Student Resources: Sample Strategic Plans

*Provided to Supplement*

**STRATEGIC PLANNING IN HEALTHCARE**

***An Introduction for   
Health Professionals***

Brian C. Martin, PhD, MBA



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**CONTENTS**

**Health Resources and Services Administration Strategic Plan FY 2016-FY 2018**  **5**

[Introduction  6](#_Toc528168474)

[HRSA Vision  6](#_Toc528168475)

[Mission  6](#_Toc528168476)

[Goals  6](#_Toc528168477)

[Objectives and Strategies  7](#_Toc528168478)

[Goal 1: Improve Access to Quality Health Care and Services  7](#_Toc528168479)

[Goal 2: Strengthen the Health Workforce  8](#_Toc528168480)

[Goal 3: Build Healthy Communities  9](#_Toc528168481)

[Goal 4: Improve Health Equity  10](#_Toc528168482)

[Goal 5: Strengthen HRSA Program Management and Operations  10](#_Toc528168483)

[Overview of HRSA’s Principal Programs  11](#_Toc528168484)

[Performance Measures  12](#_Toc528168485)

[Goal 1: Improve Access to Quality Health Care and Services  13](#_Toc528168486)

[Goal 2: Strengthen the Health Workforce  13](#_Toc528168487)

[Goal 3: Build Healthy Communities  13](#_Toc528168488)

[Goal 4: Improve Health Equity  13](#_Toc528168489)

[Goal 5: Strengthen HRSA Program Management and Operations  14](#_Toc528168490)

**Florida Department of Health Agency Strategic Plan 2016-2018**  **15**

[Executive Summary  17](#_Toc528168491)

[Mission – Why Do We Exist?   17](#_Toc528168492)

[Vision – What Do We Want to Achieve?   18](#_Toc528168493)

[Values – What Do We Use to Achieve Our Mission and Vision?   18](#_Toc528168494)

[Strategic Priorities  20](#_Toc528168496)

[Priority 1: Healthy Moms and Babies  20](#_Toc528168497)

[Priority 2: Long, Healthy Life  20](#_Toc528168498)

[Priority 3: Readiness for Emerging Health Threats  21](#_Toc528168499)

[Priority 4: Effective Agency Processes  22](#_Toc528168500)

[Strategic Priority 5: Regulatory Efficiency  23](#_Toc528168501)

[Appendix A  24](#_Toc528168502)

[Appendix B  27](#_Toc528168503)

[Appendix C  30](#_Toc528168504)

[Appendix D  34](#_Toc528168505)

[Appendix E  37](#_Toc528168506)

References  37

**HEALTH RESOURCES   
AND   
SERVICES ADMINISTRATION**

**STRATEGIC PLAN   
FY 2016-FY 2018**

INTRODUCTION

The Health Resources and Services Administration (HRSA), an Agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care for the tens of millions of Americans who, for a variety of reasons, are medically underserved or face barriers to needed care. This Strategic Plan FY 2016-FY 2018 is a blueprint for HRSA as it addresses ongoing access and service delivery issues in the context of an evolving healthcare system. The Plan reflects the Agency’s commitment to build upon past successes while advancing its mission to improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs. The Strategic Plan sets forth five mission-critical goals:

Goal 1: Improve Access to Quality Health Care and Services

Goal 2: Strengthen the Health Workforce

Goal 3: Build Healthy Communities

Goal 4: Improve Health Equity

Goal 5: Strengthen HRSA Program Management and Operations

Because of their continuing relevance the first four goals are the same as those in HRSA’s Strategic Plan 2010-2015. A fifth goal has been added to focus on improving and strengthening operational and programmatic efficiency and effectiveness.

For each of these goals, objectives and strategies are outlined. Given the broad range and complexity of HRSA’s programs, the Plan is not an inventory of all objectives HRSA will pursue or all actions that it will undertake. Instead, the Plan presents priority objectives reflecting important changes and outcomes that HRSA hopes to achieve, and key strategies that indicate the main approaches the Agency intends to take to meet these objectives. The Plan also identifies key performance measures that will be used to track and evaluate progress toward meeting the Agency’s goals.

The Strategic Plan will help inform program- and operational-level planning and resource allocation decisions over the next three years. It aligns with the Department of Health and Human Services’ Strategic Plan 2014-2018. The HRSA plan is a dynamic document to which changes may be made as HRSA adjusts to new circumstances, while keeping its focus on meeting the needs of the communities and individuals it serves and ensuring effective use of taxpayer dollars.

HRSA VISION

Healthy Communities, Healthy People

MISSION

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs

GOALS

Improve Access to Quality Health Care and Services

Strengthen the Health Workforce

Build Healthy Communities

Improve Health Equity

Strengthen HRSA Program Management and Operations

OBJECTIVES AND STRATEGIES

Goal 1: Improve Access to Quality Health Care and Services

Objective 1.1: Increase the capacity and strength of the healthcare safety net.

How We Will Accomplish Our Objective:

* Support an increase in the number of healthcare access points to expand the availability of services to underserved, disadvantaged, geographically isolated, and special needs populations.
* Facilitate and support the recruitment, placement, and retention of primary care and other providers in underserved communities (including through telehealth) in order to address shortages and improve access to care.
* Provide technical assistance to safety-net organizations in order to ensure their financial and operational health and sustainability.
* Strengthen healthcare and related systems and networks through funding, policy development, and other levers to build and support an effective service delivery infrastructure.

**Objective 1.2: Improve the quality and efficacy of the healthcare safety net.**

How We Will Accomplish Our Objective:

* Provide technical assistance and other supports to providers and care systems to ensure that persons served by HRSA programs receive quality care across their life-span through comprehensive, integrated, and patient-/family-centered medical/health homes.
* Provide performance-based awards to grantees that demonstrate improved patient outcomes as reflected by their clinical quality measures, and assist safety-net providers in quality measurement and reporting.
* Promote efforts of HRSA-funded healthcare providers to achieve Meaningful Use Standards in order to further the optimal use of health information technology.
* Work with safety-net providers, networks, and systems to promote their assessment of and potential participation in value-based healthcare payment systems.
* Establish and evaluate formal learning and action collaboratives among HRSA grantees and other stakeholders in order to advance learning, enhance quality of care, and achieve system-wide improvements.

**Objective 1.3: Increase enrollment in and utilization of health insurance through Medicaid, CHIP, and the Health Insurance Marketplace.**

How We Will Accomplish Our Objective:

* Provide funding, technical assistance, and other resources for health coverage outreach, education, and enrollment activities of HRSA grantees and other stakeholders.
* Disseminate culturally and linguistically appropriate information and educate HRSA grantees and other stakeholders in order to aid them in helping underserved populations better understand how to utilize healthcare coverage, understand benefits, and connect to primary care and preventive services.
* Document and share lessons learned from outreach, education, and enrollment activities.

Goal 2: Strengthen the Health Workforce

Objective 2.1: Advance the competencies of the healthcare and public health workforce.

How We Will Accomplish Our Objective:

* Support curriculum development and the training of health professionals to ensure the learning, enhancement, and updating of essential knowledge and skills.
* Support training and other activities that enhance the health workforce’s competency in providing culturally and linguistically appropriate care.
* Expand the number and type of training and technical assistance opportunities that educate students and providers to work in interprofessional teams and participate in practice transformations.
* Support technical assistance, training, and other opportunities to help safety-net providers expand, coordinate, and effectively use health information technology to support service delivery and quality improvement.
* Provide information and technical assistance to ensure that HRSA-supported safety-net providers know and use current treatment guidelines, appropriate promising practices, and evidence-based models of care.

Objective 2.2: Increase the diversity and distribution of the health workforce and the ability of providers to serve underserved populations and areas.

How We Will Accomplish Our Objective:

* Facilitate and support the recruitment, placement, and retention of primary care and other providers in underserved communities in order to address shortages and improve the distribution of the health workforce.
* Support outreach and other activities to increase the recruitment, training, placement, and retention of under-represented groups in the health workforce.
* Support pre-entry academic advising, mentoring, and enrichment activities for underrepresented groups in order to promote successful health professions training and career development.
* Promote training opportunities within community-based settings for health professions students and residents by enhancing partnerships with organizations serving the underserved.

Objective 2.3: Enhance focus on health workforce assessment and policy analysis.

How We Will Accomplish Our Objective:

* Develop and employ approaches to monitoring, forecasting, and meeting long-term health workforce needs.
* Provide policy makers, researchers, and the public with information on health workforce trends, supply, demand, and policy issues.

Goal 3: Build Healthy Communities

Objective 3.1: Improve population health through the use of community partnerships and collaboration with stakeholders.

How We Will Accomplish Our Objective:

* Develop and support partnerships with stakeholders in the health and non-health sectors in order to link people to services and resources that improve population health.
* Engage with communities and stakeholders to develop, plan, and coordinate public health initiatives that span the prevention and care continuum.
* Support the integration and coordination of public health with primary care, including behavioral and oral health services, to improve individual outcomes and overall population health.

Objective 3.2: Strengthen the focus on health promotion and disease prevention across populations, providers, and communities.

How We Will Accomplish Our Objective:

* Inform and educate vulnerable populations about health promotion, disease prevention, and health behaviors that improve individual and population health, and about HRSA’s programs that contribute to population health improvement.
* Strengthen safety-net providers’ attention to the provision of health promotion and disease prevention services, and include prevention and health promotion practices as regular elements of HRSA-supported programs.
* Support improvements in health-related infrastructure systems that contribute to population health.

Objective 3.3: Increase understanding of what works in health care and public health practice to address community needs.

How We Will Accomplish Our Objective:

* Promote and use community health needs assessments, environmental surveillance, and other tools in order to more effectively target and distribute resources, and inform program improvements.
* Support demonstrations and innovative practices to test and refine approaches to improving population health.
* Collect and analyze patient and population data to track progress in achieving Healthy People 2020 and other national objectives.

Goal 4: Improve Health Equity

Objective 4.1: Reduce disparities in access and quality of care, and improve health outcomes across populations and communities.

How We Will Accomplish Our Objective:

* Target investments and technical assistance toward communities and organizations that address the needs of vulnerable populations, and promote quality improvement activities that advance health equity.
* Focus resources and services on diseases and conditions with the greatest health disparities and promote outreach efforts to reach populations most affected.
* Integrate cultural competency into HRSA programs, policies, and practices to ensure the delivery of culturally and linguistically appropriate care.
* Conduct targeted outreach and provide technical assistance to entities in underserved communities that have not sought or have been unsuccessful in obtaining HRSA funding.

Objective 4.2: Advance evidence-based, evidence-informed, and innovative practices that have the potential to reduce health disparities.

How We Will Accomplish Our Objective:

* Provide information, technical assistance, and tools to HRSA grantees and other stakeholders on reducing health disparities.
* Develop and strengthen partnerships with entities across different sectors to address the social determinants of health through the integration of public health and primary care.
* Work with diverse communities to create, develop, disseminate, and evaluate innovative solutions to improve health equity.

Objective 4.3: Inform program improvement efforts by assessing the effectiveness of HRSA programs in addressing health disparities.

How We Will Accomplish Our Objective:

* Increase efforts that advance data collection and data analysis capacity to examine differences in access/quality/outcomes by sub-groups served by HRSA.
* Develop performance measures to track disparity patterns among populations served by HRSA and use the information for program improvement.
* Support and collaborate in research and demonstration efforts that advance the understanding of health disparities in order to inform HRSA initiatives.

Goal 5: Strengthen HRSA Program Management and Operations

Objective 5.1: Improve efficiency and effectiveness of operations.

How We Will Accomplish Our Objective:

* Support the development, enhancement, and use of technology at the enterprise level to assist the HRSA workforce in performing at the highest levels.
* Integrate financial, programmatic, and customer data to support decision-making that drives operational and business process improvements.
* Empower the HRSA workforce to design, test, and sustain innovative approaches to improving operational and business processes.
* Support a mobile work environment that balances flexibility with accountability and high-level performance.

Objective 5.2: Strengthen the HRSA workforce to support a performance-driven organization.

How We Will Accomplish Our Objective

* Recruit, hire, and retain a talented and diverse HRSA workforce based on the needs of the organization and in alignment with workforce planning principles.
* Conduct training and expand other opportunities for team and individual competency development to support a skilled workforce at all levels of the organization.
* Hold the HRSA workforce accountable by implementing meaningful and timely appraisal processes, and recognize employee contributions toward achieving HRSA goals.

Objective 5.3: Enhance program oversight and integrity.

How We Will Accomplish Our Objective:

* Foster collaboration among HRSA staff to improve communication that strengthens program oversight and integrity.
* Integrate risk management techniques as an integral part of program oversight to drive strategic decision-making.
* Identify internal and external risks to program performance, and monitor programs, contractors and award recipients to proactively address and prevent program vulnerabilities.

Objective 5.4: Promote a customer-centered culture.

How We Will Accomplish Our Objective:

* Promote timeliness by improving processes to respond to internal and external requests for information or assistance.
* Work with the HRSA workforce and stakeholders to develop, test, implement, and sustain innovative customer-centered principles, standards, and practices.
* Expand the use of technology and other electronic tools to enhance communication internally and with stakeholders and the public.

OVERVIEW OF HRSA’s PRINCIPAL PROGRAMS

HRSA has an annual budget of approximately $10 billion, operates over 80 different programs, and awards more the 10,000 grants and supplements to approximately 3,000 partner organizations. Comprising five bureaus and ten offices, HRSA provides leadership and financial support to health care providers, health professions schools, local health systems, states, and other entities throughout the U.S. and its territories.

*Health Center Program* - Funds nearly 1,300 grantees to provide dependable, high-quality primary and preventive care at over 9,000 clinical sites that serve nearly 23 million patients regardless of their ability to pay, forming a major part of the nation’s healthcare safety net.

*Ryan White HIV/AIDS Program* - Supports 900 grantees in providing top-quality health care to more than half a million people living with HIV, representing nearly 60 percent of persons with HIV infection in the United States. The Program also supports access to life-saving drug treatment regimens for low-income, underinsured, and uninsured people with HIV.

*National Health Service Corps* - Provides scholarships and loan repayments to encourage primary care and other clinical care providers to serve in health professional shortage areas, addressing the scarcity of health professionals in needy communities.

*Health Workforce Training Programs -* Give financial support to educational institutions and healthcare delivery sites for training and curriculum development, and for scholarship and loan repayment for health professions students and faculty to support a diverse workforce that is technically skilled, culturally appropriate, and suited for a contemporary practice environment that includes interprofessional team-based care.

*Maternal and Child Health Block Grant Program* - Provides grants to 59 states and U.S. jurisdictions to support health systems infrastructure development, public information and education, screening and counseling, and other services (including direct care services as payer of last resort) that annually reach more than 41 million women, infants, children, and children with special health care needs.

*Rural Health Policy Program* - Advises the Department of Health and Human Services on health policy issues impacting health care finance, workforce, and access to care in rural areas. Also runs state- and community-based grant, technical assistance, and telehealth programs that work to build capacity in rural communities and help meet the health needs of rural residents; and supports research on issues related to the delivery and financing of health care in rural America.

*Other HRSA Programs* - HRSA oversees or supports many other activities that are critical to the nation’s health and well-being, including: the Healthy Start Program; the national network of poison control centers; national organ procurement and allocation activities; the National Vaccine Injury and Countermeasures Injury Compensation Programs; the 340B Drug Pricing Program; the Maternal, Infant, and Early Childhood Home Visiting Program; Hansen’s Disease treatment, training, and research programs; and the National Practitioner Data Bank that helps improve healthcare quality, protect the public, and reduce healthcare fraud and abuse. HRSA is also responsible for the federal designation of Health Professional Shortage Areas and Medically Underserved Areas/Populations.

PERFORMANCE MEASURES

Achieving high performance in pursuing its mission is a major priority for HRSA. The measures presented below have been selected, from among the many measures used by HRSA to review performance, as points of focus for tracking and evaluating the status and progress in addressing Strategic Plan goals.

Goal 1: Improve Access to Quality Health Care and Services

Access

* Number of patients served by health centers
* Percent of eligible persons diagnosed with HIV served by the Ryan White HIV/AIDS Program
* Number of unique individuals receiving direct services through the Federal Office of Rural Health Policy Outreach grants
* Number of participants served by the Maternal, Infant, and Early Childhood Home Visiting Program

Quality

* Percent of patients served by the Ryan White Program, regardless of age, with a HIV viral load less than 200copies/mL at last HIV viral load test during the measurement year
* Percent of health centers meeting or exceeding Healthy People 2020 goals on selected quality measures
* Percent of Home Visiting participants who received appropriate screening for: (a) depression, (b) interpersonal violence, (c) developmental delay

Outreach and Enrollment

* Number of assists provided by trained assisters working on behalf of health centers to support individuals with actual or potential enrollment/reenrollment in health insurance available through Marketplace-qualified health plans and/or through Medicaid or CHIP

Goal 2: Strengthen the Health Workforce

* Field strength of the National Health Service Corps through scholarship and loan repayment agreements
* Percentage of individuals supported by the Bureau of Health Workforce who completed a primary care training program and are currently employed in underserved areas
* Percentage of trainees in Bureau of Health Workforce-supported health professions training programs who receive training in medically underserved communities
* Percentage of trainees in Bureau of Health Workforce programs who are underrepresented minorities and/or from disadvantaged backgrounds

Goal 3: Build Healthy Communities

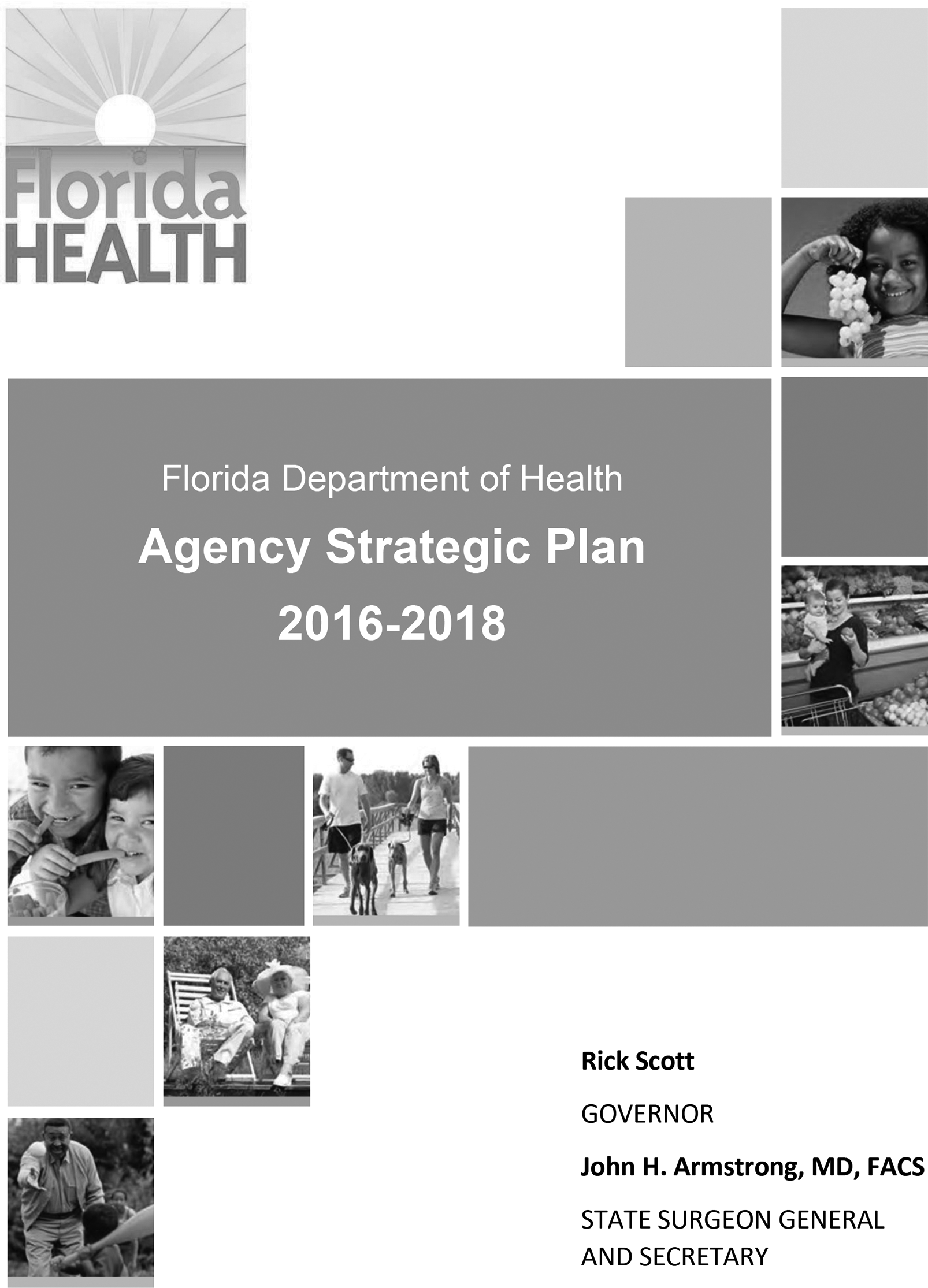
* Number of pregnant women and children served by the Maternal and Child Health Block Grant
* Percent of low birth weight births among Healthy Start program participants
* Percent of health centers providing: (a) oral health, (b) behavioral health, and (c) specific preventive health services
* Percent of donated kidneys used for transplantation

Goal 4: Improve Health Equity

* Percent of (a) health centers and (b) Ryan White programs that have reduced disparities on specific clinical performance measures
* Number of blood stem cell transplants facilitated for minority patients by the C.W. Bill Young Cell Transplantation Program

Goal 5: Strengthen HRSA Program Management and Operations

* Percent of HRSA products and services (e.g., FOAs, correspondence, reports, audits, technical assistance) that meet established quality and timeliness benchmarks
* Program customer satisfaction: Percent of HRSA awardees reporting positively on key indicators
* Employee satisfaction: Percent of HRSA staff reporting positively on key indicators



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## **Table of Contents**

**Executive Summary……………………………………………………………………………………..17**

**Mission, Vision and Values……………………………………………………………………………..18**

**Strategic Priorities………………………………………………………………………………………20**

**Appendices**

Appendix A: Strategic Planning Participants……………………………………………………..24

Appendix B: Planning and Monitoring Summary………………………………………………...27

Appendix C: SWOT Analysis…………………………………………………………………….30

Appendix D: Alignment…………………………………………………………………………..34

Appendix E: Environmental Scan Resources……………………………………………………..37

Executive Summary

The Florida Department of Health conducted a strategic planning process during the summer of 2015 to define the direction and course of the agency for consumers, employees, administrators and legislators for the next three years. This strategic plan will position the Department to operate as a sustainable integrated public health system under the current economic environment and to provide our residents and visitors with high quality public health services. This is a living document that we will evaluate and update regularly to address new challenges posed by the changing environment of public health in Florida.

Executive leadership championed the planning process which involved participation from numerous internal stakeholders including division and office directors, county health officers, program managers and program staff over a two month period. Leadership also engaged in discussions with staff from the Executive Office of the Governor, the Department’s governing body, during the planning process. We considered key support functions required for efficiency and effectiveness and sought to articulate what we plan to achieve as an organization, the actions we will take, and how we will measure our success.

The Department approached the strategic planning process with a number of guiding principles in mind:

* Children, adults, and families are at the center of public health activities.
* Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
* Social determinants dominate health outcomes.
* Health equity promotion is part of every public health activity.
* Interventions to promote public health are evidence-based and community supported.
* Veterans deserve particular support.

Mission – Why do we exist?

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

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

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

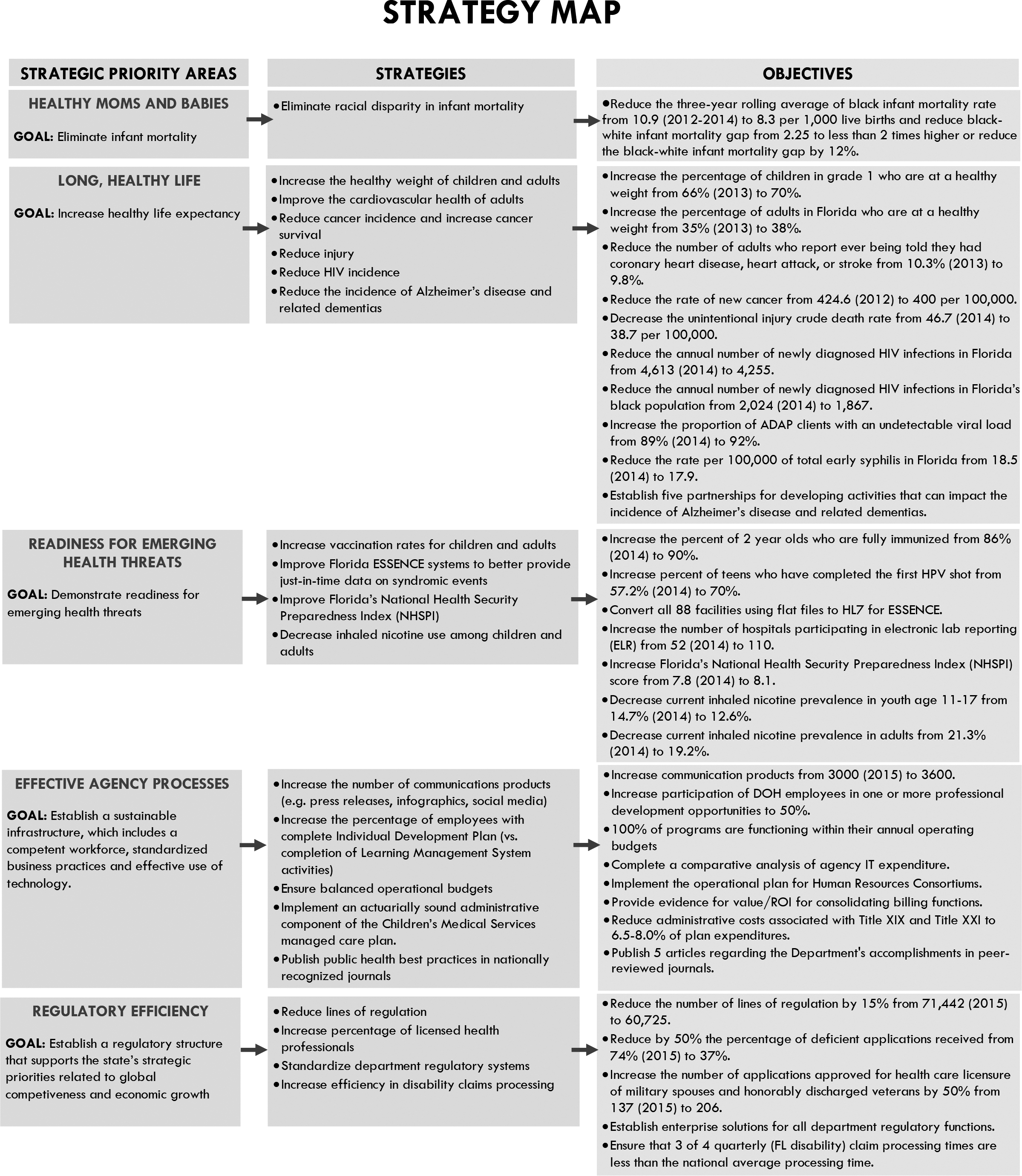
**I** nnovation: We search for creative solutions and manage resources wisely.

**C** ollaboration: We use teamwork to achieve common goals & solve problems.

**A** ccountability: We perform with integrity & respect.

**R** esponsiveness: We achieve our mission by serving our customers & engaging our partners.

**E** xcellence: We promote quality outcomes through learning & continuous performance improvement.



Strategic Priorities

Priority 1: Healthy Moms and Babies

Goal 1.1: Eliminate infant mortality

|  |  |  |
| --- | --- | --- |
| Strategy | Objective | |
| 1.1.1 Eliminate racial disparity in infant mortality | A | By December 31, 2018, reduce the three-year rolling average of black infant mortality rate from 10.9 (2012-2014) to 8.3 per 1,000 live births and reduce black-white infant mortality gap from 2.25 to less than 2 times higher or reduce the black-white infant mortality gap by 12%. |

Priority 2: Long, Healthy Life

Goal 2.1: Increase healthy life expectancy

| Strategy | Objective | |
| --- | --- | --- |
| 2.1.1 Increase the healthy weight of children and adults | A | By December 31, 2018, increase the percentage of children in grade 1 who are at a healthy weight from 66% (2013) to 70%. |
|  | B | By December 31, 2018, increase the percentage of adults in Florida who are at a healthy weight from 35% (2013) to 38%. |
| 2.1.2 Improve the cardiovascular health of adults | A | By December 31, 2018, reduce the number of adults who report ever being told they had coronary heart disease, heart attack, or stroke from 10.3% (2013) to 9.8%. |
| 2.1.3 Reduce cancer incidence and increase cancer survival | A | By December 31, 2018, reduce the rate of new cancer from 424.6 (2012) to 400 per 100,000. |
| 2.1.4 Reduce injury | A | By December 31, 2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000. |
| 2.1.5 Reduce HIV incidence | A | By December 31, 2018, reduce the annual number of newly diagnosed HIV infections in Florida from 4,613 (2014) to 4,255. |
| B | By December 31, 2018, reduce the annual number of newly diagnosed HIV infections in Florida’s black population from 2,024 (2014) to 1,867. |
| C | By December 31, 2018, increase the proportion of ADAP clients with an undetectable viral load from 89% (2014) to 92%. |
| D | By December 31, 2018, reduce the rate per 100,000 of total early syphilis in Florida from 18.5 (2014) to 17.9. |
| 2.1.6 Reduce the incidence of Alzheimer’s disease and related dementias | A | By December 31, 2018, establish five partnerships for developing activities that can impact the incidence of Alzheimer’s disease and related dementias. |

Priority 3: Readiness for Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

|  |  |  |
| --- | --- | --- |
| Strategy | Objective | |
| 3.1.1 Increase vaccination rates for children and adults | A | By December 31, 2018, increase the percent of 2 year olds who are fully immunized from 86% (2014) to 90%. |
| B | By December 31, 2018, increase percent of teens who have completed the first HPV shot from 57.2% (2014) to 70%. |
| 3.1.2 Improve Florida ESSENCE systems to better provide just-in-time data on syndromic events | A | By December 31, 2018, all 88 facilities using flat files to populate ESSENCE will convert to HL7. |
| B | By December 31, 2018, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 110. |
| 3.1.3 Improve Florida’s National Health Security Preparedness Index | A | By December 31, 2018, increase Florida’s National Health Security Preparedness Index (NHSPI) score from 7.8 (2014) to 8.1. |
| 3.1.4 Decrease inhaled nicotine use among children and adults | A | By December 31, 2018, decrease current inhaled nicotine\* prevalence in Florida youth age 11-17 from 14.7% (2014) to 12.6%. \*Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah, and e-cigarettes. |
| B | By December 31, 2018, decrease current inhaled nicotine\*\* prevalence in adults from 21.3% (2014) to 19.2%. \*\*Adult inhaled nicotine includes cigarettes, cigars, hookah, and e-cigarettes. |

Priority 4: Effective Agency Processes

Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.

| Strategy | Objective | |
| --- | --- | --- |
| 4.1.1 Increase the number of communications products (e.g. press releases, infographics, social media) | A | By June 30, 2018, increase communication products from 3000 (2015) to 3600. |
| 4.1.2 Increase the percentage of employees with complete Individual Development Plan (vs. completion of Learning Management System activities) | A | By December 31, 2018, increase participation of DOH employees in one or more professional development opportunities to 50%. |
| 4.1.3 Ensure balanced operational budgets | A | By June 30, 2016, 100% of programs are functioning within their annual operating budgets |
| B | By December 31, 2016, complete a comparative analysis of agency IT expenditure. |
| C | By December 31, 2016, implement the operational plan for Human Resources Consortiums. |
| D | By December 31, 2016, provide evidence for value/ROI for consolidating billing functions. |
| 4.1.4 Implement an actuarially sound administrative component of the Children’s Medical Services managed care plan | A | By December 31, 2017, reduce administrative costs associated with Title XIX and Title XXI to 6.5-8.0% of plan expenditures. |
| 4.1.5 Publish public health best practices in nationally recognized journals | A | By December 31, 2018, publish 5 articles regarding the Department’s accomplishments in peer-reviewed journals. |

Strategic Priority 5: Regulatory Efficiency

Goal 5: Establish a regulatory structure that supports the state’s strategic priorities related to global competitiveness and economic growth.

| Strategy | Objective | |
| --- | --- | --- |
| 5.1.1 Reduce lines of regulation | A | By June 30, 2016, reduce the number of lines of regulation by 15% from 71,442 (2015) to 60,725. |
| 5.1.2 Increase percentage of licensed health professionals | A | By December 31, 2017, reduce by 50% the percentage of deficient applications received from 74% (2015) to 37%. |
| B | By December 31, 2016, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to 206. |
| 5.1.3 Standardize department regulatory systems | A | By December 31, 2017, establish enterprise solutions for all department regulatory functions. |
| 5.1.4 Increase efficiency in disability claims processing | A | By December 31, 2016, ensure that 3 of 4 quarterly (FL disability) claim processing times are less than the national average processing time. |

Appendix A

The Florida Department of Health

Agency Strategic Planning Participants

Executive Leadership

John H. Armstrong, MD, FACS

Surgeon General & Secretary

Kim E. Barnhill, MS, MPH

Deputy Secretary for County Health Systems

Celeste Philip, MD, MPH

Deputy Secretary for Health

Deputy State Health Officer for CMS

J. Martin Stubblefield

Deputy Secretary for Administration

Jennifer A. Tschetter

Chief of Staff

State Health Office Directors

Paul Coley

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Cindy E. Dick, MBA, EFO

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Lucy C. Gee, MS

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Michele Tallent

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Rhonda Wilson

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DOH—St. Johns

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Appendix B

Planning Summary

The Florida Department of Health executive leadership, composed of the State Surgeon General, the Chief of Staff and the deputies, oversaw the development of the Agency Strategic Plan. Executive leadership first laid out the timeline and framework for the plan, then discussed and agreed to preserve the current mission, vision, and values of the Department. Staff conducted an environmental scan of the agency (sources listed in Appendix E) and executive leadership reviewed the environmental scan and the progress of the current Agency Strategic Plan to formulate potential strategic priority areas. After some deliberation and discussion with the governing body and external partners, they finalized the strategic priority areas: healthy moms and babies; long, healthy life; readiness for emerging health threats; effective agency processes; and regulatory efficiency.

Department staff presented the environmental scan analysis to state health office division and office directors who reviewed the findings and participated in a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT). They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in their SWOT meeting. Executive leadership then used the SWOT analysis (Appendix C), environmental scan, agency mission, vision and values to develop agency goals and strategies.

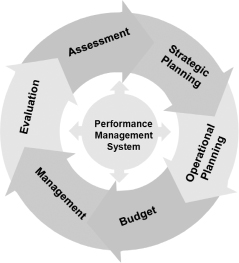
During a two-day, face-to-face meeting with staff from various levels in the Department, including representatives from each regional county health department consortium and program council, input and feedback were provided on the developed goals and strategies, and measurable objectives were developed. Facilitators then worked with program managers and their staff to review and verify the strategies and objectives for each priority area. The revised proposal was then routed back to executive leadership for comment and approval.

The following is the Agency Strategic Plan schedule of meetings:

| DATE | MEETING TOPIC | ATTENDEES |
| --- | --- | --- |
| June 22, 2015 | Establish timeline, mission, vision, and values | Executive Leadership |
| June 29, 2015 | Review environmental scan and discuss possible strategic priority areas | Executive Leadership |
| July 23, 2015 | Finalize strategic priority areas | Executive Leadership, Governing Body & External Partners |
| July 29, 2015 | SWOT Analysis | Executive Leadership & State Health Office Directors |
| July 30, 2015 | Review SWOT analysis and develop goals and strategies for Agency Strategic Plan | Executive Leadership |
| Aug. 3-4, 2015 (face-to-face meeting) | Review current Agency Strategic Plan, provide input on the goals and propose measurable objectives and activities | Various staff (see appendix A) |
| Aug. 11, 2015 | Discuss proposal and draft Agency Strategic Plan | Executive Leadership |
| Aug. 31, 2015 | Discuss and modify draft Agency Strategic Plan | Executive Leadership |
| Sept. 21, 2015 | Review final draft of Agency Strategic Plan goals and objectives | Executive Leadership |

Monitoring Summary

As depicted in the image below, the strategic planning is a key component of the larger performance management system. This statewide performance management system is the cornerstone of the Department’s organizational culture of accountability and performance excellence. The Department’s Strategy and Performance Improvement Leadership (SPIL) Team consists of the Chief Operating Officer, state health office directors, and quality improvement liaisons, and is responsible for measuring, monitoring and reporting progress on the goals and objectives of the Agency Strategic Plan, State Health Improvement Plan, Quality Improvement Plan, and general performance management. The Team meets monthly to discuss recommendations about tools and methods that integrate performance management into sustainable business practices. Each objective has been assigned to a division within the agency (Appendix D) for implementation and quarterly reporting to Florida Health Performs. On a quarterly basis, the SPIL Team will review quarterly agency strategic plan tracking reports for progress toward goals. Annually, an agency strategic plan progress report will be developed by the team and presented to executive leadership, assessing progress toward reaching goals, objectives and achievements for the year. The Agency Strategic Plan will be reviewed by January each year, based on an assessment of availability of resources, data, community readiness, the current progress and the alignment of goals.



**Leadership, Workforce and Infrastructure**

Appendix C

|  |
| --- |
| Strengths, Weaknesses, Opportunities and Threats |
| **Strengths** |
| Investing in research, transparency in results, research symposiums |
| Our workforce is diverse and culturally competent |
| Partnerships at the state level and local level are strong and abundant |
| Every county has an active community health improvement planning partnership, and a community health improvement plan |
| Active and effective partnerships with stakeholders at the state level |
| Integrated agency that provides a statewide comprehensive public health system (i.e. lab, pharmacy, county health departments (CHDs), Children’s Medical Services (CMS) clinics, health care practitioner regulation and licensing). The Department has its responsibilities outlined in Florida Statutes. There is a CHD in each of Florida’s 67 counties. DOH is a centralized organization; the CHDs are part of the department. |
| The Division of Medical Quality Assurance has strong provider assessment capability |
| Physician and dental workforce assessments already completed |
| Florida’s public health statutes have been recently reviewed and are keeping pace with scientific developments and current constitutional, legal and ethical changes |
| ESF8 response/strong preparedness infrastructure |
| Emerging technologies in health care including telemedicine and electronic health records create efficiencies and opportunities to expand services |
| The Department supports pilot and demonstration projects and has many model practices that can be shared |
| The Department purchases pharmaceuticals at federal pricing – resulting in cost savings |
| There are organizational processes in place that demonstrate commitment to performance management and improvement |
| Expertise in collecting, reporting and analyzing health statistics and vital records |
| Ability to collect and provide comparative data through Department surveillance systems and surveys (CHARTS, Merlin, BRFSS, HMS etc.) |
| We administer public health through 67 CHDs. They are the primary service providers in the areas of infectious disease control and prevention, family health services and environmental health services. Statewide functions such as the laboratories, Vital Statistics, a state pharmacy, disaster preparedness and emergency operations ensure efficient and coordinated approaches to monitoring diseases and responding to emerging needs at a population level |
| We have public health preparedness plans, partnerships, expertise and leadership in the health and medical component of all-hazards planning, preparation (including training and exercising), staff and material support for potential catastrophic events that may threaten the health of citizens and compromise our ability to deliver needed health care services |
| Committed to continuous quality improvement and creating a culture of quality, as evident by participation in accreditation activities |
| Effective marketing methods through programs like Tobacco Free Florida |
| Improved understanding of privacy and confidentiality laws and promoted coordination across programs and system wide |
| **Weaknesses** |
| Resources for training, continuing education, recruitment and retention |
| Succession planning, career ladders, advancement and leadership opportunities |
| Lack of resources prioritized for program monitoring/evaluation and quality improvement activities |
| Barriers to internal communication; reluctance to express opinions that may be contrary to current policy |
| Number of health care providers in rural areas |
| Decreasing CHD capacity to provide locally needed services |
| Lack of comprehensive evaluation of health communications, health education and promotion interventions |
| Lack of standards for health communication and resource materials to reach targeted populations with culturally and linguistically appropriate messaging |
| Increased demand for services without the capacity to meet the demand; resources are shrinking as a result of the economy |
| Lack of standard process maps for administrative and financial processes |
| Inconsistent conduction of periodic reviews on the effectiveness of the state surveillance systems |
| **Opportunities** |
| National awareness for healthier lifestyles and interest in workplace wellness programs |
| Recruitment of health care practitioners and public health professionals |
| Re-assess, re-evaluate health care practitioner assessments that DOH performs |
| Leverage partnerships among agencies and institutions of higher learning to enhance and improve current workforce capacity in order to support education of future public health professionals |
| Educate public and policy makers about public health |
| Participation in proposing changes to regulations |
| Use effective, evidence-based strategies and model practices |
| Include health impact assessments in planning |
| Telemedicine use to expand services |
| Robust public health statutes |
| Partnerships with non-profit hospitals to conduct community health needs assessments and preventative activities |
| Common priority health issues among state and locals present opportunities for system wide support and collaboration |
| Implement reviews of partnership development activities and their effectiveness |
| Regionalize the processing of accounts payable, billing, human resources and purchasing |
| Increased opportunity for the population to be insured |
| Shift in clinical practices locally to population health prevention services |
| Shift in public awareness and interest in social determinants of health |
| Leverage Medicaid managed care for public health improvement |
| Collaborating with tribal health councils |
| Ability to increase preventative dental services |
| Broader knowledge and promotion of health in all policies, especially in urban planning (e.g. smart growth, multi-modal transportation, etc.) |
| Increase leveraging of the Medicaid Family Planning Waiver program. This Waiver program allows women who have had a recent Medicaid paid service to retain coverage for family planning services for up to two years. Since over half of births in Florida were covered by Medicaid, this covers many women. The prevention of an unplanned pregnancy or another pregnancy in close proximity to a recent birth has the potential to lower infant mortality and reduce public assistance costs. CHDs do the eligibility determination for the Family Planning Waiver and can influence participation in this program through outreach. |
| Partner with DOE and the local school systems to increase physical activity among children and nutrition in the schools. Encourage after-school programs to emphasize physical activity, issue awards for physical activity efforts, grade schools on their commitment to encouraging healthy behaviors on the part of their students, etc. |
| **Threats** |
| Aging population |
| Funding cuts to programs and FTEs |
| Fewer benefits for workers |
| Shortage of health care providers |
| Emerging geographic health care shortage areas |
| Increased demands for care due to demographic shifts and economic situations |
| Program and funding cuts shift burdens to other segments of the public health system |
| Increased need for behavioral health services |
| Overuse of emergency rooms for primary care |
| Changes in educational practice and school curriculum impacts learning healthy lifestyles |
| Improved technology has encouraged more sedentary lifestyles, particularly among children |
| Emerging public health threats including infectious diseases, natural disasters and concurrent complacency in terms of family and business preparedness planning |
| Lack of residency slots for practitioners educated in Florida |
| No reciprocity for dental licenses in Florida |
| Inconsistent behavioral health services across counties |
| Need to improve health status and reduce disparities in chronic diseases, tobacco use, overweight/obesity, low physical activity levels, diabetes, unintentional injury, prescription drug abuse, infant mortality and prematurity, unintended and teen pregnancy, breastfeeding, child abuse/neglect, adverse childhood events, oral health, depression and behavioral health, adult substance abuse, HIV, influenza, access to care, and emerging health issues. |
| The transition to population health from clinical reduces the Department’s ability to respond to infectious disease outbreaks, such as H1N1, without relying on partnership and volunteer professionals |
| The Department is challenged to compete against the marketing capabilities of the fast food industry, the soft drink industry, etc. The efforts of these entities offset our Healthy Behavior marketing activities. |
| Florida continues to host a substantial number of medically uninsured persons who have lesser access to health care due in part to a large service and construction industry. Although the economy is recovering many of the new jobs pay low wages and do not provide health insurance. |
| Good health is often a lesser priority among some Floridians |

Appendix D

Work Plan and Alignment

| Objective | [Economic](http://www.floridajobs.org/office-directory/division-of-strategic-business-development/florida-strategic-plan-for-economic-development)  [Develop.](http://www.floridajobs.org/office-directory/division-of-strategic-business-development/florida-strategic-plan-for-economic-development) | 2016  [LRPP](http://floridafiscalportal.state.fl.us/Document.aspx?ID=13556&amp;DocType=PDF) | [SHIP](http://www.floridahealth.gov/about-the-department-of-health/_documents/state-health-improvement-plan.pdf) | Assigned to | Source |
| --- | --- | --- | --- | --- | --- |
| By 12/31/2018, reduce the three-year rolling average of black infant mortality rate from 10.9 (2012-2014) to 8.3 per 1,000 live births and reduce black-white infant mortality gap from 2.25 to less than 2 times higher or reduce the black-white infant mortality gap by 12%. |  | 1B | AC5.4.4 | DCHP | CHARTS & Annual state vital statistics report, June |
| By 12/31/2018, increase the percentage of children in grade 1 who are at a healthy weight from 66% (2013) to 70%. |  |  | CD1.2.2 | DCHP | FY 2013-14, Growth and Development Screening with Body Mass Index |
| By 12/31/2018, increase the percentage of adults in Florida who are at a healthy weight from 35% (2013) to 38%. |  | 2A | CD1.2.1 | DCHP | Annual BRFSS |
| By 12/31/2018, reduce the number of adults who report ever being told they had coronary heart disease, heart attack, or stroke from 10.3% (2013) to 9.8%. |  |  | CD3.2.0 | DCHP | Annual BRFSS |
| By 12/31/2018, reduce the rate of new cancer from 424.6 (2012) to 400 per 100,000. |  |  | CD3.2.0 | DCHP | Florida Cancer  Data System |
| By 12/31/2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000. |  | 2G | Goal  HP4 | DEPCS | DeathStat Database |
| By 12/31/2018, reduce the annual number of newly diagnosed HIV infections in Florida from 4,613 (2014) to 4,255. |  | 2B | HP1.3.4 | DDCHP | eHARS |
| By 12/31/2018, reduce the annual number of newly diagnosed HIV infections in Florida’s black population from 2,024 (2014) to 1,867. |  | 2B | HP1.3.7 | DDCHP | eHARS |
| By 12/31/2018, increase the proportion of ADAP clients with an undetectable viral load from 89% (2014) to 92%. | Goal 3 | 2B | HP1.3.5 | DDCHP | eHARS & ADAP Database |
| By 12/31/2018, reduce the rate per 100,000 of total early syphilis in Florida from 18.5 (2014) to 17.9. |  |  | HP1.2.0 | DDCHP | PRISM |
| By 12/31/2018, establish five partnerships for developing activities that can impact the incidence of Alzheimer’s disease and related dementias. |  |  |  | DCHP | Community Engagement Ad hoc Reports |
| By 12/31/2018, increase the percent of 2 year olds who are fully immunized from 86% (2014) to 90%. | Goal 3 | 3C | HP1.1.1 | DDCHP | FL SHOTS |
| By 12/31/2018, increase percent of teens who have completed the first HPV shot from 57.2% (2014) to 70%. |  |  | HP1.1.0 | DDCHP | National Immunization Survey |
| By 12/31/2018, convert all 88 facilities using flat files to HL7 from ESSENCE. |  |  | HP1.4.5  HI1.3.3 | DDCHP | ESSENCE Report |
| By 12/31/2018, increase the number of hospitals participating in electronic lab reporting (ELR) from 52 (2014) to 110. |  |  | HP1.4.4  HI1.3.1 | DDCHP | ELR-OLAP |
| By 12/31/2018, increase Florida’s National Health Security Preparedness Index (NHSPI) score from 7.8 (2014) to 8.1. |  | 3A | HP3.3.0 | DEPCS | NHSPI Index |
| By 12/31/2018, decrease current inhaled nicotine prevalence in Florida youth age 11-17 from 14.7% (2014) to 12.6%. |  | 3B | CD4.2.4 | DCHP | Middle School Health Behavior Survey & Florida Youth Tobacco Survey |
| By 12/31/2018, decrease current inhaled nicotine prevalence in adults from 21.3% (2014) to 19.2%. |  |  | CD4.2.2 | DCHP | Florida Adult  Tobacco Survey |
| By 06/30/2018, increase communication products from 3000 (2015) to 3600. |  |  |  | OC | Meltwater Report |
| By 12/31/2018, increase participation of DOH employees in one or more professional development opportunities to 50%. |  |  | HI3.1.0 | DA | PeopleFirst  Performance Report |
| By June 30, 2016, 100% of programs will operate within their annual operating budgets |  |  |  | OBRM | OBRM Quarterly  Report |
| By 12/31/2016, complete a comparative analysis of agency IT expenditure. |  |  | HI1.0.0 | OIT | IT Report |
| By 12/31/2016, implement the operational plan for Human Resources Consortiums. |  |  |  | DA | HR Action Plans |
| By 12/31/2016, provide evidence for value/ROI for consolidating billing functions. |  |  | HI2.1.4 | DA | HR Action Plans |
| By 12/31/2017, reduce administrative costs associated with Title XIX and Title XXI to 6.5-8.0% of plan expenditures. | Strategy 25 | 2C | AC6.0.0 | DCMS | CMS Plan Admin  Cost Analysis |
| By 12/31/2018, publish 5 articles regarding the Department’s accomplishments in peer-reviewed journals. |  |  |  | DCHP | Publication report |
| By 06/30/2016, reduce the number of lines of regulation by 15% from 71,442 (2015) to 60,725. |  |  |  | OGC | Rules Query |
| By 12/31/2017, reduce by 50% the percentage of deficient applications received from 74% (2015) to 37%. | Goal 1 |  | AC2.1.3 | DMQA | MQA Quarterly Reports |
| By 12/31/2016, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 137 (2015) to 206. | Goal 1 |  | AC2.1.0 | DMQA | MQA Quarterly Reports |
| By 12/31/2017, establish enterprise solutions for all department regulatory functions. |  | 5B |  | DMQA | MQA Action Plan |
| By 12/31/2016, ensure that 3 of 4 quarterly (FL disability) claim processing times are less than the national average processing time. |  | 4A |  | DDD | Federal DDD Quarterly Report |
| DA Division of Administration DMQA Division of Medical Quality Assurance  DCHP Division of Community Health Promotion OBRM Office of Budget and Revenue Management  DCMS Division of Children’s Medical Services OC Office of Communications  DDCHP Division of Disease Control and Health Protection OGC Office of the General Counsel  DDD Division of Disability Determinations OIT Office of Information Technology  DEPCS Division of Emergency Preparedness and Community Support SHIP State Health Improvement Plan  LRPP Long Range Program Plan Economic Develop. Florida Strategic Plan for Economic Development | | | | | |

Appendix E

Environmental Scan Resources

 1. 2015 State Themes and Strengths Assessment

 2. [Assessment of 67 current county strategic plans](http://www.floridahealth.gov/provider-and-partner-resources/community-partnerships/floridamapp/state-and-community-reports/index.html)

 3. [Agency strategic plan status report](http://hpe04swb01/FLhealthPerforms/StatusByIssueArea.aspx?type=state&amp;year=2015&amp;time_period=1&amp;report=1)

 4. [Alzheimer’s disease Facts and Figures 2015](http://www.alz.org/facts/downloads/facts_figures_2015.pdf)

 5. [Alzheimer’s Disease Research Grant Advisory Board Annual Report   
FY 2014 -2015](http://www.floridahealth.gov/.../FINAL-Alzheimers-Annual-Report2014-2015.pdf)

[6. Assessment of County Health Department Immunization Coverage Levels in Two-Year-Old](http://www.floridahealth.gov/statistics-and-data/immunization-coverage-surveys-reports/state-surveys.html) [Children 2015](http://www.floridahealth.gov/statistics-and-data/immunization-coverage-surveys-reports/state-surveys.html)

[7. Behavioral Risk Factor Surveillance System (BRFSS) 2013](http://www.floridacharts.com/charts/brfss.aspx)

 8. [Biomedical Research Advisory Council Annual Report 2013-2014](http://www.floridahealth.gov/%5C/provider-and-partner-resources/brac/_documents/2014-annual-report.pdf)

 9. [Florida Community Health Assessment Resource Tool Set (CHARTS)](http://www.floridacharts.com/charts/default.aspx)

10. [Division of Medical Quality Assurance Annual Report and Long Range Plan FY 2013-2014](http://mqawebteam.com/annualreports/1314/files/assets/common/downloads/publication.pdf)

11. Employee Satisfaction Survey 2015 results

12. [Florida Department of Health, Long Range Program Plan 2015-16 through 2019-20](http://floridafiscalportal.state.fl.us/Document.aspx?ID=11029&amp;DocType=PDF)

13. [Florida Department of Health, Office of Inspector General Annual Report FY 2013-2014](http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/inspector-general/_documents/AnnualReport2014.pdf)

14. [Florida Department of Health, Year in Review 2013-2014](http://www.floridahealth.gov/articles/2013-2014-Year-in-Review.html)

15. [Florida Middle School Health Behavior Survey Results for 2013](http://www.floridahealth.gov/statistics-and-data/survey-data/middle-school-health-behavior-survey/index.html)

16. Florida Morbidity Statistics Report, 2013

[17. Florida Pregnancy Risk Assessment Monitoring System Trend Report 2000-2011 Executive](http://www.floridahealth.gov/statistics-and-data/survey-data/pregnancy-risk-assessment-monitoring-system/index.html) [Summary](http://www.floridahealth.gov/statistics-and-data/survey-data/pregnancy-risk-assessment-monitoring-system/index.html)

18. [Florida Strategic Plan for Economic Development](http://www.floridajobs.org/office-directory/division-of-strategic-business-development/florida-strategic-plan-for-economic-development)

19. [Florida Vital Statistics Annual Report 2014](http://www.flpublichealth.com/VSBOOK/VSBOOK.aspx)

20. [Florida Youth Risk Behavior Survey Results for 2013](http://www.floridahealth.gov/statistics-and-data/survey-data/youth-risk-behavior-survey/index.html)

21. [Florida Youth Tobacco Survey Results for 2014](http://www.floridahealth.gov/statistics-and-data/survey-data/fl-youth-tobacco-survey/index.html)

22. Health Status Assessment 2015

23. [Healthiest weight state profile](http://www.floridacharts.com/Charts/documents/2013_HealthiestWeightProfile%20_Final.pdf)

24. Leading causes of injury

25. Leading rankable causes of death

26. [Physician Workforce Annual Report 2014](http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/index.html)

27. [State monthly economic updates](http://www.floridajobs.org/workforce-board-resources/program-monitoring-and-reports/state-program-reports/monthly-management-reports)

28. [Tuberculosis Control Section Report 2013](http://www.floridahealth.gov/diseases-and-conditions/tuberculosis/tb-statistics/_documents/tb-ar-2013.pdf)

29. [Volunteer Health Services Annual Report 2012-2013](http://www.floridahealth.gov/provider-and-partner-resources/getting-involved-in-public-health/volunteer-health-services-opportunities/vhsannualreports.html)

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