



Florida Department of Health in Orange County

# STRATEGIC PLAN

January 1, 2021 – December 31, 2025



**Scott A. Rivkees, MD**  
State Surgeon General

**Dr. Raul Pino, MD, MPH**  
Health Officer

*Published: January 2021*

**Produced by:**

**Florida Department of Health in Orange County**

**6101 Lake Ellenor Drive, Orlando, FL 32809**

**<http://orange.floridahealth.gov/>**

# TABLE OF CONTENTS

<b>Mission, Vision &amp; Values.....</b>	<b>1</b>
<b>Background &amp; Overview .....</b>	<b>2</b>
Demographics.....	2-3
Budget and Revenue .....	4-5
Programs and Services.....	6
<b>Planning Summary .....</b>	<b>7-9</b>
<b>Strategic Planning Participants.....</b>	<b>10-12</b>
<b>Strengths, Weaknesses, Opportunities &amp; Threats (SWOT) Analysis.....</b>	<b>13-16</b>
<b>Priorities, Goals, Strategies &amp; Objectives.....</b>	<b>17-24</b>
<b>Review Process .....</b>	<b>25</b>
<b>Environmental Scan Resources .....</b>	<b>27</b>

# Mission, Vision & Values

## • 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

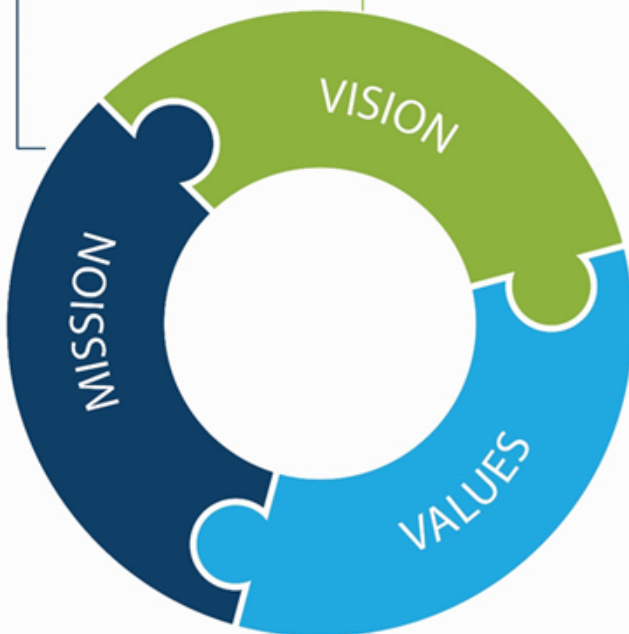
### What do we want to achieve?

To be the Healthiest State in the Nation.

## • OUR VALUES

### What do we use to achieve our mission and vision?

- I** *nnovation*  
We search for creative solutions and manage resources wisely.
- C** *ollaboration*  
We use teamwork to achieve common goals and solve problems.
- A** *ccountability*  
We perform with integrity and respect.
- R** *esponsiveness*  
We achieve our mission by serving our customers and engaging our partners.
- E** *xcellence*  
We promote quality outcomes through learning and continuous performance improvement.





# Background & 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 outcomes.

**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, structural changes and data analysis, we develop programs and policies that protect the health of the entire community.

## Demographics

Orange County, Florida is the 5<sup>th</sup> largest county in Florida. The Florida Department of Health in Orange County (DOH-Orange) serves a population of 1,389,297 (2019) with a growth rate of 1.38% in the past year according to the United States census data. The population in 2010 was 1,148,556 and Orange County has seen a growth of 20.96% since this time.

**Where we live influences our health.** Demographic, socioeconomic and environmental factors create unique community health service needs. A key characteristic that sets Orange County apart is the high population we serve with an age range of 25-44. Orange county is also predominantly White (68.11%) and has a large Hispanic (32.33%) and Black (22.70%) population which is higher than the State of Florida. Please see the data tables below.

**Population by Age  
Orange County and Florida**

Age Group	Orange – 2019		State – 2019
	Total Number	Total Percentage	Total Percentage
< 5 years	84,701	6.10%	5.37%
5 - 14 years	171,695	12.36%	11.10%
15 - 24 years	196,265	14.13%	11.64%
25 - 44 years	433,371	31.19%	25.18%
<b>Subtotal</b>	<b>886,032</b>	<b>63.78%</b>	<b>53.29%</b>
45 - 64 years	337,421	24.29%	26.30%
65 - 74 years	100,374	7.22%	11.24%
> 74 years	65,470	4.71%	9.18%
<b>Subtotal</b>	<b>503,265</b>	<b>36.22%</b>	<b>46.71%</b>
<b>Total</b>	<b>1,389,297</b>	<b>100%</b>	<b>100%</b>

Source: FLHealthCHARTS

**Population by Race  
Orange County and Florida**

Race	Orange – 2019		State – 2019
	Total Number	Total Percentage	Total Percentage
White	946,278	68.11%	77.30%
Black	315,390	22.70%	16.94%
Other	127,629	9.19%	5.76%
<b>Total</b>	<b>1,389,297</b>	<b>100%</b>	<b>100%</b>

Source: FLHealthCHARTS

**Population by Ethnicity  
Orange County and Florida**

Ethnicity	Orange – 2019		State – 2019
	Total Number	Total Percentage	Total Percentage
Hispanic	449,161	32.33%	26.26%
Non-Hispanic	940,136	67.67%	73.74%
<b>Total</b>	<b>1,389,297</b>	<b>100%</b>	<b>100%</b>

Source: FLHealthCHARTS

**County Health Rankings  
Orange County, Florida**

The 2020 County Health Rankings report ranks Florida counties according to their summary measures of health outcomes. Health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life, but quality of life as well. As presented below, Orange County ranked 7<sup>th</sup> in overall health outcomes out of the 67 counties within the State of Florida according to the 2020 County Health Rankings Report published by the Robert Wood Johnson Foundation and the University of Wisconsin.

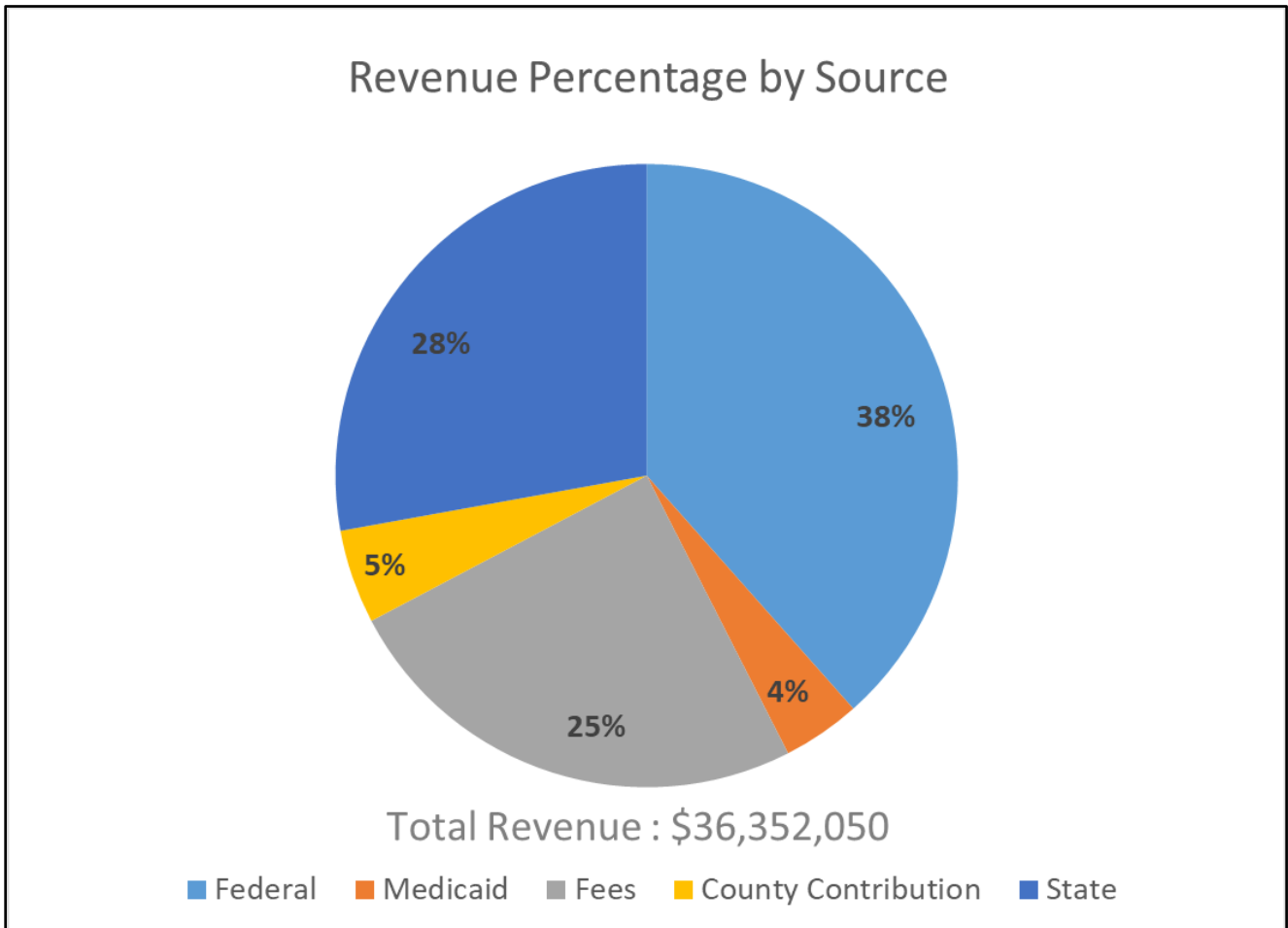
Overall County Health Rankings – Health Outcomes for Orange County, FL					
Category	2016	2017	2018	2019	2020
Health Outcomes	21	16	15	10	7

Source: Robert Wood Johnson Foundation, County Health Rankings Report.

## Budget and Revenue

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

**The Florida Department of Health in Orange County  
Revenue Percentage by Source  
Fiscal Year 2019-2020**

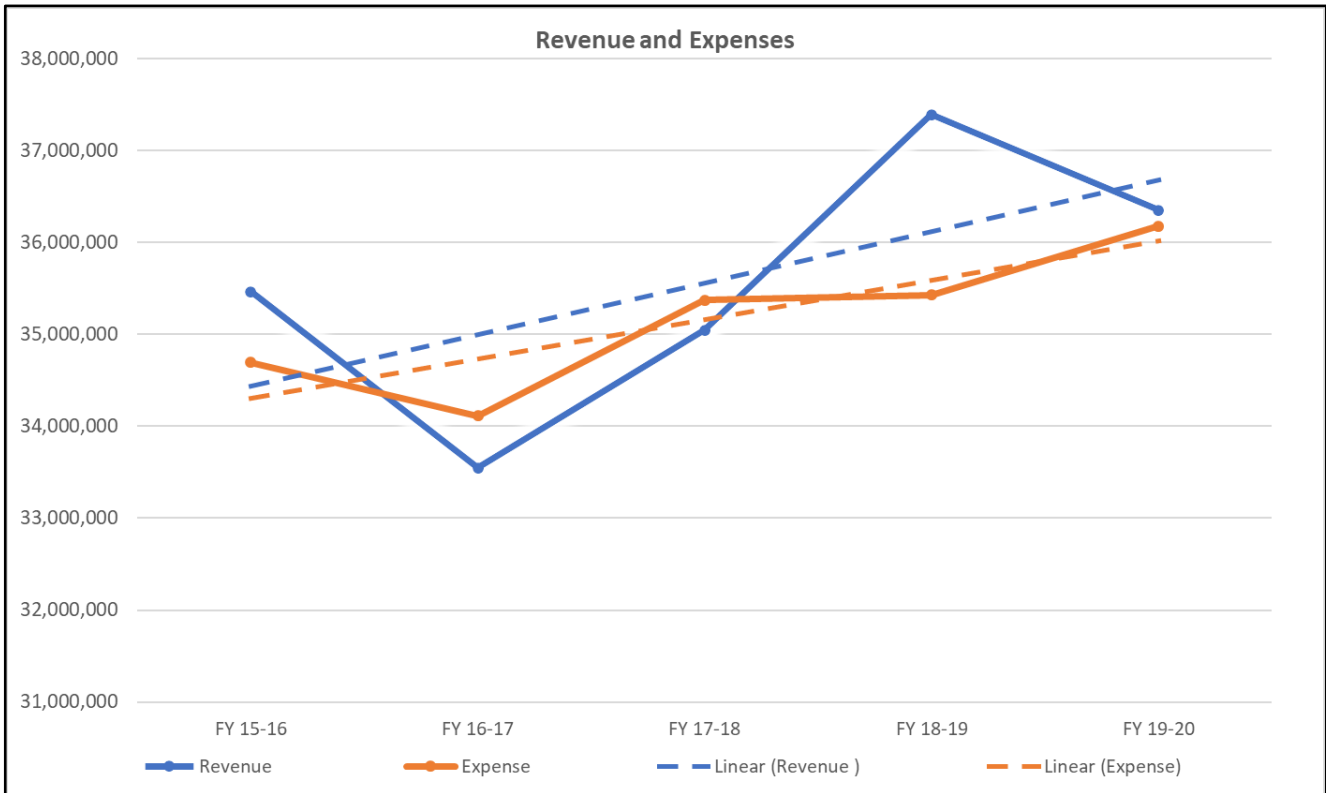


Sources: FY2019-2020 Spending Plan and DOH-Orange DE580 Analysis of Fund Equities FY2019-2020

## Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in Orange County include the emergence of COVID-19. Local response to COVID-19 has disrupted virtually every service we provide to our community. As illustrated, a decline in revenue was seen in FY 2019-2020. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly.

**The Florida Department of Health in Orange County  
Revenue and Expenses 2016 – 2020**



Source: DOH-Orange Revenue and Expense by Object/Category



## Programs and Services

**Some of the most effective strategies for improving public health** include health in all policies and programs that shape the environment and create opportunities for healthier behaviors. Structural changes create long lasting effects. This is the basis for Florida Department of Health in Orange 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 food and drinking water, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws.

### **Communicable Disease Control**

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control and treatment.

### **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 minimize loss.

### **Family Planning**

We offer education and counseling services to help women plan their families and improve their reproductive health and birth outcomes.

### **Community Health**

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

### **Women, Infants and Children (WIC)**

We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

### **School Health**

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

### **Vital Statistics**

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

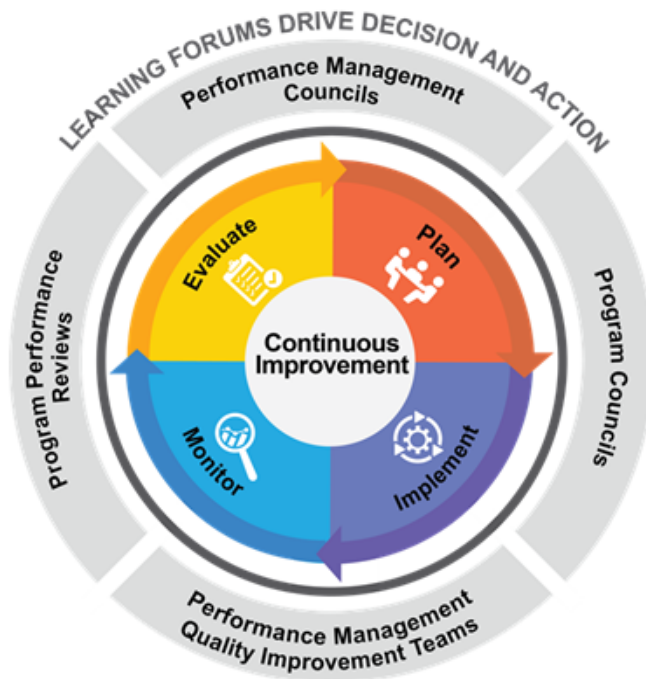
# Planning Summary

## Florida Department of Health in Orange County Performance Management System

Strategic planning is a key component of the larger performance management system. The strategic plan sets the direction for action for DOH-Orange for a 5-year cycle. As part of the performance management (PM) system, it identifies the priority focus areas for the department, and aligns with state and national priorities. The DOH-Orange performance management system is designed to ensure continuous improvement and progress toward department goals. The system, as depicted in the graphic below, allows the department to track performance by systematically collecting and analyzing data and includes learning forums for routinely discussing performance to identify opportunities and targets for improvement.

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

- Sets organizational objectives by developing strategic, quality improvement, community health 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-Orange 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 community health improvement, strategic, quality improvement and workforce development plans, and make recommendations to improve performance.

The DOH-Orange initiated a new strategic planning process in March 2019 to define the direction and course of the DOH-Orange for consumers, employees, administrators and legislators for the next 5 years. The plan will position the us to operate as a sustainable integrated public health system and provide our customers with quality public health services. It is a living document that the DOH-Orange will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the 12-month planning process during 4 meetings and included numerous internal stakeholders including senior leadership, program managers and a dedicated performance management council. The DOH-Orange considered key support functions required for efficiency and effectiveness and sought to articulate what it plans to achieve as an organization, the actions it will take and how it will measure success.

The DOH-Orange approached the strategic planning process with several 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.

In preparation for the strengths, weaknesses, opportunities and threats (SWOT) analysis, DOH-Orange staff summarized data from the Community Health Assessment (CHA), the Community Health Improvement Plan (CHIP), the Employee Satisfaction Survey and customer satisfaction data. Further, we looked at financial data and interviewed key stakeholders.

The DOH-Orange staff presented information from the sources listed on page 27 (Environmental Scan Resources) to the Performance Management Council (PMC), who reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness, including information management, communication (including branding), workforce development and financial sustainability. The SWOT analysis discussion also included the identification of external trends, events, or other factors that may impact community health or the DOH-Orange. See all identified strengths, weaknesses, opportunities and threats on page 13.

PMC members then used the SWOT analysis, the Agency Strategic Plan, and the agency mission, vision and values to choose strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area, which were then routed back to the PMC for comment and approval.

The following is the strategic planning schedule of meetings:

Meeting Date	Meeting Topic
02/19/2019	PMC activated the Strategic Planning Workgroup to start development of Strategic Plan for 2020 to 2024.
04/16/2019	PMC voted on priority issues and themes for next Strategic Plan.
05/07/2019	Conduct SWOT (Program and Agency wide)
06/18/2019	PMC reviewed the Key Performance Indicators and SWOT results based on 05/07/2019 meeting. PMC moved to proceed with next steps.
08/20/2019	PMC approved DOH-Orange Strategic Planning Strategies.
06/23/2020 – 08/31/2020	MS Teams one-on-one meeting with L4 managers or delegate to develop Specific, Measurable, Achievable, Realistic, Timely (SMART) objectives.  Environmental scan: Programmatic scorecard review
09/15/2020	PMC approve change from 2020-2024 to 2021-2025 Strategic Plan.
09/16/2020	Meeting with BPAI to discuss the Strategic Plan in preparation for PHAB Reaccreditation.
10/19/2020	PMC reviewed and approved the strategic priority areas and goals for 2021-2025.  Established timeline for the development of the 2021-2025 Strategic Plan.
12/04/2020	PMC reviewed and approved the 2021-2025 Strategic Plan.
01/01/2021	Department-wide dissemination and implementation of the 2021-2025 Strategic Plan.

The DOH-Orange 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 an assignment of 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-Orange Performance Management Council participants use as a reference when the strategic plan is discussed.



# Strategic Planning Participants

## Florida Department of Health in Orange County Strategic Planning Participants 2020

<b>Name</b>	<b>Position</b>
Andreoli, Marlene	Community Health Nursing Director
Bonefont, Rossie E	Public Health Nutrition Program Director
Brown, Willie T	STD Program Manager
Chu, Alvina K	Epidemiology Program Manager
Collinge, Chris	Data Center Director
Collinge, Deborah	Emergency Operations Program Manager
Donahue, Kent	Public Information Officer
FordWalker, Alicia D	School Health Program Manager
Mitchell, Justin D	Immunology Program Manager
Moorhead, Robin	Dental (Contractor)
Nealey, Derrick	Assistant County Health Department Director
Negron, Kariely	PMQI Lead
Overfield, David	Environmental Health Administrator
Pate, James	Performance and Quality Improvement Manager
Perez, Ellis	Community Health Program Manager
Persaud, Shelly R	Strategic Planning Lead
Pino, Raul	Health Officer
Renduchintala, Chaithanya	CHIP/CHA Lead
Riddick, Lamont A	Chief Deputy Registrar
Rousseau, Gregory	Finance and Accounting Director
Saville, Neil	Facilities Program Manager
Smith, Penny	Healthy Start Program Manager
Walker, Kathy	TB/Refugee Health Program Manager
Williams, Kara	Area 7 Program Manager



**Florida Department of Health in Orange County  
Strategic Planning Participants  
2019**

<b>Name</b>	<b>Position</b>
Araujo, Vicente (Alberto)	Quality Liaison
Avila, Daniel	Workforce Development
Bonefont, Rossie E	Public Health Nutrition Program Director
Brown, Willie T	STD Program Manager
Chu, Alvina K	EPI Program Manager
Collinge, Chris	IT Program Manager
Collinge, Deborah	Emergency Operations Program Manager
Donahue, Kent	Public Information Officer
Dunaway, Denise	Administrative Assistant
Figueroa, Magdalena	Healthy Start Supervisor
FordWalker, Alicia D	School Health Program Manager
Harris, Bart	Environmental Health Manager
Huckaby, Terrolyn	Immunizations Program Manager
James, Nasseam McPherson	Assistant County Health Department Director
Ketant-Angrand, Michelle (Marthe)	STD Operations Manager
Martin, Christian M	Budget Supervisor
Martinez, Yolanda	Performance and Quality Improvement Manager
Mercado, Jose R	Budget Analyst
Moorhead, Robin	Contractor (Dental)
Muhammad, Robin	Operations and Management Consultant
Mullins, Mary	Community Health Tobacco Prevention Specialist
Narcisse, Manovna	Community Health Operations Consultant
Nealey, Derrick	Assistant County Health Department Director
Negron, Kariely	Government Operations Consultant III
Otero, Jose	Sunshine Care Center Nurse
Overfield, David	Environmental Health Program Manager
Perez, Ellis	Data Analyst CHA/CHIP
Pino, Raul	Health Officer
Riddick, Lamont A	Chief Deputy Register
Rivera, Rosarito	Sunshine Care Center Nurse
Rouzier, Wilna	STD Operations Manager
Ruiz, Valeria	SPHNS
Saville, Neil	Facilities Program Manager
Sherin, Kevin	Health Officer
Simmons-Lesesne, Lavern	Operations and Management Consultant
Smith, Penny	Healthy Start Program Manager
Triplett, Tralonda	Community Health Program Manager



<b>Name</b>	<b>Position</b>
Turk, Samantha	Finance and Budget Director
Walker, Kathy	TB/Refugee Health Program Manager
Williams, Kara	Area 7 Program Manager



# Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis

## Strengths (Internal)

*We want to maintain and leverage strengths.*

### Agency Infrastructure:

- Measurable outcomes infrastructure
- Well defined guidance and oversight structure
- External Customer Service we have the people, process and technology to collect external Customer Service data.
- Youth Vaping support from Tobacco Free Florida in Tallahassee & community interest support
- Accountability
- Accuracy
- Increase staff field and clinic
- Patient care team
- Boots on the ground in the field daily
- Grants
- Social Media technology is available
- Strong inter disciplinary communication
- Established HIV prenatal prevention team
- Communication Reporting
- Targeted Training
- Enhanced Infrastructure of Data Center to Cloud (Azure)
- Senior IT workforce for DOH
- EOP plans are currently in PPHR standard format/Only need reviews for updates
- Agreement that will provide sustainability to the WIC program
- Servicing many clients w/ short staffing
- Motivated staff ready to work and serve clients

### Capacity:

- Infant mortality strong partnerships
- ACEHS - having enough staff to meet the expectations
- Timely Feedback
- Diabetes Tools/Resources
- Expertise
- Diverse staff
- Social Media unlimited reach
- Staff – Providers, nurses, HTS, Lab Tech, MCM, expertise
- Expanding testing through sponsorships event, collaborations

## Opportunities (External)

*We want to invest in opportunities.*

### Agency Infrastructure:

- Increase in CS career service positions
- Grant opportunities to increase monetary support
- State office holding doctors accountable
- ACEHS opportunity have managers and staff regularly review program expectations to improve results
- External customer service opportunity to improve service, increase customer satisfaction, increase number of clients, increase client health education
- Internal customer service to improve employee morale, retention, and improve health outcome
- New pharmacy changed for ADAP program
- Social Media new DOH communications director -> chance to change policy to allow CHDs to have Facebook pages
- Social Media
- Succession training
- Fully utilizing Social Media to outreach to priority population
- New FIRS system upgrades
- Lower cost for IT infrastructure
- Audits
- CHD expectations reporting
- Improve/Develop/Establish management reports by 24 hrs. within FIRS
- Ability to write for grants
- Replace antiquated computer programs
- Extended Clinic Hours

### Capacity:

- Hire health educators for CHD
- Infant mortality is partnering with resources in the community
- University partnerships
- Adolescents transition program with Nemours hospital
- Increase staff





- Currently working with CHDs in outlying areas
- Social Media instant reach and connection with customers
- Highly skilled workforce
- Adequate Budget
- Administrative support of preparedness expectations completion
- Expertise; knowledge and experience of staff
- Leadership training from the top down
- Strong training programs that prepares staff to engage clients
- WIC provides training to all staff on nutrition, breastfeeding and our database

Emerging Trends:

- Emerging infectious diseases trend
- Tele health
- Consolidation of IT Resources
- Access to Care
- Education & importance of vaccine preventable diseases
- Having a 2-week immunization event
- Electronic oral health records and intra oral cameras
- Enthusiastic dental hygienist who is awesome with the children

Other:

- Staff who effectively educate on safe sleep
- Building a breastfeeding peer counseling team

- Social Media Expansion of message outreach with partners Facebook retweeting message
- Social Media Expand health messaging and program awareness
- Increasing communication with hospital systems
- New Senior Leadership
- Political Climate
- Programs process mapping to identify deficiencies and improve processes
- Increase the number of clients who come to DOH to receive services

Emerging Trends:

- EPI media campaigns and public education
- Youth vaping - capitalization on declaration of youth vaping as national epidemic
- New HIV medications
- Updated treatment regimens requirements
- Video DOT
- Advanced disease testing methods
- HIM audit for charts
- New systems required for staff to use (Works/STMS)
- Increase accessibility to DOH IT Resources
- Training on workforce development, preparedness, & personal growth
- Seek different types of grants as county population/ethnicity constantly changes

Other:

- Working with hospital to create decedent care programs



### Weaknesses (Internal)

*We want to minimize weaknesses.*

#### Agency Infrastructure:

- Inadequate training
- Inconsistent feedback from State Office
- External Customer Service lack of staff to adequately collect customer feedback
- Internal customer service is restrained from addressing main internal customer issues (i.e. salary raises, advancement, travel & travel system)
- Not meeting the standards of other Metro Vital offices
- Low pay – non-competitive salary
- Need for additional staff
- Weakened administrative structure
- Low salary
- Expanding ability to advance employees
- Social Media DOH communication currently does not allow CHDs to have Facebook
- Customer satisfaction internal and external
- Lack of behavioral accountability
- Unreliable State vehicles
- Large turnover rate
- Limited resources
- Development of audit tools to ensure compliance with program requirements
- Employee vacancies
- Aging facilities and equipment
- Programs not answering phone calls from clients due to low staffing
- Timeliness of reporting necessary information
- Retention of HIM staff
- Accountability; enforcing compliance with established procedures
- Short staffed
- Critical vacant positions
- Inequality in pay & Lack of Pay raises

#### Capacity:

- Staff Turnover
- Staffing inconsistency
- Most people don't perceive the complications resulting from managing diabetes poorly
- Process for procurement in advanced payment
- Social Media Access is limited to those who join our Facebook page
- Social Media Time to maintain site content (updates) limited resources

### Threats or Challenges (External)

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

#### Agency Infrastructure:

- Budget cuts
- Unfunded legislative mandates
- ACEHS Modification of the evaluation tool without considering county health department feedback and capacity
- Lack of local leadership
- External customer service threats - legislative changes to regulatory programs and agencies
- Internal customer service - turnover, inability to retain and recognize staff results in decreased ACEHS scoring and decreased public health protection
- Budget cuts
- Social Media some CHD clients may not have access
- Increase in demands no increase in funding
- Social Media negative feedback via comments posted on Facebook page
- Staff turnover
- Decrease in funding yet increase in expectations
- SCC needs a call center
- Turnover of critical staff
- Bureau & Local CHD have different priorities
- Transportation issues
- Unknown exact costs with emerging cloud infrastructure
- Lack of automated electronic systems/management reports and systems not communicating with each other
- Family Health Center & Community Health Centers
- Decrease staff turnover

#### Capacity:

- Staff leaving for higher paying jobs
- Expansion of local tax collector locations
- Experienced staff leaving/retiring, and the expertise goes with them
- Private agencies working through grants to do what we do
- SCC Increase MCM staff
- Political Climate
- Events outside scope of program
- Senior Leadership
- Capacity to provide billing support for Q-Flow technology



- Timely submission of grant required reports
- Development of systems at the program level
- Poor pay relates to lowered employee retention
- Ensure that grant funds are maximized
- Span of Control
- Clinics opening hours do not fit clients working schedules (Not extended hours)

Emerging Trends:

- Overwhelming outbreak responses supersede routine work
- Youth vaping overcoming public perception
- Public perception about vaccinations and infectious diseases
- Privatizing of services (e.g. maternity)
- Difficulty estimating IT infrastructure costs
- Overuse of OPS-decrease in funding
- Too much use of OPS rather than Career Service
- Poor morale

Other:

- Lack of clear expectations for deliverables until the program is evaluated
- Infant mortality is there institutional racism within healthcare system
- Medicaid reimbursement rates = inequity private vs public

- Caseload or number of clients decreased

Emerging Trends:

- New emerging infections and diseases
- Vaccine decliners - public perception
- Diabetes "food desert" - lack of community markets
- Youth vaping - playing catch up, use of products is surging, and we will have a hard time catching up
- Social Media People moving away from Facebook use to other new social media apps
- HIV stigma among priority populations
- Opioid usage increase
- Budget Limits
- Cost of Living
- Increasing ratio of poor/uninsured/underinsured population
- Failure to meet emerging technology for patient portal
- Lack of legislation support of public health services; possibility of loss of funding

Other:

- Infant mortality - lack of awareness of the issue
- Not comparable in pay w/ external partners (Private Sectors)



# Priorities, Goals, Strategies & Objectives

Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment	
				Baseline Value/ Year (Data Source)	Targets						
					2021	2022	2023	2024			2025
1.0 Infrastructure	1.1 Achieve operational efficiencies through sound financial and business practices within regulatory constraints in order to remain sustainable	1.1.1 Increase the percentage of CSRs filed timely	1.1.1A Increase the percentage of CSRs filed timely from an average of 84.54% in FY 2019-2020 to 95% by December 31, 2025.	84.54% - FY2019-2020 (Administrative Snapshot)	86.54%	88.54%	90.54%	92.54%	95%	OPQI	ASP: Priority 4 CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.2 Maintain or exceed the percentage of EARs/DARs certified within 1 day of pay period end date	*1.1.2A Maintain or exceed 90% of EARs/DARs certified within 1 day of pay period end date from 96.47% in FY2019-2020 through December 31, 2025.	96.47% - FY2019-2020 (Administrative Snapshot)	≥90%	≥90%	≥90%	≥90%	≥90%	OPQI	ASP: Priority 4 CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.3 Increase the percentage of items in compliance with the Vital Statistics SAT	1.1.3A Increase the percentage of items in compliance with the SAT from 90% in 2019 to 100% through December 31, 2025.	90% - 2019 (Bureau of Vital Statistics SAT)	100%	100%	100%	100%	100%	Vitals	ASP: Priority 4 CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.4 Reduce IT inventory	1.1.4A Reduce IT inventory from 2,000 devices in 2020 to 1200 active devices by December 31, 2025.	2000 devices - CY 2020 (IT Inventory Log)	1840	1680	1520	1360	1200	IT	ASP: Priority 4 CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.5 Maintain compliance with the DOH Information Security and Privacy Standards	1.1.5A Maintain the percentage of items in compliance with the DOH Information Security and Privacy Standards at 100% in 2019 through December 31, 2025.	100% - CY 2019 (County Snapshot)	100%	100%	100%	100%	100%	IT	ASP: Priority 4 CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.6 Increase Environmental Health program capacity and performance	*1.1.6A Maintain or exceed the Annual Comprehensive Environmental Health Score (ACEHS) of 85% or higher from 92.9% in 2019 through December 31, 2025.	92.9% - CY2019 (County Snapshot)	≥85%	≥85%	≥85%	≥85%	≥85%	EVH	ASP: Goal 5.1 CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.7 Maintain State GR and OSF cash balance	1.1.7A Maintain the State GR and OSF OCA cash balance at 100% in FY 2019-2020 through December 31, 2025.	100% - FY2019-2020 (OCA Cash Balance Report)	100%	100%	100%	100%	100%	Business Office	ASP: 4.1.2A CHIP: N/A PMQI: N/A SHIP: N/A
		1.1.8 Increase the percent of Schedule C and Grant funds expended	1.1.8A By December 31, 2025, all L4 managers will ensure that Schedule C and Grant monies they are responsible for are expended from 93.63% in FY 2019-2020 to 99%.	93.63% - FY2019-2020 (OCA within L4 Fiscal Year Report)	95%	96%	97%	98%	99%	Business Office	ASP: 4.1.2A CHIP: N/A PMQI: N/A SHIP: N/A



Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment	
				Baseline Value/ Year (Data Source)	Targets						
					2021	2022	2023	2024			2025
	1.1.9 Ensure Ryan White "fiscal" compliance	1.1.9A Increase the Ryan White Part C funds spent on Early Intervention Services (EIS) from 0% in FY 2019-2020 to 50% or higher annually through December 31, 2025.	0% - FY2019-2020 (Ryan White HIV/AIDS Program Part C Expenditures Report)	≥50%	≥50%	≥50%	≥50%	≥50%	Business Office & Ryan White Manager	ASP: 4.1.2 CHIP: N/A PMQI: N/A SHIP: N/A	
		1.1.9B By December 31, 2025, ensure that our Maintenance of Effort (MOE) is at least 5 percent greater than most recently completed MOE from \$2,125,896 in FY 2019-2020 to \$2,713,241.87.	\$2,125,896 - FY 2019-2020 (HRSA MOE Report)	\$2232190.80	\$2343800.34	\$2460990.36	\$2584039.87	\$2713241.87	Business Office	ASP: 4.1.2 CHIP: N/A PMQI: N/A SHIP: N/A	
		1.1.9C By December 31, 2025, reduce carryover of Ryan White Parts C and D from \$391,422.92 and \$256,077.47 respectively in 2020 to \$0.00.	Part C: \$391,422.92 Part D: \$256,077.47 2020 (HRSA Final Expenditure Report)	Part C: \$144,826.48 Part D: \$87,066.34	Part C: \$113,512.65 Part D: \$71,701.69	Part C: \$82,198.81 Part D: \$56,337.04	Part C: \$50,884.98 Part D: \$40,972.40	Part C: \$0.00 Part D: \$0.00	Business Office & Ryan White Manager	ASP: 4.1.2 CHIP: N/A PMQI: N/A SHIP: N/A	
	1.1.10 Improve revenue collection by decreasing the denial rate	1.1.10A Decrease the denial rate for all DOH-Orange programs from 9.47% in 2020 to 2% or less by December 31, 2025.	9.47% – 2020 (HMS Denial Report)	≤7%	≤5%	≤4%	≤3%	≤2%	Business Office & Sunshine Center Financial Counselors	ASP: 4.1.2 CHIP: N/A PMQI: N/A SHIP: N/A	
	1.2 Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology	1.2.1 Sustain a competent workforce	1.2.1A Maintain the percentage of current employees who have completed annual mandatory DOH training at 100% in 2019 through December 31, 2025.	100% - CY 2019 (TRAIN FL)	100%	100%	100%	100%	100%	Training & Preparedness	ASP: Goal 4.1 CHIP: N/A PMQI: N/A SHIP: N/A
		1.2.2 Enhance customer engagement	*1.2.2A Maintain or exceed the percentage of completed customer satisfaction surveys with a satisfactory or better rating of 90% or above from 96.43% in FY2019-2020 through December 31, 2025.	96.43% - FY 2019-2020 (County Snapshot)	≥90%	≥90%	≥90%	≥90%	≥90%	OPQI	ASP: Goal 4.1 CHIP: N/A PMQI: Goal 2 SHIP: N/A
		1.2.3 Maintain CHD preparedness composite score	1.2.3A Maintain CHD preparedness composite score of 5 in 2019 through December 31, 2025.	5 – CY 2019 (County Snapshot)	5	5	5	5	5	Training & Preparedness	ASP: Goal 3.1 CHIP: N/A PMQI: N/A SHIP: ID3



Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment		
				Baseline Value/ Year (Data Source)	Targets							
					2021	2022	2023	2024			2025	
		1.2.4 Reduce workers' compensation incidents/accidents	1.2.4A Reduce the rate of workers' compensation incidents/accidents from 2.5% in 2019 to 0.5% per 100 employees by December 31, 2025.	2.5% - FY 2019 (County Snapshot)	2.0%	1.5%	1.0%	0.5%	0.5%	Safety Officer	ASP: 2.1.4 CHIP: N/A PMQI: N/A SHIP: ISV1	
		1.2.5 Demonstrate readiness to surveillance and investigate existing and emerging infectious disease threats	*1.2.5A Maintain or exceed the composite annual score of Epidemiology measures at 75% or above from 100% in 2018 through December 31, 2025.	100% - CY 2018 (County Snapshot)	≥75%	≥75%	≥75%	≥75%	≥75%	EPI	ASP: Goal 3.1 CHIP: N/A PMQI: N/A SHIP: ID3	
2.0 Health Equity	2.1 Ensure Orange County residents in all communities will have opportunities to achieve healthier outcomes	2.1.1 Reduce racial disparities in infant mortality	2.1.1A Decrease the three-year rolling infant mortality rate among black infants in Orange County from 12.5 in 2017-2019 to 10.0 per 1,000 live births by 12/31/2025.	12.5 - 2017-2019 (FLHealthCHARTS)	12.0	11.5	11.0	10.5	10.0	Community Health	ASP: 1.1.1A CHIP: HE1.1.1 PMQI: Goal 1 SHIP: MCH 1.1.1	
		2.1.2 Reduce health inequities by improving communication/marketing of DOH-Orange services and identified public health priorities	2.1.2A Increase traditional messaging with advertisements (billboard, print, radio) from 3 campaigns in 2019 to 4 campaigns annually through December 31, 2025.	3 Ad Campaign - 2019 (DOH-Orange PIO)	4 Ad Campaigns	4 Ad Campaigns	4 Ad Campaigns	4 Ad Campaigns	4 Ad Campaigns	PIO	ASP: Goal 1.1 CHIP: N/A PMQI: N/A SHIP: HE2	
		2.1.3 Increase percent of Black Infants ever breastfed	2.1.3A Increase the percentage of infants and children Ever Breastfed in the Black American population from 69% in June 2020 to 71% or higher by December 31, 2025.	69% - June 2020 (WIC Indicator Report)	≥71%	≥71%	≥71%	≥71%	≥71%	≥71%	WIC	ASP: 2.1.1 CHIP: HE1.1 PMQI: N/A SHIP: MCH1
		2.1.4 Build capacity for health equity	2.1.4A Increase the percentage of DOH-Orange employees who have completed <i>Cultural Awareness: Introduction to Cultural Competent and Humility and Addressing Health Equity: A Public Health Essential</i> online trainings from less than 5% in 2020 to 100% by 2025.	Course 1062987: 22 staff Course 1041931: 29 staff (TRAIN Florida 2020)	60%	70%	80%	90%	100%	100%	Training & Preparedness	ASP: 1.1.2A CHIP: N/A PMQI: N/A SHIP: HE1
3.0 Long, Healthy Life	3.1 Increase healthy life expectancy, including the reduction of	3.1.1 Reduce STD incidence	3.1.1A Increase the percentage of CHD STD cases treated within 14 days of lab reporting date from 83.1% in 2019 to 90% by 2025.	83.1% - CY2019 (County Snapshot)	84.6%	86.1%	87.6%	89.1%	90%	STD	ASP: Goal 2.1 CHIP: HE1.2 PMQI: Goal 3 SHIP: Priority 7	



Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment	
				Baseline Value/ Year (Data Source)	Targets						
					2021	2022	2023	2024			2025
	health disparities to improve the health of all groups	3.1.2 Reduce TB infections	3.1.2A Maintain or increase the percentage of TB cases with a documented HIV test result from 95.3% in 2019 through December 31, 2025.	95.3% - CY2019 (County Snapshot)	≥95.3%	≥95.3%	≥95.3%	≥95.3%	≥95.3%	TB/Refugee Health	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: ID3
			3.1.2B Increase the percentage of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection from 93.3% in 2019 to 98.3% by December 31, 2025.	93.3% - CY2019 (County Snapshot)	94.3%	95.3%	96.3%	97.3%	98.3%	TB/Refugee Health	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: ID3
			3.1.2C Increase the LTBI Treatment completion rate for those patients that started LTBI from 55.9% in 2018 to 80% by December 31, 2025.	55.9% - CY2018 (LTBI Summary Report)	60%	65%	70%	75%	80%	TB/Refugee Health	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: ID3
		3.1.3 Reduce HIV incidence	3.1.3A Increase the HIV viral load suppression rate from 89% in 2019 to 90% or higher by 2025.	89% - CY2019 (HAB HIV Performance Measure Report)	90%	≥90%	≥90%	≥90%	≥90%	SCC	ASP: 2.1.5 CHIP: HE1.2 PMQI: N/A SHIP: Goal ID2
			3.1.3B Decrease the gap in HIV medical visit from 17% in 2019 to 10% by 2025.	17% - 2019 (HAB HIV Performance Measure Report)	15%	13%	12%	11%	10%	SCC	ASP: 2.1.5 CHIP: HE1.2 PMQI: N/A SHIP: Goal ID2
			3.1.3C Increase the number of clients who are prescribed HIV medication (ART) from 95% in 2019 to 98% or higher in 2025.	95% - 2019 (HAB HIV Performance Measure Report)	96%	97%	98%	≥98%	≥98%	SCC	ASP: 2.1.5 CHIP: HE1.2 PMQI: N/A SHIP: Goal ID2
			3.1.3D Increase the targeted testing among Black/Hispanic MSM (13-24) from 1263 in 2019 to 2034 by December 31, 2025.	1263 - CY 2019 (FL-EMA EIIHA Data Report)	1389	1528	1681	1849	2034	Area 7	ASP: 2.1.5 CHIP: HE1.2 PMQI: N/A SHIP: Goal ID2
			3.1.3E Increase the targeted testing among Black Heterosexuals from 4316 in 2019 to 6952 by December 31, 2025.	4316 - CY2019 (FL-EMA EIIHA Data Report)	4748	5223	5745	6320	6952	Area 7	ASP: 2.1.5 CHIP: HE1.2 PMQI: N/A SHIP: Goal ID2



Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment	
				Baseline Value/ Year (Data Source)	Targets						
					2021	2022	2023	2024			2025
	3.1.4 Increase the healthy weight of children and adults		3.1.4A Increase the percentage of WIC children age 2-5 years of age having a healthy weight from 68.54% in June 2020 to 70.54% or higher by December 31, 2025.	68.54% - June 2020 (WIC Indicator Report)	≥70.54%	≥70.54%	≥70.54%	≥70.54%	≥70.54%	WIC	ASP: 2.1.1 CHIP: HW1.1.2 PMQI: N/A SHIP: Goal HW1
			3.1.4B Reduce the rate of middle school students in Orange County who are overweight or obese from 13.9% in 2018 to 11.12% by 12/31/2025.	13.9% - 2018 (FLHealthCHARTS)	13.34%	12.78%	12.22%	11.66%	11.12%	Community Health	ASP: 2.1.1 CHIP: HW1.1.2 PMQI: N/A SHIP: Goal HW1
			3.1.4C Reduce the rate of high school students in Orange County who are overweight or obese from 13.2% in 2018 to 10.56% by 12/31/2025.	13.2% - 2018 (FLHealthCHARTS)	12.67%	12.14%	11.61%	11.08%	10.56%	Community Health	ASP: 2.1.1 CHIP: HW1.1.2 PMQI: N/A SHIP: HW1.1.2
			3.1.4D Reduce the rate of adults in Orange County who are overweight or obese from 62.2% in 2016 to 49.76% by 12/31/2025.	62.2% - 2016 (FLHealthCHARTS)	59.68%	57.16%	54.64%	52.12%	49.6%	Community Health	ASP: Goal 2.1 CHIP: HW1.1.2 PMQI: N/A SHIP: HW1.1.5
			3.1.4E Increase the percentage of Orange County students (1 <sup>st</sup> and 6 <sup>th</sup> Grade) screened for growth and development with BMI from 91.03% in School Year 2019-2020 to 95% by December 31, 2025.	91.03% - SY 2019-2020 (Florida Department of Education- Membership in Florida Public Schools, Final Survey, 2019-20)	92%	93%	94%	95%	95%	School Health	ASP: 2.1.1 CHIP: HW1.1.2 PMQI: N/A SHIP: HW1
	3.1.5 Increase the Immunization rates for children		3.1.5A Increase the immunization rate among children enrolled in 7 <sup>th</sup> grade from 94.4% in School Year 2019-2020 to 95% or higher through December 31, 2025.	94.4% - SY 2019-2020 (Skyward)	95%	≥95%	≥95%	≥95%	≥95%	School Health	ASP: 3.1.1 CHIP: N/A PMQI: N/A SHIP: Goal IM2
			3.1.5B Increase the immunization rates among children enrolled in kindergarten from 89.7% in School Year 2019-2020 to 95% by December 31, 2025.	89.7% - SY2019-2020 (Skyward)	91%	92%	93%	94%	95%	School Health	ASP: 3.1.1 CHIP: N/A PMQI: N/A SHIP: Goal IM2
			3.1.5C Increase the percentage of 2-year-old Orange County Health Department clients fully immunized from 63% in 2020 to 90% by December 31, 2025.	63% - October 15, 2020 (Immunization Summary Report)	68%	73%	78%	83%	90%	Immunization	ASP: 3.1.1 CHIP: N/A PMQI: Goal 1 SHIP: IM2.1.1





Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment	
				Baseline Value/ Year (Data Source)	Targets						
					2021	2022	2023	2024			2025
	3.1.6 Increase the percentage students screened for vision and hearing	3.1.6 Increase the percentage students screened for vision and hearing	3.1.6A Increase the percentage of Orange County students (1 <sup>st</sup> , 3 <sup>rd</sup> and 6 <sup>th</sup> Grade) screened for vision from 89.88% in School Year 2019-2020 to 95% by December 31, 2025.	89.88% - SY 2019-2020 (Florida Department of Education- Membership in Florida Public Schools, Final Survey, 2019-20)	91%	92%	93%	94%	95%	School Health	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: HE2.2
			3.1.6B Increase the percentage of Orange County students (1 <sup>st</sup> , 3 <sup>rd</sup> and 6 <sup>th</sup> Grade) screened for hearing from 89.01% in School Year 2019-2020 to 95% by December 31, 2025.	89.01% - SY 2019-2020 (Florida Department of Education- Membership in Florida Public Schools, Final Survey, 2019-20)	91%	92%	93%	94%	95%	School Health	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: HE2.2
	3.1.7 Increase the proportions of Healthy start participants who receive screening for perinatal depression	3.1.7A Increase the percentage of Healthy Start participants screened for depression using the Edinburg Postnatal Depression screen from 42% in 2019 to 75% by December 31, 2025.	42% - CY2019 (Well Family System)	49%	56%	63%	70%	75%	Healthy Start	ASP: Priority 2 CHIP: HE1.1 PMQI: N/A SHIP: Priority 6	
	3.1.8 Increase the proportion of Healthy Start participants who utilize safe sleep practices	3.1.8A Increase the percentage of Healthy Start Bellies, Babies, and Beyond Program child participants who are placed to sleep following safe sleep practices from 75% in 2019 to 80% by December 31, 2025.	75% - 2019 (HRSA)	76%	77%	78%	79%	80%	Healthy Start	ASP: Priority 1 CHIP: HE1.1 PMQI: N/A SHIP: MCH1.1	
	3.1.9 Increase the proportion of Healthy Start participants with a documented reproductive life plan	3.1.9A Increase the percentage of Healthy Start Bellies, Babies, and Beyond Program participants that have a documented reproductive life plan from 50% in 2019 to 90% by December 31, 2025.	50% - 2019 (HRSA)	58%	66%	74%	82%	90%	Healthy Start	ASP: Priority 1 CHIP: HE1.1 PMQI: N/A SHIP: Priority 2	
	3.1.10 Reduce cancer incidence and increase cancer survival	3.1.10A Increase the number of women aged 50-74 who had a mammogram in the past 2 years from 211 in FY2019-2020 to 250 annually by 12/31/2025.	211 - FY2019-2020 (HMS Report)	250	250	250	250	250	Community Health	ASP: 2.1.3 CHIP: AC1.2.1 PMQI: N/A SHIP: Priority 8	
	3.1.11 Decrease tobacco use among youth age 11-17	3.1.11A Decrease the percent of students who have ever tried cigarettes, cigars, smokeless tobacco, hookah, or electronic vaping products, among students age 11-17 years old from 24.8% in 2020 to 20% by 2025.	24.8% - CY2020 (FLHealthCHARTS)	24%	23%	22%	21%	20%	Community Health	ASP: 3.1.4A CHIP: BH1.1.2 PMQI: N/A SHIP: CD1.1.1	



Strategic Priority Area	Goal	Strategy	Objective	Performance					Lead Entity Responsible	Linkages/ Alignment	
				Baseline Value/ Year (Data Source)	Targets						
					2021	2022	2023	2024			2025
		3.1.12 Decrease hospitalizations due uncontrolled chronic health conditions	3.1.12A Decrease preventable Hospitalizations under 65 from Diabetes among Orange County residents from 147.9 in 2019 to 136 per 100,000 by 12/31/2025.	147.9 per 100,000 - 2019 (FLHealthCHARTS)	146	143	140	138	136	Community Health	ASP: Goal 2.1 CHIP: HW1.1.1 PMQI: N/A SHIP: CD1
			3.1.12B Decrease the age-adjusted emergency room visits due to asthma in Orange County from 573.1 in 2019 to 515 per 100,000 by 12/31/2025.	573.1 per 100,000 - 2019 (FLHealthCHARTS)	562	550	538	526	515	Community Health	ASP: Goal 2.1 CHIP: AC1.1.1 PMQI: N/A SHIP: CD1.2.2
	3.1.13 Increase access to Dental services	3.1.13A Increase the number of clients that receive dental services by the DOH-Orange Dental program from 3,753 in 2019 to 4,753 by December 31, 2025.	3,753 - 2019 (HMS Report)	3,953	4,153	4,353	4,553	4,753	Dental	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: Goal HE3	
		3.1.13B Increase the number of dental services provided by the DOH-Orange Dental program from 19,776 in 2019 to 23,526 by December 31, 2025.	19,776 - 2019 (HMS Report)	20,526	21,276	22,026	22,776	23,526	Dental	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: Goal HE3	
		3.1.13C Increase the number of students that receive dental services by the DOH-Orange School-Based Sealant Program from 896 in school year 2018-2019 to 1,396 by December 31, 2025.	896 - SY 2018-2019 (HMS Report)	996	1,096	1,196	1,296	1,396	Dental	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: Goal HE3	
		3.1.13D Increase the number dental services provided by the DOH-Orange School-Based Sealant Program from 6,748 in SY 2018-2019 to 9,248 by December 31, 2025.	6,748 - SY 2018-2019 (HMS Report)	7,248	7,748	8,248	8,748	9,248	Dental	ASP: Goal 2.1 CHIP: N/A PMQI: N/A SHIP: Goal HE3	



## Priorities, Goals, Strategies & Objectives

ASP = Agency Strategic Plan

CHIP = DOH-Orange Community Health Improvement Plan

PMQI = DOH-Orange Performance Management Quality Improvement Plan

SHIP = State Health Improvement Plan

*\*Due to COVID-19 priorities, the target data for the objective is based on the Florida Department of Health performance standards instead of higher than the baseline data.*

# Strategic Plan Review Process

The performance management system is the cornerstone of the organizational culture of accountability and performance excellence. As depicted in the graphic below, both visible and engaged leadership and an effective performance management system are critical for improved health outcomes. Therefore, the DOH-Orange Performance Management Council (PMC) consists of Senior Leadership. The PMC is responsible for measuring, monitoring and reporting progress on the goals and objectives of the Strategic Plan, Community Health Improvement Plan and Quality Improvement Plan. The PMC also manages general performance management for these plans. Meetings of the PMC occur at least quarterly to advise and guide the creation, deployment and continuous evaluation of the Department's performance management system and its components. Each objective has been assigned to a department/program within DOH-Orange for implementation and quarterly reporting to Florida Health Performs. The PMC reviews the quarterly strategic plan tracking reports for progress toward goals. Annually, the PMC will approve the strategic plan progress report. Approval will be based on assessment of progress made toward reaching goals, objectives and achievements for the year that support improved health outcomes. The DOH-Orange Strategic Plan will be reviewed each year and will be based on an assessment of availability of resources, data, community readiness, current progress and the alignment of goals.





# Summary of Revisions

The table below will be used to depict revisions to objectives of the DOH-Orange Strategic Plan annually.

Date of Review Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision



# Environmental Scan Resources

1. [Administrative Scorecard, FY2019-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. [Agency Strategic Plan, 2016-2020](#)
4. [Behavioral Risk Factor Surveillance System \(BRFSS\), 2018](#)
5. [Biomedical Research Advisory Council Annual Report, 2018](#)
6. [County Performance Snapshot, 2019](#)
7. [DOH-Orange Community Health Assessment, 2019](#)
8. DOH-Orange Community Health Improvement Plan, 2021-2025
9. DOH-Orange Quality Improvement Plan, 2021-2025
10. [DOH-Orange Strategic Plan Annual Report, 2019](#)
11. DOH-Orange Workforce Development Plan, 2021-2025
12. [Florida Annual Morbidity Statistics Report, 2017](#)
13. [Florida Community Health Assessment Resource Tool Set \(FLHealthCHARTS\)](#)
14. [Florida Department of Health Long Range Program Plan, Fiscal Years 2020-21 through 2024-25](#)
15. [Florida Department of Health Workforce Development Plan, 2019-2021](#)
16. [Florida Department of Health, Office of Inspector General Annual Report FY 2018-19](#)
17. [Florida Environmental Health Tracking](#)
18. [Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2015](#)
19. [Florida State Health Improvement Plan, 2017-2021](#)
20. [Florida Strategic Plan for Economic Development, 2018-2023](#)
21. [Florida Vital Statistics Annual Report, 2019](#)
22. [Florida Youth Risk Behavior Survey Report, 2019](#)
23. [Florida Youth Tobacco Survey Results, 2020](#)
24. [Healthiest Weight profile \(Orange\), 2019](#)
25. [Healthy People 2020](#)
26. [Physician Workforce Annual Report, 2019](#)
27. [Public Health Workforce Interest and Needs Survey \(PH WINS\), 2017](#)
28. [Tuberculosis Trends and Statistics Summary, 2018](#)
29. [Volunteer Health Services Annual Report, 2018-2019](#)