

# Florida Department of Health in Monroe County

## 2018 - 2021 Strategic Plan



**FEBRUARY 2018**

*Cover photo of Hurricane Irma damage in the Florida Keys*

## LETTER FROM THE HEALTH OFFICER

The Florida Department of Health in Monroe County (DOH-Monroe) is committed to our organizational mission of protecting, promoting and improving the health of all people in Florida through integrated state, county & community efforts. We support our vision to be the Healthiest State in the Nation through creating a culture of quality, promoting health equity and engaging with our community partners to address social determinants of health. DOH-Monroe is guided at the individual, organizational and community levels by our core values ICARE (Innovation, Collaboration, Accountability, Responsiveness and Excellence) and directed by key strategic documents that include the State Health Improvement Plan, the Comprehensive Health Needs Assessment and Improvement Plan as well as the DOH-Monroe Strategic Plan.

Through data collection, analysis, stakeholder participation and leadership guidance the 2018-2021 DOH-Monroe County Strategic Plan was developed. This internal document outlines the four areas of focused priorities for our Health Department over the next three years.

- Health Protection • Develop Community Partnerships
- Effective Agency Processes • Workforce Development

Recovery for the citizens and staff impacted by the devastation of Hurricane Irma was a major consideration during our planning process. The focus areas identified above relate to recovery efforts and support those identified in the Florida Department of Health Strategic Plan. These priorities will further enhance our efforts to advance performance within our organization and improve the health of all Monroe County residents.

As part of the first and only integrated health organization accredited by the Public Health Accreditation Board, DOH-Monroe is dedicated to continual process improvements and supporting an organizational learning environment.

On behalf of all the employees at DOH-Monroe, I would like to thank you for taking time to familiarize yourself with our 2018-2021 Strategic Plan. As always, we welcome comments, feedback and suggestions from our various stakeholder groups.

Sincerely,



Robert Eadie JD  
Health Officer  
Florida Department of Health in Monroe County



# STRATEGIC PLAN CONTRIBUTORS

## Performance Management Team

Robert Eadie	Health Officer
Dr. Mark Whiteside	Medical Director
Mary Vanden Brook	Administrative Services Director
Bill Brookman	Director of Community Health Services
Alison Kerr	Community Outreach Coordinator
Donna Stayton	Health Policy & Advocacy Manager
Cyna Wright	Public Health & Medical Preparedness

## Strategic Planning Council and Other Key Staff Members

Robert Eadie	Monroe Department of Health Administrator
Ysla Veliz	Epidemiologist
Nicole Norman	Nursing Program Manager
Renee Parker	Administrative Assistant
Keith Lannon	Records Specialist
Jessica Lariz	Healthy Start Program Manager
Audrina Portner	Office Operations Consultant
Pamela Beaver	Government Operations Consultant
Caitlyn Floyd	Environmental Specialist
Clarice Strang	Registered Nurse Specialist
Kathleen Irizarry	Management Analyst
Ximena Lopez	Operations Review Specialist & Facilitator (FDOH-Dade)
Nancy Vazquez	Community Planner & Facilitator (FDOH-Dade)
Hilda Ortiz	Scorecard Liaison & Operations Analyst (FDOH-Dade)

## TABLE OF CONTENTS

Letter from the Health Officer	2
Strategic Plan Contributors	3
Executive Summary	5
Strategic Planning Cycle	6
Strengths, Weaknesses, Opportunities & Threats	7
Accountability Measures	8
Background & Overview of Monroe County	9
Overview of Department of Health in Monroe (Mission, Vision, Values)	11
Financial Resources	12
Programs & Services	13
Workforce	14
Strategic Priorities, Goals & Objectives	15
Strategic Alignment	17
Appendix	19

## EXECUTIVE SUMMARY

The Florida Department of Health in Monroe County (DOH-Monroe) recognizes the importance of strategic planning and the impact this process can have on shaping future outcomes. Continual process improvements including lessons learned have influenced the 2018-2021 DOH-Monroe Strategic Plan including the incorporation of the Protocol for Assessing Community Excellence in environmental Health (PACE-EH) process. The 2018-2021 DOH-Monroe Strategic Plan is considered a living document, and will be reviewed, evaluated and revised as needed based on available data, trend analyses, updated PACE-EH data, benchmarking and identified best practices. Monitoring and evaluation of this plan and of the plan objectives is the responsibility of the DOH-Monroe Performance Management Council (PMC) and DOH-Monroe Division Directors (DD). The 2018-2021 DOH-Monroe Strategic Plan will be updated annually or as needed to ensure alignment with strategies and priorities of local, state and federal health plans.

Directors, managers, supervisors and key support staff were engaged in the review and development of strategic goals and performance indicators that met overall and program specific measures. Four areas of priority were identified:

- Health Protection
- Development of Community Partnerships
- Effective Agency Processes
- Workforce Development

The strategic planning process is reflective of the data driven decision making culture of the DOH-Monroe and is heavily guided by multiple sources including:

- FL Statute 154.01 County Health Department Delivery System
- The 10 Essential Public Health Services
- County Health Rankings & Roadmaps 2016
- Florida Department of Health CHARTS
- Florida Youth Tobacco Survey
- DOH-Monroe Fiscal data
- Administrative Snapshot
- Annual County Performance Snapshot
- Employee Satisfaction Survey (2015 data, new survey planned for January 2018)
- Customer Satisfaction Survey (implementation of electronic survey process initialized in late 2017)
- Florida Department of Health Strategic Plan document
- Healthy People 2020

## STRATEGIC PLANNING CYCLE

The DOH-Monroe strategic planning cycle is shown below to illustrate the four integrated components— Assessment, Planning, Resource Allocation, and Implementation. It is the organization’s intent to engage stakeholders of the health department in every part of this dynamic and ever evolving strategic planning process.

**Assessment**, data collected from state budget allocations, marketing assessments, department and program service assessments, state and community public health needs assessments and state-identified strategic priorities and objectives play a key role in the development of the strategic planning process.

**Planning**, including the mission, vision, values, goals, objectives and strategies, follows the Assessment Cycle. All assessment data is reviewed and used to establishing current, relevant goals and objectives, both for the organization, as well as for the state and local community. In this component of the cycle, alignment of goals and objectives with federal, state, accreditation and county standards, as well as with goals from the Community Health Plan and Quality Improvement Plans occurs. There is also integration of organizational goals and objectives with the goals and objectives of the departments and programs of DOH- Monroe.

**Resource Allocation**, the component, during which the organization aligns its fiscal, workforce, facilities, technologies, and information to achieve the strategic planning goals and objectives at every level, is closely linked to and follows Planning. This component gives “legs” to the strategic plan by putting real resources in place to carry out the specific strategies and activities that the organization’s constituents have decided upon to give it the best chance of being successful.

**Implementation**, the phase is where strategies and activities are determined for each objective throughout the organization. These strategies and activities are consistent with the specific strategic goals of each department and programs.

**Assessment** and monitoring during and following Implementation, provides feedback regarding goal achievement, and helps identify any changes that may need to occur regarding goals, assessment strategies, or in the resource allocation process. It is not uncommon for activities to be occurring in all four simultaneously at the health department. Some stakeholders may be engaged in assessment, while others translate existing assessment data into strategic and operational plans. Others may create new or revised resource allocations to keep the organization moving forward while implementation activities are underway.



# ACCOUNTABILITY MEASURES

Florida Department of Health in Monroe County is held accountable to and measured against numerous local, state and national standards and benchmarks, several are described below.

## LOCAL

### Administrative Snapshot

Accountable for the management of taxpayer's money. DOH-Monroe is a steward of the revenues received from the State, County, grants and community.

### County Health Department Dashboard

Accountable for the allocation of resources. Provides overview of key performance indicators within DOH-Monroe to support efficiency and effectiveness of services and processes.

### Employee Satisfaction Survey

Annual employee satisfaction survey measures the communication, organizational relationships, safety, recognition and overall satisfaction of our employees. 2018 Survey scheduled for early January 2018.

### Public/Private Partnerships

As a community agency, we must foster and maintain public/private partnerships with the communities we serve. We must be worthy recipients of grants, referrals and resources and in return be a vital part of the community offering public health education and services (targeting the underinsured and uninsured).

### Sustainability

Manage and model sustainable performance within social, environmental, and economic parameters; accountable for our progress; and to regularly report the outcomes of our efforts.

## STATE & NATION-WIDE

### Healthy People 2020

Science-based, 10-year national objectives for improving the health of all Americans. Healthy People has established benchmarks, monitored progress to encourage collaborations across communities and sectors, empower individuals to make informed health decisions and measure the impact of prevention activities.

### National County Health Rankings, Robert Wood Johnson Foundation

Provides state-level ranking of a broad spectrum of health outcomes. Aligning goals and objectives to ensure health outcomes meet and exceed the current status of Monroe County.

### Public Health Accreditation Board (PHAB)

Sets quality standards for health departments. Supports accountability to the State and citizens of Florida and Monroe County.

### State Health Improvement Plan

The Florida Department of Health's State Health Improvement Plan outlines the goals, strategies and objectives for state-wide priorities. Plan provides DOH-Monroe with information as to the direction and foundation for the overarching mission, vision and values.

### Florida Community Health Assessment Resource Tool Set (Florida CHARTS)

Interactive website provides comparative health statistics, population counts, and socio-economic data for the state and each county.

### Behavioral Risk Factor Surveillance System (BRFSS)

Collaborative project of the states with CDC which collects uniform data on preventive health practices and risk behaviors which impact chronic diseases, injuries, and preventable infectious diseases in the adult population.

## BACKGROUND & OVERVIEW OF MONROE COUNTY

Monroe County is the southernmost county in Florida and the United States. It is made up of the Florida Keys and portions of the Everglades National Park and Big Cypress National Preserve. These parks are mostly uninhabited mainland areas. Most known are the Florida Keys with its string of islands connected by U.S. Highway 1, which ends in Key West, 150 miles southwest of Miami.



In total area, Monroe County is comprised of 3,737 square miles<sup>1</sup>, mostly of water, 73%. The Florida Keys proper are an elongated, curved bow like chain of low lying islands over 220 miles in length. They extend from the southeastern tip of the Florida peninsula to the Dry Tortugas and lie between the Gulf of Mexico and the Atlantic Ocean. Key West is the largest of the islands in the chain with a natural deep-water harbor. The keys are islands of rock and sandy beaches are not common. Just miles offshore on the Atlantic side of the keys is the only living coral reef in the continental United States. No point, in the keys, is more than four miles from water.

### HISTORY

On his search for the “Fountain of Youth”, in 1513, Spanish Explorer Juan Ponce De Leon sailed along the Florida Keys after he first landed near St. Augustine. Before returning to Spain, he sailed around to Florida’s West Coast, then to Cuba and Puerto Rico [2]. This was the beginning of other wandering Spanish and English explorers looking to colonize new lands and discover trading partners. The “Age of Exploration” helped create a trade route between Europe and Central and South America with a port stop in Cuba, which is 90 miles south of Key West. Ships that sailed the trade route could be met with disaster by hurricanes, reefs or pirates.

During the next three centuries, Spain and Britain claimed Florida as a territory and in 1821, Spain ceded Florida to the United States according to the terms of the Adams-Onis Treaty. A year later, a small naval depot was created in Key West to help rid the area of pirates.

On July 2, 1823, an act of the Territorial Legislature established Monroe County as the 6th county in the Florida territory. Monroe County was named after then President James Monroe, our 5th U.S. President, who served between 1817 and 1825. The county’s boundaries then were the southern portion of Florida. Over time, other counties were formed within the original Monroe County boundary including Dade, Broward, Collier, Lee, Hendry and parts of Charlotte, Glades and Palm Beach.

Five years after Monroe County was established, Key West was incorporated and became the county seat. Population at that time was less than 600 people. The main industries by 1830 was salvaging shipwrecks on the reef and fishing. By 1845, Florida was granted statehood.

During the American Civil War, while Florida seceded and joined the Confederate States of America, Key West remained in U.S. Union hands because of a Naval base. Fort Zachary Taylor, which still stands today was constructed between 1845-1866, and was an important Key West outpost during the Civil War. But because of a war time population increase, Key West was the largest city in Florida. Monroe County’s population by 1870 was 5,657 and only 641 lived outside of Key West.

In the late 1800’s, the economy in Key West was changing from ship salvaging to cigar production. Construction of lighthouses along the reef made the waterway more navigable and it contributed to the decline in the number of ship wrecks. During this time, there was many refugees that fled from Cuba. These refugees

brought over with them their skill in hand rolling cigars.

By 1890, the population of Key West was nearly 18,800 residents and it claimed to be the biggest and richest city in Florida. At the height of the cigar industry in Key West, there was approximately 200 cigar factories producing 100 million hand rolled cigars annually. However, manufacturing competition from Tampa and Ybor City put an end of Key West’s hand rolled cigar industry by 1930. Today, one of these cigar factories is home to some of the health department’s offices, in the Gato Building.

The Florida Keys were perpetually changed with Henry Flagler’s decision to build a railroad to Key West from Miami. Flagler envisioned Key West as a port city when the United States signed an agreement in 1903, to construct the Panama Canal. His trains would provide deliveries throughout the east coast since he had already constructed the rail lines between Jacksonville and Miami. The first train rolled into Key West in 1912. Rail service in the Keys was short lived when the Hurricane of 1935 destroyed a portion of the railroad in the Upper and Middle Keys. This portion was never rebuilt due to costs.

However, the United States Government rebuilt the rail lines as an automobile highway, which was completed in 1938 and became an extension of U.S. Highway 1. This meant that there was a highway along the East Coast of the United States linking Key West to Maine. This helped tourism evolve into the major industry that it is today.

**DEMOGRAPHICS**

Monroe County’s population increased approximately 6 percent between 2010 and 2015. The US Census 2010 set the population at 73,090, while the 1-year estimate provided through the US Census/American Community Survey 2015 set the population at 77,482. Three age ranges showed marked drops in percentage from 2010 to 2015. The greatest drop was in the 45-54 age range, from 17.6 percent of the total population in 2010 to 14.3 percent of the population in 2015 (3.3 percent drop). The 55-59 and 20-24 age ranges also dropped, from 9.2 percent to 7.6 percent (1.6 percent drop) and 5.1 percent to 3.7 percent (1.4 percent drop), respectively. Two age ranges showed marked increases: The 65-74 age range made up 10.5 percent of the total population in 2010 and 13.2 percent of the population in 2015 (2.7 percent increase), while the 75-84 age range made up 4.9 percent in 2010 and 6.4 percent in 2015 (1.5 percent increase).

**Population by Race, Monroe County, 2015**

Race	Total	Percentage
White	69,180	89.3
Black	5,711	7.4
Native American/Alaska Native	110	0.1
Asian	521	0.7
Native Hawaiian/Pacific Islander	0	0
Other Race	323	.4
Two or More Races	1,637	2.1
<b>TOTAL</b>	<b>77,482</b>	<b>100</b>
Hispanic (Any Race)	17,523	22.6

DOH reports that between 2013 and 2015, stroke, certain forms of cancer (colorectal, breast, prostate and cervical), diabetes and HIV/AIDS were claiming disproportionately more lives in the black community than the white community across the Florida Keys. Monroe County also saw disproportionately higher rates of infant deaths and low birth weights in the black community between 2013 and 2015.

Bert Sperling, an independent researcher who mines data on communities across the United States for www.bestplaces.net, recently posted a cost of living overview for Key West. On a scale where 100 represents the US average, Sperling listed overall cost of living in Key West at 171. He also pegged the cost of housing in Key West at 319 — more than three times the national average.

## OVERVIEW OF DOH-MONROE

The Department of Health in Monroe County is a vital component of the Florida Department of Health's integrated health system. DOH-Monroe continuously assesses and evaluates the health of the population to ensure that services and programs provided promote healthy communities, the prevention and control of diseases and align with both state and national health initiatives.

The Department's focus begins with its **Mission**, "To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts." Its mission is underpinned by a shared **Vision**, "to be the healthiest state in the nation."

The Department's **Values** exemplify a learning organization:

<b>Innovation</b>	We search for creative solutions & manage resources wisely.
<b>Collaboration</b>	We use teamwork to achieve common goals & solve problems.
<b>Accountability</b>	We perform with integrity & respect.
<b>Responsiveness</b>	We achieve our mission by serving our customers & engaging our partners.
<b>Excellence</b>	We promote quality outcomes through learning & continuous performance improvement.

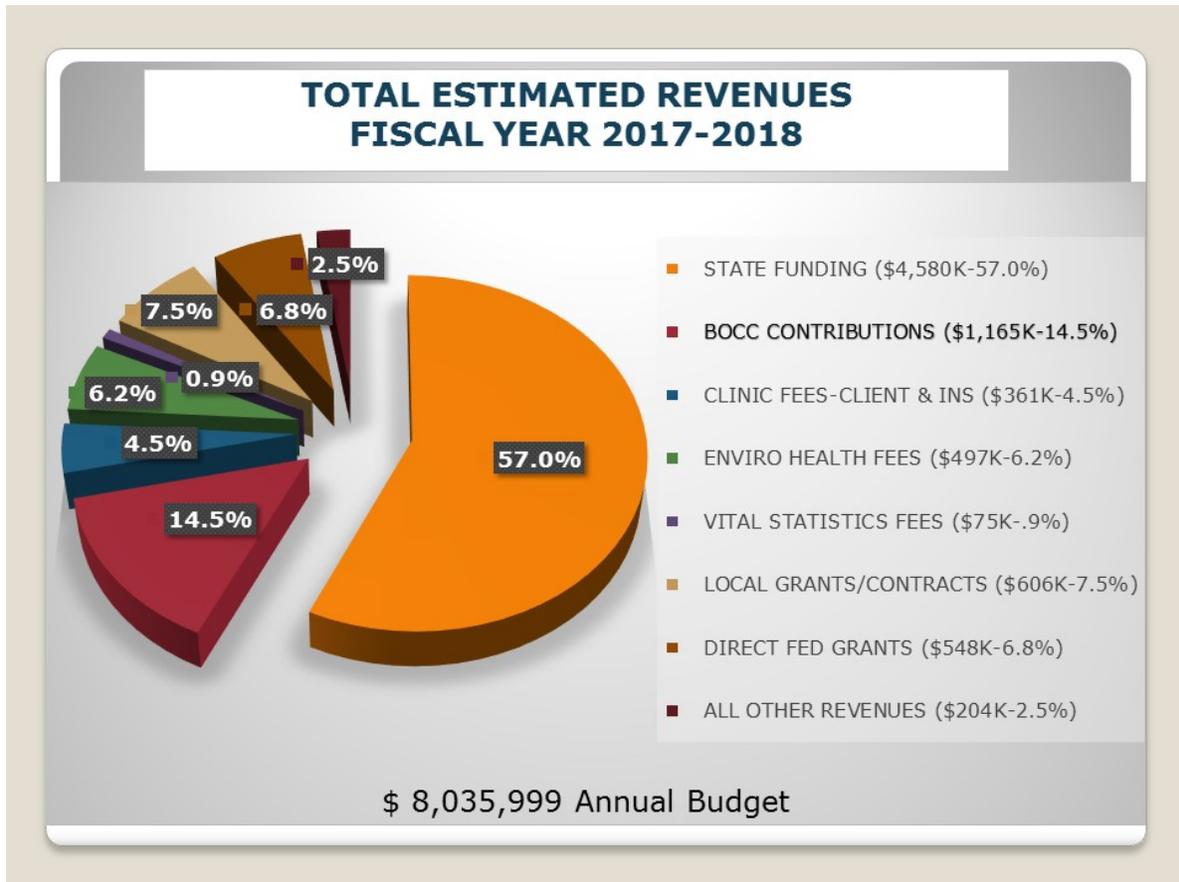
The Department's organizational activities align with the single mission, vision and shared values.

As part of the Florida Department of Health, the DOH-Monroe focuses on the Public Health Ten Essential Services as it strives to promote healthy lifestyles, protect public health, and improve business practices.

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

## FINANCIAL RESOURCES

The Florida Department of Health in Monroe County's financial resources are provided through various sources. These include fees, grants and budget allocations from the county, state and federal governments. Historically, state and federal support has been the largest part of the budget; however, a third of the budget is now generated by fees assessed for various health department services.



Estimated Annual Revenues: \$8,035,999

Estimated Annual Expenses: \$ 8,031,000

## PROGRAMS 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. Epidemiologic activities include investigating contagious disease cases and outbreaks.

**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. Preparedness efforts focus on developing critical capabilities necessary for effective disaster response to keep the community safe and minimize loss

**Healthy Start** We partner with a community-based coalition to provide prenatal and infant risk screening, individual care and community education to improve birth, health and developmental outcomes for infants

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

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

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

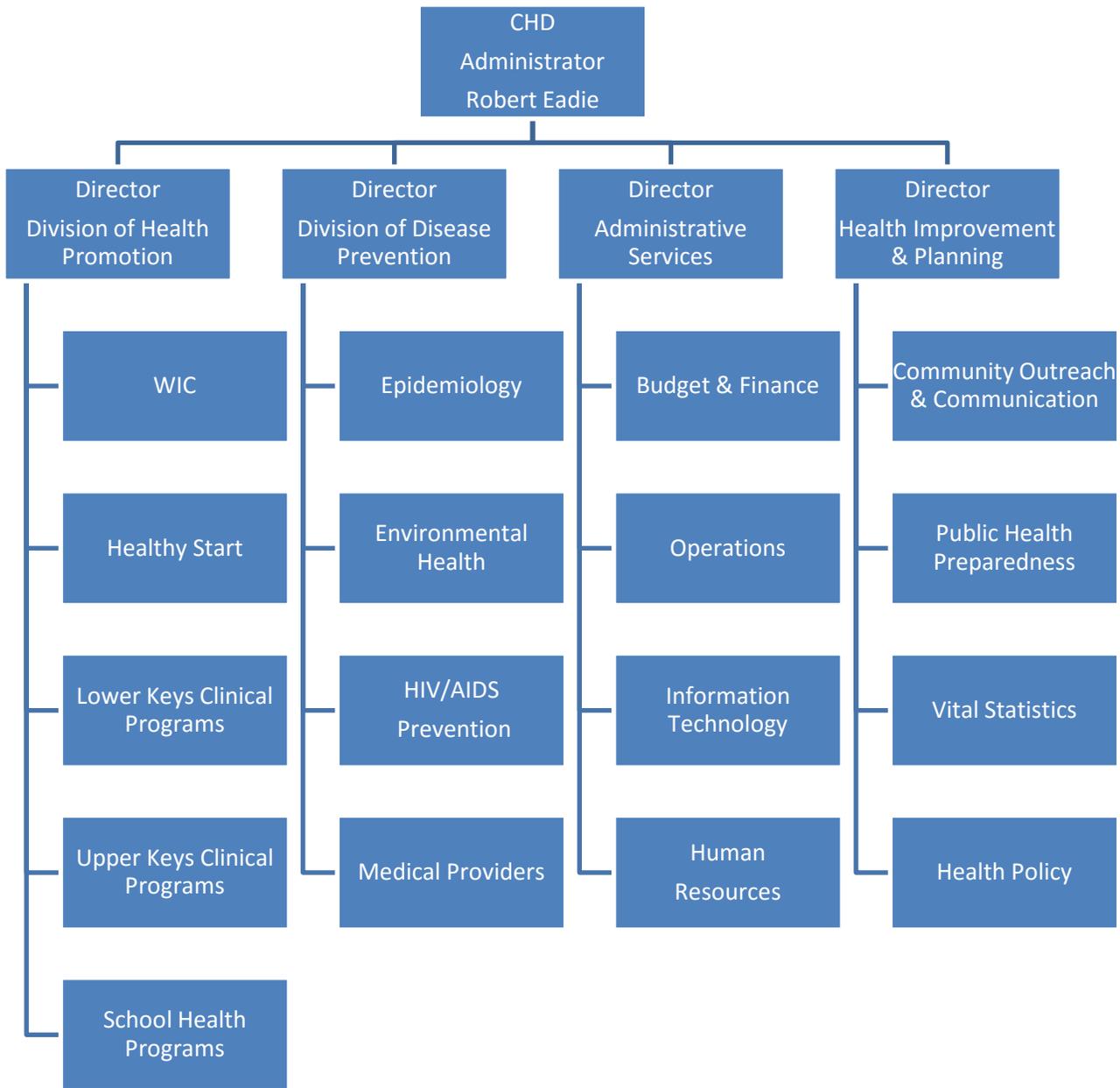
**Clinical Services** We provide healthcare, education and counseling related to improving reproductive health and birth outcomes. Other services include dental, school physicals, childhood and adult immunizations, travel vaccine, screening for breast and cervical cancer, STI and HIV/AIDS treatment.

**Women, Infant 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.

**Community Health Planning & Policy Research** We have created a Public Health Planning and Policy Research Department to conduct policy analysis and strategic planning; implemented a Grants Administration Office to bring in various types of funds to use toward sustainable projects; and, created a Community Health Division to ensure accreditation standards, coordinate policy development and promote the department as an academic institution.

# WORKFORCE

DOH-Monroe employees have consistently demonstrated remarkable dedication to improving the quality of life of the residents of Monroe County. We promote and recruit a highly educated workforce. In response to the changing economic climate and changing public health focus nationwide, and changing services locally, we have made corresponding adjustments to how our services and workforce are organized to maximize desirable population health outcomes for our Monroe County community. Here is our most current Table of Organization, as of January 2017.



## STRATEGIC PRIORITIES

This strategic plan provides a framework to promote greater collaboration across the organization and with external community partners, supports a comprehensive approach to public health service delivery within the 10 Essential Services of Public Health, and provides leverage to address the needs of Monroe County residents and the larger Florida Department of Health community.



## Strategic Priorities, Goals & Objectives

### PRIORITY AREA 1: HEALTH PROTECTION

#### **Goa 1.A: Implement effective internal and external hurricane recovery measures**

Objective 1.A.1: Asses environmental health risks from hurricane damage and climate issues

#### **Goa 1.B: Develop strategies to reduce Alcohol and Drug Abuse in Monroe County**

Objective 1.B.1: create a task force to strategize and plan a health policy and education program for alcohol vending establishments

Objective 1.B.2: Expand inter-agency taskforce mission.

### PRIORITY AREA 2: DEVELOP COMMUNITY PARTNERSHIPS

#### **Goal 2.A: Increase access to care**

Objective 2.A.1: Create and maintain an electronic community health services and provider directory

Objective 2.A.2: Increase FDOH-Monroe staff participation in community outreach events,

### PRIORITY AREA 3: Improve Agency Processes

#### **Goal 3.A: Standardize internal communications at DOH-Monroe**

Objective 3.A.1: Identify an internal communications officer

Objective 3.A.2: Establish an internal communication workgroup

Objective 3.A.3: Create an Action Plan for Internal Communications

#### **Goal 3.B: Promote a Culture of Quality Improvement at DOH-Monroe**

Objective 3.B.1: Increase number of staff who have completed a QI training

Objective 3.B.2: Complete two fully documented QI projects (administrative and programmatic)

### Goal 3.C: Identify and Empower Leadership Structure

Objective 3.C.1: create a regular supervisory meeting process. This group will create a toolkit for new supervisors

Objective 3.C.2: 2018 increase leadership mentoring at FDOH-Monroe to include 4 supervisory and/or managerial level positions. .

## PRIORITY AREA 4: WORKFORCE DEVELOPMENT

### Goal 4.A: Improve workforce proficiencies

Objective 4.A.1: Convene training workgroup

Objective 4.A.2: Establish a comprehensive training curriculum

Objective 4.A.3: Increase completion rate of DOH mandatory trainings

### Goal 4.B: Ensure accurate employee classification and appropriate compensation

Objective 4.B.1: establish a workgroup to assess the status of employee classification and compensation

Objective 4.B.2: Develop a policy for classification and compensation

Objective 4.B.3: create an action plan to develop a policy for the appropriate classification and compensation of all FDOH-Monroe staff.

## THREE YEAR WORK PLAN

Priority Areas / Goals	2018	2019	2020	Leaders
<b>Effective Agency Processes</b>				
Define DOH leadership structure and empower leaders	X	X	X	Vanden Brook
Standardize internal communication processes	X	X	X	Vanden Brook
<b>Develop Community Partnerships</b>				
Increase access to care	X			Y.Veliz, Lariz, Wright
<b>Health Protection</b>				
Implement effective internal & external hurricane recovery measures	X	X		Whiteside
Develop strategies to reduce drug and alcohol abuse	X	X	X	Kerr, Y.Veliz, Lariz
<b>Workforce Development</b>				
Improve workforce proficiencies		X	X	Wright
Ensure accurate employee classification & appropriate compensation	X	X	X	Brookman, Stayton, Parker

# STRATEGIC ALIGNMENT

The 2018-2021 DOH-Monroe Strategic Plan identifies the priorities, goals, objectives, and strategies for the public health system within Seminole County. Through the integrated efforts of the health department and community partners, the desired health outcomes for four DOH-Monroe Strategic Plan priorities – health protection, develop community partnerships, improved agency processes, and workforce development - can be addressed in a systematic and accountable manner.

Both National and State health improvement priorities were considered during the development of this plan. The following diagram provides a visual representation of this alignment. This strategic plan acts as the guiding force for the health department’s activities and direction for the next three years.

OBJECTIVE	FDOH-MONROE CHIP ALIGNMENT	FDOH-MONROE QI PLAN ALIGNMENT	DOH Agency Strategic Plan ALIGNMENT
<b>1. ASSURE HEALTH PROTECTION</b>			
 <b>Goal 1.A: Implement Effective Internal and External Hurricane Recovery Measures</b>			
Objective 1.A.1: By June 30, 2019, assess environmental health risks from hurricane damage and climate issues and provide disease statistics and fact sheets as resource deliverables to Monroe County agencies.	Reduce drowning death rate and skin cancer rates in Monroe County.	Measure, monitor and report progress on the goals and objectives of CHIP, QI Plan and QI Projects	Priority 2: Long, Healthy Life: Goal 2.1 Increase healthy life expectancy, including the reduction of health disparities in all groups
 <b>Goal 1.B: Develop Strategies to Reduce Drug and Alcohol Abuse in Monroe County</b>			
Objective 1.B.1: By August 31, 2018, create a task force to strategize and plan a health policy and education program for alcohol vending establishments targeting both tourists and residents in Monroe County on topics relating to public health and safety.	By December 2022, decrease the adult heavy alcohol use or binge drinking rate from 26% to 23% in Monroe County.	Measure, monitor and report progress on the goals and objectives of CHIP, QI Plan and QI Projects	Priority 2: Long, Healthy Life: Goal 2.1 Increase healthy life expectancy, including the reduction of health disparities in all groups
Objective 1.B.2: By June 1, 2019, expand inter-agency taskforce mission and membership for drug and alcohol abuse in Monroe County from 2017 level.			

OBJECTIVE	FDOH-MONROE CHIP ALIGNMENT	FDOH-MONROE QI PLAN ALIGNMENT	DOH Agency Strategic Plan ALIGNMENT
<b>2. DEVELOP OUR COMMUNITY PARTNERSHIPS</b>			
 <b>Goal 2.A: Increase Access to Care</b>			
Objective 2.A.1: In collaboration with community partners, by December 31, 2018, create and maintain an electronic community health services directory to improve access to care.	Engage in community outreach, mobilization and media advocacy activities to reduce adverse health outcomes and indicators of these	Gather and incorporate feedback from customers, suppliers, and interfacing work processes into improvement activities	Goal 1:1 Ensure all Floridians in all communities will have opportunities to achieve healthier outcomes
Objective 2.A.2: Increase FDOH-Monroe staff participation in community outreach events, from 16% of the workforce to 25%. (approximately 12 to 18) by December 31, 2018.			
<b>3. IMPROVE OUR AGENCY PROCESSES</b>			
 <b>Goal 3.A Standardize Internal Communication at FDOH-Monroe</b>			
Objective 3.A.1: By May 1, 2018, Identify an internal communications officer for FDOH-Monroe		Measure, monitor and report progress on the goals and objectives of CHIP, QI Plan and QI Projects	4.1 Establish a sustainable infrastructure which includes a competent workforce, standardized business practices, and effective use of technology.
Objective 3.A.2: By July 1, 2018, establish an internal communication workgroup			
Objective 3.A.3: By September 1, 2018 create an action plan for internal communications.			
 <b>Goal 3.B Promote a Culture of Quality Improvement at FDOH-Monroe</b>			
Objective 3.B.1: By July 1, 2018, increase number of staff who have completed a QI training from 10 to 25		Provide introduction to Quality Improvement training to all new hire staff.	4.1 Establish a sustainable infrastructure which includes a competent workforce, standardized business practices, and effective use of technology.
Objective 3.B.2: By December 31, 2018, complete one fully documented QI project (administrative or programmatic)		PM Council to complete process management training	
 <b>Goal 3.C Identify and Empower the Leadership Structure</b>			
Objective 3.C.1: By October 1, 2018, create a regular supervisory meeting process. This group will create a toolkit for new supervisors by December 31, 2018		Measure, monitor and report progress on the goals and objectives of CHIP, QI Plan and QI Projects	4.1 Establish a sustainable infrastructure which includes a competent workforce, standardized business practices, and effective use of technology.
Objective 3.C.2: By May 1, 2018 increase leadership mentoring at FDOH-Monroe to include 4 supervisory and/or managerial level positions. .			

### 3. IMPROVE OUR AGENCY PROCESSES (continued)



#### Goal 3.C Identify and Empower the Leadership Structure (continued)

Objective 3.C.3 (intentionally left blank)			
--	--	--	--

OBJECTIVE	FDOH-MONROE CHIP ALIGNMENT	FDOH-MONROE QI PLAN ALIGNMENT	DOH Agency Strategic Plan ALIGNMENT
-----------	----------------------------------	-------------------------------------	---

### 4. DEVELOP OUR WORKFORCE



#### Goal 4.A: Improve Workforce Proficiencies

Objective 4.A.1: By May 15, 2018, convene a training workgroup			
Objective 4.A.2: By February 1, 2021 establish a comprehensive training curriculum and dissemination plan for public health at FDOH-Monroe.		Provide introduction to QI training to all new hire staff	4.1 Establish a sustainable infrastructure which includes a competent workforce, standardized business practices, and effective use of technology.
Objective 4.A.3: By December 31, 2018, increase completion rate of DOH mandatory trainings from 207 level to >90%.			



#### Goal 4.B: Ensure Accurate Employee Classification and Compensation

Objective 4.B.1: By June 1, 2018, establish a workgroup to assess the status of employee classification and compensation.			
Objective 4.B.2: By February 1, 2021, develop a plan for appropriate classification and compensation for FDOH-Monroe staff		Measure, monitor and report progress on the goals and objectives of CHIP, QI Plan and QI Projects.	4.1 Establish a sustainable infrastructure which includes a competent workforce, standardized business practices, and effective use of technology.
Objective 4.B.3: By July 1, 2018, create an action plan to develop a policy for the appropriate classification and compensation of all FDOH-Monroe staff.			

## APPENDIX

### APPENDIX A: PLANNING SUMMARY

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
August 24, 2017	Collection and dissemination of existing data sets
September 15, 2017	Meeting cancelled due to impact of Hurricane Irma
November 29, 2017	PMC identifies planning team participants from remaining staff, reassembles data sets.
December 11, 2017	Monroe QI & Accreditation Coordinator meet with FDOH-Dade facilitators to develop agenda and content for 12/13/17 meeting.
December 13, 2017	Day-long off-site meeting with PMC and Strategic Planning invitees. Review of existing data sets, Strategic Priorities selected, goals developed. *
December 22, 2017	Priority areas selected based on previously completed work via workshops
January 3, 2018	Alignment of priority areas and draft objectives; identification of baseline Measures (Meeting remotely*)
January 17, 2018	Review and modification of draft objectives and alignment with agency strategic plan (Meeting remotely*)
February 2, 2018	Review and modification of proposed objectives (face-to-face meeting of entire SP planning team*) Finalize FDOH-Monroe Strategic Plan 2018-2021

\*Full Strategic Planning Team participation

#### **Session I: August 24, 2017**

QI Coordinator and Division directors assemble data sets. Staff update Clear-Impact Scorecard in preparation for September SP meeting.

#### **Session II: September 15, 2017**

This meeting was cancelled due to the impact of Hurricane Irma, a Category 4 storm that severely damaged large portions of the Florida Keys.

#### **Session III – November 29, 2017**

The Performance Management Council met to replace members, review existing plans and assess needs for the strategic planning cycle.

#### **Session IV - December 13, 2017**

This was a full-day off-site planning retreat attended by the complete PMC and additional Planning council members. The meeting was facilitated by FDOH-Dade. Strategic

priorities were identified, goals were created by group consensus. Strategic Planning participants choose champions for strategic goal areas. Some objectives were discussed.

#### **Session V- December 22, 2017**

The QI Coordinator met with some individuals of the PMC to identify priority areas for the 2018-2021 strategic plan based on the work completed on December 13, 2017. Priorities were selected based on alignment with the previous and current Agency Strategic Plan, Previous DOH-Monroe Strategic Plan, critical health outcome indicators and emerging focus areas for the Florida Department of Health. The next step will be for health officer and business manager to meet with the QI coordinator to review priority areas.

#### **Session VI - January 4, 2018**

The Health Officer and QI Coordinator met to review priority areas and align draft objective timelines from the Strategic Planning Team's first draft of the DOH-Monroe 2018-2021 Strategic Plan with those priorities. This meeting was also utilized as a pre-planning session for the strategic planning meeting on February 2, 2018 with the Strategic Planning Team.

#### **Session VII - January 17, 2018**

Final adjustments were made to the draft plan by key planning team members in preparation for the February 2, 2018 all team in-person meeting at the Murray Nelson Government & Cultural Center in Key Largo.

#### **Session VIII – February 2, 2018.**

The Health Officer, QI Coordinator and entire Strategic Planning Team met to review and complete the proposed objectives of the 2018-2021 Strategic Plan. The results of the meeting yielded SMART objectives for the all goals previously identified. The final draft Strategic Plan was reviewed by all members for errors and omissions from February 12 to February 16, 2018. The final Strategic Plan was uploaded to the FDOH SharePoint site on February 16, 2018.

## APPENDIX B: DATA SOURCES

### Demographics

- U.S. Census Bureau: State and County Quick Facts – Monroe County, Florida. Accessed August 2017
- USA County Information – Monroe County, Florida. <http://www.usa.com/monroe-county-fl.htm> Accessed August 2017.
- Florida Legislature 's Office of Economic and Demographic Research - Monroe County Profile. Accessed August 2017.
- Monroe County Crime Statistics. January – December 2016. Florida Department of Law Enforcement. Accessed August 2017.
- Florida Department of Education – 2015-2016 Monroe County School District Graduation Rates, School Enrollment. Accessed August 2017

### Health Information

- Monroe County FDOH CHARTS County Profile 2016. Accessed August 2017
- Monroe County FDOH CHARTS Chronic Disease Profile 2016. Accessed August 2017.
- County Health Rankings & Roadmaps 2016. <http://www.countyhealthrankings.org/app/florida/2016/rankings/monroe/county/outcomes/overall/snapshot> Accessed September 2017.
- Monroe County FDOH CHARTS Pregnancy & Young Child Profile. Accessed August 2017.
- Monroe County FDOH CHARTS School-aged Child & Adolescent Profile. Accessed August 2017.
- FDOH Communicable Disease Frequency Report. 01/01/2015 – 12/31/2016. Accessed August 2017.
- FDOH CHARTS - Transmittable Disease Cases & Morbidity. Accessed August 2017.
- Florida Youth Tobacco Survey 2014 – Monroe County. Accessed August 2017.
- WIC Client Survey Data

### Fiscal/Budgetary

- Monroe County Administrative Snapshot – Business Process Measures 2016 & 2017.
- L4 – Monroe County Fiscal Year Report – July 2016 – June 2017. Accessed August 2017
- Monroe Contract Management Cost per Report for Period July 2016 to June 2017.
- County Health Department Performance Snapshot. Monroe County (2014,2015, 2016 Comparison).

- FDOH – Monroe County Client and Visit County by Program Component and Site (AdHoc) 7/1/2016 -6/30/2017.
- FDOH – Monroe County Demographic Report by Site 7/1/2016 -6/30/2017.

### Workforce & Other Information

- Employee Satisfaction Survey – Monroe County Health Department 2015 (2018 pending)
- Local Public Health System Assessment (LPHSA) 2012.

### State & Federal

- FDOH 2012-2015 Strategic Plan - Excerpts.
- Healthy People 2020 – Excerpts. <https://www.healthypeople.gov/2020/topics- objectives>.



An organizational strategic plan provides a local health department and its stakeholders with a clear picture of where it is headed, what it plans to achieve, the methods by which it will succeed and the measures to monitor progress. The plan provides a basis for future decision-making. The strategic plan is not intended to be a stand-alone document; rather, it should be aligned with other important assessment, planning and evaluation work such as a local community health improvement process, an agency quality improvement (QI) plan, operational/work plans or even an annual report.



A strategic plan is so fundamental to effective management that it is one of three prerequisites for a local health departments seeking national, voluntary accreditation through the Public Health Accreditation Board (PHAB), the national accrediting body for Tribal, state, local, and territorial public health departments. ---From NACCHO's *Developing a Local Health Department Strategic Plan: A How-To Guide*