



Florida Department of Health in Broward County

STRATEGIC PLAN

March 1, 2021-February 28, 2026



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Mission, Vision, and Values

Public Health Accreditation Board (PHAB) 5.3.2A.a: The strategic plan must include the health department’s mission, vision, and guiding principles/values for the health department.

• OUR MISSION

Why do we exist?

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

• OUR VISION

What do we want to achieve?

To be the Healthiest State in the Nation.

• OUR 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 and solve problems.

Accountability

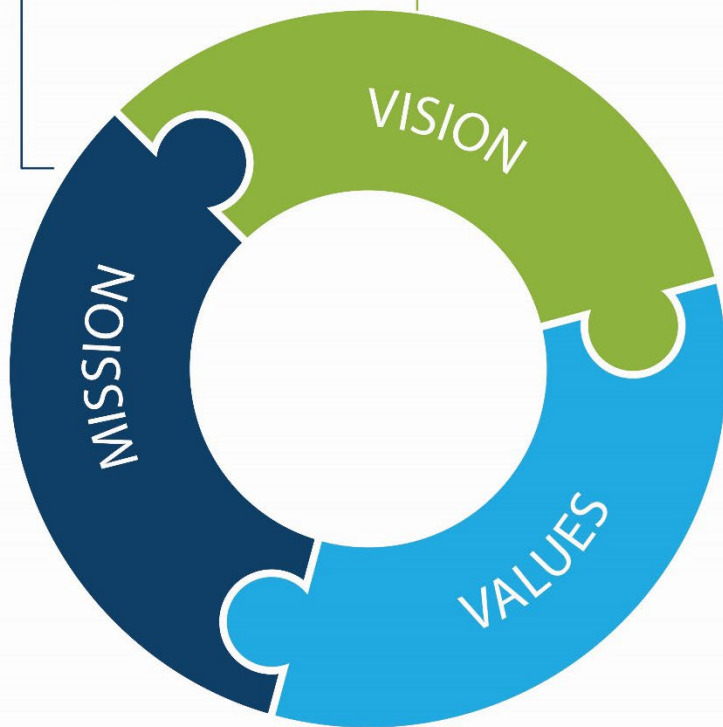
We perform with integrity and respect.

Responsiveness

We achieve our mission by serving our customers and engaging our partners.

Excellence

We promote quality outcomes through learning and continuous performance improvement.





Florida Department of Health in Broward County Cornerstones

DOH-Broward's four Cornerstones are the foundational principles that guide the organization's daily operations. DOH-Broward utilizes the Cornerstones to maintain focus on what is important when setting strategies for the future and establishing goals. Key factors utilized in creating the Cornerstones for DOH-Broward include: state mandated priorities; analysis of countywide statistics that reflect key health status indicators and disease trends; staff/budget capabilities; and input received from stakeholder groups. These factors are integrated with the overall Mission and Vision of DOH-Broward, resulting in the creation of the following four Cornerstones:

1. Leaders of the Public Health System

Florida Department of Health in Broward County is committed to protecting the health of the community through disease prevention strategies in collaboration with community partners.

2. A Culture of Continuous Improvement

Florida Department of Health in Broward County is committed to establishing shared values and accountability system that promotes the belief that what is excellent today can be made better for tomorrow.

3. Be the Provider and Employer of Choice

Florida Department of Health in Broward County is committed to providing an environment of excellence for both our customers and our employees and become **their** choice; not their **only** choice.

4. Thriving Financially

Florida Department of Health in Broward County is committed to maximizing financial opportunities in order to thrive and not just survive to meet the needs of Broward County.



Background and Overview

Public health touches every aspect of our daily lives. Public health aims to provide the maximum benefit for the largest number of people. It is what we do collectively to assure conditions in which people can be healthy. Public health is a well-established science that has been in practice for hundreds of years. It is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact population-wide health.

The over-arching goal of public health is to protect and improve the health of communities through education, promotion of healthy lifestyles and research for disease and injury prevention. Through research, surveillance and data analysis, we develop programs and policies that protect the health of the entire community.

DOH-Broward is committed to excellence. In 2008, the organization adopted the Sterling/Malcolm Baldrige model as our performance excellence system. DOH-Broward led the County in being recognized as a Robert Wood Johnson Culture of Health Prize Community in 2019. DOH-Broward was selected as the recipient of the Florida Governor's Sterling Award in 2018. In 2015, DOH-Broward was named "Large County Health Department of the Year" by the National Association of County and City Health Officials (NACCHO). Over the past ten years, DOH-Broward has been recognized by NACCHO for a total of 14 model practices and 27 promising practices.

DOH-Broward fosters a culture of shared accountability. DOH-Broward's Performance Management System supports high performance and workforce engagement through alignment of individual performance standards to unit, program, and organizational level business metrics. The Performance Management System is separated into several parts: organizational performance based on strategic and action planning and process outputs, workforce focused metrics, and customer focused metrics. These metrics are contained in Active Strategy Enterprise (ASE) and the annual Employee Performance Evaluations, which are derived from and contribute to the metrics in ASE. The performance of Senior Leaders managers, and supervisors is an aggregation of the performance of their entire chain of command, along with other duties for which they are uniquely responsible. This is mirrored in each level of the organization down to front-line staff. Because of this, performance is driven up through the organization while accountability is simultaneously driven down through the organization.

DOH- Broward achieves Public Health results through collaboration. Broward County is widely known as "collaboration county" due to the multitude of coalitions and task forces that work together in a non-competitive way to improve the health and quality of life of residents. These coalitions are mobilized in strategic ways that address key health challenges based on community needs assessments. As the leader of the local public health system, DOH-Broward staff at all levels lead and serve on these community coalitions, committees and taskforces.

DOH-Broward is committed to achieving Health Equity and eliminating health disparities. In Broward County, we look at the preventable differences that are experienced by socially disadvantaged populations in the burden of disease, violence, or lack of opportunities to achieve optimal health for all. To address these issues, we partner across the public and private sector to improve our community and view challenges and solutions through a health equity lens. Understanding the role of Social Determinants of Health as described in the HHS Healthy People 2020 initiative has allowed us to develop a more comprehensive approach to building a culture of health. We strive to value all individuals and populations equally and provide resources according to need. We implement, evaluate and then refine our actions to address the social determinants of health and work across a broad spectrum of policy connected and resident-coordinated actions with a



goal to ultimately eliminate health disparities in Broward County. In Broward, we agree that everyone deserves an opportunity to be healthy. To advance health equity and eliminate health disparities, multiple collaborative practices have been implemented to address vulnerable populations.

Demographics

The Florida Department of Health in Broward County serves a population of 1,946,733 Broward County population.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Broward County is the second most populous county in Florida, 17th most populous in the United States with over 1.94 million people and 9% of Florida's residents. Broward County is a majority/minority community with a population of 33% White, 30.6% Black, and 32.5% Hispanic of any race (2021 American Community Survey) and 34.8% of residents being foreign born. Broward County Public Schools is the sixth largest public-school system in the United States and the second largest in the state of Florida. Students are from 204 different countries and speak 191 languages. Nearly 12.8% of the residents are living below the poverty level and 16.1% of children under age 18 are living in poverty. South Florida continues to be the most cost-burdened metro region in the nation with over half of Broward residents spending more than 30% of their monthly income on housing expenses. Fort Lauderdale ranks 10th nationwide as one of the most cost-burdened communities. Broward County is home to an international airport that is ranked 19th in the U.S. in total passenger traffic and a seaport which is the cruise ship capital of the world. 14 million tourists visit our beaches each year. Please see the data below:

**Population by Age
Broward County and Florida**

Age Group	County – 2021		State – 2021
	Total Number	Total Percentage	Total Percentage
< 5 years	110,143	6%	5%
5 - 14 years	227,608	12%	11%
15 - 24 years	216,592	11%	11%
25 - 44 years	521,179	27%	25%
Subtotal	1,075,522	56%	52%
45 - 64 years	529,752	27%	26%
65 - 74 years	190,784	10%	12%
> 74 years	150,675	8%	10%
Subtotal	871,211	45%	48%

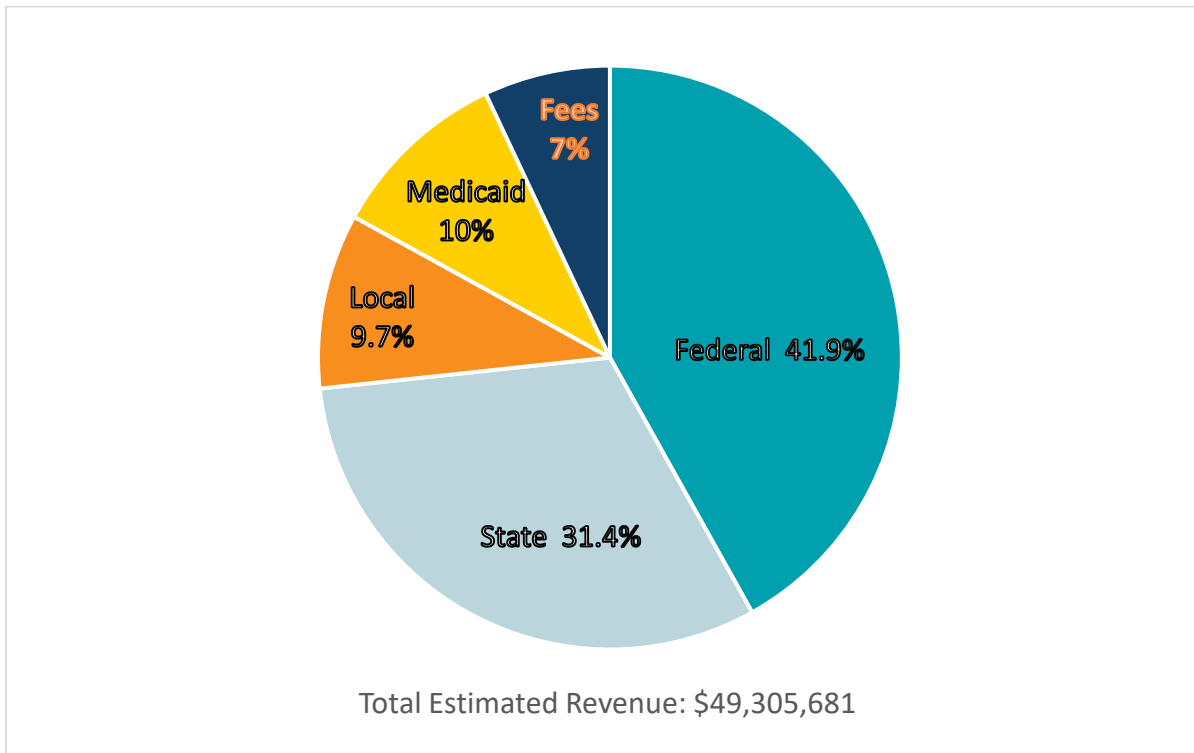
Source: FL CHARTS, 2021 Population by Age, County



Budget and Revenue

Financial resources for the Florida Department of Health in Broward County are provided through multiple sources. These include fees, grants, and budget allocations from the County, State, and Federal governments. Please see the data below.

**The Florida Department of Health in Broward County
Revenue Percentage by Source
Fiscal Year 2018-2019**



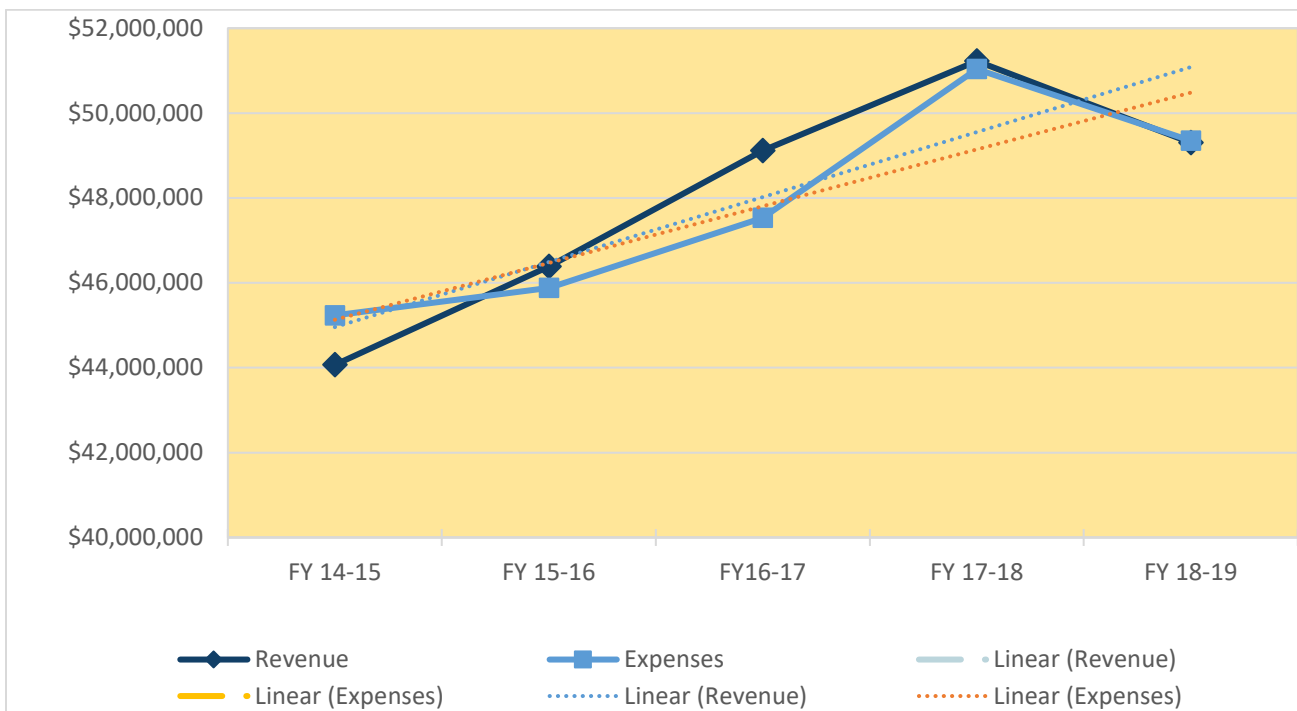
Source: Financial & Information Reporting System (FIRS) application



Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in Broward County include changes in Federal funding for HIV/AIDS programs. In fiscal year 2014/15, HIV/AIDS funding was \$6,464,014, peaking at \$11,187,384 in 2017/18, then decreasing to \$9,002,280 in 2018/19. As compared to FY 2014/15 as the baseline, DOH-Broward had a 73.1% increase in total revenue in FY 2017/18 and a 39.3% increase in total revenue in FY 2018/19. The graph below represents our revenues and expenditures over the past five years. The trend lines illustrate that expenses are increasing at a slightly faster rate than revenues.

**The Florida Department of Health in Broward County
Revenue and Expenses 2015 – 2019**



Source: Financial & Information Reporting System (FIRS) application



Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for the Florida Department of Health in Broward County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws. DOH-Broward Environmental Health Services include: Food Hygiene Inspections of Institutional Facilities, Biomedical Waste, Tattoo and Body Piercing, Beach Monitoring, Public Swimming Pool and Bathing Places Inspections, Group Care Facilities Inspections, Trailer Park/Mobile Home Inspections, Sanitary Nuisance and Rodent Control.

Communicable Disease and Epidemiology

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. DOH-Broward Communicable Disease programs include: epidemiologic investigation and control of reportable disease cases and outbreaks, Sexually Transmitted Infections (STI) Surveillance and Partner Services, HIV/AIDS Surveillance, Prevention and Patient Care, Tuberculosis (TB) Control, Perinatal Prevention and Hepatitis.

Public Health Preparedness

We partner with the local healthcare system, emergency management, government, and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and to minimize loss. DOH-Broward Public Health Preparedness program also houses the Cities Readiness Initiative which provides for the rapid receipt and distribution of medical countermeasures in a Public Health emergency.

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. DOH-Broward Community Health services include: Healthy Start Risk Screening Office, Community Health Planning, Florida Breast and Cervical Cancer Early Detection, Drowning Prevention, KidCare Outreach, Public Information, Immunization Outreach, School Health, Overdose Data to Action, Tobacco Prevention and Volunteer Services.

Health Equity

We strive to reach health equity in our county. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities and the elimination of health and health care disparities.



Clinical Services

We provide a variety of clinical services for pregnant women, infants and toddlers, school-aged children, adolescents, and adults. These services are provided by highly qualified physicians, nurses, dentists, dental hygienists, and other health care providers. DOH-Broward clinical services include Immunizations, Oral Health Care, Family Planning, Pharmacy, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), STI Diagnosis and Treatment by contract, TB Diagnosis, Treatment and Directly Observed Therapy and Refugee Health.

Vital Statistics

We maintain Florida birth and death records locally. The State utilizes data collected by local Vital Statistic offices, to track causes of morbidity and mortality— two main indicators of health status.



Planning Summary

PHAB 5.3.1.A.b: Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described. Examples of descriptions for steps include: opportunities and threats analysis, environmental scanning process, stakeholder analysis, storyboarding, strengths and weaknesses analysis, and scenario development.

The strategic plan sets the direction for action for DOH-Broward in a five-year cycle. As part of the performance management (PM) system, the strategic plan identifies the priority focus areas for the Department and aligns with state and national priorities. The DOH-Broward performance management system is designed to ensure continuous improvement and progress toward goals. The system allows the Department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement.

The performance management system is integrated into the operations and practices. The system does the following:

- Sets organizational objectives by developing strategic health improvement, quality improvement, and workforce development plans at multiple levels across the Department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.

The DOH-Broward Performance Management Council is the foundation of the Department's performance management system. The primary functions of the Council are to:

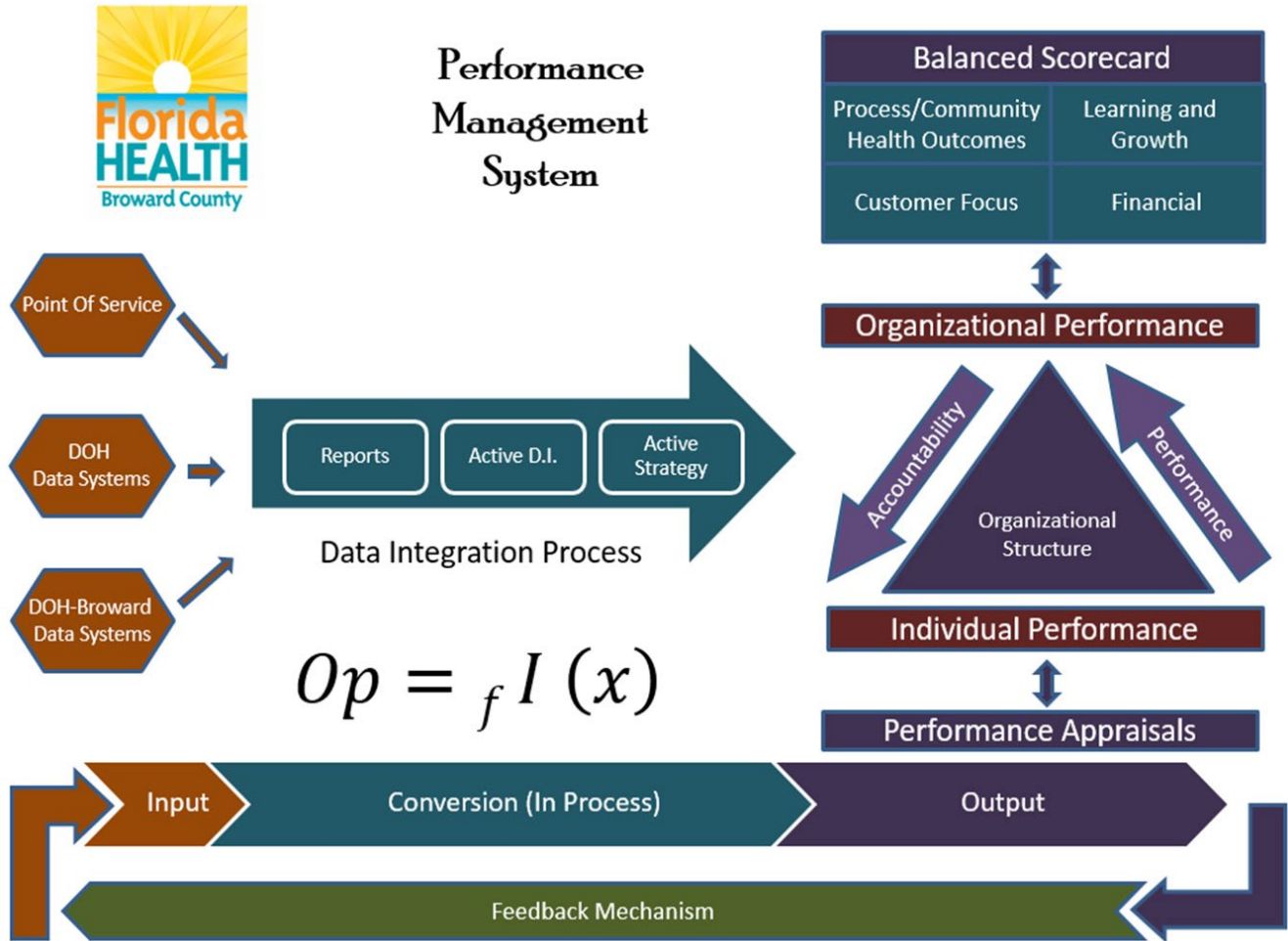
- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

Central to the DOH-Broward performance management system, is our Business Review Process. The performance of organization, division, program, and site/unit level metrics, maintained in ASE, are reviewed at four separate Business Reviews corresponding to each organizational level and facilitating cross-organizational collaboration and performance improvement. Business Reviews are used to analyze performance and report on findings. During the Business Review process, gaps in performance are identified when metrics do not meet target. The gap is the difference between actual performance and our goal. This triggers the development of a Variance Report (VR) by the owners of the metrics using the Situation Action and Goal (SAG) format. These VRs arise from analyses conducted with staff at all levels in the lower 3 levels of Business Reviews. VRs are developed and tracked in ASE in the VR. The metric owners clarify the situation by explaining the gap in performance and the reasons for the gap, which provides a situational assessment. The metric owner then states the action which delineates the countermeasures necessary to close the gap and achieve the goal.



Planning Summary

The goal details the timeframe and rate of change in achieving the goal. VRs function as tactical action plans for the Department at the unit level. The DOH-Broward Performance Management Council conducts the highest level of Business Review at monthly meetings during which metrics not meeting or exceeding target and their corresponding VRs are presented. The DOH-Broward Performance Management Council uses the reviews to assess DOH-Broward's ability to respond rapidly to changing organizational, programmatic, and individual needs and challenges.

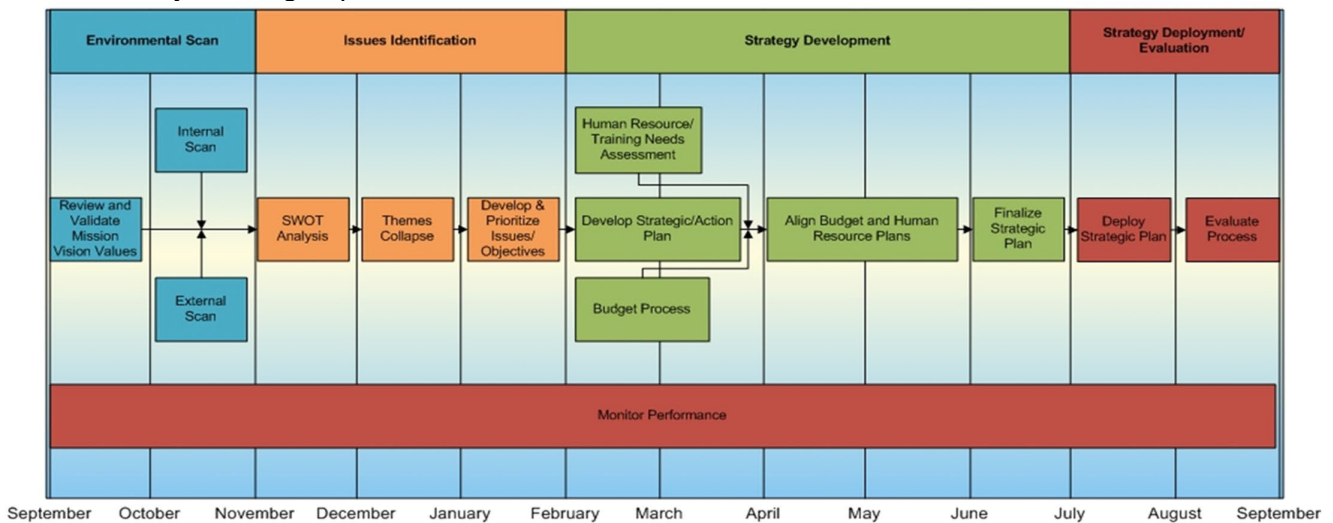




Planning Summary

The DOH-Broward Strategic Planning Process (SPP) is used to create and deploy longer-term strategic (3 or more years), shorter-term tactical (up to 2 years), and project plans (less than 1 year). The SPP is based on a five-year planning cycle but is reviewed annually to assess any changing issues in the internal and external environments. The strategic plan aligns DOH-Broward's cornerstones, strategic objectives, and goals with those of DOH, along with needs and recommendations of various customer and stakeholder groups. It also assures the alignment of services, resources, and capabilities necessary to achieve DOH-Broward's mission, vision, values and goals. The DOH-Broward Performance Management Council, supervisors and employees collectively review DOH's Long Range Program Plan, Strategic Plan, State Health Improvement Plan, and our Community Health Improvement Plan during the environmental scanning step of the SPP confirming the organization's Mission and Vision statements. Additionally, external and internal information is gathered from a variety of data sources to determine current issues and opportunities to consider during the SPP. Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis guides this information gathering and issue synthesis activity. Issues are then prioritized through an Impact and Changeability Analysis. Finally, strategic objectives are developed along with the associated key performance indicators for each objective and key activity by the Senior Leaders. Goals are set for every year of the plan on the five-year planning horizon, benchmarking against state/national standards, utilizing the rates of historical change, or through a resource capability analysis. The process of developing the DOH-Broward strategic plan includes the following:

- Input and feedback from customers and stakeholders
- Input and feedback from staff at all levels
- Strategic planning sessions
- SWOT Analysis
- Identification and Prioritization of Issues
- Development of Strategic Objectives and Action Plans
- Reviewing and linking statewide goals
- Linking the budget to the objectives
- Determining the human resources needed for objective achievement
- Monthly tracking of performance metrics



ENVIRONMENTAL SCAN

Data is collected and analyzed for the SPP from multiple sources to ensure that all key elements are covered. Data is collected through the CHIP process. We adopted the Mobilizing for Action through Planning and Partnerships (MAPP) model in 2008 as our CHIP process. MAPP includes the following



four assessments: Community Health Assessment; Community Strengths and Themes; Forces of Change; and Local Public Health System Assessment. The CHIP process identifies and prioritizes community health challenges and opportunities, potential forces of change at the worldwide, national, state, and local level as well as the gaps and strengths in the local public health system. Additionally, DOH-Broward staff at all levels lead and participate in boards, task forces, and committees during which they gather information that contributes to the SPP. DOH-Broward has access to multiple data systems maintained by DOH that include data related to community health outcomes, communicable disease, epidemiology, EH, WIC, clinic operations, and finance. DOH-Broward maintains local data systems pertaining to local program operations as well as ASE, which contains organizational performance data. DOH-Broward also receives information from DOH about legislative and regulatory changes affecting operations and overall public health. DOH-Broward receives alerts and information about new and emerging public health issues from CDC and DOH as well as public health updates from professional associations such as NACCHO.

DOH-Broward gathers information from staff during program and unit level meetings and the monthly BR/All Supervisor Meetings. DOH-Broward continuously gathers data from customers through our customer satisfaction and customer complaint process. The Employee Satisfaction Survey (ESS) is a primary listening point from which we gather data from employees. We analyze data in three different ways, which includes: comparison to our own historical performance; comparison to others through benchmarking; and comparison to a standard. Blind spots in the process are avoided through use of multiple data sources as well as benchmarking to similarly situated organizations. In preparation for ES in the SPP, we compile data from the aforementioned sources for use in determination of our SWOT. Data is selected and utilized through the data development and analysis process.

ISSUES IDENTIFICATION

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from DOH-Broward summarized and presented information from the sources listed on page 15, Environmental Scan Resources. The SPP incorporates innovation and innovative thinking during the ES steps and issue synthesis steps of the process. SWOT analysis is conducted at programmatic retreats.

Participants representing a cross section of the organization are asked to anonymously generate as many ideas as possible regarding the five key factors of our SWOT analysis. These include:

1. Customer/Stakeholder Requirements
2. Financial Needs/Risks
3. Organization/Process Capabilities
4. Supplier/Partner Requirements
5. Human Resource Capabilities

See all identified strengths, weaknesses, opportunities, and threats on page 14, SWOT Analysis. Those generated ideas are categorized and collapsed into themes. The resulting themes from each session are further collapsed into issue statements for review and prioritization by the Performance Management Council. During the Strategic Planning Retreat, issue statements are discussed and weighed against statutory mandates, resource availability, benchmarking against similarly situated organizations including those outside public health, and alignment with the MVVC, CHIP, Agency SP, and the LRPP. Using these criteria, strategic issues are selected and developed. Additionally, previously unidentified strategic issues are generated by the SLs based on a “go big or go home” approach where the magnitude of the intervention and impact are proportional to customer needs. The discussion also includes consideration of infrastructure and capacity required for efficiency and effectiveness including:



- Information management
- Communication (including branding)
- Workforce development and financial sustainability

Once strategic issues are identified, the Senior Leader Team prioritizes these issues using an impact and changeability analysis. Each issue is rated on a scale of 1-3 on two sets of criteria. The first criteria are impact, which is ranked on a scale from considerable impact to minimal impact. The considerations of impact include: effect on quality; time savings; materials savings; morale; and number of people who could benefit. The second criteria are changeability, which is ranked on a scale from little/no effort to difficult. The considerations of changeability include: resource requirements; complexity; time required; ability to measure outcomes, and number of decision-making levels required. This results in nine levels of prioritization from high impact/low changeability to low impact/high changeability. Senior Leaders conduct the impact and changeability analysis on new issues. Issues from prior years' strategic plan maintain their scores from the past prioritization process unless the environmental scan reveals the necessity to change priority. The decision to include new issues in the plan is based the issue's score. We first prioritize those issues with high impact/low changeability. SLs also include issues from prior years' strategic plan that maintain their priority but are yet achieved. The number of issues included in the plan is based on the availability of resources.

STRATEGY DEVELOPMENT

Our ability to execute the strategic plan is facilitated through our budget process. Key activities are identified for each SO and the necessary human and material resources are funded through the budget process. Following the development of strategic objectives, indicators and targets, action plans are developed in alignment with established priorities. Resources are allocated based on the priorities highlighted in each fiscal year's strategic objectives. Objective target dates are set based on allocated budget and workforce capabilities. We ensure that financial and other resources are available to foster the achievement of our action plans while meeting current obligations through our annual budget process. DOH-Broward's budget is organized by program and site into segmentations known as "Level 4s". Each "Level 4 Manager" develops a proposed budget for the upcoming fiscal year with assistance from Budget staff. Proposed budgets are based on historical data and forecasted needs. The HO, DDs, FA, relevant SLs, and PMs hold budget hearings for each Level 4 to review their proposed budget and justify their expenditures and revenue projections. Included in budget hearings is a review of program performance as demonstrated by ASE metrics. Following completion of the budget hearings, the Director, DDs and FA meet to review overall projected revenue and expenditures to determine a final budget. Statutorily mandated services must be funded to some degree. The extent of this funding is determined by statutory mandate and the CHIP process. Allocation of funding to existing programs and services is based upon the key services prioritization matrix. The decision to allocate resources, human and financial, to a new program or service, or reallocate resources from one program to another, is based upon the Strategic Plan. These allocated resources support the APs that are aligned to the SP. Level 4 Managers manage their budgets and review their budget metrics monthly during meetings with budget staff and during the BR process. Budget metrics for the organization are reviewed at the monthly BR and SL meetings.

DOH-Broward assesses workforce (WF) capability and capacity needs beginning with the SPP. Organizational resource needs are identified by evaluating the five key factors of the SWOT Analysis one being Human Resource Capabilities. These resource needs continue to be escalated through the SPP as issue statements until they reach the prioritization step, where the SLs determine which issues will be crafted into objectives and included in the SP. Final evaluation of these Human Resource Capability needs occurs during the Budget Process. During the presentation step of the



Budget Process, Level 4 Managers provide their proposed staffing patterns including numbers and types of positions based upon program requirements, projected demand for services, the proposed menu of services, productivity and capacity, historical expenditures, and projected revenue. The HO, DDs, and FA make a final determination regarding budget allocation and Staffing. With respect to Human Resource Capacity, we monitor WF productivity metrics as part of our PMS. Productivity metrics from the program down to the unit and individual level are tracked in ASE and reviewed at the monthly BRs. Productivity targets are established based on historical data, program requirements, time studies, customer demand, professional standards, and institutional benchmarks. Level 4 Managers use this data to determine their proposed Human Resource Capacity needs, and these are finalized through the Budget Process.

Strategy Deployment/Evaluation

From the moment employees are onboarded, we communicate the strategic plan. Each employee is issued a MVVC card to wear with their employee identification card. All employees attend New Employee Orientation (NEO) before reporting to their worksite. During the first formal NEO presentation, the Deputy Director (DD) clearly defines the strategic plan during an interactive session. The strategic plan is further deployed utilizing a multiple vehicle approach strategic planning posters at all sites, MVVC in all email signature blocks, emails to all staff, and organization letterhead. The strategic plan is reviewed at the annual Employee Educational Conference during the Director's State of the Agency Address, monthly All Supervisor Meetings, monthly Business Review (BR) Meetings, and division/program staff meetings. The strategic plan is further deployed to employees in their performance expectations. We externally communicate the strategic plan to stakeholders through contracts for services, our leadership and participation in community coalitions and the Organization's website.

Progress towards achieving strategic objectives is reviewed through our performance management system (ASE) and our business review process as described above. DOH-Broward staff monitor strategic plan objectives through implementation plans. A designated PM Champion collects these plans which include quarterly/annual data values on indicators and sub-indicators along with a status of completion (on track, not on track, complete, not complete or decision required). The PM Champion enters data into the department's online plan tracking system and generates reports that the DOH-Broward Performance Management Council participants use as a reference when the strategic plan is discussed.

DOH-Broward initiated a new strategic planning cycle in Spring, 2019, to define the direction and course of DOH-Broward for consumers, employees, administrators, and legislators for the next five years. DOH-Broward approached the strategic planning process with guiding principles in mind:

- Health equity is part of every public health activity.
- 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.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.



Planning Summary

The plan will position DOH-Broward to operate as a sustainable integrated public health system and provide DOH-Broward customers with quality public health services. It is a living document that DOH-Broward will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the six-month planning process during twelve meetings. Attending these meetings were numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council. DOH-Broward considered key support functions required for efficiency and effectiveness; and it sought to articulate what it plans to achieve as an organization, the actions it will take, and how it will measure success.

[PHAB 5.3.2.A.d: The strategic plan must consider capacity for and enhancement of information management, workforce development, communication \(including branding\), and financial sustainability.](#)

The following is the strategic planning schedule of meetings:

Meeting Date	Meeting Topic
January 28, 2019	Strategic Planning Preparations
March 11, 2019	Programmatic Planning Session
March 15, 2019	Programmatic Planning Session
March 18, 2019	Programmatic Planning Session
March 20, 2019	Programmatic Planning Session
July 19, 2019	Organizational Development Planning Meeting
February 3, 2020	Organizational Development Planning Meeting
September 25, 2020	Senior Leader Plan Review
February 17, 2021	Performance Management Council approves plan



Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Maria Iglesias,**
Program Consultant
- **Krystle Mobley,**
Management Consultant
- **Shalisa Hafley,**
Health Educator Consultant
- **Cramita Russell,**
Health Services Program Consultant
- **Serena Cook,**
Ryan White Part B Manager
- **Winsome Wilson,**
Clerical Supervisor
- **Jasmine Moliln,**
Public Health Associate
- **Monique Reid,**
Public Assistance Specialist
- **Jessica Coakley,**
Public Assistance Specialist
- **Gina Guerrier,**
Government Operations Consultant I
- **Wismy Cius,**
Ryan White Part A Manager
- **Rania Mills,**
Early Intervention Consultant
- **Nicholas Ferrera,**
Pre-Exposure Prophylaxis Supervisor
- **Reem-Abdel Halim,**
Health Service Representative
- **Hendhi Agenor,**
Health Service Representative
- **Nikki Montgomery,**
Prevention Programs Performance Manager
- **Maggie Rupp,**
Pre-Exposure Prophylaxis Program Consultant
- **Sabrina Dorfils,**
Data Specialist
- **Ayesha Abdool,**
Test & Treat Program Consultant
- **Nicole Hubschman,**
Health Service Representative



Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Mayra Medina,**
Staff Assistant
- **Janelle Taveras,**
*Human Immunodeficiency Virus
Monitoring & Evaluation*
- **Ada Lopez,**
Public Assistance Specialist Supervisor
- **Yvette Gonzalez,**
Perinatal Director
- **Monique Stennett,**
*Human Immunodeficiency Virus Disease
Intervention Specialist*
- **Emmanuel Civil,**
Disease Intervention Specialist
- **Marie Salomon,**
*Human Immunodeficiency Virus Disease
Intervention Specialist*
- **Carlos Arias,**
*Acquired Immunodeficiency Syndrome
Drug Assistance Program Pharmacy
Disease Intervention Specialist*
- **Kevin Geffrard,**
*Human Immunodeficiency Virus Disease
Intervention Specialist*
- **Michel LiverPool,**
Perinatal Supervisor
- **Elena Manzella,** *Perinatal Staff Assistant*
- **Chaquita Ingram,**
*Sexually Transmitted Diseases Program
Manager*
- **Teryl Fain,**
*Sexually Transmitted Diseases
Supervisor*
- **Katy Anderson,**
Biological Scientist II
- **Gabrielle McKoy,**
Biological Scientist II
- **Sarah Cornett,**
Staff Assistant
- **Tasha Outlaw,**
*Sexually Transmitted Diseases Disease
Intervention Specialist*
- **Adline Calista,**
Disease Intervention Specialist
- **Beatriz Navarro,**
Disease Intervention Specialist
- **Debbie Bennett,**
Disease Intervention Specialist
- **Annaleise Dewink,**
Disease Intervention Specialist
- **Maria Rodeiker,**
*Sexually Transmitted Diseases
Surveillance*



Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Valerie Heck,**
Disease Intervention Specialist
- **Keline Picerre,**
Disease Intervention Specialist
- **Tarra Jean-Louis,**
Disease Intervention Specialist
- **Kiana Nelson,**
Disease Intervention Specialist
- **Dashanta Welch,**
Disease Intervention Specialist
- **Dodie Belt,**
Disease Intervention Specialist
- **Sophia Agudelo,**
Human Services Program Consultant
- **Patricia Kassof,**
Human Services Program Consultant
- **Harriett Robinson,**
Human Services Program Analyst
- **Rosangela Horvath,**
Human Services Consultant
- **Evariste Akpele,**
Program Manager
- **Mario Carranza,**
Tuberculosis Surveillance Manger
- **Nadine Laurent,**
Human Services Program Consultant
- **Stephen Bailous,**
Human Services Program Specialist
- **Tahyiina Bennett,**
Human Services Representative
- **Alecia Chandler,**
Senior Clerk
- **DePass Donovan,**
Health Educator
- **Dianne Dreckett,**
Human Services Representative
- **Cheleketo Forbes-Lyons,**
Human Services Representative
- **Frantzscisco Gedeus,**
Human Services Representative
- **Michael Greenstein,**
Human Services Representative



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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Holdy Janvier,**
Disease Intervention Specialist
- **Marlon Johnson,**
Disease Intervention Specialist
- **Andre Juste,**
Disease Intervention Specialist Supervisor
- **Wesly Lisme,**
Human Services Representative
- **Roody Lucius,**
Biological Scientist II
- **Roxanne McClymont,**
Human Services Representative
- **Elizabeth Ortega,**
Biological Scientist II
- **Leidy Lee Salinas,**
Human Services Representative
- **Abraham Sanchez,**
Human Services Representative
- **Shamel Wilson,**
Human Services Representative
- **Patrick Jenkins,**
Communicable Disease Director
- **Sonya McQueen,**
Test & Treat Program Manager
- **Jimira Bragdon,**
Epidemiology Supervisor
- **Joshua Rodriguez,**
*Human Immunodeficiency Virus/
Acquired Immunodeficiency Syndrome
Program Coordinator*
- **Marija Venskauskalte,**
Epidemiology
- **Enas Mohamed,**
Epidemiology
- **Jacqueline Ricketts,**
Epidemiology
- **Anamaria Boldis,**
Biological Scientist II
- **Barbara Lesh,**
Assistant Community Health Director
- **Sybil Cherian,**
Senior Health Educator
- **Zoe Lewis,**
Senior Health Educator
- **Latonya Delaughter,**
Health Educator Consultant



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Islam Khalil,**
Senior Health Educator
- **Samantha Fitzell,**
Government Operations Consultant I
- **Renee Podolsky,**
Community Health Director
- **Lucinda Grouby,**
Staff Assistant
- **Madeline Medina,**
Nurse
- **Micheline Corneille,**
Nurse
- **Maureen O’Keeffe,**
School Health Program Manger
- **Cynthia Dawes,**
Nurse Program Specialist
- **Christine Philips,**
Nurse
- **Julie Dewey,**
Administrative Assistant
- **Jean Wallis,**
School Health
- **David Wallace,**
Human Services Program Analyst
- **Candy Sims,**
Public Information Officer
- **Rebecca Miele,**
Human Services Program Manager
- **Michelene Charles,**
Healthy Start Screening Supervisor
- **Willie Jean John,**
Senior Clerk
- **Chariela Belgrave,**
Senior Clerk
- **Deborah Goldute,**
Senior Clerk
- **Kerline Lewin,**
Senior Clerk
- **Jose Rodriguez,**
Accounts Receivable
- **Robert James,**
Government Operations Consultant I
- **Fabian Brigian,**
Government Consultant I



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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Suzanne Favreau Fernandez,**
Accountant III
- **Jean Cerisier,**
Budget Manager
- **Antonio Hernandez,**
Budget Specialist
- **Robert Daley,**
Budget Specialist
- **Miguel Mudafort,**
Finance and Accounting Director
- **Kenneth Carew,**
Internal Control Accountant
- **Jeffrey Mason,**
Chief Financial Officer
- **Hugo Buttafuco,**
Storekeeper II
- **Donald Freeman,**
Storekeeper II
- **Lespinasse Alcindor,**
Senior Motor Vehicle
- **Richard Augustin,**
Storekeeper II
- **Antonio Pickett,**
Storekeeper II
- **Jorge DeJesus Rosario,**
Property Logistics Coordinator
- **Cynthia Forrester,**
General Services Manager
- **Dora Peterson,**
Purchasing Agent II
- **Chalayna McGee,**
Staff Assistant
- **Marcia Jones,**
Purchasing Agent III
- **Gwendolyn Dean,**
Senior Clerk
- **Jean Gabin,**
Accountant I
- **Henrio Lucein,**
Accountant I
- **Nicolas Kellman,**
Accounts Receivable Supervisor
- **Pierre Gerard,**
Accountant I



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Cheryl Wilson,**
Accountant I
- **Godfrey Johnson,**
Accountant Supervisor
- **Rose Therese Mathelia Elain,**
Accounts Payable Supervisor
- **Zandra Kamperveen,**
Accountant I
- **Patsy Birjah,**
Accountant I
- **Marilyn Mitchell,**
Accountant I
- **Jessica Cruz,**
Assistant Community Health Nursing Director
- **Barbara Bateman,**
Executive Nursing Director
- **Jon Uriarte,**
Business Analytics Coordinator
- **Alexandre Marins,**
Management Analyst
- **LaRhonda Adger,**
Health Management System Coordinator
- **Juan Morejon,**
Business Analytics Director
- **Racquel Pinnuck,**
Participate, Retain, Observe, Adhere, Communicate and Teamwork Program
- **Karen Edward,**
Health Educator Consultant
- **Marie Salomon,**
Biological Scientist I
- **Carlos Arias,**
Biological Scientist I
- **Monique Stennett,**
Biological Scientist I
- **Elena Manzella,**
Staff Assistant
- **Elvira Calizaire,**
Human Services Program Analyst
- **Kevin Geffrard,**
Biological Scientist I
- **Terri Sudden,**
Preparedness Director
- **James Turchetta,**
Cities Readiness Initiative Coordinator



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Tasha Titus,**
Special Needs Shelter Coordinator
- **Kamal King,**
Cities Readiness Initiative Assistant
- **Genevie Rodriguez,**
Training and Exercise
- **Claudia Zepeda,**
Senior Clerk
- **Tahira Bastien,**
Senior Clerk
- **Tiffany Hines,**
Senior Clerk
- **Naendreh Segovia,**
Senior Clerk
- **Mayer Urseta,**
Senior Clerk
- **Elizabeth Garcia,**
Senior Clerk
- **Rebecca Hacker,**
Assistant Deputy Director
- **Martha Curry,**
Senior Clerk
- **Cathy Wanes,**
Senior Clerk
- **Soraya James,**
Senior Clerk
- **Lashelle Smart,**
Senior Clerk
- **Solia Matthews,**
Health Services Manager
- **Sasha Thomas,**
Community Health Nursing Supervisor
- **Samuel Jacobs, MD,**
Senior Physician
- **Christine Annaekie-Lewis,**
Community Health Nursing Consultant
- **Sheryll Lee,**
Health Center Administrator
- **Tonisha Blare,**
Contract Manager
- **Yasmine Peraza,**
Contract Manager
- **Gabriella Augustin,**
Office Assistant



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Sherley Mathurin,**
Contract Manager
- **Charlene Wilkin-Zephirin,**
Contract Manager
- **Karen Alamary,**
Program Manager
- **Ester Khvilivitzky,**
Dentist
- **Jaclyn Linden,**
Staff Assistant
- **Roselyne Gordon,**
Senior Clerk
- **Scott Glincher,**
Dental Administrator
- **Patricia Parra,**
Dentist
- **Latoya Lowe,**
Senior Clerk
- **Lauren Gultz,**
Dental Hygienist
- **Gladys Garnica,**
Dental
- **Ernest Alder,**
Dental Director
- **Shamila Heeralal,**
Dental Assistant
- **Crystal Coaklay,**
Senior Clerk
- **Andrene Bagwandeem,**
Dental Assistant
- **Stacy Knox,**
Dental Assistant
- **Katie Fernandez,**
Dental Assistant
- **Khalila Matthew,**
Dental Assistant
- **Ana L Cabeza-Aguilar,**
Dental Assistant
- **Lathina Miller,**
Dental Assistant
- **Nirmany Figueroa Velez,**
Dental Assistant
- **Unika Gullins,**
Dental Assistant



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Silberth Judy,**
Dental Assistant
- **Sandra Novoa,**
Dental Hygienist
- **Gloria Garcia,**
Dental Assistant
- **Supirya Narang,**
Dentist
- **Elzebir Castillo,**
Senior Dentist
- **Sandra Rondon,**
Dental Assistant
- **Anthony Vomero,**
Environmental Health Administrator
- **Zachary Orthen,**
*Environmental Health Assistant
Administrator*
- **Sabreena Ali,**
*Environmental Health Assistant
Administrator*
- **Craig English,**
Environmental Administrator
- **Reginald Shagoury,** *Women Infants
and Children (WIC) Manager*
- **Clifford Saieh,**
Environmental Specialist III
- **Laura Ramirez,**
Environmental Specialist III
- **Natalie Zaher,**
Environmental Specialist III
- **Wayne Janey,**
Environmental Specialist III
- **Christian Sapovits,**
Environmental Specialist II
- **Chris Cappells,**
Environmental Specialist
- **Sharon Bures,**
Environmental Specialist III
- **Caymonde de Madel,**
Environmental Specialist
- **Sophia Lugg,**
Environmental Specialist I
- **Shirrell Donovan,**
Environmental Specialist III
- **Romn James,**
Environmental Specialist II



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Marquena Boyd,**
Environmental Specialist III
- **Andrew Frongello,**
Environmental Specialist III
- **Geialdine Gabson,**
Environmental Specialist II
- **Pat Riley,**
Environmental Specialist III
- **Kevin Sorio,**
Environmental Specialist II
- **Lakia Gray,**
Environmental Specialist II
- **Christine Edjhd,**
Environmental Specialist II
- **Craig English,**
Environmental Manager
- **Ann Elliott,**
Quality Assurance
- **Juanita Marshall,**
Quality Assurance Specialist
- **Utibe Dickson,**
Engineering Specialist
- **Shirley Coney,**
Records Information Manager
- **Olivia Galvis,**
Health Records Specialist
- **Tannessa Gilet,**
Senior Clerk
- **Rachel Leon,**
Public Health Nutritionist Supervisor
- **Crystal Cunningham,**
Public Health Nutritionist Supervisor
- **Vania Lederman,**
Public Health Nutrition Consultant
- **Fanny Crandall,**
Supervisor
- **Tranyain Tello,**
Public Health Nutritionist Supervisor
- **Sharon Mills,**
Senior Clerical Supervisor
- **Karen Lowe,**
Senior Clerical Supervisor
- **Alexis McConnell,**
Supervisor



Strategic Planning Participants

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Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Carlota Azpurua,**
Senior Public Health Nutritionist Supervisor
- **Gladibelis Rivera,**
Public Health Nutritionist Supervisor
- **Maria Elena Malaret,**
Public Health Nutritionist Supervisor
- **Amy DiMeglio,**
Public Health Nutrition Consultant
- **Ava Higdon,**
Senior Clerical Supervisor
- **Natasha Beaubrea,**
Supervisor
- **Tawana Nattan,**
Supervisor
- **Amanda Roberts,**
Dental Hygienist
- **Elizabeth Hobdy,**
Dental Hygienist
- **Lauren Gultz,**
Dental Hygienist
- **Marcy Korby,** *Dental Hygienist*
- **Maryna Antonshchuk,**
Dental Hygienist
- **Deena Gastel,**
Dental Hygienist
- **Adalys Fusco,**
Dental Hygienist
- **E. Ziodean,**
Dental Hygienist
- **Migdalia Diaz,**
Office Operations Supervisor II
- **Delmeshia Pringle,**
Nurse Specialist
- **Ana Rodriguez,**
Records Specialist
- **Kamisha Johnson,**
Records Specialist
- **Lucero Lora,**
Records Specialist
- **Caroline Bartha,** *Performance Excellence Director*
- **Alfredo Narain,** *Information Technology Director*



Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

Florida Department of Health in Broward County Strategic Planning Participants 2019

- **Florangel Cebezas,**
*Acquired Immunodeficiency Syndrome
Drug Assistance Program Specialist*
- **Frantzcia Thenor,**
Records Specialist
- **Leticia Rodney,**
Records Specialist
- **Julya Da Silva,**
Record Specialist
- **Avis Jones,**
Record Technician
- **Passione Rucker,**
Record Specialist
- **Jennifer Exantus,**
Record Technician
- **Valdinia Castellon,**
Chief Deputy Registrar
- **Ursula Ramirez,**
Supervisor
- **Michael Ehren,**
Pharmacy Director
- **Pamela Lubin,**
Senior Pharmacist
- **Marianne Nichiporuk,**
Senior Pharmacist
- **Medilia Nelfard,**
Pharmacy Technician
- **Pinkie Graham,**
Pharmacy Technician
- **Nicole Clary,**
Pharmacy Technician
- **Brittany Jordan,**
Pharmacy Technician
- **Carmen Ciovee,**
Pharmacy Technician
- **Ninan Abraham,**
Pharmacy Technician
- **Mareika Watson,**
Pharmacist
- **Angela Ohen-Prittier,**
Pharmacy Technician
- **Mirta David,**
Pharmacy Technician
- **Melisa Gray,** *Talent Management*
- **Lisa Winchester,** *Workforce
Development*



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

PHAB 5.3.2.A.e-f: The strategic plan must include the identification of external trends, events, or other factors that may impact community health or the health department

Strengths (Internal)

We want to maintain and leverage strengths.

Agency Infrastructure:

- Strong teamwork and cooperation cross programs
- Flexibility to respond to emerging Public Health issues as an agency
- Strong communication across programs
- High levels of internal and external customer satisfaction
- Strong planning process in place
- Strong culture of continuous improvement across the agency
- ESF8 response/strong preparedness infrastructure
- Our county has an active community health improvement planning partnership and CHIP
- Organization processes in place that demonstrate commitment to performance management and improvement

Capacity:

- Staff are cross trained to meet agency needs
- Staff are diverse and culturally competent

Emerging Trends:

- None identified

Other:

- Good relationships with community partners
- Access to meaningful data through automation to make informed program decisions
- Agency continuously recognized statewide and nationally for best practices and performance that can be shared across programs

Weaknesses (Internal)

We want to minimize weaknesses.

Agency Infrastructure:

- Inadequate funding to meet agency needs
- Lack of a systematic employee recognition program
- Inadequate facilities to meet Public Health needs (i.e. age, size and parking)

Capacity:

- Increased demand for services without capacity to meet demand
- Insufficient vehicles to meet programmatic needs
- Lack of knowledge among staff regarding DOH-Broward services offered
- Lack of succession planning, career ladders, advancement and leadership opportunities
- Decreasing capacity to provide locally needed services
- Lack of resources for training, continuing education, recruitment and retention

Emerging Trends:

- None identified

Other:

Need more focus on health equity and programmatic planning



Opportunities (External)

We want to invest in opportunities.

Agency Infrastructure:

- Increase more career service job opportunities

Capacity:

- Need to develop career ladders across programs to improve internal promotional opportunities
- Need to develop program specific on the job skills training
- Increase more career service job opportunities

Emerging Trends:

- Need to market and promote products and services to the community

Other:

- Need to seek additional grants and funding opportunities

Threats or Challenges (External)

We want to identify threats or challenges that need to be addressed and understand their potential impact.

Agency Infrastructure:

- Funding cuts to programs and FTEs
- Program and funding cuts shift the burden to other segments of the Public Health system

Capacity:

- Strong economy decreases the applicant pool
- Lack of behavioral health services available

Emerging Trends:

- Public reactive instead of proactive (i.e. flu shots)
- Lack of access to rapidly changing technology to meet agency needs
- Rapid spread of Public Health misinformation on social media platforms
- Emerging infectious diseases and natural disasters affect flexibility to provide essential Public Health Services

Other:

- Changes in legislation affects services offered
- Private sector salaries higher than state salaries



Strategic Priorities Strategy Map

PHAB 5.3.2.A.b: The strategic plan must include the health department’s strategic priorities and goals.

Priority 1: Health Equity

Goal 1.1 Ensure Broward County residents in all communities will have opportunities to achieve healthier outcomes.

Strategy	1.1.1	Reduce racial disparity in infant mortality
OBJECTIVES	1.1.1A	Reduce the annual black infant mortality rate in Broward County from 9.1 per 1,000 live births (2019) to 7.6 per 1,000 live births by February 28, 2026.
	1.1.1B	Reduce the black-white infant mortality gap in Broward County from 3.8 (2019) to 3.3 by February 28, 2026.
	1.1.1C	Increase the percentage of WIC clients breastfeeding for 26 weeks from 42.7% (2019) to 50% by February 28, 2026.
Strategy	1.1.2	Adopt a system of ongoing agency capacity building on health equity
OBJECTIVES	1.1.2A	Integrate health equity into all DOH-Broward Programs by conducting a baseline organizational health equity assessment by February 28, 2026.
Strategy	1.1.3	Address the social determinants of health to improve health outcomes and decrease health disparities.
OBJECTIVES	1.1.3A	Integrate activities that address the social determinants of health in the Community Health Improvement Plan into DOH-Broward Programs from 95% (2017) to 100% by February 28, 2026.

Priority 2: Long, Healthy Life

Goal 2.1 Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups in Broward County.

Strategy	2.1.1	Reduce HIV Incidence in Broward County
OBJECTIVES	2.1.1A	Reduce the rate of new HIV diagnoses annually in Broward County from 32.4 per 100,000 population (2019) to 16.2 per 100,000 population by February 28, 2026.
	2.1.1B	Reduce the rate of new HIV diagnoses annually in Broward County’s Non-Hispanic Black population from 50.9 per 100,000 population (2019) to 25.5 per 100,000 population by February 28, 2026.
	2.1.1C	Reduce the rate of new HIV diagnoses annually in Broward County’s Hispanic population from 36.0 per 100,000 population (2019) to 18.0 per 100,000 population by February 28, 2026.



Strategy	2.1.2	Reduce the incidence of syphilis in Broward County
OBJECTIVES	2.1.2A	Reduce the rate of early syphilis in Broward County from 60.6 per 100,000 population (2019) to 54.5 per 100,000 population by February 28, 2026.
	2.1.2B	Reduce the number of congenital syphilis cases from 14 (2019) in Broward County to 0 by February 28, 2026.
Strategy	2.1.3	Reduce the incidence of overdose and overdose deaths in Broward County
OBJECTIVES	2.1.3A	Increase the coordination of the community response to spikes in drug overdoses through the development of an Overdose Spike Response Plan by February 28, 2026.
	2.1.3B	Reduce the % of prescribing providers who prescribe more than 90 mmes at one time from 28% (2020) to 20% February 28, 2026.
	2.1.3C	Increase the % of providers who are registered with PDMP from 65% (2020) to 70% by February 28, 2026.
	2.1.3D	Increase the number of hospitals in Broward County from 0 (2020) to 9 who are Centers for Excellence for Substance Abuse care by February 28, 2026.
	2.1.3E	Increase the number of schools in Broward County from 50 (2019) to 230 who receive evidenced based Substance Abuse Education by February 28, 2026.

Priority 3: Readiness for Emerging Health Threats

Goal	3.1	Demonstrate readiness for emerging health threats.
Strategy	3.1.1	Increase vaccination rates for children and adults in Broward County
OBJECTIVES	3.1.1A	Increase the percent of two-year-olds who are fully immunized from 79.1% (2019) to 90% February 28, 2026.
	3.1.1B	Increase the percent of children in Kindergarten who are fully immunized from 93.9% (2020) to 95% by February 28, 2026.

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	4.1.1	Maintain a sustainable performance management framework/system
Strategy	4.1.2	Ensure a balanced operational budget
OBJECTIVES	4.1.2A	Increase the percentage of ASE top level performance scorecard metrics that meet or exceed target from 93.7% (2019) to 97% by February 28, 2026.



Strategic Priorities Strategy Map

OBJECTIVES	4.1.2B	Increase the DOH-Broward Trust Fund Balance from 2.7% (2020) to 8.5% by February 28, 2026.
Strategy	4.1.3	Share organizational knowledge and public health best practices through contributions to nationally recognized publications, conferences, and model practice compendiums.
OBJECTIVES	4.1.3A	Increase recognition and sharing of best practices through submission of 10 abstracts, model practice applications or conference annually by February 28, 2026.
Strategy	4.1.4	Improve workforce engagement in order to ensure organizational sustainability
OBJECTIVES	4.1.4A	Reduce voluntary staff turnover from 15.9 (2019) to 15% by February 28, 2026.
	4.1.4B	Expand the capacity of DOH-Broward Leaders to perform current and future leadership roles through participation of 100% of DOH-Broward Supervisors in the DOH-Broward Leadership Development program by February 28, 2026.
	4.1.4C	Increase the capacity and capability of the DOH-Broward workforce through the participation of 100% of DOH-Broward employees in the DOH-Broward Development Curriculum by February 28, 2026.
	4.1.4D	Improve DOH-Broward workplace climate through the development of an employee recognition system by February 28, 2026.
Strategy	4.1.5	Improve customer engagement
OBJECTIVES	4.1.5A	Increase the percentage of customers that are extremely satisfied from 89% (2019) to 95% by February 28, 2026.
Strategy	4.1.6	Maximize organizational efficiency through the use of innovative technologies and processes.
OBJECTIVES	4.1.6A	Pilot at least one new innovative technology or processes annually through February 28, 2026.
	4.1.6B	Improve efficiency through the automation of five manual processes annually through February 28, 2026.
	4.1.6C	Improve six key processes utilizing DMAIC annually through February 28, 2026.

Priority 5: Regulatory Efficiency

Goal	5.1	Establish a regulatory structure that supports DOH-Broward’s strategic priorities related to global competitiveness and economic growth.
Strategy	5.1.1	Attract businesses, families, and visitors to Broward County by fostering a healthy environment.
OBJECTIVE	5.1.1A	Increase the annual Comprehensive Environmental Health Score from 89.33% (2019) to 100% by February 28, 2026.

Priority 6: Injury, Safety, and Violence

Goal	6.1	Prevent or reduce injuries in vulnerable populations.
Strategy	6.1.1	Develop and implement systems that improve access to human trafficking and abuse resources.



Strategic Priorities Strategy Map

OBJECTIVE	6.1.1A	Implement routine screening for human trafficking in 100% of DOH-Broward's WIC and contracted STD clinics by December 31, 2026.
Strategy	6.1.2	Develop and implement partnerships and communication channels to improve human trafficking and abuse reporting and prevention.
OBJECTIVE	6.1.2A	Expand DOH-Broward representation on coalitions addressing human trafficking from 1 to 3 by December 31, 2026.
Strategy	6.1.3	Develop and implement systems to train and educate staff to recognize human trafficking and abuse.
OBJECTIVE	6.1.3A	Train 100% of DOH-Broward staff to recognize and report human trafficking and abuse by December 31, 2026.



Objectives

Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department’s objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department’s quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
1.1.1A: Reduce the annual black infant mortality rate in Broward County from 9.1 per 1,000 live births (2019) to 7.6 per 1,000 live births by February 28, 2026.	8.1 per 1,000 live births (2018)	6.0 per 1,000 live births HP2020	February 28, 2026	Annually	Community Health	SHIP-MCH1 ASP-1.1 PMQI-# CHIP-#1
1.1.1B: Reduce the black-white infant mortality gap in Broward County from 3.8 (2019) to 3.3 higher by February 28, 2026. New	3.7 (2018)	Less than two times higher	February 28, 2026	Annually	Community Health	SHIP-MCH1 ASP-1.1 PMQI-# CHIP-#1
1.1.C: Increase the percentage of clients breastfeeding for 26 weeks from 42.7% (2019) to 50% by February 28, 2026.	42.7 (2019)	50%	February 28, 2026	Annually	Community Health	SHIP-MCH1 ASP-1.1 PMQI-# CHIP-#1
1.1.2A: Increase the percentage of DOH-Broward Employees who complete Health Equity training from 88% to 100% by February 28, 2026. New	88%	100% of DOH-Broward Employees	February 28, 2026	Annually	Workforce Development	SHIP-HE1 ASP-1.1 PMQI-# CHIP-#
1.1.2B: Conduct an organizational health equity assessment by February 28, 2026.	0	100%	February 28, 2026	Annually	Administration	SHIP-HE1 ASP-1.1 PMQI-# CHIP-#

SHIP = State Health Improvement Plan

ASP = Agency Strategic Plan



Objectives

PMQI = Agency Performance Management Quality Improvement Plan

CHIP = Community Health Improvement Plan

Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department’s objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department’s quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
1.1.3A: Increase the number of new DOH Broward Staff participating in the PMC from 0 to 10 by February 28, 2026. New	0	10	February 28, 2026	Annually	Community Health	SHIP-HE1 ASP-1.1 PMQI-# CHIP-#
1.1.4A Integrate activities that address the social determinants of health in the Community Health Improvement Plan into DOH-Broward Programs from 95% (2017) to 100% by February 28, 2026.	95%	100%	February 28, 2026	Annually	Community Health	SHIP-MCH1, ID2 ASP-1.1 PMQI-#2 CHIP-#1
2.1.1A: Reduce the rate of new HIV diagnoses annually in Broward County from 32.4 per 100,000 population (2019) to 16.2 per 100,000 population by February 28, 2026.	34.7 per 100,000 population (2018)	26.3 per 100,000 population NH/AS	February 28, 2026	Annually	Communicable Disease	SHIP-ID2 ASP-2.1 PMQI-# CHIP-#
2.1.1B: Reduce the rate of new HIV diagnoses annually in Broward County's Non-Hispanic Black population from 50.9 per 100,000 population (2019) to 25.5 per 100,000 population by February 28, 2026. New	55.9 per 100,000 population (2018)	50.0 per 100,000 population	February 28, 2026	Annually	Community Health	SHIP-ID2 ASP-2.1 PMQI-# CHIP-#



Objectives

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
2.1.1C: Reduce the rate of new HIV diagnoses annually in Broward County's Hispanic population from 36.0 per 100,000 population to 18.0 per 100,000 population by February 28, 2026. New	35.6 per 100,000 population (2018)	30.0 per 100,000 population	February 28, 2026	Annually	Communicable Disease	SHIP-ID2 ASP-2.1 PMQI-# CHIP-#
2.2.1D Reduce the rate of early syphilis in Broward County from 60.6 per 100,000 population (2019) to 54.5 per 100,000 population by December 31, 2025	58.1 per 100,000 population (2018)	30.0 per 100,000 population DOH-Broward	February 28, 2026	Annually	Communicable Disease	SHIP-ID1 ASP-2.1 PMQI-# CHIP-#
2.2.1E Reduce the number of congenital syphilis cases from 14 (2019) in Broward County to 0 by February 28, 2026.	14	0	February 28, 2026	Annually	Communicable Disease	SHIP-ID1 ASP-2.1 PMQI-# CHIP-#

Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department's objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
3.1.1A: Increase the percent of two-year-olds who are fully immunized from 79.1% (2019) to 90% by February 28, 2026.	94.0% (2019)	95% DOH	February 28, 2026	Annually	Community Health	SHIP-IM2 ASP-3.1 PMQI-# CHIP-#



Objectives

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
3.1.1B: Increase the percent of children in Kindergarten who are fully immunized from 93.9% (2020) to 95% by February 28, 2026. New	95.9%	95%	February 28, 2026	Annually	Community Health	SHIP-IM2 ASP-3.1 PMQI-# CHIP-#

*Inhaled nicotine includes cigarettes, cigars, flavored cigarettes, flavored cigars, hookah and e-cigarettes.

Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department's objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
4.1.1A: Improve the combined DOH-Broward CHD-level performance management assessment score (on a scale of 1-5) from 3.91 to 4.29 by February 28, 2026.	3.91	4.29	February 28, 2026	Annually	Administration	SHIP-# ASP-4.1 PMQI-#1, 3 CHIP-#
4.1.1B Increase the percentage of ASE top level performance scorecard metrics that meet or exceed target from 93.7% (2019) to 97% by February 28, 2026.	93.7 (2019)	97%	February 28, 2026	Annually	Administration	SHIP-# ASP-4.1 PMQI-# CHIP-#
4.1.2A: Increase the DOH-Broward Trust Fund Balance from 2.7% (2020) to 8.5% by February 28, 2026. New	2.7%	100%	February 28, 2026	Annually	Finance	SHIP-# ASP-4.1 PMQI-# CHIP-#



Objectives

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
4.1.3A: Increase recognition and sharing of best practices through submission of 10 abstracts, model practice applications or conference annually by February 28, 2026.	5	10	February 28, 2026	Annually	Performance Excellence	SHIP-# ASP-4.1 PMQI-#1, 2, 3 CHIP-#
4.1.4A: Reduce voluntary staff turnover from 15.9 (2019) to 15% by February 28, 2026.	1.97 per 1,000	1.95	February 28, 2026	Annually	Environmental Health	SHIP-# ASP-5.1 PMQI-#1, 2, 3 CHIP-#
4.1.4.B: Develop a workforce development and leadership development plan based on performance by February 28, 2026.	0	1	February 28, 2026	Annually	Organizational Development	SHIP-# ASP-5.1 PMQI-#1, 2, 3 CHIP-#
4.1.4.C: Develop a plan to recognize DOH-Broward staff by February 28, 2026.	0	1	February 28, 2026	Annually	Organizational Development	SHIP-# ASP-5.1 PMQI-#1, 2, 3 CHIP-#
4.1.5A: Increase the percentage of customers that are extremely satisfied from 89.3% (2019) to 95% by February 28, 2026.	89.3%	95%	February 28, 2026	Annually	Organizational Development	SHIP-# ASP-5.1 PMQI-#1, 2, 3 CHIP-#
4.1.6A: Improve automation, innovation technology pilot, six sigma and process improvement activities by February 28, 2026.	0	1	February 28, 2026	Annually	Organizational Development	SHIP-# ASP-5.1 PMQI-#1 CHIP-#
5.1.1A: Increase the annual Comprehensive Environmental Health Score to 100% by February 28, 2026.	98.3%	100%	February 28, 2026	Annually	Environmental Health	SHIP-#5 ASP-5.1 PMQI-# CHIP-#



Objectives

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
6.1.1A: Implement routine screening for human trafficking in 100% of DOH-Broward's WIC and contracted STD clinics by December 31, 2026. New	0	100%	December 31, 2026	Annually	WIC STD	SHIP-#3 ASP-# PMQI-# CHIP-#
6.1.2A: Expand DOH-Broward representation on coalitions addressing human trafficking from 1 to 3 by December 31, 2026. New	1	3	December 31, 2026	Annually	Community Health	SHIP-#3 ASP-# PMQI-# CHIP-#
6.1.3A: Train 100% of DOH-Broward staff to recognize human trafficking and abuse by December 31, 2026. New	0	100%	December 31, 2026	Annually	Organizational Development	SHIP-#3 ASP-# PMQI-# CHIP-#



Review Process

Reviews of the strategic plan take place during the DOH-Broward Performance Management Council meetings. DOH-Broward monitors progress in achieving strategic objectives through our performance management system comprised of Active Strategy Enterprise (ASE), through Business Reviews of metrics in the performance management system. Based on our Strategic Plan, Senior Leaders create process and outcome metrics that are reviewed during monthly Performance Management Council meetings. Cycles of improvement Variance Reports are created, tracked, and reported in ASE. Reviewing improvement cycles and achieve our strategic objectives in support of the Mission, Vision, Values, and Cornerstones. Quarterly, the lead entity for each objective provides updates on objectives that are not on track, not completed, or require a decision. Annually, the leads report progress and status for all objectives.

Summary of Revisions

On 09/14/2023, the DOH-Broward Performance Management Council conducted an annual review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective.

The table below depicts revisions to plan objectives. A strikethrough indicates deleted text and underline indicates added text. Additional revisions were made on 1/30/2024 that included adding Priority 6: Injury, Safety, and Violence and respective strategies and objectives on page 33 and 34 of the plan.

Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
1.1.1A	Reduce the annual black infant mortality rate in Broward County from 9.1 per 1,000 live births (2019) to 7.6 per 1,000 live births by February 28, 2026.	Healthy People 2020 & FL CHARTS
1.1.C	Increase the percentage of clients breastfeeding for 26 weeks from 42.7% (2019) to 50% by February 28, 2026.	Met target
1.1.2B	Conduct an organizational health equity assessment by February 28, 2026.	Revised due date
1.1.4A	Integrate activities that address the social determinants of health in the Community Health Improvement Plan into DOH-Broward Programs from 95% to 100% by February 28, 2026.	Revised metric
2.2.1D	Reduce the rate of early syphilis in Broward County from 60.6 per 100,000 population (2019) to 54.5 per 100,000 population by February 28, 2026.	Healthy People 2020 & FL CHARTS
2.2.1E	Reduce the number of congenital syphilis cases from 14 (2019) in Broward County to 0 by February 28, 2026.	Healthy People 2020 & FL CHARTS
3.1.1A	Increase the percent of two-year-olds who are fully immunized from 79.1% (2019) to 90% by February 28, 2026.	Healthy People 2020 & FL CHARTS
3.1.1C	Increase the percent of Broward County residents who are current with their COVID-19 vaccination schedule from 0% (2019) to 80% by February 28, 2026.	Activities have been discontinued



Summary of Revisions

3.1.2A	Increase the % of Broward County residents tested monthly for SARS-COV-2 from 11.1% (August 2019) to 13% by February 28, 2026.	Activities have been discontinued
3.1.2B	Increase the % of COVID-19 cases with a final outcome at 2 days from 93% (2020) to 95 % by February 28, 2026.	Activities have been discontinued
4.1.1A	Improve the combined DOH-Broward CHD-level performance management assessment score (on a scale of 1-5) from 3.91 to 4.29 by February 28, 2026.	Revised due date
4.1.1B	Increase the percentage of ASE top level performance scorecard metrics that meet or exceed target from 93.7% (2019) to 97% by February 28, 2026.	Met target
4.1.3A	Increase recognition and sharing of best practices through submission of 10 abstracts, model practice applications or conference annually by February 28, 2026.	Expanded metric to other nationally recognized sources.
4.1.4A	Reduce voluntary staff turnover from 15.40% (2019) to 15% by February 28, 2026.	Revised due date
4.1.4B	Workforce development and leadership development	Revised metric
4.1.4.C	Develop a plan to recognize DOH-Broward staff by February 28, 2026.	Revised metric
4.1.5A	Increase the percentage of customers that are extremely satisfied from 89% (2019) to 95% by February 28, 2026.	Revised due date
4.1.6A	Automation, innovation technology pilot, six sigma and process improvement activities.	Revised metric
5.1.1A	Comprehensive environmental health score	Increased to 100%
6.1	<u>Prevent or reduce injuries in vulnerable populations</u>	New goal
6.1.1A	<u>Implement routine screening for human trafficking in 100% of DOH-Broward's WIC and contracted STD clinics by December 31, 2026.</u>	New metric
6.1.2A	<u>Expand DOH-Broward representation on coalitions addressing human trafficking from 1 to 3 by December 31, 2026.</u>	New metric
6.1.3A	<u>Train 100% of DOH-Broward staff to recognize human trafficking and abuse by December 31, 2026.</u>	New metric



Environmental Scan

Resources

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. [American Community Survey \(ACS\)-US Census, 2018](#)
4. Behavioral Risk Factor Surveillance System (BRFSS), 2016
5. Biomedical Research Advisory Council Annual Report, 2019-20
6. DOH-Broward Community Health Assessment, 2020
7. DOH-Broward Community Health Improvement Plan, 2020
8. DOH-Broward Quality Improvement Plan, 2019
9. DOH-Broward Workforce Development Plan, 2019
10. Employee Satisfaction Survey 2019
11. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
12. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
13. Florida Department of Health, Office of Inspector General Annual Report 2019
14. [Florida Department of Health Workforce Development Plan](#)
15. [Florida State Health Improvement Plan, 2017-2021](#)
16. Florida Middle School Health Behavior Survey Results, 2017
17. Florida Morbidity Statistics Report, 2017
18. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2012-2014
19. [Florida Strategic Plan for Economic Development, 2018-2023](#)
20. Florida Vital Statistics Annual Report, 2018
21. Florida Youth Risk Behavior Survey Results, 2019
22. Florida Youth Tobacco Survey Results, 2019
23. Physician Workforce Annual Report, 2017
24. Tuberculosis Control Section Report, 2018
25. Volunteer Health Services Annual Report, 2018



STRATEGIC PLAN PROJECT ALIGNMENT TO
FOUNDATIONAL PLANS

STRATEGIC PLAN PROJECT ALIGNMENT TO FOUNDATIONAL PLANS

OBJECTIVE	PLAN ALIGNMENT	PRIORITY AREA
<p>Health Equity 1.1 Ensure Broward County residents in all communities will have opportunities to achieve healthier outcomes.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p>CHD CHIP 1: Increase Access to Healthcare A SP: 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes A SP 2.1: Increase healthy life expectancy, including the reduction of health disparities, to improve the health of all groups A SP: 2: Long, healthy life. A SHIP: HE1 Establish shared understanding across all sectors (including, but not limited to, state and local agencies and other organizations) concerning information and issues surrounding health equity (HE), cultural competency/sensitivity, and how social determinants of health (SDOH) influence the health of Florida’s residents and communities. A SHIP: HE2 Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities to reduce disparities in SDOH and advance HE. A SHIP: HE3 Strengthen the capacity of state and local agencies and other organizations to work collaboratively with communities and each other to support the specific needs of Florida’s most vulnerable populations. A SHIP: CD1 Increase cross-sector collaboration for the prevention, early detection, treatment and management of chronic diseases and conditions to improve health equity. A SHIP: CD2 Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships. CHD CHIP 4: Increase access to preventative care.</p>



STRATEGIC PLAN PROJECT ALIGNMENT TO
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<p>Long healthy life 2.1 Increase healthy life expectancy, including the reduction of health disparities of all groups in Broward County.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency PMQI Plan X PMQI Plan <input type="checkbox"/> Community Health Improvement Plan X State Health Improvement Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p>A SHIP: CD2 Enhance community health systems to address social determinants of health through Asset-Based Community Development and partnerships.</p> <p>A SHIP: MCH3 Increase the proportion of children with special health care needs under the age of 21 who receive their care in a patient-centered medical home.</p> <p>CHD QI: 2.1 Increase initiation and duration of breastfeeding among all Broward women.</p> <p>A SHIP: MCH1 Reduce infant mortality and related disparities.</p> <p>A SHIP: MCH2 Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities.</p> <p>A SHIP: IM1 Increase access to immunizations for infants and pregnant women.</p> <p>A SHIP: IM2 Increase access to immunizations for vaccine-preventable disease in children and teens.</p> <p>A SHIP: BH2 Decrease the number of newborns experiencing neonatal abstinence syndrome.</p> <p>A SHIP: BH1 Reduce mental, emotional and behavioral health disorders in children through improved identification and treatment of behavioral health disorders in parents who come in contact with the child welfare system.</p> <p>A SHIP: HW1 Improve the food environment and nutrition habits across the lifespan to increase healthy weight.</p> <p>A SHIP: ISV1 Prevent and reduce intentional and unintentional injuries and deaths in Florida.</p>
<p>Readiness for emerging health threats 3.1 Demonstrate readiness for emerging health threats.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency PMQI Plan X PMQI Plan X Community Health Improvement Plan X State Health Improvement Plan X Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p>CHD CHIP GOAL 2: Reduce incidence of infectious disease.</p> <p>A SP 3.1: Demonstrate readiness for emerging health threats.</p> <p>A SHIP: ID1 Reduce syphilis in Florida.</p> <p>A SHIP: ID 2: Reduce new HIV infections in Florida through a coordinated response across public health systems partners.</p> <p>A SHIP: ID3 Demonstrate readiness for existing and emerging infectious disease threats.</p>



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		<p>A SHIP: BH3 Reduce the number of opioid overdose deaths among individuals with opioid use disorders. A SHIP: BH4 Reduce the number of deaths by suicide in Florida. CHD QI: 2.1 Increase initiation and duration of breastfeeding among all Broward women. A SHIP: MCH1 Reduce infant mortality and related disparities. A SHIP: MCH2 Prevent pregnancy-related mortality and maternal morbidity and reduce racial disparities. A SHIP: IM1 Increase access to immunizations for infants and pregnant women. A SHIP: IM2 Increase access to immunizations for vaccine-preventable disease in children and teens. A SHIP: BH2 Decrease the number of newborns experiencing neonatal abstinence syndrome.</p>
<p>Effective agency processes 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> Agency Strategic Plan <input checked="" type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p>CHD WFD 1: Improve DOH-Broward's ability to share and implement strategies to address health inequities in programs, products, and services. CHD WFD 2.1 By December 2022, provide bi-annual executive leadership training to DOH Broward employees that demonstrate leadership potential. CHD WFD 2.2 Continue to provide monthly leadership training to all supervisors in the organization. CHD WFD 2.3 By December 2022, provide bi-annual Behavioral Event Interview (BEI) to identified members of the leadership team and employees who have demonstrated advanced leadership potential. CHD WFD 3.1 By December 2022, create a leadership development plan based on assessment results from the executive leadership workshop participants. CHD WFD 4.1 Continue to provide annual training to staff at all levels in budget and financial operations. CHD WFD 5.1 By December 2022, complete analysis of the employee satisfaction survey identifying areas of improvement.</p>



STRATEGIC PLAN PROJECT ALIGNMENT TO
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<p>Regulatory efficiency 5.1 Establish a regulatory structure that supports DOH-Broward's strategic priorities related to global competitiveness and economic growth.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> PMQI Plan <input checked="" type="checkbox"/> Community Health Improvement Plan <input type="checkbox"/> State Health Improvement Plan <input checked="" type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p>CHD CHIP GOAL 4: Preventative Care A SP HE.1: Establish a regulatory structure that supports the state's strategic priorities related to global competitiveness and economic growth.</p>
<p>Injury, Safety, and Violence 6.1 Prevent or reduce injuries in vulnerable populations.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency PMQI Plan <input type="checkbox"/> PMQI Plan <input type="checkbox"/> Community Health Improvement Plan <input checked="" type="checkbox"/> State Health Improvement Plan <input type="checkbox"/> Agency Strategic Plan <input type="checkbox"/> CHD Workforce Development Plan <input type="checkbox"/> Agency Workforce Development Plan 	<p>A SHIP PRIORITY 3: Injury, Safety, and Violence.</p>