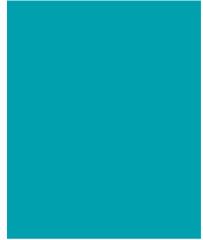


Florida Department of Health
Agency Strategic Plan
2016-2018



Rick Scott
GOVERNOR
John H. Armstrong, MD, FACS
STATE SURGEON GENERAL
AND SECRETARY

Version 1
Published September 2015

Produced by:
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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?

Innovation: We search for creative solutions and manage resources wisely.

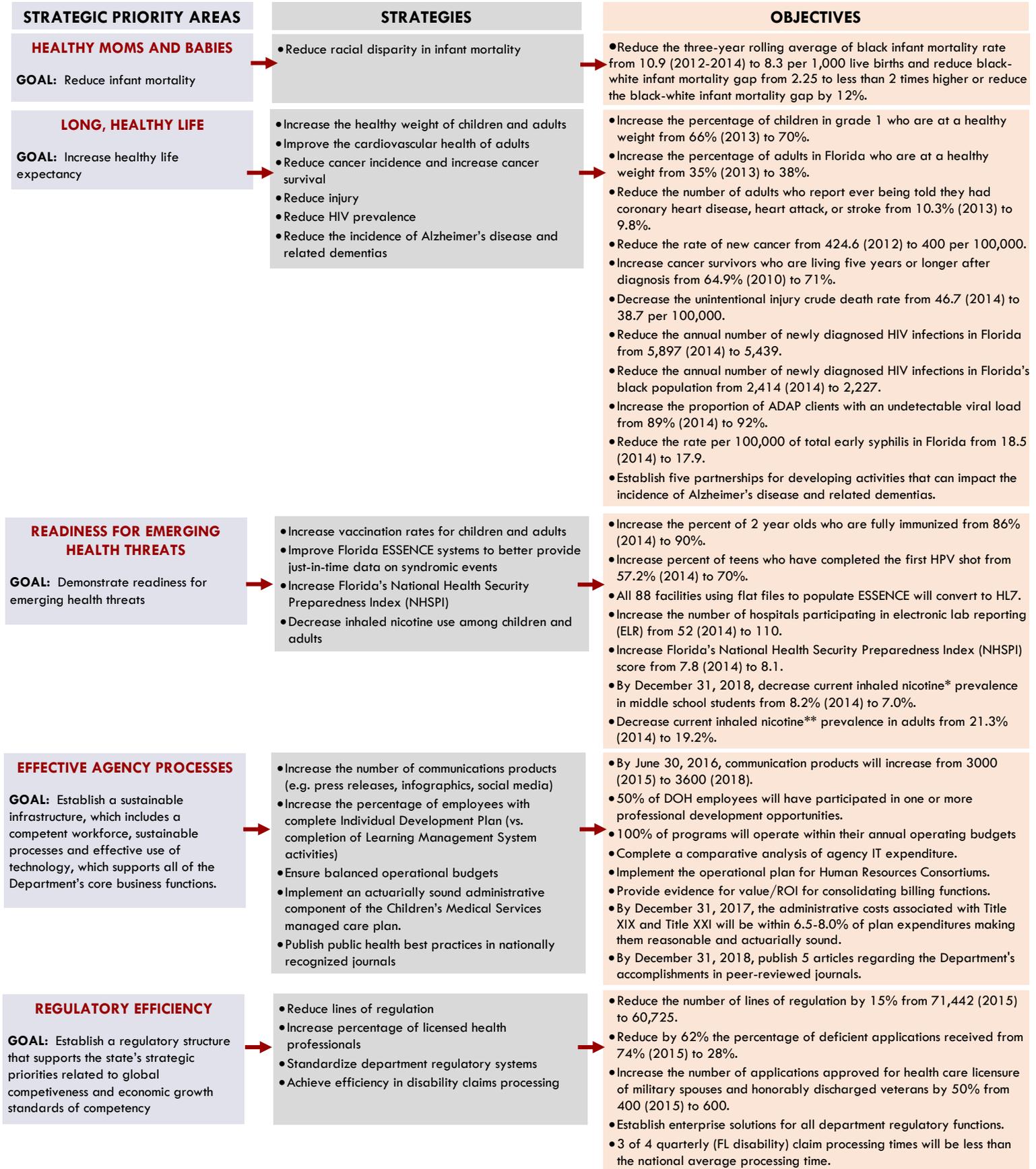
Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

STRATEGY MAP



Strategic Priorities

Priority 1: Healthy Moms and Babies

Goal 1.1: Reduce infant mortality

Strategy	Objective
1.1.1 Reduce 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 prevalence	A By December 31, 2018, reduce the annual number of newly diagnosed HIV infections in Florida from 5,897 (2014) to 5,439.
	B By December 31, 2018, reduce the annual number of newly diagnosed HIV infections in Florida's black population from 2,414 (2014) to 2,227.
	C By December 31, 2018, increase the proportion of ADAP clients with an undetectable viral load from 89% (2014) to 92%.
	E 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, 2016, 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.
	C 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, sustainable processes and effective use of technology, which supports all of the Department's core business functions.

Strategy	Objective
4.1.1 Increase the number of communications products (e.g. press releases, infographics, social media)	A By June 30, 2016, communication products will increase from 3000 (2015) to 3600 (2018).
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, 50% of DOH employees will have participated in one or more professional development opportunities.
4.1.3 Eliminate balanced operational budgets	A By June 30, 2016, 100% of programs will operate 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, the administrative costs associated with Title XIX and Title XXI will be within 6.5-8.0% of plan expenditures making them reasonable and actuarially sound.
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 62% the percentage of deficient applications received from 74% (2015) to 28%.
	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 400 (2015) to 600.
5.1.3 Standardize department regulatory systems	A By December 31, 2017, establish enterprise solutions for all department regulatory functions.
5.1.4 Achieve efficiency in disability claims processing	A By December 31, 2016, 3 of 4 quarterly (FL disability) claim processing times will be less than the national average processing time.

Appendix A

The Florida Department of Health Strategic Planning Participants

Executive Leadership

John H. Armstrong, MD, FACS
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Kim E. Barnhill, MS, MPH
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Intern

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Chief

Andy Reich, MS, MSPH, RRT
Interim Environmental Health Bureau
Chief

Laura Reeves, ASQ, CMQ/OE
TB Section Administrator

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 D) 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.

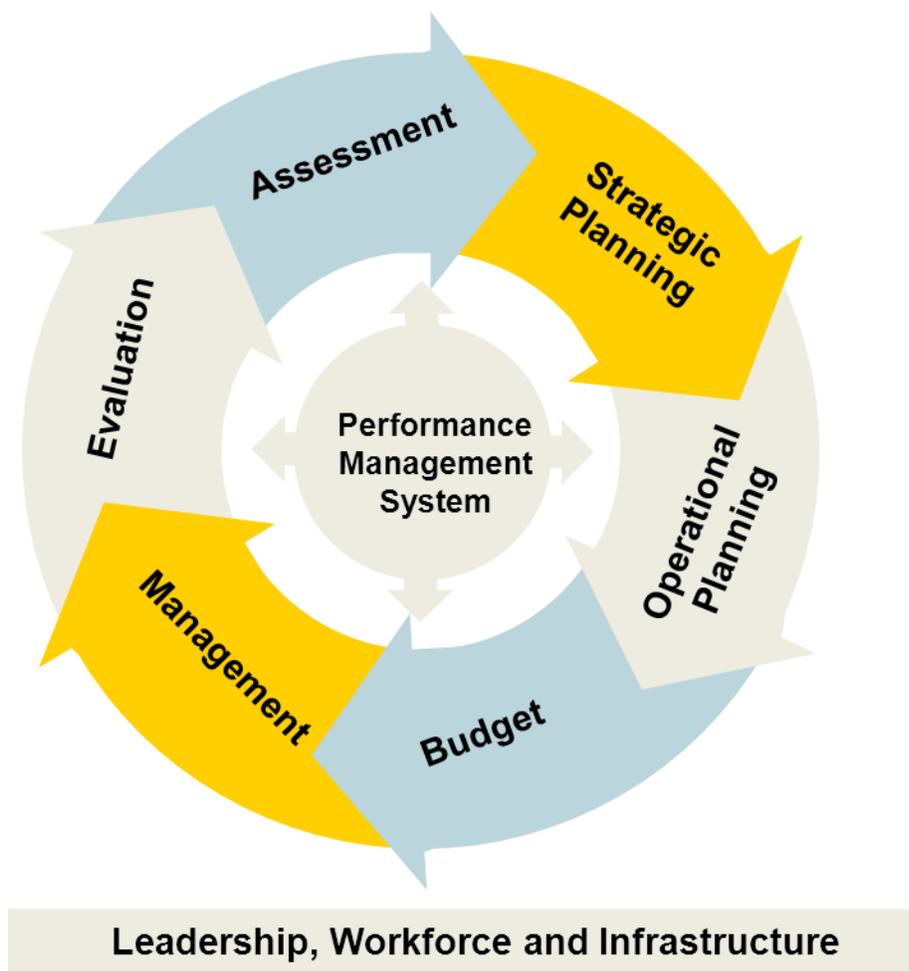
During a two-day, face-to-face meeting with staff from various levels in the Department, including representatives from each regional county health department consortium and program council, input and feedback were provided on the developed goals and strategies, and measurable objectives were developed. 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 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 agency strategic plan 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 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 strategic plan tracking reports for progress toward goals. Annually, a strategic plan progress report will be developed by the team and presented to executive leadership, assessing progress toward reaching goals and objectives, and achievements for the year. The 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.



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
A 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 Develop.	LRPP	SHIP	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%.		3G	AC5.4.4	DCHP	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 BRFFS
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 BRFFS
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, increase cancer survivors who are living five years or longer after diagnosis from 64.9% (2010) to 71%.			CD3.2.0	DCHP	National Program of Cancer Registries
By 12/31/2018, decrease the unintentional injury crude death rate from 46.7 (2014) to 38.7 per 100,000.		1I	Goal HP4	DEPCS	DeathStat Database
By 12/31/2018, reduce the annual number of newly diagnosed HIV infections in Florida from 5,897 (2014) to 5,439.			HP1.3.4	DDCHP	eHARS
By 12/31/2018, reduce the annual number of newly diagnosed HIV infections in Florida's black population from 2,414 (2014) to 2,227.			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	1C	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 12/31/2017, 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	1A	HP1.1.1	DDCHP	FL SHOTS

Objective	Economic Develop.	LRPP	SHIP	Assigned to	Source
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, all 88 facilities using flat files to populate ESSENCE will convert to HL7.			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.		1E	HP3.3.0	DEPCS	NHSPI Index
By 12/31/2018, decrease current inhaled nicotine* prevalence in middle school students from 8.2% (2014) to 7.0%.		2B	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 06/30/2016, communication products will increase from 3000 (2015) to 3600 (2018).				OC	Meltwater Report
By 12/31/2018, 50% of DOH employees will have participated in one or more professional development opportunities.			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 12/31/2017, complete a comparative analysis of agency IT expenditure.			HI1.0.0	OIT	IT Report
By 12/31/2017, implement the operational plan for Human Resources Consortiums.				DA	HR Action Plans
By 12/31/2017, provide evidence for value/ROI for consolidating billing functions.			HI2.1.4	DA	HR Action Plans
By 12/31/2017, the administrative costs associated with Title XIX and Title XXI will be within 6.5-8.0% of plan expenditures making them reasonable and actuarially sound.	Strategy 25	3A, B, C	AC6.0.0	DCMS	
By 12/31/18, 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 62% the percentage of deficient applications received from 74% (2015) to 28%.	Goal 1		AC2.1.3	DMQA	MQA Quarterly Reports
By 12/31/2017, increase the number of applications approved for health care licensure of military spouses and honorably discharged veterans by 50% from 400 (2015) to 600.	Goal 1		AC2.1.0	DMQA	MQA Quarterly Reports
By 12/31/2017, establish enterprise solutions for all department regulatory functions.				DMQA	MQA Action Plan
By 12/31 2016, 3 of 4 quarterly (FL disability) claim processing times will be less than the national average processing time.				DDD	Federal DDD Quarterly Report

Appendix E

Environmental Scan Resources

1. 2015 State Themes and Strengths Assessment
2. [Assessment of 67 current county strategic plans](#)
3. [Agency strategic plan status report](#)
4. [Alzheimer's disease Facts and Figures 2015](#)
5. [Alzheimer's Disease Research Grant Advisory Board Annual Report FY 2014-2015](#)
6. [Assessment of County Health Department Immunization Coverage Levels in Two-Year-Old Children 2015](#)
7. [Behavioral Risk Factor Surveillance System \(BRFSS\) 2013](#)
8. [Biomedical Research Advisory Council Annual Report 2013-2014](#)
9. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
10. [Division of Medical Quality Assurance Annual Report and Long Range Plan FY 2013-2014](#)
11. Employee Satisfaction Survey 2015 results
12. [Florida Department of Health, Long Range Program Plan 2015-16 through 2019-20](#)
13. [Florida Department of Health, Office of Inspector General Annual Report FY 2013-2014](#)
14. [Florida Department of Health, Year in Review 2013-2014](#)
15. [Florida Middle School Health Behavior Survey Results for 2013](#)
16. Florida Morbidity Statistics Report, 2013
17. [Florida Pregnancy Risk Assessment Monitoring System Trend Report 2000-2011 Executive Summary](#)
18. [Florida Strategic Plan for Economic Development](#)
19. [Florida Vital Statistics Annual Report 2014](#)
20. [Florida Youth Risk Behavior Survey Results for 2013](#)
21. [Florida Youth Tobacco Survey Results for 2014](#)
22. Health Status Assessment 2015
23. [Healthiest weight state profile](#)
24. Leading causes of injury
25. Leading rankable causes of death
26. [Physician Workforce Annual Report 2014](#)
27. [State monthly economic updates](#)
28. [Tuberculosis Control Section Report 2013](#)
29. [Volunteer Health Services Annual Report 2012-2013](#)