Florida Department of Health – Indian River County
Measure 5.3.2 – Department Strategic Plan

Measure 5.3 – The health department is guided by a department strategic plan that is revised as the department priorities are achieved or adjusted.

Required Documentation 5.3.2 – Provide the most recent version of the Health Department’s strategic plan, dated within the past five years.

Plan: Strategic Plan 2016-2020

Description of Evidence: This document summarizes the steps Florida Department of Health in Indian River County (DOH-Indian River) has taken in our strategic planning process, our strategic priorities and goals, and how we will achieve them. As we partner with our community stakeholders, this plan will serve as our roadmap as we protect, promote and improve the health of the residents and visitors of Indian River County.

a) Pages 8-18 - Strategic priorities

b) Pages 8-18, 19-24, 25-27 – Goals and objectives with measurable time-framed targets

c) Pages 16-18 - Consideration of agency infrastructure and capacity required for efficiency and effectiveness

d) Page 7 - Identification of changing or emerging trends that affect the effectiveness and/or strategies of the department

e) Pages 6, 19-24, 25-27 - Description of how the strategic plan links to the community health improvement plan
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Foreword from Our Administrator

Strategic planning is an important tool for determining the direction of an organization. The strategic planning process outlines the organization’s vision, mission, core values and strategic priorities and goals. Specific, measurable, achievable, realistic and timely (SMART) objectives are developed to achieve these goals.

This document summarizes the steps Florida Department of Health in Indian River County (DOH-Indian River) has taken in our strategic planning process, our strategic priorities and goals, and how we will achieve them. As we partner with our community stakeholders, this plan will serve as our roadmap as we protect, promote and improve the health of the residents and visitors of Indian River County.

Miranda C. Hawker, M.P.H.
Administrator
Florida Department of Health in Indian River County
Who We Are

Indian River County is located on the central east coast of Florida, known as the Treasure Coast. In 2012, the population of our county was estimated at 140,000. DOH-Indian River is part of the statewide coordinated public health system. We have 128 dedicated staff, consisting of licensed medical and environmental professionals, qualified support staff and interpreters.

DOH-Indian River has two service locations. Our main site in Vero Beach offers public health services, including primary and acute care and immunizations for adults, an international travel vaccination clinic, sexually transmitted disease (STD) prevention and treatment, HIV testing, patient care and counseling, chronic disease prevention programs, women’s health, family planning, dental, Women, Infants and Children (WIC) nutrition program, communicable disease epidemiology, environmental health, and vital statistics (birth and death certificates). Our Gifford Health Center offers primary and acute care and childhood immunizations for children from birth through age 17 and houses the We Care volunteer physician referral network program and the Indian River County Human Services office.

In addition to these services, qualified public health professionals are on call 24 hours a day, 7 days a week to respond to public health emergencies. Before, during and after hurricanes and other emergencies, DOH-Indian River provides technical assistance to emergency managers on public health issues. In addition, we staff the county special needs shelter, which houses people requiring specialized medical assistance; conduct community needs assessments; and coordinate assistance to restore and maintain essential public health services.

To do this work, DOH-Indian River receives additional funding from a variety of sources, including the Indian River Board of County Commissioners and the Indian River County Hospital District.

Our Mission

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

Our Vision

To be the Healthiest State in the Nation

Our Values – (ICARE)

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
Our Work

Budget and Revenue

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

DOH-Indian River Funding Source FY 2016-2017

- County: 7%
- Hospital District: 29%
- State Qtly Schedule C: 21%
- Fed Qtly Schedule C: 13%
- Fees - Clinic: 10%
- Fees - Vital Statistics: 2%
- Fees - Environ. Health: 13%
- Medicaid: 21%
- Medicare: 1%
- Other Grants: 2%

DOH-Indian River Expense Budget FY 2016-2017

- Salaries: 77%
- OPS: 9%
- Expenses: 12%
- Other Capital Outlay: 0%
- Risk Management: 1%
- Other: 1%
The Core Functions of Public Health

The three Core Functions of Public Health and associated Essential Public Health Services guide our work and are key to our strategic plan. The Essential Public Health Services describe the public health activities that should be undertaken in all communities.

Assessment
- Monitor health status to identify and solve community health problems
- Diagnose and investigate health problems and health hazards in the community

Policy Development
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

Assurance
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems
Our Strategic Planning Process

The DOH-Indian River Strategic Plan is the result of a multi-year process that included both internal and community assessments and planning with community stakeholders and partners. The steps of this process are outlined below. The goals are annually assessed and reported upon and the progress is continually shared with our stakeholders.

Community Health Assessment

In 2012, DOH-Indian River began a comprehensive, county-wide community health needs assessment.

The goals of the assessment were:

• Assess the population’s health status
• Highlight areas of unmet need
• Present the community’s perspectives
• Provide suggestions for possible interventions
• Provide recommendations to policymakers for goals and objectives for health improvement in the community

The Indian River County Community Health Assessment was completed in May 2016. It included analysis of local, state and national data, as well as the community’s perspective, gathered through focus groups, key informant interviews and a local public health system assessment.

Community Health Improvement Plan

In 2016, a Community Health Advisory Council was convened to develop a Community Health Improvement Plan (CHIP) for Indian River County. The Council represents a broad range of community stakeholders and partners, many of whom were involved in the Community and Environmental Public Health Assessments. The Council was tasked with developing a set of priorities for the CHIP, using these assessments as a foundation.

The top health priorities identified by the Community Health Advisory Council:

• Obesity
• Infant Mortality
• Environmental Health
• Mental Health
Analysis of Strengths, Weaknesses, Opportunities and Threats

An analysis of DOH-Indian River’s strengths, weaknesses, opportunities and threats (SWOT) was conducted during strategic planning in August and September of 2016. This served as the basis for the current SWOT analysis, in which all DOH-Indian River staff had input. Emerging trends, diseases, technologies, and SWOT topics are regularly reviewed at DOH-Indian River’s Performance Management Council (PMC) meetings. The DOH-Indian River PMC revised the SWOT content in October 2019 (version 1.2). Emerging trends in the 2019 year include a Hepatitis A outbreak over the summer, increased data sources, and decreased funding which has led to staff reduction.

2016 SWOT Analysis
(updated 10/2019)

STRENGTHS
- People / staff (warm, friendly, caring, dedicated)
- One stop services / convenience
- Legal authority to provide public health services
- Partnerships and collaboration
- Reputation and presence in community
- Responsive
- Leadership
- Number of people who seek services
- Experience of staff and public health presence

WEAKNESSES
- Demand for services exceeds funding
- Redundancies and complicated service delivery
- Minimal staffing doesn’t allow for training time
- Special Needs Shelter staff shortage
- Challenges of internal and external communication
- Lack of evidence-based decision making
- Lack of resources to review policy development and stable application
- Lack of external resources and support
- Interpreters

OPPORTUNITIES
- Process management
- Identify additional funding sources
- Grow infrastructure and technological capabilities
- Improved community outreach, education, marketing and communication
- Increased public health impact
- Use data to drive Public Health action
- Seek additional community resources
- Increase capability to deal with a multi-lingual population

THREATS
- Administrative cost not included in grants
- Expectation of free service
- Unintended local consequences from DOH policy change(s)
- Providing unfunded, required services
- Retaining good employees
- Response to emerging and reemerging threats
- Information Management
- Staff reductions
- EH certifications/training difficult to obtain

Strategic Priorities

Four meetings were held over the span of six months in 2016 to determine the strategic priorities. DOH-Indian River established the following strategic priorities by reviewing the Community Health Assessment, Environmental Public Health Assessment, Community Health Improvement Plan, SWOT analysis, customer and employee satisfaction data, as well as several indicators and measures found in the County Snapshots, County Health Rankings and program specific evaluations.

- Access to public health services
- Environmental stewardship
- Protect health and prevent disease
- Community health planning
- Organizational excellence: effective, efficient and sustainable
STRATEGIC PRIORITY 1

Access to Public Health Services

Access to care and public health services is a priority in our community. There are many barriers to accessing services, including lack of health insurance or underinsurance, provider shortages, inadequate transportation, and lack of knowledge about health care options and availability of public health and preventive services. Inability to access these services often results in poor medical outcomes, overuse of hospital emergency rooms and increased costs to individuals and the community.

Goal 1: Improve access to health care for uninsured and underinsured

OBJECTIVE 1.1.1: By December 31, 2018 improve access to dental care by increasing the number of dental sealants received in schools by 10%.

Strategies
- Incorporate dental screenings into routine school health screenings.
- Distribute DOH-Indian River County registered dental hygienists to county schools to promote dental sealants.
- Worked closely with county schools to promote dental hygiene and access to care
- Promote the Rethink your Drink! Program initiative within the county, focusing on preventative aspect.
- Promote the 5210 healthy children health promotion campaign in early childhood education centers as a mode of prevention against cavities.

OBJECTIVE 1.1.2: By December 31, 2018 increase the number of mental health screenings performed in schools by 10%.

Strategies
- Promote the importance of mental health with ongoing partnerships and community champions.
- Communicate with the school district to improve access to screenings.
- Strengthen existing partnerships (such as with the Mental Health Collaborative) and communicate with the school district regarding the importance of mental health.
- Work with school support staff to ensure a robust mental health support system.

Goal 2: Reduce teen pregnancy

OBJECTIVE 1.2.1: By December 31, 2019 reduce birth rate (rate per 1000 females) for mothers ages 15-19 by 5%.

Strategies
- Provide education on safe sex practices and family planning methods.
- Foster the Nurse Family Partnership in the community for prenatal education.
- Educate the community to increase health literacy.
- Communicate with and educate high schools in the county regarding abstinence practices.

Goal 3: Reduce infant mortality

OBJECTIVE 1.3.1: By July 30, 2019, reduce total infant mortality to 7 per 1000 live births or below.

Strategies
- Encourage safe and healthy home environments to include sleep practices by December 1, 2018.
- Conduct a Fetal Infant Death Review Report by the end of February 2020 in collaboration with community partners.
- Pilot a “baby box” program for new mothers to have a safe place for the baby to sleep by June 30, 2017.
− Create an awareness campaign with hosted peer support groups about breastfeeding focusing on young black women.
− Initiate doula program and find doulas who are a trusted member of the community.
− Increase healthy equity literacy by public viewings of Unnatural Causes.
− Implement and support FL Healthy Babies initiative.

OBJECTIVE 1.3.2: By December 31, 2019 increase annual percent of entry into prenatal care in the 1st Trimester by 5%.

**Strategies**
− Encourage patients to seek primary care before and after pregnancy.
− Secure funding for home visit/NFP program.
− Facilitate first appointment with OB/GYN for initial Presumptive Eligibility for Pregnant Women (PEPW) visit.

OBJECTIVE 1.3.3: By December 31, 2019, increase annual percent of birth mothers who were at a healthy weight before pregnancy by 5%.

**Strategies**
− Provide education, awareness and opportunities for pregnant women to be informed regarding physical activity and nutrition.
− Continue to implement Healthiest Weight strategies such as workplace wellness, safe routes to school, and 5210! Let’s Go program.
− Promote the Centers for Disease Control and Prevention Scorecard to partner agencies Healthiest Weight strategies which relate to pregnancy and women of childbearing potential (i.e. Healthy Start).

OBJECTIVE 1.3.4: By December 31, 2019, reduce the three-year rolling average of black infant mortality rate by 10%.

**Strategies**
− Promote QuitDoc program to decrease percentage of pregnant women who smoke.
− Conduct neighborhood workshops on nutrition and healthy cooking by December 31, 2019.
− Use GIS mapping and assessment tools to identify geographic areas lacking recreational amenities and access to fresh foods which will also increase awareness about locations of walking and bike trails, parks, farmer’s markets, etc.
− Utilize focus groups to gain knowledge and access gaps of services and primary care needs.
− Promote communication between providers to strengthen service delivery.
STRATEGIC PRIORITY 2

Protect Health and Prevent Disease

Advances in public health, including effective sanitation and immunization programs have greatly reduced the threat of many diseases and conditions. Maintaining and bolstering these efforts, as well as having surveillance programs in place to detect and characterize disease trends, are essential to prevention efforts. Appropriate treatment regimens also aid our efforts by preventing drug resistant infectious organisms. Additionally, the importance of public education and outreach to promote safe behaviors that prevent disease transmission and injury cannot be overstated.

Public health plays an important role in protecting our population during disasters, both natural and man-made. DOH-Indian River works closely with emergency managers before, during and after hurricanes and other emergencies to address public health issues in the community. This includes providing technical assistance on public health issues; providing staff for the county special needs shelter, conducting community needs assessments and coordinating assistance to restore and maintain essential public health services.

Goal 1: Prevent exposure, infection and disease related complications from STDs and HIV/AIDS

OBJECTIVE 2.1.1: Increase number of outreach events that include HIV testing of high-risk populations (MSM population) by December 31, 2020.

Strategies
- Dedicated staff who communicate, perform outreach & marketing, and educate the community regarding HIV/AIDS.
- Implement at least 10 outreach events annually and provide educational materials to underserved communities.
- Provide services throughout the community in a culturally competent manner
- Provide educational opportunities regarding HIV and other STDs in the county & among partners.

OBJECTIVE 2.1.2: Have ≥ 90% of DOH-Indian River STD cases are treated according to the most recent STD guidelines within 14 days of diagnosis by December 31, 2020.

Strategies
- Utilize disease intervention specialists (DIS) to inform and educate patients regarding their health status and if there is a need for treatment.
- Collaborate with other county health departments (CHDs) to educate, inform, and treat patients as needed.
- Maintain flexible hours to accommodate patients and increase treatment.

OBJECTIVE 2.1.3: By December 31, 2020 DOH-Indian River will meet or exceed DOH target for percent of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis.

Strategies
- Communicate with Linkage to Care programs to ensure patients receive appropriate medical care within 90 days of documentation of HIV & other STD cases.
- Analyze county STD data to document & look for improvements in linkages between medical care and HIV cases.
- Dedicated staff who follow the chain of custody of the patient to make sure they are linked with medical care.
Goal 2: Prevent disease and injury

OBJECTIVE 2.2.1: By December 31, 2020 have ≥ 93% of active TB patients complete therapy within 12 months of initiation of treatment.

Strategies
- Develop online and traditional educational resources to share information and expose TB patients to available therapies and community resources.
- Promote and educate the public regarding TB therapy programs and best practices.

OBJECTIVE 2.2.2: By December 31, 2020 have ≥ 93% of active TB patients complete therapy within 12 months of initiation of treatment.

Strategies
- Develop online and traditional educational resources to share information and expose TB patients to available therapies and community resources.
- Promote and educate the public regarding TB therapy programs and best practices.

OBJECTIVE 2.2.2: By December 31, 2020 have ≥ 93% of active TB patients complete therapy within 12 months of initiation of treatment.

Strategies
- Develop online and traditional educational resources to share information and expose TB patients to available therapies and community resources.
- Promote and educate the public regarding TB therapy programs and best practices.

THE END
STRATEGIC PRIORITY 3

Community Health Planning

Improving the health of our community is core to DOH-Indian River’s mission. This work cannot be accomplished by one agency but is dependent on the collaboration and partnership of many agencies, organizations and individuals. DOH-Indian River has convened community partners to identify, prioritize, and address health issues affecting our community. Many of these goals are incorporated into our strategic plan, which will strengthen and guide our organization in accomplishing this work.

An important health priority in our community is the percentage of overweight and obese children and adults. The health consequences of being overweight or obese are numerous, serious and costly. The percent of Indian River County residents that are overweight or obese, and the resulting health conditions are a concern for DOH-Indian River and our community partners. The causes of obesity are complex and require a multipronged approach from all community stakeholders.

Goal 1: Improve public health outcomes through effective collaboration with community partners

OBJECTIVE 3.1.1: By June 30, 2019, DOH-Indian River will develop an action plan for the 2020 Community Health Assessment that will include available funding mechanisms.

Strategies
– Research consulting firms, such as Q-Q Research, for the community health needs assessment by consulting with other county health departments.
– Secure funding through local nonprofits & the county.

OBJECTIVE 3.1.2: By December 31, 2020 DOH-Indian River will maintain at least one collaborative community health improvement process, and with community partners, will continue to evaluate and update measurable objectives and outcomes to be reported upon annually.

Strategies
– Dedicated quarterly staff reviews the accreditation documents, including the community health improvement process, as needed (much more than just annually).
– Undergo local public health system assessment (LPHSA) every 3-5 years with all agencies that deliver public health (including stakeholders, the department itself, and departmental staff).

OBJECTIVE 3.1.3: By January 31 2019, decrease the number of fall-related hospitalizations among older adults age 55 or older by 5% (2016 baseline data).

Strategies
– Analyze and monitor the fall-related hospitalization data.
– Work with the Visiting Nurse Association (VNA) to get community-based services for our county’s most vulnerable populations.

OBJECTIVE 3.1.4: By June 30 2019, decrease the number of hospitalizations (intentional and unintentional) among children ages 19 and younger (2016 baseline data).

Strategies
– Increase awareness in the county & among partners.
– Analyze and monitor related hospitalization data.
OBJECTIVE 3.1.5: By December 31, 2020, establish new and enhance existing partnerships collaboration with community stakeholders and agencies to address the social determinants of health.

Strategies
- Increase communications with existing partnerships.
- Research and reach out to new and potential partners.

Goal 2: Decrease the percentage of youth and adults in Indian River County who are overweight or obese and the percentage who have related co-morbidities

OBJECTIVE 3.2.1: By December 31, 2019, utilize baby friendly funding to increase breastfeeding rates for newborns by 5% (self-assessment measurement).

Strategies
- Encourage safe and healthy home environments to include sleep practices by December 1, 2018.
- Create an awareness campaign with hosted peer support groups about breastfeeding focusing on young black women.
- Increase healthy equity literacy by public viewings of Unnatural Causes.
- Continue FL Healthy Babies initiative to improve services.

OBJECTIVE 3.2.2: By December 31, 2019, decrease the percentage of adults in the county who are overweight or obese (BMI ≥ 25) by 2%.

Strategies
- Establish programs and resources to address health equity in the under resourced population of the county.
- Develop SNAP-Education programming and work toward five PSE changes by December 31, 2019.
- The social determinants of health and equity will be defined for the county with a fact sheet and data profile.
- Develop online and traditional educational resources to share information and expose residents to community resources that will promote healthier choices.

OBJECTIVE 3.2.3: By December 31, 2019, decrease the percentage of youth in grade 1 who are overweight or obese by 5%.

Strategies
- Create and provide walking and biking resource guides, including routes and safety recommendations, and make available online and in community resource centers to emphasize the importance of daily nature contact and leading a physically active lifestyle.
- Partner with the Environmental Learning Center to promote the “2” message in 5210 Let’s Go! (reducing screen time to 2 hours of less per day among youth).
- Make 5210 Let’s Go! sustainable in elementary schools that have already implemented the program.

OBJECTIVE 3.2.4: By December 31, 2019, decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day by 5%.

Strategies
- Promote Workplace Wellness programs.
- Implement Eat Healthy Be Active Workshops by June 31, 2020.
STRATEGIC PRIORITY 4

Environmental Stewardship

The environment has a significant impact on our health and wellbeing. This includes our interactions with both the natural environment and our community infrastructure.

The health of our natural environment, including the health of the Indian River Lagoon, is important to our community. The Indian River Lagoon is of particular interest because of its ecological and economic value to the county and region. It is considered the most biologically diverse estuary in North America and supports the economy of Indian River County through tourism, recreational and commercial uses. Discharge of freshwater, soils and pollutants into the lagoon is jeopardizing this ecosystem, and action from all stakeholders is required.

The built environment includes resources and infrastructure designed to support human activity (e.g., buildings, roads, parks, restaurants, grocery stores and other amenities). The built environment can support the health of community members in many ways, including providing accessibility to healthy food sources, mass transit, bike lanes, sidewalks, etc. DOH-Indian River partners with county and municipal government colleagues and non-governmental organizations to employ “smart growth” planning concepts to reduce health threats and help residents engage in healthy lifestyles.

Goal 1: Improve Indian River County’s natural environment

OBJECTIVE 4.1.1: Actively participate and aid in efforts to decrease the total nitrogen and phosphorous levels in the Central Indian River Lagoon to levels determined by the Central Indian River Lagoon Basin Management Action Plan (BMAP) by 5% or less by December 31, 2020, as identified by current scientific recommendations.

Strategies
- By January 20, 2020, reduce the number of onsite sewage disposal and treatment systems in high priority areas identified by local utility departments by 15% as measured by system abandonment permits.
- By January 30, 2020, in areas without sewers, increase the number of pre-1983 onsite sewage disposal systems that meet a 24-inch wettest season water table separation as measured by repair permits.
- By January 30, 2020, improve storm water treatment by installing two storm water treatment facilities.
- By January 30, 2020, reduce fertilizer usage by 20%.

OBJECTIVE 4.1.2: By December 31, 2020 maintain an Annual Comprehensive Environmental Health Score (ACEHS) of ≥ 85%.

Strategies
- Analyze data from Environmental Health (EH) databases for gaps.
- Perform EH inspections for all needed areas by September 30, 2020.

Goal 2: Improve Indian River County’s built environment

OBJECTIVE 4.2.1: Perform one county wide walkability survey that includes low income identifiers by December 31, 2018.

Strategies
- Acquire GIS data.
- Work with Indian River County, Chamber of Commerce, and stakeholders to determine capability and level of interactivity.
- Promote use of mobile applications (e.g., All Trails) to inform county residents about local resources for walking/hiking.
- Use Survey Monkey assessment to ascertain why people are not walking/taking advantage of nearby walking opportunities (lack of lighting/sidewalks, unsafe neighborhoods, etc.).
OBJECTIVE 4.2.2: Adopt and implement a Complete Streets Policy by December 31 2019.

Strategies

− Work with local nonprofits to educate the public on problem areas within the county.
− Utilize an assessment survey tool, deployed online and on paper at community resource centers, to establish baseline data on current walking and biking route use, challenges to use, and community interest in increasing use.
− Build on PACE EH work plans & methodology to help make the community aware of deficiencies.
− Select one model complete streets project and fully implement complete streets policy.
STRATEGIC PRIORITY 5

Organizational Excellence: Effective, Efficient and Sustainable

To meet our community’s public health needs, DOH-Indian River must consider ongoing communication issues (including branding necessities and problems), have a strong infrastructure, with clearly defined priorities, goals and objectives that are shared by our stakeholders. Our workforce must be competent, engaged, and provide excellent service. To accomplish these goals, we must be fiscally efficient and sustainable.

Goal 1: Strengthen public health infrastructure

OBJECTIVE 5.1.1: Maintain DOH-Indian River’s strategic planning process, with measurable goals and objectives to guide our activities that is communicated to our stakeholders by December 31, 2020. Assess progress towards these goals annually.

Strategies
- PMC & QI meetings held at least 10 times a year to improve and continue strategic planning process.
- LPHSA completed every 3-5 years with local stakeholders.
- Quarterly review of the strategic plan, its processes and objectives, and the strategic plan annual report.

OBJECTIVE 5.1.2: Conduct 8 DOH-Indian River Performance Management Council meetings annually in order to support and govern a continuous quality improvement culture by December 31, 2019.

Strategies
- The health department’s leadership meets no less than 10 times a year to discuss accreditation, PMQI, and general performance management activities.
- Expanded management team meets monthly.

OBJECTIVE 5.1.3: Utilize the NACCHO Roadmap to a Culture of Quality Improvement and conduct an assessment to measure progression from phase 4 to phase 5 by December 31, 2019.

Strategies
- Research opportunities for improvement to be formalized in a QI action plan.
- Implement at least one NACCHO Culture of Quality Self-Assessment 2.0 by June 31, 2020.

OBJECTIVE 5.1.4: Submit CHIP & Strategic Plan documents for accreditation annual reports to DOH (Tallahassee) by March 31, 2020.

Strategies
- Dedicated staff updates and submits accreditation documents as needed.
- Review of accreditation documents quarterly in PMC meetings.

Goal 2: Promote a culture of excellent customer service

OBJECTIVE 5.2.1: Maintain a “satisfactory” or better rating for ≥ 90% of customer satisfaction surveys completed by December 31, 2020.

Strategies
- Conduct research though surveys to better understand why county would not be satisfied.
- Analyze data for gaps and improvements.
OBJECTIVE 5.2.2: Utilizing quality improvement tools, implement an action plan for reducing adult clinic wait time by July 31, 2017.

Strategies

− Use Plan-do-check-act (PDCA) methodology to implement action plan.
− Utilize QI toolkit and other quality improvement tools to be implemented as part of the county health department’s QI projects.
− Analyze barriers to reducing adult clinic wait time.

Goal 3: Operate in a fiscally efficient and sound environment

OBJECTIVE 5.3.1: By July 31, 2020, 100% of DOH-Indian River’s departments and/or divisions will operate within their annual operating budget.

Strategies

− Dedicated staff updates and reviews annual operating budget as needed.
− Dedicated staff reviews and manages coding for budget on EARS & DARS systems.
− Monthly reporting of action items and budgetary issues to administration.
− Monthly discussions with administration on how to maintain annual operating budget.
− Recording of accounting issues on FLAIR system.
− Daily reporting and monitoring of the budget on the FIRS system.

OBJECTIVE 5.3.2: By December 31, 2020, schedule C other cost accumulation (OCA) cash balances are managed to ensure Federal Funds have a zero balance within 60 days of end of grant period 100% of the time.

Strategies

− Dedicated staff updates and reviews annual operating budget as needed.
− Dedicated staff reviews and manages coding for budget on EARS & DARS systems.
− Monthly reporting of action items and budgetary issues to administration.
− Monthly discussions with administration on how to maintain annual operating budget.
− Recording of accounting issues on FLAIR system.
− Daily reporting and monitoring of the budget on the FIRS system.
− Reporting on FIRS system regarding schedule C other cost accumulation (OCA) cash balances at the federal level as needed.

OBJECTIVE 5.3.3: By December 31, 2020, Schedule C other cost accumulation (OCA) cash balances are managed to ensure State General Revenue and Trust funds do not have negative cash balances 100% of the time.

Strategies

− Dedicated staff updates and reviews annual operating budget as needed.
− Dedicated staff reviews and manages coding for budget on EARS & DARS systems.
− Monthly reporting of action items and budgetary issues to administration.
− Monthly discussions with administration on how to maintain annual operating budget.
− Recording of accounting issues on FLAIR system.
− Daily reporting and monitoring of the budget on the FIRS system.
− Reporting on FIRS system regarding schedule C other cost accumulation (OCA) cash balances at the state level & for Trust funds as needed.
Goal 4: Develop, sustain and improve a competent and engaged workforce

OBJECTIVE 5.4.1: By August 31, 2017, develop one worksite wellness action plan to implement at DOH-Indian River.

Strategies
- Analyze CDC scorecard results for needed intervention areas.
- Utilize plan-do-check-act (PDCA) methodology to implement action plan.

OBJECTIVE 5.4.2: Annually, all DOH-Indian River staff shall complete one employee development training by December 31, 2020.

Strategies
- Research employee development training.
- Discuss individual development training form & plan with supervisor.

OBJECTIVE 5.4.3: By December 31, 2020, implement one quality improvement project annually which is based upon feedback from employee satisfaction survey.

Strategies
- Analyze results of employee satisfaction survey.
- Discuss results at QI and PMC meetings to determine needed quality improvement projects.
- Establish a Health Promotion Committee in response to data from the PHWINS survey and employee satisfaction survey.
- Survey the employee base to determine what activities to implement in order to improve quality of employee morale.
## Objectives

**Linkages/Alignment Legend:**

- **SHIP** = State Health Improvement Plan
- **ASP** = Agency Strategic Plan
- **PMQI** = Agency Performance Management Quality Improvement Plan
- **CHIP** = Community Health Improvement Plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
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| **OBJECTIVE 1.1.1:** By December 31, 2018 improve access to dental care by increasing the number of dental sealants received in schools by 10%. | 342 | 2016 | 377 | December 31, 2018 | Annually | Public Health, Nursing Departments | SHIP- HE2.2
ASP- Goal 1.1
PMQI- N/A
CHIP- N/A |
| **OBJECTIVE 1.1.2:** By December 31, 2018 increase the number of mental health screenings performed in schools by 10%. | 0 | 2016 | Any increase | December 31, 2018 | Annually | Public Health, Nursing Departments | SHIP- BH1
ASP- Goal 1.1
PMQI- N/A
CHIP- Goal 3.B |
| **OBJECTIVE 1.2.1:** By December 31, 2019 reduce birth rate (rate per 1000 females) for mothers ages 15-19 by 5%. | 22.1% | 2016 | 17.1% | December 31, 2019 | Annually | Nursing Department | SHIP- MCH1
ASP- Goal 1.1
PMQI- N/A
CHIP- Goal 4.B |
| **OBJECTIVE 1.3.1:** By July 30, 2019, reduce total infant mortality to 7 per 1000 live births or below. | 7/1,000 | 2016 | 6/1,000 | July 30, 2019 | Annually | Nursing Department | SHIP- MCH1
ASP- Goal 1.1
PMQI- N/A
CHIP- Goal 4.B |
| **OBJECTIVE 1.3.2:** By December 31, 2019 increase annual percent of entry into prenatal care in the 1st Trimester by 5%. | 81.7% | 2016 | 71.7% | December 31, 2019 | Annually | Nursing Department | SHIP- MCH2
ASP- Goal 1.1 |
<table>
<thead>
<tr>
<th>OBJECTIVE 1.3.3: By December 31, 2019, increase annual percent of birth mothers who were at a healthy weight before pregnancy by 5%</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.2%</td>
<td>2016</td>
<td>47.2%</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>PMQI- N/A CHIP- Goal 4.A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 1.3.4: By December 31, 2019, reduce the three-year rolling average of black infant mortality rate by 10%</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.5%</td>
<td>2016</td>
<td>1.5%</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- MCH2 ASP- Goal 1.1 PMQI- N/A CHIP- Goal 4.C</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.1.1: Increase number of outreach events that include HIV testing of high-risk populations (MSM population) by December 31, 2020</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2016</td>
<td>Any Increase</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- ID2 ASP- Goal 2.1 PMQI- N/A CHIP- Goal 4.C</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.1.2: Have ≥ 90% of DOH-Indian River STD cases are treated according to the most recent STD guidelines within 14 days of diagnosis by December 31, 2020</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>89%</td>
<td>2016</td>
<td>≥ 90%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- ID3 ASP- Goal 2.1 PMQI- N/A CHIP- Goal 4.C</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.1.3: By December 31, 2020 DOH-Indian River will meet or exceed DOH target for percent of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOH Target for percent of new HIV positives</td>
<td>2016</td>
<td>Stay at baseline or increase</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- ID2 ASP- Goal 2.1 PMQI- N/A CHIP- Goal 4.C</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.2.1: By December 31, 2020 have ≥ 93% of active TB patients complete</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2016</td>
<td>≥ 93%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- ID3 ASP- Goal 3.1</td>
<td></td>
</tr>
<tr>
<td>OBJECTIVE 2.2.2: By December 31, 2020 have ≥ 90% of 2-year-old DOH-Indian River clients be fully immunized.</td>
<td>Baseline Value</td>
<td>Baseline Year</td>
<td>Target Value</td>
<td>Target Date</td>
<td>Measured Annually or Quarterly</td>
<td>Lead Entity Responsible</td>
<td>Linkages/ Alignment</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>100%</td>
<td>2016</td>
<td>≥ 90%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>PMQI- N/A CHIP- N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.2.3: By December 31, 2020 DOH-Indian River will maintain an annual composite score of ≥ 67% for core epidemiology measures.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/ Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>2016</td>
<td>≥ 67%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- ID3 ASP- Goal 3.1 PMQI- Goal 3 CHIP- N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.2.4: By December 31, 2020 100% of staff will be fit tested for N95 masks at least once every four years.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/ Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>2016</td>
<td>100%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Nursing Department</td>
<td>SHIP- ID3 ASP- Goal 3.1 PMQI- Goal 3 CHIP- Goal 1.A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.3.1: 100% of staff will be trained on special needs shelter support and services by June 30, 2017 and annually thereafter.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/ Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>2016</td>
<td>100%</td>
<td>June 30, 2017</td>
<td>Annually</td>
<td>Emergency Preparedness Department</td>
<td>SHIP- CD2 ASP- Goal 3.1 PMQI- Goal 3 CHIP- N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 2.3.2: 100% of Incident Command System (ICS) Staff will successfully receive specific ICS FEMA training by December 31, 2019.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/ Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>2016</td>
<td>100%</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Emergency Preparedness Department</td>
<td>SHIP- CD2 ASP- Goal 3.1 PMQI- Goal 3 CHIP- N/A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.1.1: By June 30, 2019, DOH-Indian River will develop an action plan for the 2020 Community Health Assessment</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/ Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>June 30, 2019</td>
<td>Annually</td>
<td>Accreditation, Community Health,</td>
<td>SHIP- CD2 ASP- Goal 4.1</td>
<td></td>
</tr>
<tr>
<td>OBJECTIVE 3.1.2: By December 31, 2020 DOH-Indian River will maintain at least one collaborative community health improvement process, and with community partners, will continue to evaluate and update measurable objectives and outcomes to be reported upon annually.</td>
<td>Baseline Value</td>
<td>Baseline Year</td>
<td>Target Value</td>
<td>Target Date</td>
<td>Measured Annually or Quarterly</td>
<td>Lead Entity Responsible</td>
<td>Linkages/Alignment</td>
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<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Accreditation, Community Health, Human Services Departments</td>
<td>Human Services Departments</td>
<td>PMQI- Goal 4 CHIP- N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.1.3: By January 31, 2019, decrease the number of fall-related hospitalizations among older adults age 55 or older by 5% (2016 baseline data).</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>670</td>
<td>2016</td>
<td>636</td>
<td>January 31 2019</td>
<td>Annually</td>
<td>Accreditation, Community Health, Human Services Departments</td>
<td>Human Services Departments</td>
<td>SHIP- ISV1 ASP- Goal 2.1 PMQI- N/A CHIP- N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.1.4: By June 30, 2019, decrease the number of hospitalizations (intentional and unintentional) among children ages 19 and younger (2016 baseline data).</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>54</td>
<td>2016</td>
<td>Any decrease</td>
<td>June 30 2019</td>
<td>Annually</td>
<td>Accreditation, Community Health, Human Services Departments</td>
<td>Human Services Departments</td>
<td>SHIP- ISV1 ASP- Goal 2.1 PMQI- N/A CHIP- N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.1.5: By December 31, 2020, establish new and enhance existing partnerships collaboration with community stakeholders and agencies to address the social determinants of health.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Accreditation, Community Health, Human Services Departments</td>
<td>Human Services Departments</td>
<td>SHIP- CD2 ASP- Goal 1.1 PMQI- Goal 1 CHIP- Goal 2.B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.2.1: By December 31, 2019, utilize baby friendly funding to increase breastfeeding rates for newborns by 5% (self-assessment measurement).</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>81%</td>
<td>2016</td>
<td>Any increase</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Nursing, Accreditation, Human Services Departments</td>
<td>Human Services Departments</td>
<td>SHIP- HW1.2 ASP- Goal 1.1 PMQI- N/A CHIP- Goal 4.C</td>
</tr>
<tr>
<td>OBJECTIVE 3.2.2: By December 31, 2019, decrease the percentage of adults in the county who are overweight or obese (BMI≥ 25) by 2%.</td>
<td>Baseline Value</td>
<td>Baseline Year</td>
<td>Target Value</td>
<td>Target Date</td>
<td>Measured Annually or Quarterly</td>
<td>Lead Entity Responsible</td>
<td>Linkages/Alignment</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>64.9%</td>
<td>2016</td>
<td>62.9%</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Nursing, Accreditation, Human Services Departments</td>
<td>SHIP- HW2 ASP- Goal 2.1.2 PMQI- N/A CHIP- Goal 1.A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.2.3: By December 31, 2019, decrease the percentage of youth in grade 1 who are overweight or obese by 5%.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>2016</td>
<td>24%</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Nursing, Accreditation, Human Services Departments</td>
<td>SHIP- HW2 ASP- Goal 2.1.1 PMQI- N/A CHIP- Goal 1.A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 3.2.4: By December 31, 2019, decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day by 5%.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>16.8%</td>
<td>2016</td>
<td>11.8%</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Nursing, Accreditation, Human Services Departments</td>
<td>SHIP- HW1 ASP- Goal 2.1.2 PMQI- N/A CHIP- Goal 1.A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 4.1.1: Actively participate and aid in efforts to decrease the total nitrogen and phosphorous levels in the Central Indian River Lagoon to levels determined by the Central Indian River Lagoon Basin Management Action Plan (BMAP) by 5% or less by December 31, 2020, as identified by current scientific recommendations.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>~85 (low levels of nitrogen &amp; phosphorus)</td>
<td>2016</td>
<td>≤5%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Environmental Health Department</td>
<td>SHIP- HE3 ASP- Goal 4.1 PMQI- N/A CHIP- Goal 2.A</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OBJECTIVE 4.1.2: By December 31, 2020 maintain an Annual Comprehensive Environmental Health Score (ACEHS) of ≥ 85%.</th>
<th>Baseline Value</th>
<th>Baseline Year</th>
<th>Target Value</th>
<th>Target Date</th>
<th>Measured Annually or Quarterly</th>
<th>Lead Entity Responsible</th>
<th>Linkages/Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>94.6%</td>
<td>2016</td>
<td>Any score</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Environmental Health Department</td>
<td>SHIP- HE3 ASP- Goal 4.1 PMQI- N/A CHIP- Goal 2.A</td>
<td></td>
</tr>
<tr>
<td>Objective</td>
<td>Baseline Value</td>
<td>Baseline Year</td>
<td>Target Value</td>
<td>Target Date</td>
<td>Measured Annually or Quarterly</td>
<td>Lead Entity Responsible</td>
<td>Linkages/Alignment</td>
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<td>-------------------</td>
</tr>
<tr>
<td>4.2.1: Perform one county wide walkability survey that includes low income identifiers by December 31, 2018.</td>
<td>0</td>
<td>2016</td>
<td>300 Assessments</td>
<td>December 31, 2018</td>
<td>Annually</td>
<td>Accreditation &amp; Human Services Departments</td>
<td>SHIP- HE1 ASP- Goal 1.1 PMQI- Goal 2 CHIP- Goal 2.B</td>
</tr>
<tr>
<td>4.2.2: Adopt and implement a Complete Streets Policy by December 31, 2019.</td>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Accreditation &amp; Human Services Departments</td>
<td>SHIP- HE1 ASP- Goal 1.1 PMQI- Goal 2 CHIP- Goal 1.A, 2.B</td>
</tr>
<tr>
<td>5.1.1: Maintain DOH-Indian River’s strategic planning process, with measurable goals and objectives to guide our activities that is communicated to our stakeholders by December 31, 2020. Assess progress towards these goals annually.</td>
<td>1</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development, Public Health, Accreditation &amp; Human Services Departments</td>
<td>SHIP- N/A ASP- Goal 4.1 PMQI- Goal 4 CHIP- N/A</td>
</tr>
<tr>
<td>5.1.2: Conduct 8 DOH-Indian River Performance Management Council meetings annually in order to support and govern a continuous quality improvement culture by December 31, 2019.</td>
<td>0</td>
<td>2016</td>
<td>8</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development, Public Health, Accreditation &amp; Human Services Departments</td>
<td>SHIP- N/A ASP- Goal 5.1 PMQI- Goal 4 CHIP- N/A</td>
</tr>
<tr>
<td>5.1.3: Utilize the NACCHO Roadmap to a Culture of Quality Improvement and conduct an assessment to measure progression from phase 4 to phase 5 by December 31, 2019.</td>
<td>1</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2019</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development, Public Health, Accreditation &amp; Human Services Departments</td>
<td>SHIP- N/A ASP- Goal 4.1 PMQI- Goal 5 CHIP- N/A</td>
</tr>
<tr>
<td>5.1.4: Submit CHIP &amp; Strategic Plan documents for accreditation annual</td>
<td>0</td>
<td>2016</td>
<td>4 (submissions)</td>
<td>by March 31, 2020</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development, Public Health, Accreditation</td>
<td>SHIP- N/A ASP- Goal 4.1</td>
</tr>
<tr>
<td>OBJECTIVE 5.2.1: Maintain a “satisfactory” or better rating for ≥ 90% of customer satisfaction surveys completed by December 31, 2020.</td>
<td>Baseline Value</td>
<td>Baseline Year</td>
<td>Target Value</td>
<td>Target Date</td>
<td>Measured Annually or Quarterly</td>
<td>Lead Entity Responsible</td>
<td>Linkages/Alignment</td>
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<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>100%</td>
<td>2016</td>
<td>90%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development Department</td>
<td>PMQI- Goal 4 CHIP- N/A</td>
<td></td>
</tr>
<tr>
<td>OBJECTIVE 5.2.2: Utilizing quality improvement tools, implement an action plan for reducing adult clinic wait time by July 31, 2017.</td>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>July 31, 2017</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development Department</td>
<td>SHIP- N/A ASP- Goal 4.1 PMQI- Goal 1 CHIP- N/A</td>
</tr>
<tr>
<td>OBJECTIVE 5.3.1: By July 31, 2020, 100% of DOH-Indian River’s departments and/or divisions will operate within their annual operating budget.</td>
<td>1</td>
<td>2016</td>
<td>1</td>
<td>July 31 2020</td>
<td>Annually</td>
<td>Business Department</td>
<td>SHIP- N/A ASP- Goal 4.1 PMQI- N/A CHIP- N/A</td>
</tr>
<tr>
<td>OBJECTIVE 5.3.2: By December 31, 2020, schedule C other cost accumulation (OCA) cash balances are managed to ensure Federal Funds have a zero balance within 60 days of end of grant period 100% of the time.</td>
<td>0</td>
<td>2016</td>
<td>100%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Business Department</td>
<td>SHIP- N/A ASP- Goal 4.1 PMQI- N/A CHIP- N/A</td>
</tr>
<tr>
<td>OBJECTIVE 5.3.3: By December 31, 2020, Schedule C other cost accumulation (OCA) cash balances are managed to ensure State General Revenue and Trust funds do not have negative cash balances 100% of the time.</td>
<td>0</td>
<td>2016</td>
<td>100%</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Business Department</td>
<td>SHIP- N/A ASP- Goal 4.1 PMQI- N/A CHIP- N/A</td>
</tr>
<tr>
<td>Objective</td>
<td>Baseline Value</td>
<td>Baseline Year</td>
<td>Target Value</td>
<td>Target Date</td>
<td>Measured Annually or Quarterly</td>
<td>Lead Entity Responsible</td>
<td>Linkages/Alignment</td>
</tr>
<tr>
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</tr>
<tr>
<td>OBJ 5.4.1: By August 31, 2017, develop one worksite wellness action plan to implement at DOH-Indian River.</td>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>August 31, 2017</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development Department</td>
<td>SHIP- HE3 ASP- Goal 4.1 PMQI- Goal 2 CHIP- Goal 3.A</td>
</tr>
<tr>
<td>OBJ 5.4.2: Annually, all DOH-Indian River staff shall complete one employee development training by December 31, 2020.</td>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development Department</td>
<td>SHIP- HE3 ASP- Goal 4.1 PMQI- Goal 6 CHIP- N/A</td>
</tr>
<tr>
<td>OBJ 5.4.3: By December 31, 2020, implement one quality improvement project annually which is based upon feedback from employee satisfaction survey.</td>
<td>0</td>
<td>2016</td>
<td>1</td>
<td>December 31, 2020</td>
<td>Annually</td>
<td>Quality Improvement and Workforce Development Department</td>
<td>SHIP- HE2 ASP- Goal 4.1 PMQI- Goal 2 CHIP- N/A</td>
</tr>
</tbody>
</table>
Appendix A: Strategic Planning Process

Several teams were involved in the development of the plan:

The DOH-Indian River Performance Management Council (PMC) includes:

- Miranda Hawker, Health Officer
- Rose Parker, Nursing Director
- Mayur Rao, Business Manager
- Stacy Hass, Quality Improvement and Workforce Development
- Cheryl Dunn, Environmental Health Manager
- Julianne Price, Accreditation Liaison (also responsible for implementation of the Community Health Improvement Plan),
- Patrick Nelson, Human Services Program Analyst

The Quality Improvement Committee (QIC) includes:

- Sylvia Auld, SCHN Supervisor
- Brenda Bennett, Registration Clerk
- Cindy Boyle, Medical Records Supervisor
- Stacy Brock, Emergency Preparedness Coordinator
- Lauren Broom, Environmental Specialist II
- Joni Gathmann, WIC Supervisor
- Michael Gray, Purchasing Agent III
- Stacy Haas, Quality Improvement and Workforce Development
- Miranda Hawker, Health Officer
- Bonnie Kemp, Government Operations Consultant I
- Patrick Nelson, Human Services Program Analyst
- Rebeca Padilla, Staff Assistant
- Cathy Papitto, Accountant II
- Julianne Price, Accreditation Liaison
- Lisa Schutt, SCHN Supervisor
- Mary Steinwald, Human Services Program Specialist
- Fatima Zayas, Clinical Services, Outreach

Finally, the Expanded Management Team includes:

- Boyle, Cindy R, Medical Records Supervisor
- Brock, Stacy S, Emergency Preparedness Coordinator (also Public Information Officer)
- Dunn, Cheryl L, Environmental Health Manager
- Gathmann, Joni I, WIC Supervisor
- Haas, Stacy A, Quality Improvement and Workforce Development
- Hawker, Miranda C, Health Officer
- Knox, Nancy A, SCHN Supervisor
- Lindsey, Vonnie L, Administrative Assistant
- Marion, Stephen A, Information Technology
- Parker, Avie Rose, Nursing Director
- Parker, Deanna Z, Accounting Supervisor
- Julianne Price, Accreditation Liaison (also responsible for implementation of the Community Health Improvement Plan)
- Rao, Mayur K, Business Manager
- Schutt, Lisa D, SCHN Supervisor
<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Goals</th>
<th>Objectives</th>
<th>Organizational Unit</th>
</tr>
</thead>
</table>
| **Access to Public Health Services** | Improve access to health care for uninsured & underinsured           | • By December 31, 2018, improve access to dental care by increasing the number of sealants received in schools by 10%.  
• By December 31, 2018, increase the number of mental health screenings performed in schools by 10% (completed 2019).                                                                                                                                  | Public Health (Miranda Hawker, Officer) / Nursing (Rose Parker, Director) |
|                                      | Reduce teen pregnancy                                               | • By December 31, 2019, reduce birth rate (rate per 1000 females) for mothers ages 15-19 from 22.1% to 17.1%.                                                                                                                                                                                                                           | Nursing (Rose Parker, Director)                          |
|                                      | Reduce infant mortality                                             | • By July 31, 2019, reduce total infant mortality to 7 per 1000 live births or below (1.5 in 1,000 as of 2018; completed 2018).  
• By December 31, 2019, increase annual percent of entry into prenatal care in the 1st Trimester from 71.6% to 76.6% (completed 2017).  
• By December 31, 2019, increase annual percent of birth mothers who were at a healthy weight before pregnancy from 43% (2018) to 48% (best case to 50.6%).  
• By December 31, 2019, reduce the three-year rolling average of black infant mortality rate from 11.5% to 1.5% (completed 2018).                                                                                      | Nursing (Rose Parker, Director)                          |
| **Protect Health & Prevent Disease** | Prevent exposure, infection and disease related complications from STDs and HIV/AIDS | • Increase number of outreach events that include HIV testing of high-risk populations (MSM populations) by December 31, 2020.  
• ≥90% of DOH-Indian River STD cases are treated according to the most recent STD guidelines within 14 days of diagnosis by December 31, 2020 (89% as of 2018).  
• By December 31, 2020 DOH-Indian River will meet or exceed DOH target for percent of new HIV positives with documentation of linkage to medical care within 90 days of diagnosis (100% in 2018). | Nursing (Rose Parker, Director)                          |
|                                      | Prevent disease and injury                                           | • By December 31, 2020 have ≥93% of active TB patients complete therapy within 12 months of initiation of treatment (Zero TB patients as of 2018).  
• By December 31, 2020 ≥90% of 2-year-old DOH-Indian River clients are fully immunized (92.3% for the county in 2018).  
• By December 31, 2020 DOH-Indian River will maintain an annual composite score of ≥67% for core epidemiology measures (88% in 2018).                                                                                     | Nursing (Rose Parker, Director)                          |
<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Goals</th>
<th>Objectives</th>
<th>Organizational Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve public health outcomes through effective collaboration with community partners</td>
<td>By June 30, 2019, DOH-Indian River will develop an action plan for a 2020 Community Health Assessment including funding mechanism. By December 31, 2020, DOH-Indian River will maintain a collaborative community health improvement process and evaluate and update outcomes annually. By January 31, 2019, decrease the number of fall-related hospitalizations among adults age 55 or older from 722 to 686. By June 30, 2019, decrease the number of related hospitalizations (intentional and unintentional) among children ages 19 and younger (53 in 2018; completed). By December 31, 2020, establish new and enhance existing partnerships collaboration with community stakeholders and agencies to address the social determinants of health.</td>
<td>Accreditation, Community Health, Human Services (Julianne Price, Manager) / Public Health (Miranda Hawker, Officer)</td>
<td></td>
</tr>
<tr>
<td>Decrease the percentage of youth and adults in Indian River County who are overweight or obese and the percentage who have comorbidities</td>
<td>By December 31, 2019, utilize baby friendly funding to increase breastfeeding rates for newborns (self-assessment measurement) (completed 2017). By December 31, 2019, decrease the percentage of adults in the county who are overweight or obese (BMI ≥25) from 64.9% to 62.9%. By December 31, 2019, decrease the percentage of youth in first grade who are overweight or obese from 29% to 24%. By December 31, 2019, decrease the percentage of adults in Indian River County who report fewer than 5 servings of fruits/vegetables per day from 16.8% to 11.8%.</td>
<td>Nursing (Rose Parker, Director) / Accreditation &amp; Human Services (Julianne Price, Manager)</td>
<td></td>
</tr>
</tbody>
</table>

- By December 31, 2020 100% of staff will be fit tested for N95 masks at least once every four years (completed).
- 100% of staff will be trained on special needs shelter support and services by June 30, 2017 and annually thereafter (completed in 2019).
- 100% of ICS Command Staff will successfully receive specific ICS FEMA training by December 31, 2019.
<table>
<thead>
<tr>
<th>Strategic Priorities</th>
<th>Goals</th>
<th>Objectives</th>
<th>Organizational Unit</th>
</tr>
</thead>
</table>
| **Environmental Stewardship**             | Improve Indian River County’s natural environment                     | • Actively participate and aid in efforts to decrease the total nitrogen and phosphorous levels in the Central Indian River Lagoon to levels determined by the Central Indian River Lagoon Basin Management Action Plan (BMAP), or less by December 31, 2020, as identified by current scientific recommendations.  
  • By December 31, 2020 maintain an Annual Comprehensive Environmental Health Score (ACEHS) of ≥85% (completed 2018; 94.6%). | Environmental Health (Cheryl Dunn, Manager)                                                                                                                     |
|                                           | Improve Indian River County’s built environment                       | • By December 31, 2018, perform one county wide walkability assessment with low income identifiers (completed in 2017).  
  • By December 31, 2019, adopt and implement a Complete Streets Policy (completed in 2019).              | Accreditation & Human Services (Julianne Price, Manager)                                                                                                       |
| **Organizational Excellence: Effectiveness, Efficiency and Sustainability** | Strengthen public health infrastructure                              | • Maintain DOH-Indian River’s strategic planning process, with measurable goals and objectives to guide our activities, that is communicated to our stakeholders by December 31, 2020. Assess progress toward goals annually.  
  • Conduct 8 Performance Management Council meetings annually to support and govern a continuous quality improvement culture by December 31, 2019 (completed in 2019).  
  • Utilize the NACCHO Roadmap to a Culture of Quality Improvement and conduct an annual assessment to measure progression from phase 4 to phase 5 by December 31, 2019.  
  • Submit documents for accreditation annual report to DOH (Tallahassee) by March 31, 2020.               | Quality Improvement and Workforce Development (Stacy Haas, Coordinator) / Public Health (Miranda Hawker, Officer) / Accreditation & Human Services (Julianne Price, Manager) |
|                                           | Provide excellent customer service                                      | • Maintain a “satisfactory” or better rating for ≥90% of customer satisfaction surveys completed by December 31, 2020 (completed in 2018).  
  • Utilizing quality improvement tools, implement an action plan for reducing adult clinic wait time by July 31, 2017 (Not Applicable). | Quality Improvement and Workforce Development (Stacy Haas, Coordinator)                                                                         |
| Operate in a fiscally efficient and sound environment | • By July 31, 2017, 100% of DOH-Indian River’s departments and/or divisions will operate within their annual operating budget.  
• By December 31, 2020, Schedule C other cost accumulation (OCA) cash balances are managed to ensure Federal Funds have a zero balance within 60 days of end of grant period 100% of the time.  
• By December 31, 2020, Schedule C other cost accumulation (OCA) cash balances are managed to ensure State General Revenue and Trust Funds do not have negative cash balances 100% of the time. | Business (Mayur Rao, Manager) |
| Develop, sustain and improve a competent and engaged workforce | • By March 31, 2017, develop a worksite wellness action plan to implement at DOH-Indian River (completed in 2019).  
• Annually, all DOH-Indian River staff shall complete one employee development training by December 31, 2020 (completed in 2019).  
• By December 31, 2020, implement one quality improvement project annually which is based upon feedback from the employee satisfaction survey. | Quality Improvement and Workforce Development (Stacy Haas, Coordinator) |
# Appendix B: Strategic Plan (Version 1.2) Goal Alignment with Local and State Plans

<table>
<thead>
<tr>
<th>SP Priority</th>
<th>QI Project</th>
<th>Plan Alignment</th>
<th>Aligned Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strategic Priority 1: Access to Public Health Services - Improve access to health care for uninsured and underinsured (Goal #1)</strong></td>
<td>Local Administrative (Clinic): Create Process for New Patient Portal to Meet Meaningful Use</td>
<td>☐ CHD PMQI Plan  ☐ Agency PMQI Plan  ☐ Community Health Improvement Plan  ☒ State Health Improvement Plan  ☒ Agency Strategic Plan  ☐ CHD Workforce Development Plan  ☐ Agency Workforce Development Plan</td>
<td>SHIP  • Health Equity, Goal #2 (Strategy HE1.2)  FDOH Agency Strategic Plan  • Health Equity, Goal 1.1 (Ensure Floridians in all communities will have opportunities to achieve healthier outcomes)</td>
</tr>
<tr>
<td></td>
<td>Local Administrative: Improve our Internet Website ADA Compliance</td>
<td>☐ CHD PMQI Plan  ☐ Agency PMQI Plan  ☐ Community Health Improvement Plan  ☒ State Health Improvement Plan  ☒ Agency Strategic Plan  ☐ CHD Workforce Development Plan  ☐ Agency Workforce Development Plan</td>
<td>SHIP  • Health Equity, Goal #3 (Strategy HE3.2)  FDOH Agency Strategic Plan  • Health Equity, Goal 1.1</td>
</tr>
<tr>
<td><strong>Strategic Priority 1: Access to Public Health Services - Goal #2 (reduce teen pregnancy) and #3 (reduce infant mortality)</strong></td>
<td>N/A</td>
<td>☐ CHD PMQI Plan  ☐ Agency PMQI Plan  ☒ Community Health Improvement Plan  ☒ State Health Improvement Plan  ☒ Agency Strategic Plan  ☐ CHD Workforce Development Plan  ☐ Agency Workforce Development Plan</td>
<td>CHIP  • Infant Mortality, Goal 1, 2 (Improve access to prenatal care, Reduce disparities in infant mortality)  SHIP  • Maternal &amp; Child Health, Goal 1</td>
</tr>
<tr>
<td><strong>Strategic Priority 2: Protect Health and Prevent Disease - Prevent exposure, infection and disease related complications from STDs and HIV/AIDS (Goal #1), and to prevent disease and injury (Goal #2)</strong></td>
<td>Programmatic: Epidemiology: Increase Hepatitis A Vaccination</td>
<td>☐ CHD PMQI Plan  ☐ Agency PMQI Plan  ☐ Community Health Improvement Plan  ☒ State Health Improvement Plan  ☒ Agency Strategic Plan  ☐ CHD Workforce Development Plan  ☐ Agency Workforce Development Plan</td>
<td>SHIP  • Sexually Transmitted Diseases and other infectious diseases, Goal #3  FDOH Agency Strategic Plan  • Priority 3: Readiness for Emerging Health Threats  • Goal: Demonstrate readiness for emerging health threats</td>
</tr>
<tr>
<td>SP Priority</td>
<td>QI Project</td>
<td>Plan Alignment</td>
<td>Aligned Priorities</td>
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<tr>
<td>Strategic Priority 2: Protect Health and Prevent Disease - A community prepared for all hazards (Goal #3)</td>
<td>Programmatic: Public Health Preparedness Create Gifford Emergency Preparedness Plan</td>
<td>☐ CHD PMQI Plan ☐ Agency PMQI Plan ☐ Community Health Improvement Plan ☒ State Health Improvement Plan ☒ Agency Strategic Plan ☐ CHD Workforce Development Plan ☐ Agency Workforce Development Plan</td>
<td>SHIP  • Sexually Transmitted Diseases and other infectious diseases, Goal #3 FDOH Agency Strategic Plan  • Priority 3: Readiness for Emerging Health Threats  • Goal: Demonstrate readiness for emerging health threats</td>
</tr>
<tr>
<td>Strategic Priority 3: Community Health Planning - Improve public health outcomes through effective collaboration with community partners (Goal #1)</td>
<td>Programmatic: Epidemiology Identify Local Healthcare Stakeholders and Providers</td>
<td>☐ CHD PMQI Plan ☐ Agency PMQI Plan ☒ Community Health Improvement Plan ☒ State Health Improvement Plan ☒ Agency Strategic Plan ☐ CHD Workforce Development Plan ☐ Agency Workforce Development Plan</td>
<td>CHIP  • Mental health, Goal 2: Enable messaging in the county that nurtures an individual, including children SHIP  • Health Equity, Goal 2: Strengthen the capacity of state and local agencies FDOH Agency Strategic Plan  • Health equity, Goal 1.1</td>
</tr>
<tr>
<td>Strategic Priority 3: Community Health Planning - Decrease percentage of youth and adults in IRC who are overweight or obese (Goal #2)</td>
<td>Programmatic - Population Based: Snap Ed – Improve Childhood Obesity</td>
<td>☐ CHD PMQI Plan ☐ Agency PMQI Plan ☒ Community Health Improvement Plan ☒ State Health Improvement Plan ☒ Agency Strategic Plan ☐ CHD Workforce Development Plan ☐ Agency Workforce Development Plan</td>
<td>CHIP  • Healthy weight Goal 1: Ensure Indian River County residents strive and sustain a healthy weight through a holistic approach. SHIP  • Priority 5: Healthy weight, Goal 2: …increase healthy weight. FDOH Agency Strategic Plan  • Priority 2: Long, Healthy Life, Goal 2.1</td>
</tr>
<tr>
<td>SP Priority</td>
<td>QI Project</td>
<td>Plan Alignment</td>
<td>Aligned Priorities</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
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<td>----------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Strategic Priority 4: Environmental Stewardship</td>
<td>N/A</td>
<td>☐ CHD PMQI Plan&lt;br&gt;☐ Agency PMQI Plan&lt;br&gt;☒ Community Health Improvement Plan&lt;br&gt;☐ State Health Improvement Plan&lt;br&gt;☐ Agency Strategic Plan&lt;br&gt;☐ CHD Workforce Development Plan&lt;br&gt;☐ Agency Workforce Development Plan</td>
<td>DOH-Indian River CHIP&lt;br&gt;• Priority: Environmental Health&lt;br&gt;• Goal 1: Improve the quality of the natural environment in Indian River County.&lt;br&gt;• Goal 2: Improve Indian River County’s built environment</td>
</tr>
<tr>
<td>Strategic Priority 5: Organizational Excellence:</td>
<td>Administrative:&lt;br&gt;Sharing of Best Practices</td>
<td>☐ CHD PMQI Plan&lt;br&gt;☐ Agency PMQI Plan&lt;br&gt;☐ Community Health Improvement Plan&lt;br&gt;☐ State Health Improvement Plan&lt;br&gt;☒ Agency Strategic Plan&lt;br&gt;☐ CHD Workforce Development Plan&lt;br&gt;☐ Agency Workforce Development Plan</td>
<td>FDOH Agency Strategic Plan&lt;br&gt;• Priority 4: Effective Agency Processes, Goal 4.1.3: share best practices</td>
</tr>
<tr>
<td>Effective, Efficient and Sustainable - Strengthen public health infrastructure (Goal #1)</td>
<td>Customer Satisfaction:&lt;br&gt;Improve Phone Customer Service</td>
<td>☒ CHD PMQI Plan&lt;br&gt;☒ Agency PMQI Plan&lt;br&gt;☐ Community Health Improvement Plan&lt;br&gt;☐ State Health Improvement Plan&lt;br&gt;☐ Agency Strategic Plan&lt;br&gt;☐ CHD Workforce Development Plan&lt;br&gt;☐ Agency Workforce Development Plan</td>
<td>PMQI&lt;br&gt;• Foundational Element 6: Continual Process Improvement&lt;br&gt;FDOH Agency PMQI&lt;br&gt;• Section 6: Systematic Approach to Customer Feedback&lt;br&gt;FDOH Agency Strategic Plan&lt;br&gt;• Priority 4: Effective Agency Processes, Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce,</td>
</tr>
<tr>
<td>Strategic Priority 5: Organizational Excellence:</td>
<td>N/A</td>
<td>☐ CHD PMQI Plan&lt;br&gt;☐ Agency PMQI Plan&lt;br&gt;☐ Community Health Improvement Plan&lt;br&gt;☐ State Health Improvement Plan&lt;br&gt;☒ Agency Strategic Plan&lt;br&gt;☐ CHD Workforce Development Plan&lt;br&gt;☐ Agency Workforce Development Plan</td>
<td>FDOH Agency Strategic Plan&lt;br&gt;• Priority 4: Effective Agency Processes, Goal 4.1.2: Ensure balanced operational budget</td>
</tr>
<tr>
<td>Effective, Efficient and Sustainable - Promote a culture of excellent customer service (Goal #2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective, Efficient and Sustainable - Operate in a fiscally efficient and sound environment (Goal #3)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SP Priority</td>
<td>QI Project</td>
<td>Plan Alignment</td>
<td>Aligned Priorities</td>
</tr>
<tr>
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</tr>
</tbody>
</table>
| **Strategic Priority 5:** Organizational Excellence: **Effective, Efficient and Sustainable** - Develop, sustain and improve a competent workforce (Goal #4) | Local Administrative: Create Internal Policy Updates Process | ☐ CHD PMQI Plan  
☐ Agency PMQI Plan  
☐ Community Health Improvement Plan  
☐ State Health Improvement Plan  
☒ Agency Strategic Plan  
☒ CHD Workforce Development Plan  
☐ Agency Workforce Development Plan | FDOH Agency Strategic Plan  
• Priority 4, Goal 4.1  
DOH-Indian River Workforce Development Plan  
• Recruit, retain and train public health current and future public health workforce |
| **Employee Satisfaction:** Improve Employee Morale | | ☐ CHD PMQI Plan  
☐ Agency PMQI Plan  
☐ Community Health Improvement Plan  
☐ State Health Improvement Plan  
☐ Agency Strategic Plan  
☒ CHD Workforce Development Plan  
☐ Agency Workforce Development Plan | DOH-Indian River Workforce Development Plan  
• Recruit, retain and train public health current and future public health workforce |
Appendix C: Summary of Revisions to the Strategic Plan (Version 1.2)

Revision Process

The process in which the Strategic Plan (referred to as the “Plan” here) is revised is an ongoing one.

The Plan is reviewed quarterly at the performance management council meetings. After the Plan is submitted for annual review, the CHD waits for the review from the State. After the review comes out the PMC, as listed under the Organizational Unit in Appendix A will meet and go over the review of the Plan.

Major changes are discussed and included in the revision if the group comes to a consensus on said outcome of discussed changes. If not decided then, the group will meet monthly until an outcome is reached. From there, minor edits are made as needed. Annually, the PMC reports progress and status for all objectives as all objectives are measured on an annual basis.

As of January 2020, changes to the Strategic Plan Annual Report will be listed as follows:

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
<th>Change</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cover Page</td>
<td>Updated when the Strategic Plan was reviewed and when it will be dispersed (from October 18 to November 19)</td>
<td>10/10/19</td>
</tr>
<tr>
<td>6</td>
<td>Planning</td>
<td>Updated date of when community health needs assessment was completed initially (from 2011 to 2012)</td>
<td>10/10/19</td>
</tr>
<tr>
<td>7</td>
<td>SWOT Analysis</td>
<td>Removed/added a few Strengths, Weaknesses, Opportunities and Threats in the matrix that have changed since last year</td>
<td>10/10/19</td>
</tr>
<tr>
<td>12</td>
<td>Organizational Excellence (priority)</td>
<td>Amended a couple sentences, moved one Goal up from 2017 to 2020 (“…will operate within their annual operating budget”)</td>
<td>10/10/19</td>
</tr>
<tr>
<td>13-15</td>
<td>Appendix A: Strategic Planning Process</td>
<td>Added a number of new employees &amp; one group, removed a few employees that are no longer working with the department of health; added a column for the “Organizational Unit” of each strategic priority; included full dates for each objective; included rates for benchmarks and if the department had met distinct objectives as well as the difference between data and benchmarks if they had not reached it yet.</td>
<td>10/10/19</td>
</tr>
<tr>
<td>17</td>
<td>Appendix C</td>
<td>Added new appendix with revision history</td>
<td>10/10/19</td>
</tr>
<tr>
<td>16</td>
<td>Appendix B</td>
<td>Added agency QI plan alignments</td>
<td>10/22/19</td>
</tr>
<tr>
<td>2-17</td>
<td>All</td>
<td>Formatted title pages so that they could be used in a Microsoft Word Table of Contents</td>
<td>10/22/19</td>
</tr>
<tr>
<td>4-16</td>
<td>Some</td>
<td>Corrected a few typographical errors</td>
<td>10/22/19</td>
</tr>
<tr>
<td>2</td>
<td>Table of Contents</td>
<td>Formatted table of contents with new Headings</td>
<td>10/22/19</td>
</tr>
<tr>
<td>7</td>
<td>SWOT Analysis</td>
<td>Formatted to fit SWOT &amp; priorities on one page</td>
<td>10/22/19</td>
</tr>
<tr>
<td>13</td>
<td>Appendix A: Strategic Planning Process</td>
<td>Added positions for all the members of the committees</td>
<td>10/22/19</td>
</tr>
<tr>
<td>16</td>
<td>Appendix B</td>
<td>Worked on SP alignment with other Accreditation documents</td>
<td>10/23/19</td>
</tr>
<tr>
<td>17-18</td>
<td>Appendix B</td>
<td>Finished SP alignment with other Accreditation documents</td>
<td>10/30/19</td>
</tr>
<tr>
<td>13</td>
<td>Appendix A</td>
<td>Formatted</td>
<td>11/27/19</td>
</tr>
<tr>
<td>12</td>
<td>Organizational Excellence (priority)</td>
<td>Added information about communication and branding</td>
<td>11/27/19</td>
</tr>
<tr>
<td>20</td>
<td>Appendix</td>
<td>Added description of revision process to revision Appendix</td>
<td>11/27/19</td>
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<td>Added published date as per the last PMC meeting</td>
<td>1/28/20</td>
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<td>8-18</td>
<td>Objectives</td>
<td>Added SMART guidelines to objectives</td>
<td>1/28/20</td>
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<td>19-24</td>
<td>Objective table</td>
<td>Added alignment table for objectives</td>
<td>1/28/20</td>
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<td>33</td>
<td>Appendix D</td>
<td>Added environmental scan resource appendix</td>
<td>1/28/20</td>
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<td>8-18</td>
<td>Priorities</td>
<td>Added strategies for all the objectives</td>
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<tr>
<td>19-24</td>
<td>Objectives</td>
<td>Per PHAB 1.5, Standard 5.3, Measure 5.3.2A, RD1b and c: updated objectives to SMART guidelines</td>
<td>1/28/20</td>
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Appendix D: Environmental Scan Resources

1. Agency Strategic Plan, 2016-2020
2. Agency Quality Improvement Plan, 2018-2020
4. Florida Department of Health in Indian River County Performance Management and Quality Improvement Plan October 2019 through September 2020, Version 2.0
5. Florida Department of Health in Indian River County Workforce Development Plan 2019 - 2022
6. Florida Community Health Assessment Resource Tool Set (CHARTS)
7. Florida Department of Education Information and Accountability Services (EIAS)
8. Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023
9. Florida Department of Health Workforce Development Plan
10. Florida Department of Law Enforcement (FDLE) website
11. Florida State Health Improvement Plan, 2017-2021
12. Florida Strategic Plan for Economic Development, 2018-2023
13. Indian River County Collaborative Community Health Needs Assessment 2015
15. Indian River County SWOT Survey
16. Indian River County Snapshot Report, 2016-2019
17. NACCHO Culture of Quality Survey, 2017
18. The Centers for Disease Control and Prevention (CDC) website
19. The Florida Agency for Health Care Administration (AHCA) website
20. The Florida Department of Health (FDOH) website
21. The Florida Department of Children and Families (FDCF) website
23. The U.S. Census Bureau website