Florida Department of Health in Madison County

Strategic Plan 2015-2018

Florida Department of Health in Madison County

218 Southwest Third Avenue

Madison, Florida 32340

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Produced by

The Florida Department of Health in Madison County

Strategic Planning Committee

September 18, 2015

Dear Madison County Residents, Community Partners and Stakeholders:

It is with great pleasure that I introduce the Florida Department of Health in Madison County's 2015-2018 Strategic Plan. The plan establishes our long-range priorities and serves as a road map to demonstrate our commitment to continuously improving the way we provide public health programs and services.

This strategic plan was developed through a process that engaged all staff in identifying our goals and objectives over the next three years. We also involved our community partners and stakeholders by hosting a community forum on September 9, 2015, to receive community input. This document is part of a comprehensive effort to advance quality and performance within our county health department. We are committed to improving community health, creating a culture of quality improvement and improving workforce competency.

In today's ever-changing landscape, new opportunities and emerging threats, it is important to recognize the need to maintain flexibility throughout our efforts and adapt to change. We welcome your suggestions on how we can improve both this plan and the way we fulfill our mission to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. Together we will make a difference!

Sincerely,

Kimberly Allbritton
Acting Health Officer

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Mission, Vision and Values

Mission – Why do we exist?

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

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

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

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

Executive Summary

The Florida Department of Health in Madison County (DOH-Madison) initiated a new strategic planning process in July 2015. The process involved numerous internal stakeholders including senior leadership, program managers, front-line staff, and a dedicated Strategic Planning Committee *(see appendix A).* DOH-Madison County shares a leadership structure with DOH-Jefferson County and strives to maintain the uniqueness of each county while maximizing the resources available.

DOH-Madison approached the strategic planning process with a number of issues in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services. During strategic plan development meetings held on August 26 and September 16, numerous programmatic and administrative data reports were reviewed and utilized in developing and prioritizing the strategic issues, goals and objectives. Input from the Community Open Forum (September 9) was also incorporated into the review and considered in the development of this plan.

On September 9, 2015, DOH-Madison hosted a community open forum to receive comments and recommendations from the stakeholders, partners and residents on the goals, objectives and strategies of the plan. The forum was advertised in the paper of local distribution and email invitations were sent to community partners *(more than 100 invited).*

Following the identification of the strategic priorities, development of the goals and objectives with strategies, and input from the community, non-supervisory staff from all levels of the organization were asked to review the work and to provide feedback on the content. After the review, the non-supervisory staff developed the initial action plans and presented to all staff at a General Staff Meeting held on September 17.

During this planning process, DOH-Madison sought to articulate a plan that detailed the goals of the organization as well as describe the steps to achieve the goals and present indicators for success. The DOH-Madison 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 Madison County public health. The Strategic Plan is intended to position DOH-Madison 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.

Background and Overview

Public health touches every aspect of our daily lives. By definition, public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

As public health professionals, we strive to prevent problems from happening or recurring through implementing educational programs, recommending policies, administering services and conducting research. Public health also works to limit health disparities. A large part of public health is promoting healthcare equity, quality and accessibility.

Public health is concerned with protecting the health of entire populations. These populations can be as small as a local neighborhood, or as big as the entire county.

Demographics

The Florida Department of Health in Madison County is a small rural health department that serves a population of 19,514.

Population by Age
Madison County and Florida

	County – 2014	State – 2014
Age Group	Total Number - Madison	Total Number
<1	187	217,026
1-4	983	886,618
5-9	1,180	1,132,972
10-14	1,086	1,146,040
15-19	1,196	1,192,611
Subtotal	4,632	4,575,267
20-24	1,297	1,312,024
25-34	2,534	2,448,462
35-44	2,284	2,345,727
45-54	2,680	2,699,859
55-64	2,705	2,574,936
Subtotal	11,500	11,381,008
65-74	1,957	1,951,625
75-84	1,013	1,142,703
85+	412	497,428
Subtotal	3,382	3,591,756
Total	**19,514**	**19,548,031**

Source: Florida CHARTS - Accessed: August 22, 2015

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Some key characteristics that set Madison County apart are:

- High percentage of individuals below poverty – Overall
  - Madison has a rate of 22.5, which ranks 17th highest in the State
- High percentage of individuals below poverty – Under the age of 18
  - Madison has a rate of 38.6, which ranks 8th highest in the State

Percentage of individuals below poverty level, Single Year Rates		
	Madison	Florida
Year	Rate	Rate
2013	22.5	16.3
2012	21.6	15.6
2011	20.4	14.7
2010	21.0	13.8
2009	22.4	13.2
2000	23.1	12.5
1990	25.9	12.7

Percentage of individuals under 18 below poverty level, Single Year Rates		
	Madison	Florida
Year	Rate (%)	Rate (%)
2013	38.6	23.6
2012	35.7	22.5
2011	36.8	20.9
2010	39.5	19.5
2009	39.9	18.3
2000	30.2	17.2
1990	36.3	18.7

In addition to the data on poverty, additional data was gathered regarding tobacco use among adults by education level and age. Data related to age indicates a rise in the percent of adults with less than a high school education. This rise also appears in data regarding tobacco use among adults between the age of 18 and 44.

Adults who are current smokers, By Education Level						
	Madison			Florida		
Year	Less Than High School	High School/GED	More Than High School	Less Than High School	High School/GED	More Than High School
2002	20.7% (13.3 - 30.8)	20.6% (14.8 - 28.0)	21.2% (14.3 - 30.2)	31.2% (27.2 - 35.6)	27.2% (25.2 - 29.4)	17.9% (16.7 - 19.1)
2007	25.0% (15.5 - 37.6)	27.7% (20.6 - 36.1)	17.8% (12.5 - 24.7)	28.6% (25.2 - 32.2)	25.0% (22.9 - 27.1)	15.3% (14.2 - 16.4)
2010	26.0% (7.8 - 44.2)	29.1% (18.7 - 39.4)	14.7% (8.3 - 21.1)	28.3% (24.4 - 32.3)	24.3% (22.2 - 26.4)	12.9% (11.8 - 14.0)
2013	30.3% (10.5 - 50.1)	24.1% (11.7 - 36.5)	10.5% (4.9 - 16.1)	24.8% (21.4 - 28.3)	19.8% (18.1 - 21.5)	13.1% (12.2 - 14.1)

Adults who are current smokers, By Age Group						
	Madison			Florida		
Year	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2002	25.3% (18.1 - 34.1)	23.2% (16.9 - 31.0)	9.2% (5.6 - 14.8)	26.9% (25.1 - 28.7)	24.1% (22.2 - 26.1)	10.3% (9.1 - 11.6)
2007	26.3% (19.2 - 35.0)	21.2% (16.0 - 27.6)	16.6% (11.2 - 23.8)	22.1% (20.4 - 24.0)	22.0% (20.6 - 23.4)	9.7% (8.7 - 10.8)
2010	24.9% (14.6 - 35.2)	23.6% (16.6 - 30.5)	12.5% (6.4 - 18.6)	20.5% (18.4 - 22.5)	19.2% (17.7 - 20.7)	8.4% (7.5 - 9.3)
2013	29.4% (15.4 - 43.4)	17.9% (10.5 - 25.3)	4.7% (1.5 - 7.8)	19.2% (17.5 - 20.8)	19.8% (18.4 - 21.3)	8.7% (7.4 - 9.9)

Overweight and obesity has been identified by both the DOH-Madison and the Community Health Improvement Plan as a health priority. While the data for adults in nearly all income brackets shows a slight decline, Madison County has seen an increase in the percent of adults 65 and over from 64.2% in 2010 to 73.7% in 2013.

Adults who are overweight or obese, By Annual Income						
	Madison			Florida		
Year	<$25,000	$25,000 - $49,999	$50,000 or More	<$25,000	$25,000 - $49,999	$50,000 or More
2002	75.9% (68.8 - 81.9)	69.6% (59.0 - 78.5)	67.2% (55.2 - 77.2)	58.0% (54.9 - 61.0)	58.3% (55.9 - 60.7)	60.1% (57.9 - 62.1)
2007	69.4% (59.7 - 77.7)	77.9% (69.2 - 84.8)	67.6% (57.6 - 76.1)	61.4% (58.7 - 64.0)	64.7% (62.5 - 66.9)	63.0% (61.1 - 64.8)
2010	66.0% (55.2 - 76.8)	82.2% (72.6 - 91.9)	78.0% (68.0 - 88.0)	66.2% (63.7 - 68.7)	66.9% (64.3 - 69.4)	64.8% (62.9 - 66.8)
2013	56.7% (41.2 - 72.3)	74.7% (63.1 - 86.3)	78.2% (68.0 - 88.4)	64.7% (62.4 - 66.9)	64.8% (62.4 - 67.2)	62.4% (60.5 - 64.4)

Adults who are overweight or obese, By Age Group						
	Madison			Florida		
Year	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2002	66.8% (58.2 - 74.4)	73.6% (66.2 - 79.9)	77.9% (70.0 - 84.1)	52.2% (50.0 - 54.4)	66.7% (64.7 - 68.6)	59.6% (57.3 - 61.7)
2007	63.1% (53.8 - 71.6)	76.2% (69.5 - 81.9)	69.7% (60.2 - 77.9)	59.4% (57.2 - 61.6)	66.5% (64.8 - 68.2)	61.2% (59.5 - 62.9)
2010	62.6% (49.8 - 75.4)	78.6% (71.9 - 85.4)	64.2% (45.3 - 83.1)	60.7% (58.2 - 63.2)	69.8% (68.0 - 71.7)	63.7% (62.2 - 65.3)
2013	59.8% (43.6 - 76.0)	76.8% (69.5 - 84.1)	73.7% (66.3 - 81.0)	55.7% (53.5 - 57.9)	69.7% (68.0 - 71.5)	65.4% (63.7 - 67.1)

Several factors can contribute to adults being overweight or obese, such as, low consumption of fruits and vegetables and being inactive. Data for the consumption of fruits and vegetables indicates a decrease in adults with an income of less than $25,000 per year. It should be noted that data was only available for the years of 2002, 2007, and 2013.

Data for inactivity at work for was available for the years of 2002 and 2007. This data, though only for two data cycles, shows an increase in adults who report they are inactive at work for individuals making less than $25,000, $25,000 to $49,999, and $50,000 or more. Inactivity data grouped by age indicates individuals 18 to 44 as being the most inactive at work (46.2% in 2002 and 53.9% in 2007).

Adults who consumed five or more servings of fruits or vegetables per day, By Annual Income						
	Madison			Florida		
Year	<$25,000	$25,000 - $49,999	$50,000 or More	<$25,000	$25,000 - $49,999	$50,000 or More
2002	21.5% (15.6 - 28.8)	15.5% (10.3 - 22.6)	29.1% (17.6 - 44.1)	22.7% (20.0 - 25.7)	26.0% (24.1 - 28.0)	25.6% (23.8 - 27.4)
2007	20.2% (14.4 - 27.6)	15.1% (10.1 - 22.0)	31.3% (22.2 - 42.0)	24.8% (22.7 - 27.1)	25.6% (23.6 - 27.6)	27.3% (25.6 - 29.0)
2013	10.8% (3.2 - 18.5)	20.7% (9.4 - 32.1)	20.2% (6.7 - 33.7)	17.7% (15.6 - 19.8)	19.0% (16.8 - 21.2)	19.7% (18.1 - 21.3)

Adults who are inactive at work, By Annual Income						
	Madison			Florida		
Year	<$25,000	$25,000 - $49,999	$50,000 or More	<$25,000	$25,000 - $49,999	$50,000 or More
2002	50.4% (36.8 - 63.9)	55.1% (41.7 - 67.8)	65.6% (49.9 - 78.4)	55.1% (49.9 - 60.2)	59.1% (56.0 - 62.1)	70.6% (68.2 - 72.8)
2007	51.4% (36.5 - 66.2)	58.2% (43.5 - 71.6)	65.2% (51.8 - 76.6)	52.7% (48.0 - 57.4)	56.5% (53.1 - 59.8)	71.4% (69.2 - 73.6)

Adults who are inactive at work, By Age Group						
	Madison			Florida		
Year	18-44	45-64	65 & Older	18-44	45-64	65 & Older
2002	46.2% (36.4 - 56.2)	72.1% (61.9 - 80.5)	% (-)	60.2% (57.7 - 62.5)	66.5% (63.7 - 69.1)	71.5% (64.0 - 78.0)
2007	53.9% (42.2 - 65.2)	65.9% (55.9 - 74.7)	% (-)	60.3% (57.8 - 62.8)	69.6% (67.5 - 71.6)	75.6% (71.0 - 79.7)

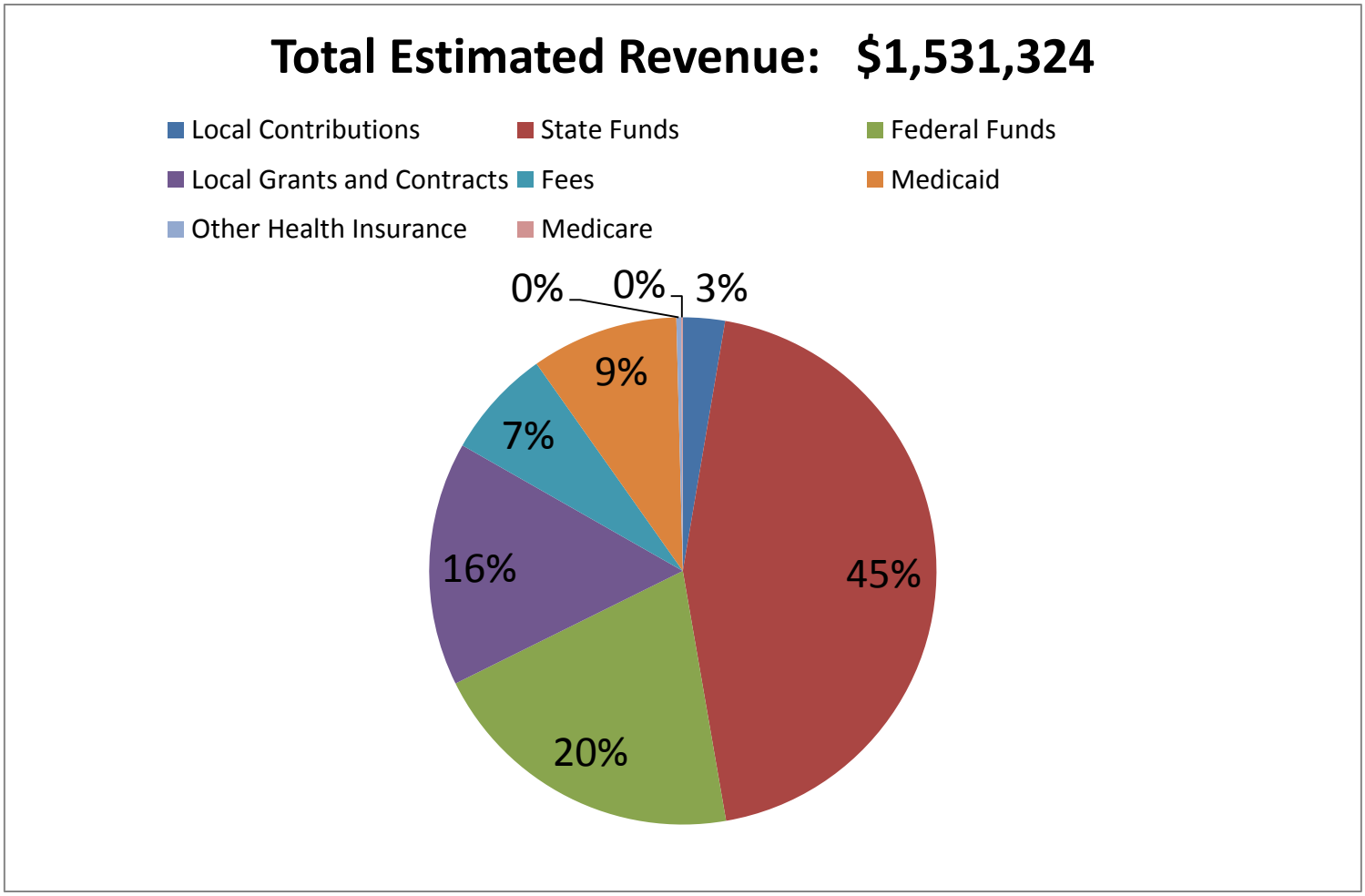
Source: Florida CHARTS - Accessed: August 22, 2015 and September 21, 2015

Background and Overview

Budget and Revenue

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

Revenue Percentage by Source
Fiscal Year 2015-16

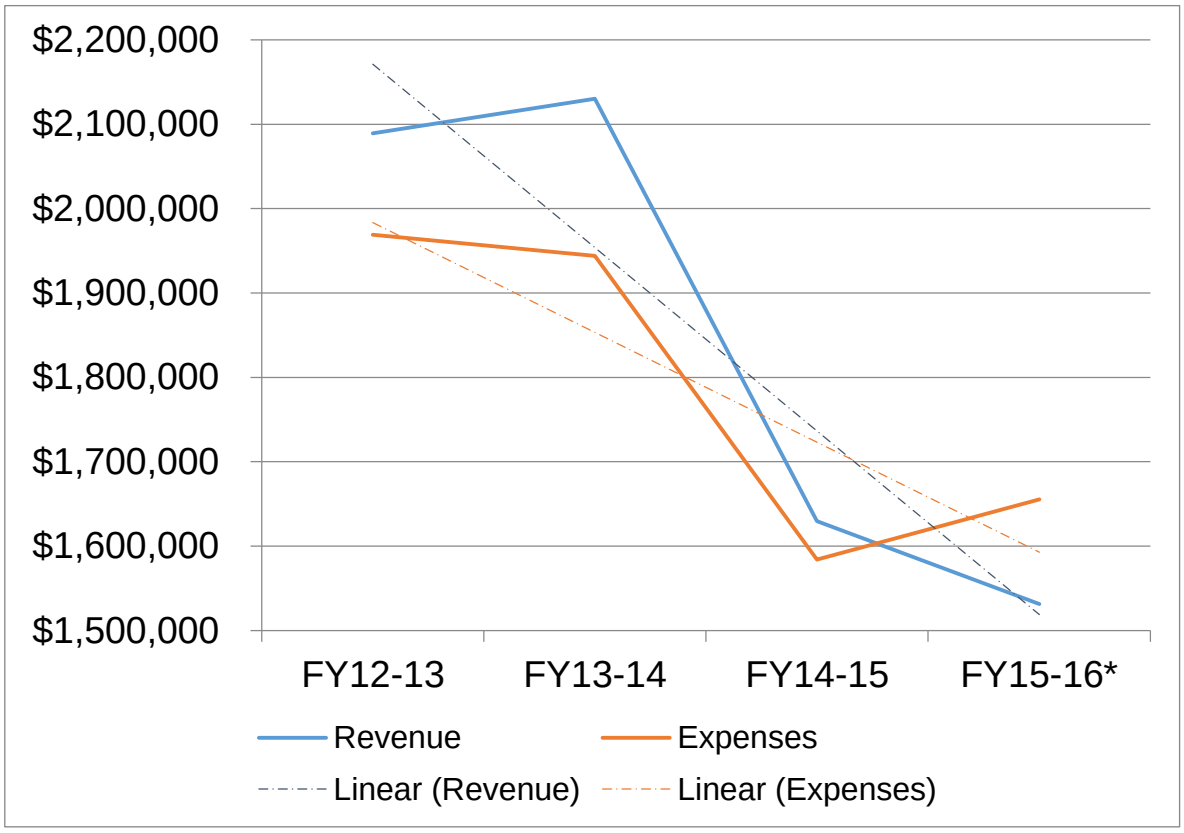


Source: Financial and Information Reporting System (FIRS)

Background and Overview

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid and state and federal cuts to the Florida Department of Health in DOH-Madison. The graph below represents our revenue and expense relationship over the past four 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 Madison County
Revenue and Expenses 2012-2016



Source: Financial and Information Reporting System (FIRS)

Background and Overview

Core Public Health 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 DOH-Madison's commitment to providing the highest standards of public health through the following core functions and services:

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

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

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

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

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

Women, Infants and Children (WIC) We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

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

Vital Statistics
We maintain Florida birth and death records locally and are able to assist with birth and death records. Using this data, we are able to assist the state with tracking causes of morbidity and mortality— two main indicators of health status.

SWOT Analysis

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

Strengths (Internal)

- Teamwork
- Staff Willing to Help
- Committed staff willing to work hard to improve
- Accountability up; efficiencies increased
- Experienced staff
- Staff Retention
- High customer satisfaction
- Strong Environmental Health department
- Planning
- Data analyst on staff
- Environment of teamwork and sharing of information
- Diverse array of public health services; particularly in relation to size of county

Weaknesses (Internal)

- More Work – Less Staff
- Workforce Development – staff time restrictions do not often allow adequate opportunities to broaden their knowledge
- Staff understanding of public health
- Staff responsible for multiple departments
- Administrator position vacant
- Employee coaching/mentoring
- Staff working across two counties
- Accountability
- Planning
- Performance Management
- Follow through
- Consistent operating processes and procedures

Opportunities (External)

- Data Analysis
- Establish Performance Management System
- Increase Community Engagement
- Build stronger relationship with Community Hospital
- Develop new working relationships with existing community partners
- Utilize public awareness opportunities to promote the importance and scope of public health
- Use of state data system

Threats or Challenges (External)

- Increased mandates
- Multiple priorities – changing often
- Heightened risks for public health emergencies
- Time Management
- State data system with multiple data sets, different values
- Multiple systems redundancy of data input
- Disconnect between state data system and what happens at local CHDs
- Managed care reimbursement
- Revenue/Funding
- Affordable Care Act
- Limited Primary Care services available at CHD
- Accreditation
- Community perception
- Managed Care Service provision
- Lack of referral services
- Lack of community involvement

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

Strategic Priorities

Goals, Objectives, Strategies

Strategic Priority Area: Operational Management

Goal: Create a data-driven culture in the health department.

Data Sources:

- Programmatic databases (i.e., Healthiest Weight Info, FL Shots, FL CHARTS, Environmental Health Database, Healthy People 2020, Tobacco Free Florida reports)
- Agenda and minutes

PHAB Measures:

9.1.1 A- Staff at all organizational levels engaged in establishing and/or updating a performance management system.
9.1.2 A- Performance Management Policy/System
9.1.3 A-Implemented performance management system
9.1.4 A- Implemented systematic process for assessing customer satisfaction with health department services
9.1.5 A-Opportunities provided to staff for involvement in the departments performance management

Objective 1: By December 31, 2017, establish a performance management system to support integration of data reporting into all leadership, program-specific and all site meetings (staff and community partners) with documented processes, monitoring cycle, reporting tools, and a communication plan (with branding for information disseminated to the community).

Strategies	Indicators
Strategy 1: Identify all program-area specific objectives, benchmarks or deliverables.	• Listing of program key measures and performance indicators, targets, location, availability (frequency), method of calculation, and data owner. • Standardized reporting format to collect data and develop reports.
Strategy 2: Provide program-specific data interpretation training.	• Number of data interpretation trainings/workshops offer. • Number of data interpretation trainings/workshops completed by staff.
Strategy 3: Develop program-specific monitoring tools.	• Monitoring tools available for review by managers and staff at all levels. • Agenda and minutes indicating data from monitoring tools being used during meetings to inform discussion and decisions.
Strategy 4: Increase number of documented local SOPs/IOPs by 40%.	• Master list of SOP/IOP documents with authority, date last reviewed, and responsible office or position.

Strategic Priority Area: Workforce Development	
Goal: A highly qualified workforce system that supports and enhances public health.	
Data Source: • Employee Satisfaction Survey results, as appropriate. • Programmatic Corrective Action Plans • People First Reports **PHAB Measures:** 8.1.1 – Relationships and/or collaborations that promote the development of future public health workers 8.2 – Assess staff competencies and address gaps by enabling organizational and individual training Domain 9 – Culture of Quality	
Objective 1: By December 31, 2016, 100% of key and critical positions (Senior Leadership) will have a succession plan.	
Strategies	**Indicators**
Strategy 1: Assess potential for vacancies in leadership and other key positions	• A list of employees and their positions with 30 years or more of service, age 62, and/or in DROP • A list of key and critical positions (those positions that if they left suddenly would slow or stop progress)
Strategy 2: Identify the core competencies for critical and key positions	• Needs assessment based on the knowledge, skills, and experiences identified for key and critical positions
Strategy 3: Assess the readiness of current staff to assume these positions	• Administration of the needs assessment • Analysis of the results of the needs assessment
Strategy 4: Select the priorities to work on for succession planning	• Development of a plan to close the gap in the knowledge, skills and experiences identified in the needs assessment
Strategy 5: Address gaps to include the use of mentoring, formal training in leadership and supervisory skills, and retention of current and/or potential employees	• Development of employee development plans for at least 50% of existing employees • Development of an organizational training plan and schedule (Note: this will link to Workforce Development Objective 2 (below)

Objective 2: By June 30, 2016, increase skill level of existing workers from December 2015 baseline.	
Strategies	**Indicators**
Strategy 1: Conduct a needs assessment to identify current skill levels	• Needs assessment • identified from research of existing assessments • at least 80% of staff responding
Strategy 2: Analyze assessment data to identify skill specific development categories	• Data analyzed and categorized. • Visual display of results developed. • Results presented to first available SPIL Team meeting following development and a first available general staff meeting. • Documentation of discussion of the results in minutes of SPIL. Team and general staff.
Strategy 3: Provide skill specific training/workshops	• Trainings identified based on results of assessment and discussion at SPIL Team and general staff meetings. • Training schedule developed. • Data collected (pre- and post- test). • Evaluation of training.
Strategy 4: Collaborate with local community college to increase awareness of public health careers (Source: Community Open Forum)	• Publication of a cross-walk of career opportunities (health care, business, technology, etc.) and degrees/certifications offered at community college. • Establish or Participate in a career/workforce development task force. • Number of meetings held by the task force. • Number of participants attending.
Objective 3: By June 30, 2016, develop a program that rewards and recognizes staff, as part of a workforce system that supports and enhances public health.	
Strategies	**Indicators**
Strategy 1: Determine criteria for recognition that supports and enhances the delivery of public health services	• Criteria developed for recognition that links to the DOH Mission, Vision and Values and customer satisfaction in the delivery of public health services or the support of the delivery. • Criteria will also include a review for any HR issues – leave without pay, complaints, disciplinary actions within a specified timeframe.
Strategy 2: Develop a nomination process based on the criteria	• Documented nomination process – approved by SPIL Team.

Strategy 3: Communicate Employee of the Month criteria and nomination process	• Number of Emails sent. • Minutes of individual department meetings. • Minutes of general staff meetings. • Number of flyers developed and posted.
Strategy 4: Conduct nomination process to select Employee of the Month based on documented process	• Number of nominations received. • Number of nominations recommended for recognition.
Strategy 5: Employee of the Month announced	• Email sent to all staff. • Flyer with the individual and why they are being recognized (referencing the criteria). • Announcement in the local paper.

Strategic Priority Area: Community Engagement	
Goal: To achieve mutually beneficial partnerships for a healthier Madison County.	
PHAB Measures: 4.1.1 A - Establish and/or actively participate in partnerships and/or coalitions to address specific public health issues or populations 4.1.2 T/L – Stakeholders and partners linked to technical assistance regarding methods of engaging with the community 4.2.1 A – Engagement with the community about policies and/or strategies that will promote the public's health 5.1.2 A – Engagement in activities that contribute to the development and/or modification of policy that impacts public health	
Objective 1: By June 30, 2017, increase community participation by a count of 10 from 2015-2016 baseline for strategies to improve the health of the citizens.	
Strategies	**Indicators**
Strategy 1: Determine current and potential community partners	• Count of current active community partners. • Count of potential community partners.
Strategy 2: Promote the benefits of healthy lifestyles to reduce chronic disease risk	• Number of individuals/entities providing input into planning events/activities and/or messaging. • Number of coordinated messages shared by individuals/entities. • Number of individuals/entities sponsoring events/activities.
Strategy 3: Identify cross-marketing methods to gain community support (Source: Community Open Forum)	• Number of responses to request for preferred method of communication that is most effective for community partners. • Number of private citizens providing feedback on how they learn about events in community. • Number of listening sessions conducted to identify how people get information about events in the community.

Appendix A

The Florida Department of Health in DOH-Madison
Strategic Planning Committee Members
August 26, 2015

Title	Name
Acting Administrator	Kimberly Allbritton
School Health, RN	Jodi Baker
Operations and Consultant Manager	Pam Beck
Human Services Program Specialist – Abstinence	Lisa Hayes
Business Manager	Colleen Hollingsworth
Front Desk Supervisor	Jeanna Kelly
Environmental Health Director	Alex Mahon
Human Services Program Specialist	Chelsey McCoy
Community Health Nursing Director, RN	Donna Melgaard
Human Services Program Manager – Healthy Start	Shanetha Mitchell
Office Automation Analyst	Fran Tuten

Appendix B

Planning Summary

Florida Department of Health in Madison County's Strategy and Performance Improvement Leadership (SPIL) Team (comprised of senior leadership and the Quality Improvement Liaison) together with the program managers oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
July 30, 2015	Discussed requirements and deadlines for development of the strategic plan
August 13, 2015	Establish timeline for strategic plan development
August 26, 2015	SWOT Analysis; Develop strategic issue areas, goals, and objectives with strategies
September 9, 2015	Hosted Community Open Forum to receive input from community
September 16, 2015 - morning (Leadership)	Discuss and modify draft Strategic Plan goals, objectives and strategies for indicators and alignment with other plans
September 16, 2015 afternoon (non-supervisory staff)	Review draft Strategic Plan and begin development of action plans
September 17, 2015 (non-supervisory staff)	Continue development of action plans until mid-afternoon
September 17, 2015 (all staff)	Non-supervisory staff describe the process used to develop action plans and present action plan activities.
September 21, 2015	Draft strategic plan developed and provided to Strategic Planning Committee for review
September 28, 2015 (Leadership)	Final draft of Strategic Plan reviewed using DOH Strategic Plan Checklist
September 30, 2015	Submit final draft of Strategic Plan to State Office – Peer Reviewer

The FDOH-Madison utilized a strategic planning approach that was inclusive of all staff in the organization. The dates and times were identified using input from the managers and the facilitator. Four days were dedicated to the strategic plan development. Staff was divided into two groups supervisory and non-supervisory.

In preparation for the SWOT analysis, DOH-Madison County leadership were asked to review data from the Community Health Assessment, the Community Health Improvement Plan, the Employee Satisfaction Survey, customer satisfaction and programmatic review data and be prepared to discuss during the first day of plan development.

During the first day of plan development, DOH-Madison County leadership discussed the results of the various data reports. Following this discussion, leadership was asked to identify 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. Leadership then used the SWOT analysis and the agency mission, vision and values to select strategic priority areas, county goals, SMART objectives, strategies, and measures of success.

DOH-Madison later hosted a community open forum to receive comments and recommendations on the priority area goals, objectives, and strategies. More than 100 community partners were invited by email. In addition, an open invitation was published in the newspaper of local circulation asking citizens to come and provide input.

After the community open forum, comments and recommendations were reviewed and incorporated into the draft strategic plan for review by leadership and the strategic planning committee. A half-day session was conducted to review and finalize the goals, objectives, strategies before non-supervisory staff members were given the draft strategic plan to review and begin development of action plans.

The final strategic priority areas decided upon were:

- Operational management,
- Workforce development, and
- Community engagement.

During two days of meetings, cross-functional teams were created from participating non-supervisory staff *(see table below for list of individuals and positions*). The group participated in a facilitated discussion of the SWOT, strategies and objectives for each goal area and then divided into teams to develop implementation activities for each of the priority areas.

The participants were then asked to volunteer to present the information developed to the DOH-Madison leadership. The volunteers practiced in front of their co-participants, questions were asked by the audience and the facilitators, and the presenters made notes to help during their presentation. The preliminary action steps were presented to the DOH-Madison leadership on September 17, 2015. Members of leadership asked questions following the presentation to ensure clarity and understanding. Questions were answered by participants.

The results of the activities were incorporated into the final draft of the strategic plan for review by leadership and SPIL Team approval.

Strategic Planning Participants			
Name	**Position Title**	**Present September 16**	**Present September 17**
Bell, Jennifer	Health Support Tech	X	X
Blair, Patricia	Senior Health Educator	X	X
Fico, Nita	ARNP		X
French, Katie	Environmental Health Aide	X	X
Gibson, Bill	Environmental Health Specialist II	X	X
Hall, Bertha	Interviewing Clerk	X	X
Knight, Tangela	OPS Family Support Worker	X	X
Levings, Margaret	Planner II	X	X
Mattair, Merv	Health Educator	X	X
McCoy, Chelsey	Human Services Program Specialist	X	X
Pennington, Karen	Accountant II		X
Rykard, Betsy	Tobacco Prevention Specialist	X	X
Sheehy, Bonita	LPN	X	X
Silvernell, Wendy	LPN	X	X
Ward, Alicia	LPN	X	X
Williams, Alisha	Senior Clerk	X	
Williams, Tania	LPN		X

Steps for Monitoring Progress

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.

Monthly monitoring reports will be reviewed by the Strategy and Performance Improvement Leadership (SPIL) Team and quarterly reports submitted to the Office of Performance and Quality Improvement (OPQI) for review. The table below provides the individual or team responsible for data collection, analysis, and monthly reporting to the SPIL Team.

Strategic Priority Area	Responsible for Data Collection and Analysis
Operational Management	Program Managers & Operations and Management Consultant Manager
Workforce Development	Human Resources & Employee Satisfaction Committee
Community Engagement	CHIP & Operations and Management Consultant Manager

The monthly monitoring reports will include a brief description of progress to date that includes successes, challenges, next steps, and if needed, recommendations for changes to plan objectives and/or strategies. Additional detailed will be attached to the monthly report that will include evidence of progress for the defined action steps to achieve the strategy toward accomplishing the objective using a standard status indicator (Not Started; Started; On Schedule; Schedule Delayed [reason will be provided], In Danger or Completed).

On a quarterly basis, the SPIL Team will review quarterly Strategic Plan Tracking Reports, showing progress toward goals. Annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year will be developed. The Strategic Plan will be revised based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.

Appendix C

Community Engagement

The Florida Department of Health in Madison County has a long-standing relationship with community stakeholders and works diligently to maintain transparency and open communication.

September 9, 2015: A community open forum was hosted by DOH-Madison to present the County Health Department's draft SWOT analysis, goals, objectives, strategies and indicators. Comments and recommendations were sought for all priority areas: community engagement, operational management, and workforce development. Minutes of the meeting along with a list of those invited and present was sent to all community partners. In addition, the list of community partners will be added to our local website.

Appendix D

Plan of Work

Strategic Priority & Objective	Baseline	Target	CHIP Alignment	QI Plan Alignment	Agency Strategic Plan Alignment	Due Date	Responsibility
Operational Management: Objective 1: By December 31, 2017, data reporting will be integrated into all leadership, program-specific and all-sites meetings (staff and community partners)		100%			2.3.1 2.3.2 2.3.3	12/31/17	Program Managers, Operations Management Consultant Manager, Health Officer
Workforce Development: Objective 1: By June 30, 2017, increase skill level of existing workers from December 2015 baseline.	TBD	TBD			4.1.2	6/30/17	Human Resources, Employee Satisfaction Committee, Program Managers
Workforce Development: By June 30, 2016, develop a program that rewards and recognizes staff.	TBD	TBD		Employee Satisfaction Project		6/30/16	Human Resources, Employee Satisfaction Committee
Workforce Development: By December 31, 2016, provide succession planning for key and critical positions.	TBD	100%			4.2.1	12/31/16	Human Resources, Health Officer
Community Engagement: Objective 1: By June 30, 2017, increase community support for strategies to improve the health of the citizens by a count of 10 from 2015-2016 baseline.	TBD	Baseline +10	Obesity, Increasing community engagement will result in greater support for the CHIP objectives	Healthiest Weight	2.4.1 3.1.1 3.1.2	6/30/17	Healthiest Weight Liaison, CHIP Coordinator, Program Managers

Appendix E

Glossary

Action Plans: Action plans are the step by step processes designed and implemented in order to achieve organizational goals. Action plans are designed in a way to complete each milestone set for each objective.

Baseline: Base level of previous or current performance that can be used to set improvement goals and provide a basis for assessing future progress.

Benchmarking: A measurement of the quality of an organization's policies, products, programs, strategies, etc., and their comparison with standard measurements, or similar measurements of its peers. The objectives of benchmarking are (1) to determine what and where improvements are called for, (2) to analyze how other organizations achieve their high performance levels, and (3)to use this information to improve performance

Community Health Assessment: Community health assessment (CHA) is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a CHA is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community CHA; the essential ingredients are community engagement and collaborative participation. *(Turnock, B. Public Health: What It Is and How It Works. Jones and Bartlett, 2009).* This definition of a CHA also refers to a Tribal, state, or territorial CHA.

Community Health Improvement Plan: A community health improvement plan (CHIP) is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community (*Adapted from: United States Department of Health and Human Services, Healthy People 2010. Washington, DC; Centers for Disease Control and Prevention, National Public Health Performance Standards Program, www.cdc.gov/nphpsp/FAQ.pdf).*

Continuous quality improvement (CQI): An ongoing effort to increase an agency's approach to manage performance, motivate improvement, and capture lessons learned in areas that may or may not be measured as part of accreditation. Also, CQI is an ongoing effort to improve the efficiency, effectiveness, quality, or performance of services, processes, capacities, and outcomes. These efforts can seek "incremental" improvement over time or "breakthrough" all at once. Among the most widely used tools for continuous improvement is a four-step quality model, the Plan-Do-Check-Act (PDCA) cycle. *(PHAB Acronyms and Glossary of Terms, 2009)*

Goal: A statement of general intent, aim, or desire; it is the point toward which management directs its efforts and resources in fulfillment of the mission; goals are usually non-quantitative. *(Source: Certified Manager of Quality/Organizational Excellence Handbook. Russell T Westcott, editor. 3rd Ed.)*

Measure: Also referred to as indicators. These terms refer to numerical information or data that quantifies input, output, performance, and outcomes. Measures can be simple (referring to one action) or a composite.

Milestones: Milestones are the action points or events occurring in different phases in an orderly fashion with a fixed timeline. Milestones are a vital strategic planning terminology used to define phases or accomplishments in the planning processes

Objective: Indicates an organization's desired accomplishment. Objectives can be short or long term. Long-term objectives are referred to as "strategic objectives." Action steps drive toward an objective. Objectives in turn drive toward a goal. A strategic objective is a significant and necessary step in accomplishing the goal. Objectives should be specific, quantifiable, realistic targets *(see SMART Objective)* that measure the accomplishment of a goal over a specified period of time. *(Source: The Executive Guide to Facilitating Strategy: Featuring the Drivers Model. Michael Wilkinson. 1st Ed.)*

Organization structure: A simple organizational structure has been created to support QI projects in the organization.

Quality Improvement (QI): An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organization. The intent is to improve the level of performance of key processes and outcomes within an organization. *(PHAB Acronyms and Glossary of Terms, 2009)*

Quality Improvement Council: A group responsible for implementing the performance management system. It may be referred to as a committee, team, council, executive team, or some other term. It does not have to be a separate group that deals only with performance management and quality improvement but may be a function of a standing department committee.

Quality Improvement Plan (QIP): Identifies specific areas of current operational performance for improvement within the agency. These plans can and should cross-reference one another, so a quality improvement initiative that is in the QIP may also be in the Strategic Plan. See also performance management. *(PHAB Acronyms and Glossary of Terms, 2009)*

Quality methods: Builds on an assessment component in which a group of selected indicators [selected by a program] are regularly tracked and reported. The data should be regularly analyzed through the use of control charts and comparison charts. The indicators show whether or not agency goals and objectives are being achieved and can be used to identify opportunities for improvement. Once selected for improvement, the agency develops and implements interventions, and re-measures to determine if interventions were effective. These quality methods are frequently summarized at a high level as the Plan/Do/Check/Act (PDCA) or Shewhart Cycle. *(PHAB Acronyms and Glossary of Terms, 2009)*

Quality Improvement Program Teams: Are program-level teams, organized by Program Managers and staff, to carry out QI activities, namely PDCA cycles. QI Project Teams are charged with developing, implementing, evaluating and reporting QI projects.

Quality Tools: Are designed to assist a team when solving a defined problem or project. Tools will help the team get a better understanding of a problem or process they are investigating or analyzing. A list of basic QI tools (along with an Information Sheet, Template and Example) can be found on the QI e-line page. *(The Public Health QI Handbook, Bialek, et al)*

Outcome Indicator: The measures of change at certain milestones to lead to the overall target. Outcomes are the end results achieved after implementing processes in strategic planning. It could be a new product development, increased sales, new customers, new businesses and many more. There are various business research methods used in determining these outcomes. - *See more at: http://www.brighthubpm.com/project-planning/116213-defining-the-terminology-used-in-strategic-planning/#sthash.aPnmKAs8.dpuf*

Performance Indicators: Measurement that relates to performance but is not a direct measure of such performance (e.g. the # of complaints is an indicator of dissatisfaction but not a direct measure of it) and when the measurement is a predictor (leading indicator) of some more significant performance (e.g. increased customer satisfaction might be a leading indicator of market share gain.) *(Source: 2013 Sterling Criteria for Performance Excellence)*

Performance Management System (PM System): A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. *(Source: Public Health Accreditation Board. Standards and Measures Version 1.0. Alexandria, VA, May 2011).*

Plan-Do-Study-Act (PDSA): An iterative four-stage problem-solving model for improving a process or carrying out change. PDSA stems from the scientific method (hypothesize, experiment, evaluate). A fundamental principle of PDSA is iteration. Once a hypothesis is supported or negated, executing the cycle again will extend what one has learned. *(Embracing Quality in Local Public Health, Michigan's QI Guidebook)*

Process Indicator: The measure or documentation of the program or service provided.

SMART objectives:

S – Specific
M – Measurable
A – Achievable
R – Relevant
T – Time-oriented

Strategy and Performance Improvement Leadership Team (SPIL Team): The SPIL Team is made up of the Health Officer, Budget Manager, Director of Nursing, Community Health Services Manager, School Health Manager, Dental Director, and Project Team Leads responsible for implementation of the Community Health Improvement Plan (CHIP), the Strategic Plan and the Quality Improvement (QI) Plan. The SPIL Team conducts monthly meetings featuring standing agenda items with reports from: CHIP, Strategic Plan, and Quality Improvement Plan. These reports are comprised of progress updates

Strategic Plan: A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. *(Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008).*

Targets: Desired or promised levels of performance based on performance indicators. They may specify a minimum level of performance, or define aspirations for improvement over a specified time frame.

Vision: Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

Values: Principles, beliefs and underlying assumptions that guide the organization.