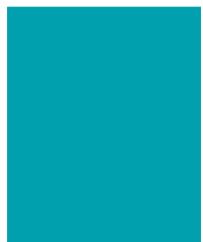


Florida Department of Health in St. Lucie
County

Strategic Plan 2016-2019



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Produced by

The Florida Department of Health in St. Lucie County

October 31, 2015

Dear St. Lucie County Residents:

St. Lucie County residents and visitors benefit from public health programs every day. We strive to make sure our air quality, drinking water and swimming water are safe. We continue to offer safety programs for our children. We educate the importance of immunizations to fight against disease. Our clinic offers services in pediatrics, family planning and dental. We continue our support in improving survival rates for newborns. We address the nation's epidemic in understanding how obesity will shorten the life expectancy of younger generations. And, while the incidence of HIV and AIDS, Tuberculosis and Sexually Transmitted Diseases remain high in our community, and too many residents are afflicted with preventable chronic diseases such as diabetes and hypertension, we continue to work with community and neighboring counties in combating these issues.

Public Health started in Florida Department of Health in St. Lucie County (DOH-St. Lucie) in 1947, with visiting nurses assisting the residents within the community. Our employees work together in the spirit of public service to prevent and resolve the significant health concerns that impact the community. They are also trained in preparedness assisting the community with setting up special needs shelters during storms and special strike teams to help during events within and with other counties.

There are many challenges facing DOH-St. Lucie, the state and the nation. These challenges include an aging population, emerging infectious and drug-resistant diseases and the threat of bioterrorism, to name a few. Given these challenges the reality is that DOH-St. Lucie cannot provide all the needed public health services to all people of the county alone. By collaborating effectively with partners in the community, we target the areas where we can play an effective role in improving public health and safety without duplicating the services of others.

The DOH-St. Lucie 2016-2018 Strategic Plan demonstrates our organization's mission, vision and priorities. We ensure our organization's resources will be utilized most effectively to meet the challenges we face as a community. We always welcome comments, feedback and suggestions from our stakeholders.

Sincerely,

Clint Sperber, Health Officer
Florida Department of Health
in St. Lucie County

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Mission, Vision and 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

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 St. Lucie County (DOH-St. Lucie) initiated a new strategic planning process in July 2015. The process involved numerous internal stakeholders including, Executive leadership, Strategy and Performance Improvement Leadership (SPIL), quality improvement teams and program owners, together creating a dedicated Strategic Planning Committee. External stakeholders were also engaged in the planning process through multiple channels that included: Children's Services Council of St. Lucie County, Healthy St. Lucie Coalition, Healthy Start/Kids Connected by Design, Roundtable of St. Lucie county, Safe Kids Coalition, St. Lucie County, Tobacco Free Partnership of St. Lucie County and United Way of St. Lucie County.

DOH-St. Lucie County 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-St. Lucie 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-St. Lucie 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 St. Lucie County public health. Our Strategic Plan is intended to position DOH-St. Lucie 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 aligning with the State Health Office's strategic plan identifying four critical priorities. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions, and issues examined by the DOH-St. Lucie leadership team. DOH-St. Lucie's strategic priorities are:

1. Healthy Moms and Babies
2. Long, Healthy Life
3. Readiness for Emerging Health Threats
4. Effective Agency Processes

These priorities have guided the 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 St. Lucie County serves a population of 291,028, projected to be 431,300 by 2030 (stluciero.gov demographic profile).

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets St. Lucie County apart is the percentage of 45-64 baby boom population. As we continue forward the population will increase in this area bringing challenges in medical care, providers, facilities and support for an aging population. Some of the socioeconomic challenges we face in DOH-St. Lucie are unemployment, families under the poverty level and English speaking less than very well within a household. We also have a higher rate for communicable diseases and reduced health resources available within our county.

Population by Age

St. Lucie County and Florida

Population Estimates as of July 2, 2014		St. Lucie County – 2014	State of Florida – 2014
Age Group	Total Number	Total Percentage	Total Percentage
< 5	15,032	5.17	5.45
5 - 14	34,640	11.90	11.38
15 - 24	33,225	11.42	12.51
25 - 44	64,875	22.29	24.90
Subtotal	147,772	50.78	54.24
45 - 64	77,612	26.67	26.70
65 - 74	35,705	12.27	10.47
> 74	29,939	49.22	45.76
Subtotal	143,256	100	100

Source: U.S. Census Bureau, Population Division

Socioeconomic Indicators			
St. Lucie County and Florida			
County			State
	2006-10	Quartile	2006-10
Percent of total population below poverty level	13.7	2	13.8
Percent of families below poverty level	10.1	2	9.9
Percent of population under 18 below poverty level	21.3	3	19.5
Percent of civilian labor force which is unemployed	11.9	4	8.9
Median Household Income	45,196.00	2	47,661.00
Percent of population > 25 without a high school diploma	16.6	3	14.7
Percent of population > 5 that speaks English less than very well	9.4	4	11.8
Median age	41.9	3	40.3

Data Source: US Bureau of the Census, American Community Survey

Communicable Diseases			
St. Lucie County			
Diseases	Data Year	Number of Cases (Annual Avg)	3-Yr Rate Per 100,000
Sexually transmitted Diseases (STD)			
Infectious Syphills Cases	2013	7	2.5
Gonorrhea Cases	2013	254	89.5
Total Conorrhea, Chlamydia & Infectious Syphills	2013	1227	433.2
Chlamydia	2013	967	341.2
Vaccine Preventable Disease			
Selected Vaccine Preventable Disease Rate for All Ages	2012	9	3.2
Acute hepatitis B Cases	2012	6	2.3
Measles	2012	0	0
Mumps	2012	0	0.1
Rubella	2012	0	0
Pertussis	2012	2	0.8
Tetanus	2012	0	0
AIDS and Other Diseases			
AIDS Cases	2013	81	28.7
Meningococcal Disease	2012	1	0.2
Hepatitis A Cases	2012	2	0.6
Tuberculosis Cases	2013	16	5.6
Data Source: Division of Disease Control, Florida Department of Health			

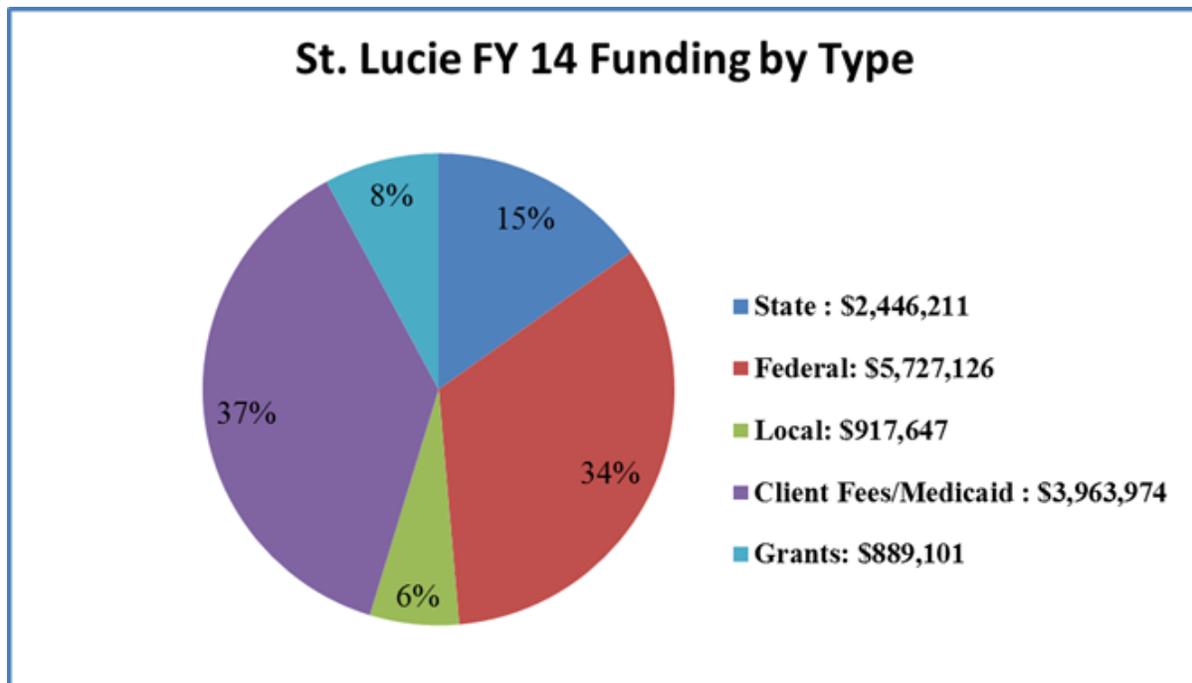
Health Resource Availability			
St. Lucie County			
Indicators	Date Year	County (Annual Avg)	Rate Per 100,000
Providers*			
Total Licenseds Dentists (Fiscal Year)	2013	101	35.4
Total Licensed Physicians (Fiscal Year)	2013	462	161.8
Total Licensed Family Practice Physicians (Fiscal Year)	2013	44	15.4
Total Licensed Internists (Fiscal Year)	2013	68	23.8
Total Licensed OB/GYN (Fiscal Year)	2013	10	3.5
Total Licensed Pediatricians (Fiscal Year)	2013	28	9.8
Facilities			
Total Hospital Beds	2013	764	267.6
Total Acute Care Beds	2013	588	206
Total Specialty Beds	2013	176	61.6
Total Nursing Home Beds	2013	1050	367.8
County Health Department			
County Public Health Department Full-Time Employees	2013	167.8	58.8
County Public Health Department Expenditures	2013	12,209,604.42	4,276,539.00
Data Source: Florida Department of health, Division of Medical Quality Assurance, Agency for Health Care Administration			
*Data for providers are for a fiscal year, not a calendar year			

Background and Overview

Budget and Revenue

Florida Department of Health in St. Lucie County financial resources are provided through multiple sources. These include fees, grants, and budget allocations from the county, state and federal governments. The FDOH-St. Lucie's greatest concern continues to be decreases in funding, especially with a projected 16% increase in county population by 2020. Since 2007, the FDOH-St. Lucie has been cut by 29% in state funding and 20% in county funding with no means to offset the reductions. Over the eight year period, the county's population increased 12% while our overall budget decreased 11%. The Florida Department of Health's Bureau of HIV/AIDS asked us to manage the \$2.7 million Ryan White Part B federal grant for Florida's Area 15 HIV/AIDS Partnership (Indian River, Martin, Okeechobee, and St. Lucie counties). This federal grant, representing 47% of FDOH-St. Lucie's total federal funding, was managed by a different organization and should not be viewed as an increase in federal funding,

**The Florida Department of Health in St. Lucie County
Revenue Percentage by Source
Fiscal Year 2013-2014**

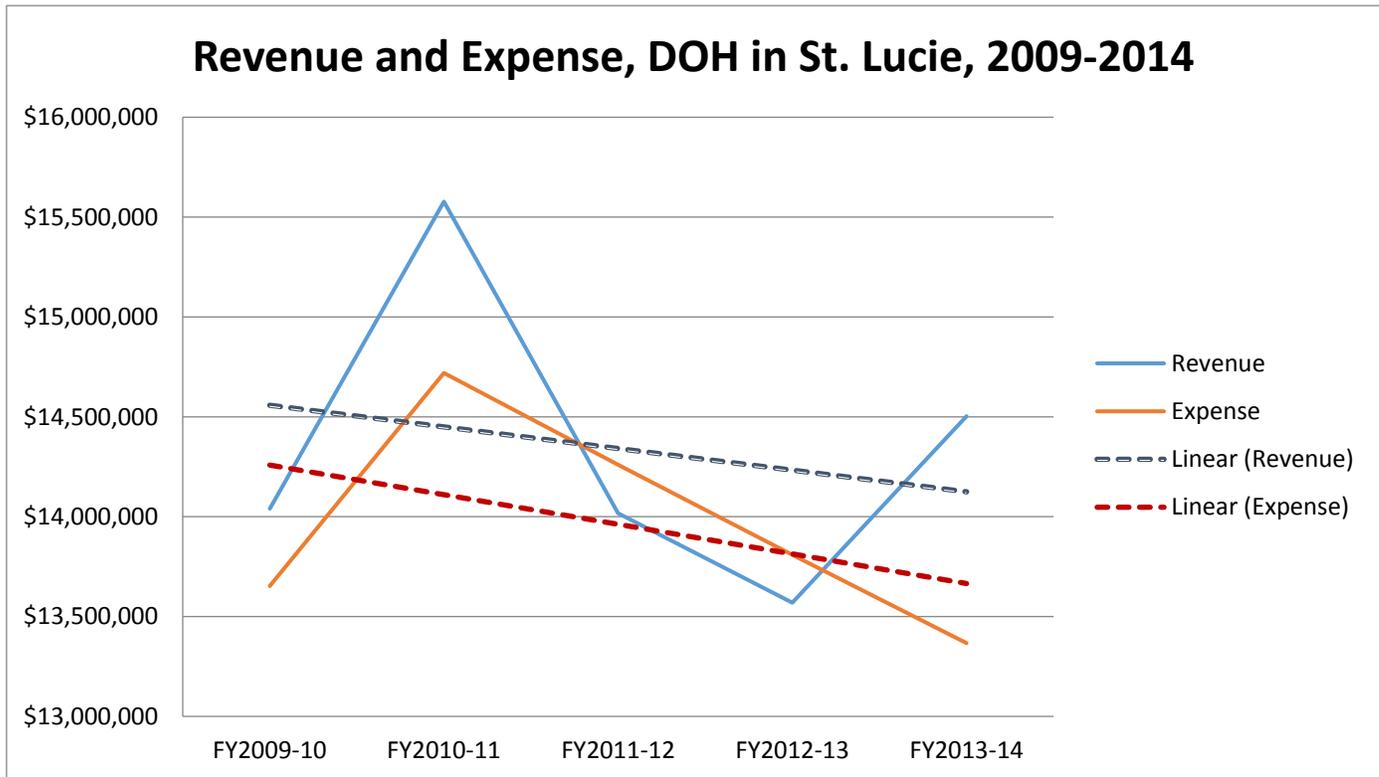


Source: Contract Management System (CONMAN)

Budget and Revenue

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid, state and federal cuts to the Florida Department of Health in St. Lucie County. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which levels out fluctuations in data and shows the pattern or trend more clearly.

The Florida Department of Health in St. Lucie 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 St. Lucie 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 that 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 detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control.

Public Health Preparedness

We collaborated 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. Serve as lead Emergency Support Function 8 Health and Medical (ESF8).

Community Health

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. The Healthy St. Lucie Coalition seeks to bring diverse organizations and individuals together to improve the well-being of St. Lucie County residents. Healthy St. Lucie promotes health where we live, learn, work, and play. The Safe Kids Coalition of St. Lucie County working to reduce the unintentional injury rate for children ages 0-19. The Tobacco Prevention Program works to educate, prevent and advocate for reduction of tobacco use in order to create a tobacco-free atmosphere throughout St. Lucie County.

WIC (Women, Infants & Children) is a nutrition program for women who are pregnant, breastfeeding or who have recently been pregnant, infants & children under age 5. WIC provides healthy foods, nutrition education and counseling, breastfeeding support, referrals to health care and community services.

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. BMI are tracking of physical development. We do case management of children with health conditions, communicable disease control and monitoring, training of school health staff on emergency medication administration and health education to prevent disease in our youngest citizens.

Collaborate with HANDS pediatric dental program in providing dental screenings, sealants and education to students.

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.

Clinic Family Planning Services

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

This includes: Annual Pap Exams, counseling of Family Planning methods, offer birth control for women to include: oral contraceptives, Depo-Provera injection, female condoms, sterilization, birth control for men to include: condoms and sterilization, examination and testing for sexually transmitted disease such as HIV, Syphilis, Gonorrhea, and Chlamydia.

We provide services for moms and babies through the mission of the Healthy Start program to improve birth outcomes by ensuring that all services needed to maintain a state of well-being are available and accessible to pregnant women, infants and children up to age three.

We also offer services for Pediatrics, immunizations and refugee programs. TEEN ZONE is a reproductive health clinic for males and females age 13-19. Our mission is to reduce teen pregnancy and STD transmission through education and reproductive health care services. We provide free pregnancy testing, health education, STD/HIV testing, STD treatment, contraceptives, and case management.

SWOT Analysis

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

Strengths (Internal)

- Regional Area leader for ESF8, HIV/AIDS and STD programs
- Leader for multiple counties (St. Lucie and Okeechobee in technology IT and Environmental Health
- Strong partnerships within the community and other county health departments

Opportunities (External)

- Interest in workplace wellness programs
- Educate public and policy makers about public health
- To educate residents on: improve health status and reduce disparities in chronic diseases, tobacco use, overweight/obesity, unintentional injury, prescription drug abuse, infant mortality and prematurity, unintended and teen pregnancy, breastfeeding, child abuse/neglect/adverse childhood events, oral health, depression and behavioral health, HIV, influenza, access to care, emerging health issues

Weaknesses (Internal)

- Limited workforce
- Limited workforce with core competencies
- Limited financial resources

Threats or Challenges (External)

- Workforce reduction
- Reduced service reimbursements
- No payer source for oral health care
- Funding cuts
- Aging population
- Health issues: obesity, diabetes, tobacco use, oral health, prescription drug abuse, lack of physical activity, physical education, adult substance abuse, teen pregnancy
- Increased need for behavioral health services

Strengths

- Florida Department of Health in St. Lucie has budget analysis expertise
- Three-quarters of our buildings are rent free
- Regionalization of services is cost effective
- Strategically providing regional IT services
- Legal services are provided to the Department by a “law firm”
- Low employee turn-over
- Strong community partnerships
- Regionalizing HR and Workforce Development
- Public Health Pediatric Dental Clinic with two board certified dental providers, a highly trained support staff, and six dental operatories.
- Additional space for expansion at the dental clinic in Fort Pierce
- Dental clinics are strategically located within easy access for patients to commute
- The overall levels of customer satisfaction are excellent.
- The dental providers and staff are capable of providing dental services, such as preventive procedures, exams, radiography, sealants, and extractions for clients without having to refer clients to other providers outside the Clinic.
- Dental Clinic Hours of operation are convenient to clients: Monday through Thursday from 8:00 AM to 5:00 PM and Fridays from 8:00 AM to 2:00 PM and staff has ability to schedule within short time frame
- New dental software at the Dental Clinic for scheduling appointments and billing
- Area wide network system of providers to service STD and HIV infected individuals through Surveillance, and Prevention and Patient Care services
- CareWare, Quest Bridge are key software programs for HIV
- Ryan White and HOPWA Case Management under Area 15 Lead agency increases continuity of care
- Use of evidence based programs for Community Health and Health Education services
- Some community health functions are mandated by statute
- Multiple funding streams provide resources to programs
- Regulatory processes are set by statute
- DOH sets guidelines for Epidemiology
- DOH sets guidelines for Emergency Preparedness
- Structural expectations in Emergency Preparedness
- Clinical and Family Planning services not offered in other counties
- Refugee clinical health services
- Sterilization process and other clinical services in Family Planning
- Family planning waiver is offered
- Family Planning Title X services offered Good community collaboration
- Healthy Start staff skilled in Disease Investigation Outreach, Health Education, Certified Lactation Consultancy, and Train the Trainer certification experience
- Healthy Start Staff is highly engaged with clients
- Healthy Start Staff home visits and newborn home visitation program
- Hug Me program – Mama Bear protocol
- Teen Choices- group education and outreach
- Training of school health nursing staff

- Community value services of school health nursing staff
- Experience TB nursing supervisor
- Two bilingual TB nurses, Spanish and Creole
- Free standing TB clinic
- Utilizing TB physician network
- TB services accommodating to clients
- TB Snapshot measures are on par
- Billing Medicaid for TB client services
- TB evaluation completion rates
- Breastfeeding rates for duration exceed the State's
- WIC Office hours are good for working families
- Strong WIC customer service focus
- WIC's locations in Fort Pierce and Port St. Lucie
- Professional and caring WIC staff
- Experienced WIC staff
- Quick WIC walk-in appointments for new-borne babies and pre-natal moms
- Experienced WIC breastfeeding staff and link close to La Leche League-shared support groups
- Register Dietician for medically High Risk
- HS licensed counseling for Gestational Diabetes Medical and other health issues
- CLC (Certified Lactation Counselor) in WIC Fort Pierce office
- WIC Supervisors provide direct services
- Electronic Benefits Transfer change and E-Record in WIC
- Breastfeeding Peer Counselor grant funding year expands to the next for WIC
- Reward and recognition program, managed by a team under the supervision of the Office of HR, recognizes employees through nominations made by other employees

Weaknesses

- No reward and recognition of employees coming from their immediate supervisors
- Limited leadership opportunities – advancement of employment opportunities
- Inequity of funding, federal and state
- Aging fleet of vehicles
- Medicaid reimbursement rates
- Lake Whitney Dental Clinic has very small working space in order to accommodate its 5,793 pediatric clients and for the growing pediatric dental clientele population of 22,000.
- Dental follow-up of clients and continuity of care
- Marketing of dental services
- Ability to schedule for dental support services, such as process of eligibility, entry of data into HMS and Dentrix
- Unclear direction about Medicaid reimbursement for dental services
- No long term contract for dental insurance plans
- Dental client No-Show Rate
- STD programs are underfunded
- Not enough resources for the prevention of communicable disease
- Funding is inconsistently available for community health programs
- Not enough administrative support available for community health programs

- Staffing shortage for emergency preparedness, i.e. Special Needs Shelter
- Turnover of senior and long term staff this year impacts public health preparedness and response understanding by staff
- Improve STD client engagement with prevention and clinical services
- Limited support staff for clients, clinics
- Healthcare Effectiveness Data and Information Set (HEDIS) measures are not up to par
- No medical Spanish speaking staff at the Milner clinic
- Improve the monitoring and evaluation of outcomes in Healthy Start
- Decreased attendance of moms in Healthy Start classes
- Decrease in outreach activities in Healthy Start
- Improve communication with Healthy Start partners and staff
- Limited reporting capabilities with Well Family System database in Healthy Start
- No increases in funding for School Health Nursing
- Health education opportunities for School Health Nursing
- Staffing shortages in School Health Nursing
- Limited staff in TB
- Non-compliant patients for treatment of TB
- Low latent TB infection completion rates
- Limited funding for TB services
- WIC staffing to cover Saturday hours of operation
- Low WIC staffing levels
- Wait times long for WIC clients
- WIC's FL-Wise scheduling software is not user-friendly
- Insufficient state funding for WIC
- Full allocation given in May for WIC hurts planning
- WIC's Breastfeeding Peer Counselor funding is low
- WIC formula contract and restrictions
- Limited outreach with WIC staff
- Limited International Board Certified Lactation Counselor work-time and funding

Opportunities

- FDOH in St. Lucie is the regional lead for administrative services in the four county area
- Marketing of programs and services
- Grant-writing for other sources of funding
- Automate redundant, daily IT processes (travel, EARS)
- Provide cultural competency training
- Make buildings more warm and inviting that they may look less like government buildings
- The need for pediatric dental services in the City of Port St. Lucie is growing with a total of 22,000 individuals, from ages 0 to 20, eligible for Medicaid.
- Very few dental providers serving the area take Medicaid clients
- The dental clinic at Lake Whitney could expand to 3 more dental operatories and one more provider, for a 50% expansion of the number clients being served at this moment in time.
- Serving other dental clientele, such as Ryan White clients
- Upgrade and clean-up appearance of outside of facility and grounds at the Avenue C site in Fort Pierce

- For expansion – rural clinic in Okeechobee and traveling physician or RN that serve 3 counties – stop gap program for unmet needs
- Expanding counseling and testing with the new Expanding Testing Initiative provider
- Community health educational services are in demand
- Worksite wellness is gaining support
- People are becoming more aware of need for healthy eating and physical activity
- People are unaware of our community health services
- We could adopt more evidence based practices for community health and health education programs
- Increase community education on what we do in public health
- Increase training for new employees on core competencies of public health services
- Once staff is trained there is opportunity to expand to more regulatory components
- Increase community engagement in public health services
- Need more community education on emergency preparedness, hand-washing, spread of disease, etc.
- Improve understanding of preparedness and response for staff through training and exercises
- Community education and engagement on preparedness, hand-washing, spread of disease, etc.
- Continue to build partnerships that support public health initiatives and activations
- Increasing family planning options: i.e., IUD
- Adoption of more evidence based strategies in Healthy Start
- Establishing a Fetal Infant Mortality Review (FIMR) program
- Recruit increased participation of other departments (STD, WIC, HIV, TOPWA) for Healthy Start
- Improved marketing and knowledge of Mother and Child Health issues in Healthy Start
- Improved communications on major issues (i.e. infant mortality) among coalition partners
- Medicaid billing – Early Learning Coalition
- Adopt more evidence based strategies in School Health
- Improve knowledge of the role of the school health nurse
- Healthy nutrition and physical activity education programs in School Health
- develop customer service surveys for schools, parents
- Early Learning Coalition education for families and staff
- Early Learning Coalition data – health survey responses
- Improving the communication system with physicians network (access to PRISM) for TB services
- Cross-training staff in TB services
- Increase the use of incentives enables TB services
- Develop a process with our Medical Director that will help in the review of complex TB cases
- State designated facilities for TB clients: Shands and Jackson Memorial
- IGRA vs. PPD in TB program: The TB Interferon-Gamma Release Assay (blood test) may be more effective and reliable than the skin test
- St. Lucie West Campus wants WIC presence in New Prenatal Day
- International Board Certified Lactation Counselor-potentially more WIC staff can be certified
- Hospital-WIC enrollment
- Certified Lactation Counselor and International Board Certified Lactation Counselor –possibility for WIC staff
- ACA reimbursement for non-WIC services
- Register Dietician counseling – school age overweight children (non-WIC clients)
- WIC could use contract services for administrative work

Threats

- Regionalization of services, such as Finance and Billing
- Unknown legislative priorities
- Not many dental providers in the area take clients who are eligible for Medicaid insurance.
- Children go to school with tooth pain as reported by the School Health Nurses.
- Children who go to school with tooth pain in are not able to do well in school, and this affects their education and their future.
- Children's health can quickly deteriorate because of lack of dental services, sending them to use the Emergency Departments at our area hospital for illnesses that can be prevented with dental care.
- Future of dental clinics is uncertain
- Annual changes in HMO contracts and reimbursement rate from dental insurance companies
- Decreases in STD testing leads to less funding in STD, which leads to less employees
- STD Rural clinic behind in schedule are losing patients as result of late start
- Funding decreases in community health education and other public health services
- Changing priorities from state government and insurance industry
- Community poverty and racial disparities
- Environmental Health employees leave for higher paying jobs once they are trained
- With limited staff it would be difficult to respond to large disaster or emergency events
- Decreased staffing, clients in clinics
- Decreased funding for clinics
- Changes in medical insurance requirements
- Refugee health funding
- Decreased funding in Healthy Start
- Staffing shortage in Healthy Start
- Racial disparity in infant mortality
- Loss of a major community partner in Healthy Start
- Funding for school health and Early Learning Coalition
- School Health Staffing to school ratios are decreasing
- High poverty levels in community
- TB Clients with limited transportation result in limited access to healthcare
- Number of complex TB patients with multiple health issues
- Potential for TB multi-drug resistance strains creates longer treatment and cost more money
- Large TB contact investigation, especially at congregate settings
- Limited resource for TB clients with socioeconomic issues
- Loss of funds when funding is based on the number of TB cases or TB case load
- Our clients go to another county for WIC services due to wait time
- WIC allocation is limited every October 1st so growth is restricted
- WIC's location at Lake Whitney is a concern – when the 10 year lease is up
- Tradition Hospital overwhelmed and concerns with breastfeeding support – initiation of breastfeeding has decreased since 2014 against more than a 20 year upward trend

*See Appendix B for a description of the SWOT process

Strategy Map

Strategic Issue 1: Healthy Moms and Babies

Goal:

Provide resources and educational programs for families.

Strategies:

1. Promote the benefits of breastfeeding
2. Protect child with safety education
3. Prevent teen pregnancy
4. Increase new born survival rates

Strategic Issue 2: Long, Healthy Life

Goal:

Provide high quality community needs-driven programs, services, and credible health information

Strategies:

1. Ensure the provision of quality health services through performance management and customer satisfaction
2. Identify, respond to, and monitor community health issues through collaborative partnerships
3. Promote healthy lifestyles and reduce chronic disease risk

Strategic Issue 3: Readiness for Emerging Health Threats

Goal:

Improve the community's health through integrated, evidence-based prevention, protection and promotion initiatives

Strategies:

1. Protect the community from preventable diseases
2. Prevent the spread of communicable diseases
3. Minimize impact on the community from public health hazards

Strategic Issue 4: Effective Agency Processes

Goal:

Achieve operational efficiencies through sound financial and business practices within regulatory constraints in order to remain sustainable

Strategies:

1. Maximize revenue and maintain budgetary control procedures
2. Workforce development – employee satisfaction and leadership opportunities
3. Obtain National Public Health Accreditation status

Strategies and Indicators

Strategic Issue Area: **Healthy Moms and Babies**

Goal 1: Improve the health of moms and babies

Strategies	Indicators
<p>1.1 Increase number of WIC infants who are ever breastfed.</p> <p>WIC local agency efforts (working with prenatal and breastfeeding women and their infants) and CHD initiatives (working with Healthy Start, prenatal care providers and local hospitals in the community to promote and support breastfeeding) impact this measure.</p>	<p>1.1.1 By December 31, 2018 increase percentage of WIC infants who are ever breastfed from 74.70% to 77.50%.</p> <p>Source: CHD Snapshot, FL-WiSE; CONTACT:Nancy Spyker 850-245-4202</p> <p>Note: Clients are counted in the county in which they participate in WIC (are certified for WIC and pick up their WIC checks).</p>
<p>1.2 Reduce racial disparity in infant mortality</p> <p>Infant mortality and the infant mortality rate reflect the health and well-being of the population's women of reproductive age and their infants as well as the quality of the health care available. Infant mortality information is used by local governments and organizations to identify areas in need and designate available resources.</p>	<p>1.2.1 By December 31, 2018 reduce the three-year rolling average of black infant mortality rate from 12.0 (2012- 2014) to 10.8 per 1,000 live births, or a 10% reduction.</p> <p>Source: www.floridacharts.org and Florida Department of Health, Bureau of Vital Statistics.</p>
<p>1.3 Reduce births to mothers with no prenatal care</p>	<p>1.3.1 By December 31, 2018 reduce the rate of births to mothers with no prenatal care from 3.0 per 1000 births in 2014 to the State rate of 1.4 per 1000 births</p>
<p>1.4 Prevent repeat teen pregnancy in blacks</p> <p>Teen pregnancies are inherently high risk, and the prevention of a teen birth is critically important for the well-being of the teen and her future successes. The prevention of initial or repeat births to teens is a Family Planning program objective,</p>	<p>1.4.1 By December 31, 2018 reduce the rate of repeat teenage pregnancy in blacks from 22.1 to 18.4 births per 1000.</p> <p>1.4.2 By December 31, 2018 exceed greater than 80% the percentage of teen CHD family planning clients who adopt an effective or higher method of birth control. The rate for CY 2014 is 94.3%.</p> <p>Source: HMS, FPAR, CHD Snapshot</p>

and aligns with the 2014 Title X Program priorities and key issues.	CONTACT: Sharmila Maragh 850-245-2980
1.5 Reduce Low Birth Weight	1.5.1 By December 31, 2018 reduce Low Birth Weight from 8.0% to 7.8%
1.6 Documenting race for all subgroups in the population Documenting race is important for surveillance and monitoring of program goals to serve all subgroups in the population and to address racial and ethnic disparities. This measure reflects whether CHD personnel (clerical and clinical) are providing the necessary health education to clients to dispel barriers that may prevent clients from reporting their race and ethnicity.	1.6.1 By December 31, 2018 increase the percent of CHD family planning clients served who have documentation of race in their records from 81% in 2014 to 95%. Source: HMS, FPAR, CHD Snapshot

Strategic Issue Area: Long, Healthy Life

Goal 2: Increase Life Expectancy

Strategies	Indicators
2.1 Prevent chronic diseases through community partnerships Tobacco, obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis.	2.1.1 By June 30, 2016 Health St. Lucie Coalition will have 100% completion of formulation of goals and objectives for the Community Health Improvement Plan. 2.1.2 By June 30, 2018 create a marketing plan that outlines DOH in St. Lucie services to enhance workplace wellness program for small businesses Source: St. Lucie CHIP and Healthy St. Lucie
2.2 Implement the Florida Healthiest Weight Initiative in adults This is an initiative that the Florida Surgeon General has called a priority for DOH.	2.2.1. By December 31, 2018, increase the percentage of adults in St. Lucie County who are at a healthy weight from 32% (2013) to 33%. Source: www.floridacharts.org
2.3 Reduce HIV prevalence by implementing the HIV comprehensive plan These measures allow the DOH-St. Lucie to monitor the effectiveness of the HIV/AIDS program.	2.3.1 By October 31, 2016 100% implementation of the state and Area 15 HIV Partnership integrated strategic plan for prevention and patient care of People Living with HIV. 2.3.2 By December 31, 2018 reduce the incidence of new HIV positive cases by 3%.

	<p>2.3.3 By December 31, 2018 increase of ADAP clients that picked up ADAP medications for each month of the year from 90% to 92%. Medication adherence reduces emergency room visits, viral transmission, reduces the building of resistance. <i>CHD Snapshot</i></p> <p>2.3.4 By December 31, 2018 increase the percentage of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis from 74% to 85%. FloridaCharts.org</p> <p>2.3.5 By December 31, 2018 decrease the HIV resident death rate per 100,000 from 5.3 to 1.8. FloridaCharts.org</p> <p>2.3.6 By December 31, 2018 decrease the HIV infection diagnosis case rate per 100,000 from 20.5 to 13.6. FloridaCharts.org</p> <p>2.3.7 By December 31, 2018 increase percentage of HIV (new and old) cases dispositioned within 14 days of Field record creation date from 85% to 90%, (DOH target is 90%). FloridaCharts.org</p>
2.4 Effective TB case management	<p>2.4.1 Assure the percentage of TB cases with a documented HIV test result is 100%.</p> <p>2.4.2 By December 31, 2016, 100% of sputum-smear positive TB patients are initiating treatment within 7 days of specimen collection</p>

Strategic Issue Area: Readiness for Emerging Health Threats

Goal 3: Demonstrate readiness for emerging health threats

Strategies	Indicators
3.1 Fully Vaccinate 2 year old children	<p>3.1.1 By December 31, 2018 achieve percentage of 2 year-old CHD clients fully immunized is 95% or greater.</p> <p>3.1.2 By December 31, 2018 increase the assessment level of CHD Immunization Coverage (Calendar Year) from 95% to greater than 95%.</p>
3.2 Prevent the spread of communicable diseases	<p>3.2.1 By December 31, 2018 increase percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis from 92% to 95%.</p> <p>3.2.2 By December 31, 2018 Percent of infectious syphilis cases treated within 14 days of specimen collection date from 50% to 60%, DOH target is 90%.</p>
3.3 Increase the Composite Annual	3.3.1 By December 31, 2018 the Composite Annual

Preparedness Score	Preparedness Score will increase from 4.86 to 5.0.
3.4 Assure the effectiveness of Environmental Health Programs	3.4.1 Evaluation results of program review to Onsite Sewage, Community Programs, Water Programs, and Environmental Health Leadership will exceed the required programmatic standards of 75%
3.5 Increase employees' core competencies for emergency preparedness and response to emerging health threats	3.5.1 By June 30, 2016, achieve 100% mandatory training for all employees.

Strategic Issue Area: Effective Agency Processes

Goal 4: 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.

Strategies	Indicators
4.1 Increase the percentage of employees with complete Individual Development Plan	4.1.1 By December 31, 2018, 50% of DOH in St. Lucie employees will have participated in one or more professional development opportunities.
4.2 Increase employee satisfaction	4.2.1 By December 31, 2018, increase Score from a mean of 3.85 to above 4 on employee survey for overall employment satisfaction 2016. 4.2.2 By December 31, 2018, increase Score from a mean of 3.3 to above 4 on employee survey 2016 satisfaction on leadership opportunities
4.3 Reduce the rate of worker's compensation incidents per 100 employees	4.3.1 By December 31, 2018 reduce the rate of worker's compensation incidents per 100 employees from 13.3% to 8.8%.
4.4 Streamline and improve the Budget Allocation Process	4.4.1 By June 30, 2016, 100% of revised Budget Allocation Process will be implemented through the process playbook. 4.4.2 By June 30, 2016, management of schedule C OCA cash balances: Federal funds-zero balance 60 days after grant period ends will meet the state target of 100%. 4.4.3 By June 30, 2016, management of Schedule C OCA cash balances: State General Revenue and Trust funds – no negative cash balance will meet state's target of 100%
4.5 Assure Employee Activity Records completed accurately and timely	4.5.1 By June 30, 2016, supervisors and employees certify accuracy of time recorded on Employee Activity Records within 7 calendar days of end of pay period meeting the state's target of greater than 90% for all programs and services.
4.6 Document customer satisfaction	4.6.1 By December 31, 2018 increase the percent of

complaints	documented customer complaints acknowledged by the end of next business day from 92% in 2014 to 100%. 4.6.2 By December 31, 2016 100% of all programs and services will have completed customer satisfaction surveys with a satisfactory or better rating.
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Appendix A

County Strategic Planning Committee Members as of August 31, 2015

Executive Leadership

Clint Sperber, Administrator
Ruth Kim, Medical Director
Angela Roberson, Nursing Director
Kimberly Kossler, Director of Communicable Diseases
Traci Fox, Chief Financial Officer
Edgar Morales, Planner
Betty Kruska, Executive Assistant
Arlease Hall, Director of Communications

Strategic Planning Team

Carol Pilzer, Operations Management Consultant
Donna Harris, Program Manager Health Education
David Koerner, Director of Environmental Health
Sonya Gabriel, Director of Healthy Start
Karen Heizler, Director of School Health
Mally Chruski, Director of WIC
Donna Harris, Program Manager: Health Education
Rhonda Cerulli, Program Manager: Safe Kids
Danielle Chabot, Program Manager: Tobacco
Joan Rivera, Program Manager: Epidemiology and Preparedness

Appendix B

Planning Summary

Florida Department of Health in St. Lucie County's Strategy and Performance Improvement Leadership (SPIL) Team, made up of executive leadership, quality improvement liaison team, and program managers, oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
August 5, 2015	Establish timeline for strategic plan development
August 14, 2015	SWOT Analysis
August 31, 2015	Develop strategic issue areas and goals for Agency Strategic Plan
Sept.12, 2015	Discuss and modify draft Agency Strategic Plan
Sept.13, 2015	Discuss and modify draft Agency Strategic Plan
Sept. 30, 2015	Review final draft of Agency Strategic Plan goals and objectives

In preparation for the SWOT analysis, the health educator, planner and staff development and training person 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 St. Lucie 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 a two-day face-to-face meeting, members arrived at the final strategic issue areas: health protection and promotion, financial and business excellence, service to customers and community, and workforce development. 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 Strategic Plan Tracking Reports, 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 June, 2016, based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.



Appendix C

Stakeholder Engagement

The Florida Department of Health in St. Lucie County has been working diligently to maintain transparency throughout the Strategic planning process. Several key personnel have engaged community stakeholders through numerous channels. Some key activities include discussions and/or surveys with engaged members of Healthy in St. Lucie Meetings, St. Lucie Roundtable Meetings, School Health, Healthy Start, WIC, Emergency Preparedness County, Regional, Region Area STD, TB and HIV, as well as with St. Lucie Commissioners.

Topics covered: Issue 1 Moms and Babies- Teen Pregnancy, Infant Mortality, Tobacco cessation, obesity, Issue 2 Long, Healthy Life- Infant Mortality, Tobacco, Obesity, Dropout prevention, academic success, Youth Substance Abuse Prevention, delinquency prevention, violence prevention. Priority risk factors that have been set for the Roundtable through the Communities that Care Operating System are: Community Laws and Norms Favorable to Problem Behaviors. Additional topics engaged with community partners: Community Disorganization, Poor Family Management, Family Conflict, and Early Initiation of the Problem Behavior.

Appendix D

Plan of Work

Strategic Issue Area: Healthy Mom and Babies

Goal 1: Improve the health of moms and babies

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
1.1.1 Increase percentage of WIC infants who are ever breastfed	74.70%	77.50 %.	Yes	--	ASP goal 2.1	December 31, 2018	WIC Program
1.2.1 Reduce racial disparity in infant mortality by reducing the three-year rolling average of black infant mortality rate	12.0 per 1000 live births (2012-2014)	10.8 per 1,000 live births, or a 10% reduction	--	--	ASP goal 1.1	December 31, 2018	Healthy Start Program
1.3.1 Reduce births to mothers with no prenatal care	3.0 per 1000 births in 2014	State rate of 1.4 per 1000 births	--	--	ASP goal 1.1	December 31, 2018	Healthy Start Program
1.4.1 Reduce the rate of repeat teenage pregnancy in blacks	22.1 births per 1000	18.4 births per 1000.	--	--	ASP goal 1.1	12/31/2018	Teen Zone and Healthy Start programs
1.4.2 Increase the percent of teen CHD family planning clients who adopt an effective or higher method of birth control	94.3% in 2014.	96%	--	--	ASP goal 1.1	December 31, 2018	Healthy Start Program

1.5.1 reduce Low Birth Weight	8.0% in 2014	7.8%	--	--	ASP goal 1.1	December 31, 2018	Healthy Start Program
1.6.1 Increase the percent of CHD family planning clients served who have documentation of race in their records	81% in 2014	95%	--	--	ASP goal 1.1	December 31, 2018	Family Planning Program

Source of data for baseline measures: Florida Community Health Assessment Resource Tool Set (CHARTS), Florida Department of Health

Strategic Issue Area: Long, Healthy Life

Goal 2: Increase Life Expectancy

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
2.1.1 Healthy St. Lucie Coalition will have the completion of formulation of goals and objectives for the Community Health Improvement Plan.	0%	100%	Yes	QI Healthiest Weight Project- -	ASP goal 2.1	06/30/16	Health Education Team
2.1.2 Create a marketing plan that outlines DOH in St. Lucie, services to enhance workplace wellness program for small businesses	0%	100%	--	--	ASP goal 2.1	06/30/18	Health Education

2.2.1 Implement the Florida Healthiest Weight Initiative in adults and increase the percentage of adults in St. Lucie County who are at a healthy weight	32% (2013)	33%.	--	--	ASP goal 2.1	12/31/2018	Health Education
2.3.1 Implementation of the state and Area 15 HIV Partnership integrated strategic plan for prevention and patient care of People Living with HIV.	0%	100	--	--	ASP goal 2.1	October 31, 2016	Communicable Disease
2.3.2 Reduce the incidence rate per 100,000 of new HIV positive cases	24.3	24	--	--	ASP 2.1	December 31, 2018	Communicable Disease
2.3.3 Increase percentage of ADAP clients that picked up ADAP medications for each month of the year	90%	92%	--	--	ASP 2.1	December 31, 2018	Communicable Disease

2.3.3 Increase the percentage of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis	74%	85%.	--	--	ASP 2.1	December 31, 2018	Communicable Disease
2.3.3 Decrease the HIV resident death rate per 100,000	5.3	1.8	--	--	ASP 2.1	December 31, 2018	Communicable Disease
2.3.4 Decrease the HIV infection diagnosis case rate per 100,000	20.5	13.6	--	--	ASP 2.1	December 31, 2018	Communicable Disease
2.3.5 Increase percentage of HIV (new and old) cases dispositioned within 14 days of Field record creation date	85%	90%,	--	--	ASP 2.1	December 31, 2018	Communicable Disease
2.4.1 Assure the percentage of TB cases with a documented HIV test result is 100%.	100%	100%	--	--	ASP 2.1	December 31, 2016	Communicable Disease

2.4.2, Sputum-smear positive TB patients are initiating treatment within 7 days of specimen collection	100%	100%	--	--	ASP 2.1	December 31, 2016	Communicable Disease
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Strategic Issue Area: Readiness for Emerging Health Threats

Goal 3: Demonstrate readiness for emerging health threats

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
3.1.1 Increase percentage of 2 year-old CHD clients fully immunized from	95%	97%	--	--	ASP goal 3.1	12/31/18	Immunization Program
3.1.2 Increase the assessment level of CHD Immunization Coverage	95%	>95%.	--	--	ASP goal 3.1	December 31, 2018	Immunization Program
3.2.1 Increase percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis	92%	95%.	--	--	ASP goal 3.1	December 31, 2018	Communicable Disease
3.2.2 Percent of infectious syphilis cases treated within 14 days of specimen collection date	50%	90%	--	--	ASP goal 3.1	12/31/2018	Communicable Disease

3.3.1 the Composite Annual Preparedness Score will increase	4.86	5.0	--	--	ASP Goal 3.1	December 31, 2018	Emergency Preparedness Program
3.4.1 Evaluation results of program review to Onsite Sewage, Community Programs, Water Programs, and Environmental Health Leadership will exceed the required programmatic standards of the State	100%	75%	--	--	ASP Goal 3.1	December 31, 2018	Environmental Health Program
3.5.1 Achieve 100% mandatory training for all employees.	100%	100%	--	--	ASP Goal 3.1	June 30, 2016	HR and Workforce Development

Strategic Issue Area: Effective Agency Processes

Goal 4: Effective Agency Processes

Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
4.1.1 DOH in St. Lucie employees will have participated in one or more professional development opportunities.	30%	50%	--	QI Project	ASP goal 4.2.b	06/30/17	HR and Training Team
4.2.1 Increase employee recognition. Score 4 on employee survey satisfaction 2016	Score below 4	Score of 4 on Employee Satisfaction survey	--	QI Project	ASP goal 4.2.a	06/30/16	HR and Training Team
4.2.2 Increase opportunities for leadership. Score of above 4 on employee survey satisfaction on leadership opportunities	Score below 4	Score of 4 on Employee Satisfaction survey	--	QI Project-	ASP goal 4.2.b	06/30/17	HR and Training Team
4.3.1 Reduce the rate of worker's compensation incidents per 100 employees	13.3%	8.8%	--	--	ASP Goal 4.1	December 31, 2018	HR
4.4.1 Completed Playbook and Budget Allocation process in place	0%	100%	--	QI Project	ASP goal 4.1	06/30/16	Finance Team

4.4.2 Management of schedule C OCA cash balances: Federal funds-zero balance 60 days after grant period ends will meet the state target of.	100%	100%	--	--	ASP Goal 4.1	June 30, 2016	Finance
4.4.3 Management of Schedule C OCA cash balances: State General Revenue and Trust funds – no negative cash balance will meet state’s target of 100%	100%	100%	--	--	ASP Goal 4.1	June 30, 2016	Finance
4.5.1 Supervisors and employees certify accuracy of time recorded on Employee Activity Records within 7 calendar days of end of pay period meeting the state’s target	99%	> 90%.	--	--	ASP Goal 4.1	June 30, 2016	Administration
4.6.1 By increase the percent of documented customer complaints acknowledged by the end of next business day.	92%	100%	--	--	ASP Goal 4.1	December 31, 2018	HR

4.6.2 Completion of customer satisfaction surveys with a satisfactory or better.	92%	100	--	--	ASP Goal 4.1	Decembe r 31, 2016	HR
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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.

