid County cooking demonstration kitchen; clients will be encouraged to learn healthy cooking methods during these cooking demonstrations	January - December 2014	A minimum of two cooking demonstrations/classes held during this timeframe
3	Utilize Livingwell resources to help increase clients and their families physical activity and healthy weight	June - December 2014	Pinellas County resource list developed and available to all programs
4	Develop an outreach plan to increase the participation of 3 and 4 year old children in the WIC program	July - December 2014	Components of at least one campaign are developed and implemented

Strategy 1.2.2: Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure

Objective A: By Dec. 31, 2015, increase the number of committed never smokers among Pinellas County youth ages 11-17 from 64.1% (2012) to 67.3%.

Assigned Division: Clinical Services & Community Health Promotion

Implementation Plan

	Activity	Timeframe	Process Measure
1	SWAT youth will meet with decision makers to educate on the benefits of policy change and encourage adoption	July 2013 - June 2014	At least two SWAT youth will present to a minimum of one City
2	SWAT youth will educate peers, PTA and school staff on candy flavored tobacco	July 2013 - June 2014	At least five SWAT clubs will present to peers, PTA and/or school staff one time
3	Establish and/or maintain a SWAT Chapter at Pinellas Middle and/or High Schools	July 2013 - June 2014	Documentation of the creation and/or maintenance of ten SWAT Chapters

HEALTH PROTECTION AND PROMOTION

Goal 1.3: Improve maternal and child health

Strategies:

1.3.1: Reduce infant mortality

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015, reduce the infant mortality rate in Pinellas from 6.7 per 1,000 live births (2010 - 2012) to 6.0 per 1,000 live births (2012 - 2014).	Florida CHARTS	Annual

Outcomes

Families receiving services will be educated on Safe Sleep; increased knowledge of how health behaviors of mother impact health of a baby; decrease in racial and ethnic disparities in infant mortality

Strategy 1.3.1: Reduce infant mortality

Objective A: By Dec. 31, 2015, reduce the infant mortality rate in Pinellas from 6.7 per 1,000 live births (2010 - 2012) to 6.0 per 1,000 live births (2012 - 2014).

Assigned Division: MCH Home Visiting

Implementation Plan

	Activity	Timeframe	Process Measure
1	Review client literature/handouts on Safe Sleep for infants and choose a set of customer friendly literature from available handouts that can be given commonly across home visiting programs, WIC, pediatric clinics, and maternity clinic	July 2013 - October 2013	A minimum of two customer friendly handouts will be selected and distributed to programs
2	Train staff on Safe Sleep and use of Safe Baby Pledge form	November 2013 - February 2014	A minimum of 75% of MCHHVS, WIC, maternity, and pediatric clinic staff will receive training
3	Partner with St. Petersburg Healthy Start Federal Project and Healthy Start to provide community awareness events about Black and Hispanic infant mortality disparity and social, educational, and health factors that will reduce infant mortality rates	July 2013- December 2014	At least 2 bi-annual presentations to providers of health care services are conducted and at least 2 bi-annual presentations for consumers are conducted

FINANCIAL AND BUSINESS EXCELLENCE

Goal 2.1: Improve efficiency and effectiveness

Strategies:

2.1.1: Adopt certified electronic health record software

2.1.2: Use information technology and systems to efficiently support disease prevention, intervention, and epidemiological activities

2.1.3: Use public health information technology and systems to efficiently improve business practices

2.1.4: Implement tools, processes, and methods that support accountability and provide transparency in DOH administrative management systems

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2013, all Pinellas Clinical and Dental sites will be utilizing the clinical visit within the HMS Electronic Health Record for client visits.	HMS Meaningful Use Report	Quarterly
By Dec. 31, 2014, increase the number of emergency rooms submitting electronic information used for syndromic surveillance to DOH from 85.7% to 100%.	Local Data	Quarterly
By June 30, 2014, implement agency-wide communications cloud services to fully leverage scalability and interoperability with email, office suite and collaboration tools.	Local Data	Quarterly
By March 31, 2015, implement and utilize an online travel system.	Local Data	Quarterly
By June 30, 2014, implement an electronic review of contracts and grants.	Local Data	Quarterly

Outcomes

Receipt of Meaningful Use incentive money as a result of correct and consistent use of the HMS Clinical Visit; Improved notification and monitoring capability of medical incidents for signs of possible outbreaks; Improved individual IT access and mobility of files and provides collaboration tools for shared usage; Improved logistics, efficiency, timeliness of travel reimbursement routing, approval, and processing within a program and finance; Improved logistics, efficiency, timeliness of contract routing and approval between departments

Strategy 2.1.1: Adopt certified electronic health record software			
Objective A: By Dec. 31, 2013, all Pinellas Clinical and Dental sites will be utilizing the clinical visit within the HMS Electronic Health Record for client visits.			
Assigned Division: IT			
Implementation Plan			
	Activity	Timeframe	Process Measure
1	Utilize Division/Program meetings to educate clinical and dental staff regarding the correct and consistent use of the Clinical Visit in HMS	July 2013 - October 2013	95% of staff using the HMS electronic health record attend at least one meeting that reviews the use of the Clinical Visit
2	Utilize Meaningful Use reports created by Tallahassee to monitor use of Clinical Visit	July - December 2013	Reports reviewed at least one time per month by SEP

Strategy 2.1.2: Adopt certified electronic health record software			
Objective A: By Dec. 31, 2014, increase the number of Pinellas emergency rooms submitting electronic information used for syndromic surveillance to DOH from 85.7% to 100%.			
Assigned Division: Disease Control & Health Protection			
Implementation Plan			
	Activity	Timeframe	Process Measure
1	Reach out, assist, and facilitate with All Children's Hospital to integrate and use ESSENCE	July 2013 - December 2014	All Children's Hospital is integrated and submitting 100% of ER information in ESSENCE

Strategy 2.1.3: Use public health information technology and systems to efficiently improve business practices

Objective A: By June 30, 2014, implement agency-wide communications cloud services to fully leverage scalability and interoperability with email, office suite and collaboration tools.

Assigned Division: IT

Implementation Plan

	Activity	Timeframe	Process Measure
1	Compile a count of the number of email addresses, mailboxes, storage size, and computers available to receive the Microsoft Office 365 cloud rollout	August - September 2013	100% of all e-mail addresses, mailboxes, amount of storage size, computers accounted for and listed in a log per DOH requirement for MS Office 365 rollout
2	Convert desktop and laptop computers from Office 2010 to the New Office 365 platform	October 2013 - March 2014	90% of computers and laptops converted to Office 365

Strategy 2.1.4: Use public health information technology and systems to efficiently improve business practices

Objective A: By March 31, 2015, implement and utilize an online travel system.

Assigned Division: Administrative Services

Implementation Plan

	Activity	Timeframe	Process Measure
1	Train the accounts payable staff and then test the system with a pilot program to work out any possible issues	August - October 2014	Successful processing in the pilot program of 3 months of travel reimbursements with 300 vouchers in the online system
2	Train all staff that process travel to begin using the system	October 2014 - March 2015	90% of travel processing staff have completed the training are using the system for travel reimbursement

Objective B: By June 30, 2014, implement an electronic review of contracts and grants.

Assigned Division: Administrative Services

Implementation Plan

	Activity	Timeframe	Process Measure
1	Contract Administrators test the newly designed system as soon as IT has operational	January - March 2014	System is operational and accessible by 100% of responsible staff for testing and training purposes and 100% parties involved in the piloting
2	Train the contract approval staff and then test the system with a pilot program to work out any possible issues	March - April 2014	Successful routing and approval in the pilot program of 5 contract/ agreements in the new system
3	Train all active contract managers and applicable staff in the programs to begin using the system	April - June 2014	90% of active contract managers and applicable program staff have completed the training and using system for routing all contracts

FINANCIAL AND BUSINESS EXCELLENCE

Goal 2.2: Maximize funding to accomplish the public health mission

Strategies:

2.2.1: Maximize Medicaid and other third party revenue to help retain the infrastructure necessary to meet the public health needs of the community

2.2.2: Review and update fee policies and fee schedules

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015 implement the CHD Health Management System billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.	Local Data	Quarterly
By Dec. 31, 2013 and annually, review and update fee policies and fee schedules.	Local Data	Quarterly

Outcomes

Improved efficiency and easier access to client information necessary for billing as well as paperless; more efficient method to review and propose changes to fee schedules and policies

Strategy 2.2.1: Maximize Medicaid and other third party revenue to help retain the infrastructure necessary to meet the public health needs of the community

Objective A: By Dec. 31, 2015 implement the CHD Health Management System billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.

Assigned Division: Administrative Services

Implementation Plan

	Activity	Timeframe	Process Measure
1	Identify all staff involved in the billing process as billing redesign functions are piloted that require training	September 2013 - December 2015	90% of all affected employees will be successfully identified
2	Train all affected staff regarding the enhancements and updated procedures as they apply	September 2013 - December 2015	90% of all affected employees will have successfully completed all trainings

Strategy 2.2.2: Review and update fee policies and fee schedules

Objective A: By Dec. 31, 2013 and annually, review and update fee policies and fee schedules.

Assigned Division: Administrative Services

Implementation Plan

Activity		Timeframe	Process Measure
1	Identify all key stakeholders responsible for ensuring fee policies and the county user fee schedule needing approval from the BOCC	July – September 2013	100% of all stake holders responsible for maintaining fee policies and the county user fee schedule needing BOCC will be identified
2	Review the current user fee schedule that needs BOCC approval and recommend updates annually	November - December 2013 & Annually	100% of all fee policies needing BOCC approval will be reviewed and proposed changes sent to the Admin. Services Director
3	Develop and/or review and update agency-wide and program related fee policies and procedures	September - December 2013	100% of existing agency-wide and program related fee policies and procedures will be reviewed and updated, and programs that need fee policies and procedures will have them developed and implemented
4	Review and update agency-wide and program related fee policies and procedures	September - December 2014 & Annually	100% of all fee policies and procedures will be reviewed and updated annually
5	Approved county user fee schedule and updated fee policies will be posted to a common site and shared with responsible staff in the divisions	September - December 2013 & Annually	100% of all responsible staff will be informed and have access to approved county user fee schedule and updated fee policies

FINANCIAL AND BUSINESS EXCELLENCE

Goal 2.3: Promote a culture of organizational excellence

Strategies:

2.3.1: Collect, track, and use performance data to inform business decisions and continuously improve

2.3.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2014, implement and maintain an online performance monitoring dashboard.	Local Data	Quarterly
By Dec. 31, 2015, implement 95% of activities in the agency QI plan based on established schedule.	Local Data	Quarterly
By Dec. 31, 2013, and annually, maintain the percentage of completed customer satisfaction surveys with a satisfactory or better rating at 90% or better.	Local Data	Monthly

Outcomes

Electronic performance monitoring dashboard; dashboard updated by responsible parties a minimum of quarterly; Increased knowledge of and experience using quality tools and techniques; QI project results and best practices communicated annually; Increase in the number of customer surveys completed

Strategy 2.3.1: Collect, track, and use performance data to inform business decisions and continuously improve

Objective A: By Dec. 31, 2014, implement and maintain an online performance monitoring dashboard.

Assigned Division: Planning and Performance Management

Implementation Plan

Activity		Timeframe	Process Measure
1	Determine performance metrics to be included in dashboard from strategic implementation plan, CHD Performance Snapshot, Administrative Snapshot, and other sources	August - October 2013	100% of agency performance metrics are identified
2	Develop and implement a reporting/monitoring schedule, including data sources and frequency, and assignment of responsible parties for keeping dashboard metrics up to date	August - October 2013	100% of performance metrics assigned to PMC member or designee
3	Collaborate with Central Office to implement a performance monitoring dashboard template and work with IT to make it available on the intranet	September - December 2013	Performance monitoring dashboard accessible to 100% of responsible parties
4	Train responsible parties on uploading data and information to performance monitoring dashboard	December 2013 - March 2014	100% of responsible parties receive training on performance monitoring dashboard

Strategy 2.3.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes, and interventions

Objective A: By Dec. 31, 2015, implement 95% of activities in the agency QI plan based on established schedule.

Assigned Division: Planning and Performance Management

Implementation Plan

	Activity	Timeframe	Process Measure
1	The Performance Management Council (PMC) will develop annual quality improvement (QI) action plan to include process for identifying and monitoring local QI projects	July - October 2013 and 2014	Agency QI plan and local project plan available to all staff via intranet
2	PMC will prioritize and recommend annual QI project(s) for EMT approval	July - September 2013 and 2014	A minimum of one CHD QI Project is selected and submitted to DOH annually
3	EMT, OMT, PMC, and QI team leaders complete identified quality related trainings	September 2013 - June 2015	At least 75% of identified staff complete quality trainings
4	Progress on local QI project(s) is reported to the PMC	January 2014 - October 2015	Progress on QI project(s) and related activities is reported to PMC a minimum of quarterly

Objective B: By Dec. 31, 2013, and annually, maintain the percentage of completed customer satisfaction surveys with a satisfactory or better rating at 90% or better.

Assigned Division: Planning and Performance Management

Implementation Plan

	Activity	Timeframe	Process Measure
1	Work with Divisions and Program Managers to increase number of surveys completed at the centers	July 2013 - December 2015	Conduct at least two Customer Survey contests each calendar year
2	Increase number of on-line Customer Satisfaction Surveys completed by marketing/advertising to clients	July 2013- December 2013	Include link to the customer survey on at least two documents that are provided to clients
3	Promote the importance of customer service by continuously sharing overall satisfaction and common complaint types with managers and staff	July 2013- December 2015	Share customer service reports at each PMC meeting and post to the customer service website monthly
4	Recruit and maintain active members of Customer Focus Team with representation from each division that provides external customer service	July 2013- December 2013	Monthly Customer Focus Team meetings with sign in sheets showing representation from each division that provides external customer service

FINANCIAL AND BUSINESS EXCELLENCE

Goal 2.4: Optimize communications

Strategies:

2.4.1: Develop, implement, and improve internal and external communication strategies and plans

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015, maintain 95% compliance with objectives in the DOH strategic communications plan.	Local Data	Quarterly

Outcomes

An updated list of responsible staff. Local crisis and FDOH communication plans implemented and accessible. NOTE: More activities will be developed when the DOH plan is complete.

Strategy 2.4.1: Develop, implement, and improve internal and external communication strategies and plans

Objective A: By Dec. 31, 2015, maintain 95% compliance with objectives in the DOH strategic communications plan.

Assigned Division: Director's Office

Implementation Plan

	Activity	Timeframe	Process Measure
1	Identify and train staff in new countywide communications plan developed by Central Office	June - December 2015	Identified responsible staff will complete training; class completion reports will be used to monitor
2	Complete local crisis communication plan and present to EMT, OMT, and PMC	July - December 2013	Approved plan is accessible to all EMT, OMT, and PMC members

SERVICE TO CUSTOMERS AND COMMUNITY

Goal 3.1: Assure access to health care

Strategies:

3.1.1: Increase access to care for underserved populations

3.1.2: Provide equal access to culturally and linguistically competent care

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015, increase the number of dental clients served from 11,500 to 12,650.	HMS	Monthly
By Dec. 31, 2015 decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 16.1% (2010) to 15.2%.	BRFSS; available at FL CHARTS	Biennially
By Dec. 31, 2014, conduct a Culturally and Linguistically Appropriate Services (CLAS) self-assessment.	Local Data	Quarterly

Outcomes

Increase in data and reporting from community partners; up to date volunteer list; increase in number of dental volunteers; Staff are trained to track referrals and a process is developed to determine a baseline of health department clients who are now able to see a doctor due to referrals; A completed CLAS organizational self-assessment and an action plan; policies and procedures (at least 50%) reflect continuum of CLAS integration

Strategy 3.1.1: Increase access to care for underserved populations			
Objective A: By Dec. 31, 2015, increase the number of dental clients served from 11,500 to 12,650.			
Assigned Division: Clinical Services & Community Health Promotion			
Implementation Plan			
	Activity	Timeframe	Process Measure
1	Collaborate with community partners and coalitions to identify resources and ways to increase access to dental care for low income Pinellas County residents	July 2013 - March 2015	Baseline data for unduplicated client counts for calendar year 2012 will be collected for all community partners active in this effort; moving forward, data will be collected a minimum of quarterly
2	Healthy Teeth Pinellas – will collaborate with the upper and lower Pinellas County Dental Association to initiate after hours volunteer clinics in DOH-Pinellas locations	March, 2013 - March, 2015	Data will be collected monthly: Unduplicated client count, encounter report, service report, value of services provided and volunteer hours given
3	Collaborate with community partners to increase the current volunteer pool of dental professionals serving clients, including dentists and hygienists	July, 2013 - December, 2015	Volunteer hours will be tracked and reported a minimum of quarterly to Volunteer Coordinator
Objective B: By Dec. 31, 2015 decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 16.1% (2010) to 15.2%.			
Assigned Division: Clinical Services & Community Health Promotion			
Implementation Plan			
	Activity	Timeframe	Process Measure
1	Disseminate information to the community on available free or low cost health services	October 2013 - October 2015	Increased enrollment in primary care services (baseline TBD)
2	Home Visiting Staff, Family Support Workers, and Community Health Advocates will be trained to track referrals in HMS and other IT systems as they become available	October 2013- October 2015	An increase in the number of staff trained to track referrals (baseline TBD)
3	Home Visiting Staff, Family Support Workers, and Community Health Advocates will refer potential clients to primary care and track referrals	October 2013- 2015	An increase in the number of referrals to primary care services (baseline TBD)
4	Admitting team will utilize One-E-App as an additional method for eligibility and referral tracking	October 2013 - February 2014	At least one admitting staff member at four health department locations will be trained to use One-E-App

Strategy 3.1.2: Provide equal access to culturally and linguistically competent care

Objective A: By Dec. 31, 2014, conduct a Culturally and Linguistically Appropriate Services (CLAS) self-assessment.

Assigned Division: Planning & Performance Management

Implementation Plan

Activity		Timeframe	Process Measure
1	Select internal and external members for a CLAS assessment committee	July - November 2013	At least nine persons are selected for the internal committee with participation supported by managers and supervisors; at least three community partners/ stakeholders are selected for the committee
2	CLAS committee provides CLAS assessment presentations/education in all division team meetings	November 2013 - June 2014	A minimum of 5 Divisions will receive education on CLAS standards and the self-assessment
3	Combined committee meets to develop a work plan, including timeline and process for completing the assessment	January - March 2014	CLAS Committee has met at least twice since convening and has established a work plan
4	Committee implements assessment process	April - June 2014	Agency completes the assessment with the support of management and staff
5	Conduct organizational self-assessment action planning	January - July 2014	Linguistically appropriate signage is posted at all Pinellas health department locations

SERVICE TO CUSTOMERS AND COMMUNITY

Goal 3.2: Promote an integrated public health system

Strategies:

3.2.1: Collect, track, and use performance data to inform business decisions and continuously improve

3.2.2: Develop, implement, and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions

3.2.3: Support local efforts to revitalize communities

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2013, distribute a current Community Health Improvement Plan that aligns with SHIP using a minimum of three methods of distribution.	Local Data	Quarterly
By Dec. 31, 2014, convene with Community Health Action Team a minimum of annually to assess CHIP progress.	Local Data	Quarterly
By Dec. 31, 2014, increase public health presence in the local planning process by attending a minimum of one county planning board, planning review committee, or regional planning meeting.	Local Data	Quarterly
By Dec. 31, 2014, share data and information about Community Health Assessment work with partner organizations.	Local Data	Quarterly
By Dec. 31, 2014, create a Community Action Team to increase activities and support for household and community level development.	Local Data	Quarterly

Outcomes

2013 - 2014 CHIP Action Plan; Completed CHIP Annual Update; Completed/updated monitoring and evaluation Plan; Active participation by DOH-Pinellas in MPO; Increased community engagement in community health improvement planning; quarterly CHIP status report; A Community Action Team in place; community needs assessment completed; Work plan developed. NOTE: New or different activities may be developed after the community assessment.

Strategy 3.2.1: Implement and link health improvement planning at state and local levels			
Objective A: By Dec. 31, 2013, distribute a current Community Health Improvement Plan that aligns with SHIP using a minimum of three methods of distribution.			
Assigned Division: Planning & Performance Management			
Implementation Plan			
	Activity	Timeframe	Process Measure
1	Produce and distribute a Community Health Improvement Plan to DOH partners and the Pinellas community	July - September 2013	CHIP is available via DOH-Pinellas website and distributed to the community via a minimum of two methods of communication
2	Create a document showing alignment between Community Health Improvement Plan and State Health Improvement Plan	July - September 2013	Completed CHIP/SHIP alignment document
Objective B: By Dec. 31, 2014, convene with Community Health Action Team a minimum of annually to assess CHIP progress.			
Assigned Division: Planning & Performance Management			
Implementation Plan			
	Activity	Timeframe	Process Measure
1	Meet with CHIP Coordinating Agencies to determine partners, verify process measures, and establish monitoring and evaluation plan	July 2013 – December 2014	Meet with a minimum of 90% of coordinating agencies
2	Regularly collect data and information to measure CHIP progress	January 2014 – December 2015	Share progress on meeting CHIP measures and objectives with CHAT at least once per year

Strategy 3.2.2: Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals

Objective A: By Dec. 31, 2014, increase public health presence in the local planning process by attending a minimum of one county planning board, planning review committee, or regional planning meeting.

Assigned Division: Disease Control & Health Protection

Implementation Plan

	Activity	Timeframe	Process Measure
1	Identify local, county, and regional planning councils/boards and review their agendas and meeting dates and times	July - September 2013	Select one board/council meeting to attend and extend expertise to community partners
2	Identify at least one DOH-Pinellas staff member each from Health Promotion and Environmental Health who will serve on Metropolitan Planning Organization (MPO) council/board	July - October 2013	Staff member attends 100% of board/council meetings or provides a proxy according to council's by-laws

Objective B: By December 31, 2014, share data and information about Community Health Assessment work with partner organizations.

Assigned Division: Planning & Performance Management

Implementation Plan

	Activity	Timeframe	Process Measure
1	Present community health assessment work to partner organizations, emphasizing application and uses of the CHA & CHIP	July 2013 - December 2014	Present CHA and/or CHIP to at least six partner organizations
2	Create a website with current and future CHAT activities and CHIP progress	January 2014 - December 2015	Action plan progress will be updated on the website a minimum of quarterly

Strategy 3.2.3: Support local efforts to revitalize communities

Objective A: By December 31, 2014, create a Community Action Team to increase activities and support for household and community level development.

Assigned Division: Disease Control & Health Protection

Implementation Plan

Activity		Timeframe	Process Measure
1	Review the CHA, CHIP, and other pertinent documents and identify an area that has environmental inequities within its built environment and can benefit from a Community Action Team	October 2013 - December 2014	Meet with at least three neighborhood community centers' directors to discuss the concept and need for a Community Action Team
2	Formal invitation to local political, governmental, business and faith based leaders to participate and promote project	January - March 2014	Identify community partners and stakeholders to champion and promote the project
3	Host community meetings that includes residents, community partners, and stakeholders to discuss local issues, perceptions, and data in order to develop an assessment survey	April - May 2014	At least two community meetings have occurred and community residents agree to host consecutive meetings
4	Develop survey tool from information obtained through community meetings	June - September 2014	Survey is completed and dissemination process is in place; at least 100 respondents return completed surveys
5	Analyze survey results	September - December 2014	Identify a minimum of one strategic issue to address

WORKFORCE DEVELOPMENT

Goal 4.1: Attract, recruit, and retain a competent and credentialed workforce

Strategies:

4.1.1: Implement a competency-based framework for recruitment and training

4.1.2: Provide trainings and resources that support and develop current public health employees

Performance Measures

Objectives	Data Source	Frequency
By Dec. 31, 2015, 80% of employees will have an employee development plan that identifies at least one competency-based training.	Local Data	Quarterly
By Dec. 31, 2015, implement the DOH competency based certificate programs for public health employees.	Local Data	Quarterly

Outcomes

All position descriptions will identify competencies and be posted to the Position Descriptions Folder in compliance with DOH Headquarters standards; Employees will be aware of and take advantage of certificate programs available to them as evidenced by TRAIN Reports

Strategy 4.1.1: Implement a competency-based framework for recruitment and training

Objective A: By Dec. 31, 2015, 80% of employees will have an employee development plan that identifies at least one competency-based training.

Assigned Division: Human Resources & Training

Implementation Plan

Activity		Timeframe	Process Measure
1	Develop & implement a training for supervisors on establishing SMART objectives that include core competencies	September 2013 - June 2014	90% of supervisors will be trained
2	Establish core competencies by job family	January - December 2014	90% of job families will have at least 3 competencies associated with them
3	Supervisors will develop position descriptions that includes applicable core competencies	July 2014 - June 2015	90% of the position descriptions will contain at least three core competencies

Strategy 4.1.2: Provide trainings and resources that support and develop current public health employees

Objective A: By Dec. 31, 2015, implement the DOH competency based certificate programs for public health employees.

Assigned Division: Human Resources & Training

Implementation Plan

Activity		Timeframe	Process Measure
1	Identify appropriate competency based certificate programs	January - June 2015	A minimum of 5 certificate programs selected
2	Develop a process for informing employees of available programs and eligibility requirements if applicable	June - December 2015	Process is available to 100% of DOH-Pinellas employees through the Intranet

WORKFORCE DEVELOPMENT

Goal 4.2: Ensure partnerships, systems, and processes to support the future workforce

Strategies:

4.2.1: Develop, sustain, and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce

Performance Measures

Objectives	Data Source	Frequency
By June 30, 2015, implement 95% of activities identified in the Workforce Development Plan based on established schedule.	Local Data	Quarterly

Outcomes

Workforce Development Plan; monthly WFD Plan monitoring report; activities within the WFD Plan are implemented and areas not on target are identified and corrected

Strategy 4.2.1: Develop, sustain, and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce

Objective A: By June 30, 2015, implement 95% of activities identified in the Workforce Development Plan based on established schedule.

Assigned Division: Human Resources & Training

Implementation Plan

	Activity	Timeframe	Process Measure
1	Develop a Workforce Development Strategic Implementation Plan (SIP) for Pinellas County that aligns with the DOH Workforce Development Plan	July - December 2013	WFD SIP is available to 100% of DOH-Pinellas employees through the Intranet
2	Identify responsible parties for monitoring of WFD SIP activities	January 2014 - December 2015	90% of WFD SIP activities are monitored monthly by responsible parties
3	Report on WFD SIP implementation progress at Performance Management Council Meetings	December 2014 - December 2015	WFD Team reports on progress a minimum of quarterly

APPENDICES

Appendix A: State and Local Strategic Alignment

Pinellas Strategic Plan Goal/Objective	Local CHIP Alignment	State Strategic and QI Plan Alignment
Health Protection and Promotion		
Goal 1.1: Protect the population from health threats		
1.1.1A: By Dec. 31, 2015, increase the percentage of two-year-olds in Pinellas County who are fully immunized from 75.3% (2012) to 90%.	HPDP 3.1.1: By Dec. 31, 2017, increase the percentage of Pinellas two year olds who are fully immunized from 75.3% (2012/2013) to 90%.	1.1.1A: By Dec. 31, 2015, increase the percentage of two-year-olds who are fully immunized from 86.6% (2011) to 90%.
1.1.1B: By Dec. 31, 2015, reduce the bacterial STD case rate among females 15-34 years of age from 3,162 per 100,000 (2011) to 3,004 per 100,000.		1.1.1B: By Dec. 31, 2015, reduce the bacterial STD case rate among females 15–34 years of age from 2,627 per 100,000 (2010) to 2605 per 100,000.
1.1.2A: By Dec. 31, 2015, reduce the rate of deaths from unintentional injury among Pinellas children ages 0–14 from 11.7 per 100,000 in 2009-2011 to 8.9 per 100,000 in partnership with Pinellas Safe Kids coalition.		1.1.4A: By Dec. 31, 2015, reduce the rate of deaths from all causes of external injury among Florida resident children ages 0–14 from 9.0 per 100,000 to 7.6 per 100,000 in those Florida counties with existing state-local injury prevention partnerships.
1.1.2B: By Dec. 31, 2015, reduce the average monthly rate of children 0-4 experiencing child abuse from 3.71 per 1,000 in 2012 to 3.34 per 1,000.	BH 3.1.1: By Dec. 31, 2017, reduce the rate of Pinellas children under 18 experiencing child abuse from 24.0 per 1,000 (2012) to 16.9 per 1,000.	
Goal 1.2: Reduce chronic disease morbidity and mortality		
1.2.1A: By Dec. 31, 2015, increase the proportion of Pinellas County children (1st, 3rd, & 6th grade) who are at a healthy weight from 65.1% in 2010-2011 to 65.7%.	HPDP 1.2.1: By Dec. 31, 2017, increase the proportion of Pinellas children (1st, 3rd, 6 th grade) who are at a healthy weight from 65.1% (2010 - 2011) to 71.6%.	1.2.1C: By Dec. 31, 2015, increase the percentage of students in grades 1, 3, and 6 who are identified as being at a normal weight from 60% (2011-2012) to 63%.

1.2.2A: By Dec. 31, 2015, increase the number of committed never smokers among Pinellas County youth ages 11-17 from 64.1% (2012) to 67.2%.	HPDP 2.3.1: By Dec. 31, 2017, increase the number of committed never smokers among Pinellas youth, ages 11 - 17 from 64.1% (2012) to 70.5%.	1.2.2B: By Dec. 31, 2015, reduce current cigarette use among youth, ages 11–17 from 8.3% (2010) to 7.5%.
Goal 1.3: Improve maternal and child health		
1.3.2A: By Dec. 31, 2015, reduce the infant mortality rate from 6.7 per 1,000 live births (2010 - 2012) to 6.0 per 1,000 live births (2012-2014).	AC 3.3.1: By Dec. 31, 2017, reduce the infant mortality rate of Black infants in Pinellas from 13.9 per 1,000 live births (2010-2012) to 11.5 per 1,000 live births. AC 3.3.2: By Dec. 31, 2017, reduce the infant mortality rate of Hispanic infants in Pinellas from 8.1 per 1,000 live births (2010- 2012) to 7.3 per 1,000 live births.	1.3.1A: By Dec. 31, 2015, reduce the infant mortality rate from 6.4 (2011) per 1,000 live births to 6.1 per 1,000 live births.
Financial and Business Excellence		
Goal 2.1: Improve efficiency and effectiveness		
2.1.1A: By Dec. 31, 2013, all Pinellas Clinical and Dental sites will be utilizing the clinical visit within the HMS Electronic Health Record for client visits.		2.1.2B: By June 30, 2013, all CHD clinical sites will have adopted the DOH certified Electronic Health Record.
2.1.2A: By Dec. 31, 2014, increase the number of emergency rooms submitting electronic information used for syndromic surveillance to DOH from 85.7% to 100%.		2.1.1B: By Dec. 31, 2013, increase the number of hospitals and urgent care centers submitting electronic information used for syndromic surveillance to DOH from 170 to 185.
2.1.3A: By June 30, 2014, implement agency-wide communications cloud services to fully leverage scalability and interoperability with email, office suite, and collaboration tools.		2.1.2D: By June 30, 2014, implement agency-wide communications cloud services to fully leverage scalability and interoperability with email, office suite, and collaboration tools.
2.1.4A: By March 31, 2015, implement and utilize an online travel system.		2.1.5E: By Oct. 31, 2014, implement an online travel system.
2.1.4B: By June 30, 2014, implement an electronic review of contracts and grants.		2.1.5F: By May 31, 2013, implement an electronic review of contracts and grants.

Goal 2.2: Maximize funding to accomplish the public health mission

2.2.1A: By Dec. 31, 2015 implement the CHD Health Management System billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.		2.2.1B: By Dec. 1, 2015 implement the CHD Health Management System billing Redesign Project to automate all major billing functions and establish 100% electronic interaction with health care plans.
2.2.2A: By Dec. 31, 2013 and annually, review and update fee policies and fee schedules.		2.2.2A: By Dec. 31, 2013 and annually, complete process to analyze all state and local fees to ensure alignment with actual program costs.

Goal 2.3: Promote a culture of organizational excellence

2.3.1A: By Dec. 31, 2014, implement and maintain an online performance monitoring dashboard.		2.3.1A: By Dec. 31, 2013, DOH's performance management data system will be operational.
2.3.2A: By Dec. 31, 2015, implement 95% of activities in the agency QI plan based on established schedule.		2.3.3A: By June 30, 2013, and annually, 95% of activities identified in the agency QI plan are complete based on established schedule. DOH Quality Improvement Plan
2.3.2B: By Dec. 31, 2013, and annually, maintain the percentage of completed customer satisfaction surveys with a satisfactory or better rating at 90% or better.		2.3.2B: By Dec. 31, 2014, implement customer satisfaction and complaint process. DOH Quality Improvement Plan Project 3

Goal 2.4: Optimize communications

2.4.1A: By Dec. 31, 2015, maintain 95% compliance with objectives in the DOH strategic communications plan.		2.4.1B: By Dec. 31, 2015, complete 95% of objectives in the DOH strategic communications plan.
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Service to Customers and Community

Goal 3.1: Assure access to health care

3.1.1B: By Dec. 31, 2015 decrease the percentage of persons who report they were unable to see a doctor during the past 12 months due to cost from 16.1% (2010) to 15.2%.	AC 1.1.1: By Dec. 31, 2017, decrease the percentage of Pinellas adults who are unable to access a health care provider due to cost from 16% (2010) to 14.4%.	
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3.1.2A: By Dec. 31, 2014, conduct a Culturally and Linguistically Appropriate Services (CLAS) self-assessment.	AC 1.3.1: By Dec. 31, 2016, decrease the percentage of Pinellas adults who believe they would receive better medical care if they belonged to a different race/ethnic group from 7% (2010) to 6.3%.	3.2.2A: By June 30, 2014, implement a CLAS self-assessment tool.
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Goal 3.2: Promote an integrated public health system

3.2.1A: By Dec. 31, 2013, distribute a current Community Health Improvement Plan that aligns with SHIP using a minimum of three methods of distribution.		3.1.1A: By March 31, 2013, all CHDs will have produced a current community health improvement plan. 3.1.1B: By March 31, 2013, all state and local health improvement plans will be aligned.
3.2.1B: By Dec. 31, 2014, convene with Community Health Action Team a minimum of annually to assess CHIP progress.		3.1.1C: By Jan. 31, 2013, and regularly thereafter, convene to assess SHIP progress with partners.
3.2.2A: By Dec. 31, 2014, increase public health presence in the local planning process by attending a minimum of one county planning board, planning review committee, or regional planning meeting.	HCE 1.1.1: By Dec 31, 2016, increase activity related to the development of policies and plans that support individual and community health within Pinellas from a score of 82% (2012) to 90%.	3.1.2A: By Dec. 31, 2014, increase public health presence in the local planning process by ensuring all CHDs will attend a minimum of one county planning board, planning review committee, or regional planning meeting.
3.2.2B: By Dec. 31, 2014, share data and information about Community Health Assessment work with partner organizations.		3.1.2B: By July 31, 2013, the DOH Central Office will establish a mechanism for sharing data and information from the local CHDs about community health assessment work across organizations.

Workforce Development

Goal 4.1: Attract, recruit, and retain a competent and credentialed workforce

4.1.1A: By Dec. 31, 2015, 80% of employees will have an employee development plan that identifies at least one competency-based training.		4.1.1B: By Dec. 31, 2015, 80% of employees will have documented Employee Development Plans that identify competency-based training.
4.1.2A: By Dec. 31, 2015, implement the DOH competency based certificate programs for public health employees.		4.1.2: By Dec. 31, 2015, deliver and evaluate competency-based certificate programs for public health employees.

Goal 4.2: Ensure partnerships, systems and processes to support the future workforce

4.2.1A: By June 30, 2015, implement 95% of activities identified in the Workforce Development Plan based on established schedule.

4.2.1A: By June 30 each year, 95% of activities identified in Agency Workforce Development Plan are complete based on established schedule.
DOH Quality Improvement Plan
Project 2

Appendix B: SWOT Analysis

STRENGTHS

- Integrated statewide system for public health
- Large workforce
- Strong partnerships with funders, county, and community
- Capacity to apply for grants and funding
- Technology- EHR, HMS, and other systems
- Longevity of workforce with knowledge and expertise in specific areas
- Scope of services for clients
- Prevention programs such as healthy start, healthy families, WIC
- Established policies and procedures
- Strong financial reporting infrastructure

WEAKNESSES

- Management by crisis
- Low employee morale, satisfaction, and engagement
- Lack of focus on staff training, development, advancement
- Too much data- need to filter and focus efforts
- Retirements and loss of expertise
- Infectious diseases held in programmatic fashion, stovepipes
- Lack of statewide coordination and standards; frequent changes and inconsistent messages
- Low wages
- Understanding policy versus procedures
- Measuring evidence based and promising practices
- Doing more with less- lack of detail, more errors
- Diversity in workforce and management

OPPORTUNITIES

- Diverse population
- Urban/resource rich environment
- Governor's prevention focused health priorities
- State Surgeon General's healthy weight initiative
- Affordable Care Act, access to health coverage
- Higher education institutions for workforce development
- Better understand which reports provide information needed
- Educate elected officials
- Revise policies and procedures
- Strong public/private partnership; ability to leverage resources
- EHR/meaningful use requirements
- National Public Health Accreditation
- Federal, State, and local grant and funding opportunities
- Network of 67 CHDs in the state
- Texting to clients
- Integration of systems of care

THREATS

- Aging population and workforce
- Insufficient funding to meet some mandates
- Continued economic downturn
- Stagnant wages
- Rising obesity and chronic disease rates
- Affordable Care Act; lack of implementation in Florida
- Hurricane vulnerability and long term recovery
- Politics rather than need driving policy and funding
- Lack of trust of government programs
- Changes in leadership and direction with new Governors/ State Surgeon Generals
- Lack of consistent policies and direction from state
- Legislative changes to scope and mission of DOH
- Lack of prevention focus and funding
- Capacity of health system for newly insured under ACA