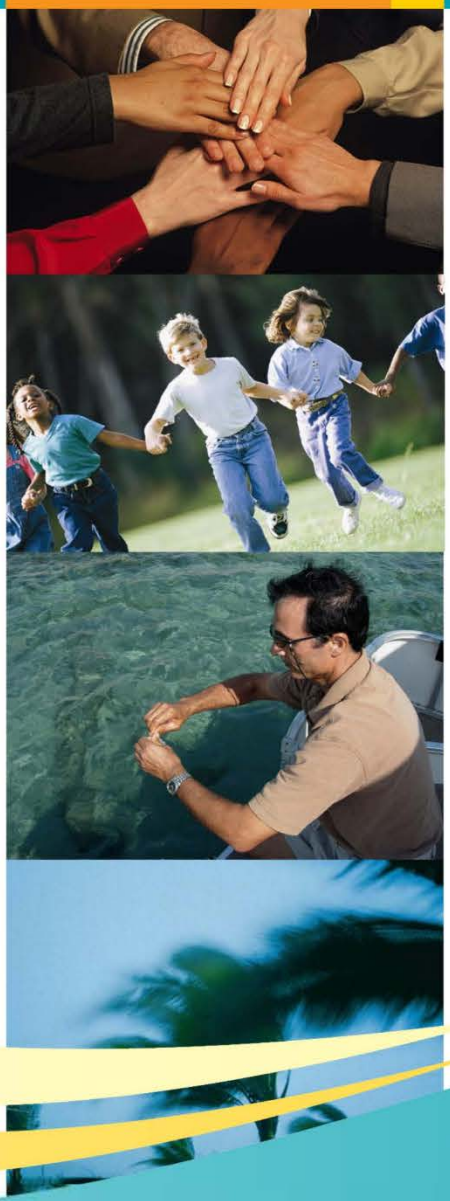
Strategic Plan

2017 - 2021



Innovation

Collaboration

Accountability

Responsiveness

Excellence

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Revised December 2018

Florida HEALTH
Palm Beach County

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Questions about the DOH-Palm Beach Strategic Plan? Contact the Office of Quality Improvement at (561) 671-4090.

Who We Are

Dr. Alina Alonso
Health Officer

The mission and values of the Florida Department of Health in Palm Beach County guide us in our vision's pursuit "to be the healthiest state in the nation." DOH-Palm Beach is organized into major Divisions with focus on core public health functions and ensuring the provision of essential public health services. Our services include:

- **Clinical services** for Immunizations, Sexually Transmitted Infections, Family Planning, Maternity, Nutrition, Refugee Program, Tuberculosis, and HIV/AIDS medical and dental
- **Environmental Public Health** to assure safety of Food Facilities and Institutions, Water Permitting and Enforcement, Air Monitoring and Waste Enforcement, Child Care Licensing, as well as Tanning, Tattoo, and Body Piercing inspections
- **School Health** to assure comprehensive school health guidelines, reviewing and maintaining immunization rates in schools and providing Comprehensive School Services
- **Maternal Child Health** providing three nationally recognized home visiting nursing programs; Healthy Beginnings Nurses, Women's Health Initiative, and Nurse Family Partnership
- **Community Health** providing community health education, Tobacco Cessation Program, Child Abuse Death Review and Infant Mortality Review
- **Emergency Preparedness** with an all hazards approach and a Cities Readiness Initiative
- **Vital Statistics** offering birth and death certificates
- **Quality Improvement** and **Community Health Planning**
- **Information Technology** support
- **Women Infant and Children** to provide a federal program for supplemental food to moms and babies
- **Epidemiology and Disease Control**, **HIV/AIDS and STI Surveillance**, **Tuberculosis Control** and **Hepatitis A and C** prevention
- **Public Health/Preventive Medicine Residency** started in 1956 to train future doctors to become Health Officers after obtaining the Board Certification in Preventive Medicine and a Master in Public Health

These priorities guide development of goals, strategies and objectives and help to shape decisions about resources and actions. These priorities are intertwined with our goals and expectations of developing a Culture of Quality and improving Public Health with the lens of Health Equity. As we move forward, our Health Department will continue to adapt to the changing needs of the county and will remain a champion for a healthy community.

Introduction

The Florida Department of Health conducted a strategic planning process during the summer of 2015 to define the direction and course of the agency for consumers, employees, administrators, and legislators for the next three years. This strategic plan positioned the Department to operate as a sustainable integrated public health system under the current economic environment and will provide our residents and visitors with high quality public health services. The DOH-Palm Beach Strategic Plan is the result of a year-long effort in 2016, informed by guidance from the FDOH plan.

This is a living document that we will evaluate and update regularly to address new challenges posed by the changing environment of public health in Florida.

As shown in Figure 1, the Plan-Do-Check-Act (PDCA) quality improvement technique frames the steps in the process.

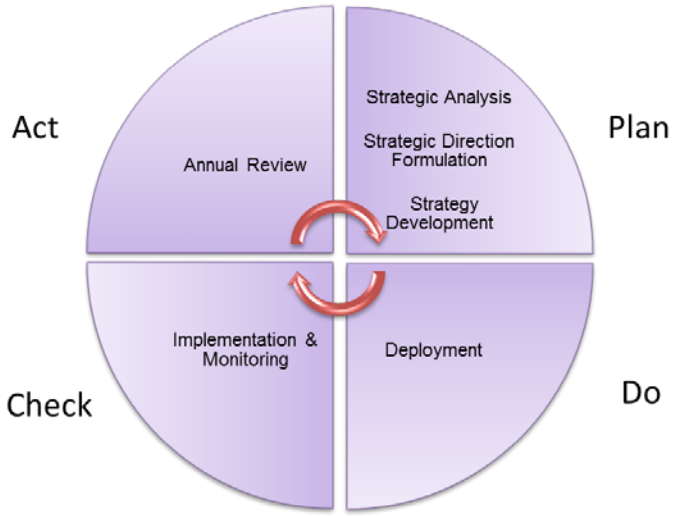


Figure 1: The DOH-Palm Beach Strategic Planning Process

Strategic planning is an integral aspect of the FDOH performance management system (see Figure 2). The PDCA process used in developing the strategic plan reflects the policy of the FDOH, as outlined in the Department's QI Plan, to maintain an agency wide quality improvement program that engenders a culture of quality. Specifically, the process allows for a systematic identification of opportunities for improvement, implementation of data-supported improvement initiatives, sharing of best practices, and evaluating measurable impacts on strategic priorities.

Figure 2: The FDOH Performance Management System

Core Public Health Functions

The three Core Functions of Public Health and the Essential Public Health Services were key to developing the Strategic Plan. The Essential Public Health Services describe the public health activities that should be undertaken in all communities. The Essential Services provide a working definition of public health and a guiding framework for the responsibilities of local public health systems.

✓ **Assessment:**

- Monitor health status to identify and solve community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues

✓ **Policy Development:**

- Mobilize community partnerships and action to identify and solve health problems
- Develop policies and plans that support individual and community health efforts

✓ **Assurance**

- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure competent public and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

As the local representative of FDOH, activities conducted by DOH-Palm Beach align to the Department's single mission, vision, and shared values. The relationship between DOH-Palm Beach and Palm Beach County is another guiding factor for us, and helps us identify the specific, sometimes unique, public health needs of our county. We support these needs within the context of the Florida Department of Health's mission and vision.

Mission

The Mission of the Florida Department of Health and DOH-Palm Beach is:

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

Our Mission articulates the purpose of our organization; it is our roadmap and the reason for the existence of DOH-Palm Beach.

Vision

The Vision of the Florida Department of Health is:

To be the **healthiest state** in the Nation.

Our Vision statement defines what we want to achieve. It provides guidance and direction in fulfilling the Mission.

Our Values

The Florida Department of Health Values guide us in working to achieve our agency Goals.

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.

Strategic Priority Areas

Key factors utilized in establishing priorities for DOH-Palm Beach are: state, federal, and local mandates; guidance from and priorities identified by the FDOH; analysis of countywide statistics that reflect key health status indicators; staffing and budget capabilities; results of the Strength–Weaknesses–Opportunities–Threats (SWOT) analysis; and ongoing customer and stakeholder input.

The five priorities listed below are identified as Strategic Priority Areas in this strategic plan.

- Health Equity
- Long, Healthy Life
- Readiness for Emerging Health Threats
- Effective Agency Processes
- Regulatory Efficiency

Strategy Map

Strategic Priority Areas	Goals	Objectives
Health Equity	Goal 1.1: Ensure residents in our community have opportunities to achieve healthier outcomes.	• By December 31, 2019, maintain the percent of WIC infants who are ever breastfed at or above 79.6%. • By December 31, 2019, reduce the rate of black infant mortality from 7.1 (2016) to 6.9 per 1,000 live births. • By December 31, 2019, reduce the black-white infant mortality gap from 2.36 (2016) to less than two times higher. • By December 2017, reduce the percentage of the uninsured population in Palm Beach County from 16.3% to 15.3%. • By December 31, 2019, complete a minimum of 10 of the tasks in the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) process in a new community.
Long, Healthy Life	Goal 2.1: Increase healthy life expectancy	• By December 31, 2020, reduce the percentage of youth ages 11-17 who use any form of tobacco from 15.8 percent to 14 percent. • By December 31, 2019, increase the percent of adults who are at a healthy weight from 36.8% to 38%. • By December 31, 2019, reduce the three-year rolling rate for all external causes crude death rate for ages 0-18 from 12.5 to 12.2 per 100,000. • On an annual basis, maintain the percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis at 90% or above. • Maintain the percent of active TB patients completing therapy within 12 months of initiation of treatment at 95% or greater. • On a calendar year basis, maintain the percent of TB cases with a documented HIV test result at greater than 90%. • Increase the proportion of TB patients with positive sputum culture results who have documented conversion to sputum culture negative within 60 days of treatment initiation to 70% by December 2019. • Maintain the percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection at 93% or greater on an annual basis. • By June 30, 2017, increase the percent of teen CHD family planning clients who adopt an effective or higher method of birth control from 76.5% to 80%.
Readiness For Emerging Health Threats	Goal 3.1: Demonstrate readiness for emerging health threats	• Maintain an Annual Comprehensive Environmental Health Score (ACEHS) score of greater than 90%. • By December 31, 2017, complete the Environmental Public Health Performance Assessment, use data to determine gaps and opportunities, and create health plans. • On an annual basis, meet 90% of the completion dates for tasks listed in the County Health Department Preparedness Expectations Work Plan.
	Goal 3.2: Demonstrate readiness for emerging communicable diseases	• Maintain a Composite Annual Score of Core Epidemiology Measures at greater than 80%.
	Goal 3.3: Increased immunization rate for children and adults	• By December 31, 2019, Increase Kindergarten immunization compliance rate from 90.7% to 95%. • Maintain the percent of 2-year-old CHD clients fully immunized at greater than 95% annually.
	Goal 3.4: Increased immunization rate for employees	• By March 31, 2018, increase the annual influenza immunization percentage rate for employees from 51% to 53% and increase by 1% annually thereafter.

Strategic Priority Areas	Goals	Objectives
Effective Agency Processes	Goal 4.1: A competent, satisfied workforce.	• On an annual basis, maintain the rate of worker's compensation incidents per 100 employees at less than 8.8. • By December 31st each year, 100 percent of current employees complete the annual mandatory DOH training. • Complete and distribute a DOH-Palm Beach Infection Control Plan by June 30, 2018.
	Goal 4.2: Sustainable processes.	• Maintain an annual administrative rate of less than 15%. • On a quarterly basis Maintain State General Revenue and Other State Funds Other Cost Accumulator Cash Balances at less than $5,000. • Maintain an annual fixed asset loss rate below 2%, based on acquisition cost. • Maintain the percent of vaccine wasted/spoiled/expired at 3% or less. • On a quarterly basis, maintain the percent of CHD family planning clients served who have documentation of race and ethnicity in their records at greater than 95%. • On an annual basis, maintain the percent of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment at 100%. • On a quarterly basis, maintain an average percent of all Death Records closed timely at 98% or higher. • Update and implement the DOH-Palm Beach Internal Communication Plan By March 31, 2017. • On an annual basis, maintain completed customer satisfaction surveys that reflect a satisfactory or better rating at greater than 90%. • On an annual basis, maintain documented customer complaints acknowledged by the end of next business day at 100%.
	Goal 4.3: Effective use of technology, which supports all of the CHD's core business functions.	• By June 30, 2017, implement group policy deployment of Office 2016 and Windows 10 to 100% of CHD computers.
Regulatory Efficiency	Goal 5.1: Fulfill regulatory responsibilities.	• On a quarterly basis, maintain less than 1.7% of licensed child care facilities cited for a Class I violation. • On a quarterly basis, maintain a minimum of 85% satisfactory routine inspection results for all regulated facilities (non-child care). • On a quarterly basis, maintain less than 10% of water treatment facilities found to be non-compliant. • On a quarterly basis, maintain an Air Quality Index (AQI) rating of "unhealthy" for less than 2% of days.

Health Equity

Goal 1.1: Ensure residents in our community have opportunities to achieve healthier outcomes.

Objectives:

1.1.1 By December 31, 2019, maintain the percent of WIC infants who are ever breastfed at or above 79.6%.

1.1.2 By December 31, 2019, reduce the rate of black infant mortality from 7.1 (2016) to 6.9 per 1,000 live births.

1.1.3 By December 31, 2019, reduce the black-white infant mortality gap from 2.36 (2016) to less than two times higher.

1.1.4 By December 2017, reduce the percentage of the uninsured population in Palm Beach County from 16.3% to 15.3%.

1.1.5 By December 31, 2019, complete a minimum of 10 of the tasks in the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) process in a new community.

Long, Healthy Life

Goal 2.1: Increase healthy life expectancy

Objectives:

2.1.1 By December 31, 2020, reduce the percentage of youth ages 11-17 who use any form of tobacco from 15.8 percent to 14 percent.

2.1.2 By December 31, 2019, increase the percent of adults who are at a healthy weight from 36.8% to 38%.

2.1.3 By December 31, 2019, reduce the three-year rolling rate for all external causes crude death rate for ages 0-18 from 12.5 to 12.2 per 100,000.

2.1.4 On an annual basis, maintain the percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis at 90% or above.

2.1.5 Maintain the percent of active TB patients completing therapy within 12 months of initiation of treatment at 95% or greater.

2.1.6 On a calendar year basis, maintain the percent of TB cases with a documented HIV test result at greater than 90%.

2.1.7 Increase the proportion of TB patients with positive sputum culture results who have documented conversion to sputum culture negative within 60 days of treatment initiation to 70% by December 2019.

2.1.8 Maintain the percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection at 93% or greater on an annual basis.

2.1.9 By June 30, 2017, increase the percent of teen CHD family planning clients who adopt an effective or higher method of birth control from 76.5% to 80%.

Readiness For Emerging Health Threats

Goal 3.1: Demonstrate readiness for emerging health threats

Objectives:

3.1.1 Maintain an Annual Comprehensive Environmental Health Score (ACEHS) of greater than 90%.

3.1.2 By December 31, 2017, complete the Environmental Public Health Performance Assessment, use data to determine gaps and opportunities, and create health plans.

3.1.3 On an annual basis, meet 90% of the completion dates for tasks listed in the County Health Department Preparedness Expectations Work Plan.

Goal 3.2: Demonstrate readiness for emerging communicable diseases

Objectives:

3.2.1 Maintain a Composite Annual Score of Core Epidemiology Measures at greater than 80%.

Goal 3.3: Increased immunization rate for children and adults

Objectives:

3.3.1 By December 31, 2019, Increase Kindergarten immunization compliance rate from 90.7% to 95%.

3.3.2 Maintain the percent of 2-year-old CHD clients fully immunized at greater than 95% annually.

Goal 3.4: Increased immunization rate for employees

Objectives:

3.4.1 By March 31, 2018, increase the annual influenza immunization percentage rate for employees from 51% to 53% and increase by 1% annually thereafter.

Effective Agency Processes

Goal 4.1: A competent, satisfied workforce

Objectives:

4.1.1 On an annual basis, maintain the rate of worker's compensation incidents per 100 employees at less than 8.8.

4.1.2 By December 31st each year, 100 percent of current employees complete the annual mandatory DOH training.

4.1.3 Complete and distribute a DOH-Palm Beach Infection Control Plan by June 30, 2018.

Goal 4.2: Sustainable Processes

Objectives:

4.2.1 Maintain an annual administrative rate of less than 15%.

4.2.2 On a quarterly basis, Maintain State General Revenue and Other State Funds Other Cost Accumulator Cash Balances at less than $5,000.

4.2.3 Maintain an annual fixed asset loss rate below 2%, based on acquisition cost.

4.2.4 Maintain the percent of vaccine wasted/spoiled/expired at 3% or less.

4.2.5 On a quarterly basis, maintain the percent of CHD family planning clients served who have documentation of race and ethnicity in their records at greater than 95%.

4.2.6 On an annual basis, maintain the percent of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment at 100%.

4.2.7 On a quarterly basis, maintain an average percent of all Death Records closed timely at 98% or higher.

4.2.8 Update and implement the DOH-Palm Beach Internal Communication Plan By March 31, 2017.

4.2.9 On an annual basis, maintain completed customer satisfaction surveys that reflect a satisfactory or better rating at greater than 90%.

4.2.10 On an annual basis, maintain documented customer complaints acknowledged by the end of next business day at 100%.

Goal 4.3: Effective use of technology, which supports all of the CHD's core business functions

Objectives:

4.3.1 By June 30, 2017, implement group policy deployment of Office 2016 and Windows 10 to 100% of CHD computers.

Regulatory Efficiency

Goal 5.1: Fulfill regulatory responsibilities

Objectives:

5.1.1 On a quarterly basis, maintain less than 1.7% of licensed child care facilities cited for a Class I violation.

5.1.2 On a quarterly basis, maintain a minimum of 85% satisfactory routine inspection results for all regulated facilities (non-child care).

5.1.3 On a quarterly basis, maintain less than 10% of water treatment facilities found to be non-compliant.

5.1.4 On a quarterly basis, maintain an Air Quality Index (AQI) rating of “unhealthy” for less than 2% of days.

Appendix A: Strategic Planning Participants

2016-2017

Executive Leadership*
Alina Alonso, MD
CHD Director

Andy Edwards
Chief Financial Officer

Jacqueline Lobban-Marsan
Assistant CHD Director
Chief of Operations

Paul McCarthy
Assistant CHD Director
Chief of Performance Improvement & Preparedness

Robert Parkes, MD
Assistant CHD Director/
Medical Director

Dolores Taylor-Williams
Human Resources Director

Division Directors
Usleur Cook
WIC Director

Victoria Coleman-Miller
CHD Legal Counsel

Chris Englestad
Maternal-Child Health Director

Brenda Galie
Community Health Nursing Consultant
School Health Director

Sharon Greene
Health Promotion and Education Director

Shoshana Levy, MD
PM/PH Residency Director

Timothy Mayer
Environmental Public Health Director

Timothy O'Connor
Public Information Officer

Amarilis Salazar
Vital Statistics Director

Program Staff
Sandra Ambris
Warehouse Supervisor/
Preparedness (Logistics)

Tania Canales
Vital Statistics

Mildred Clemons
Administrative Assistant II

Jesus Diaz
Laboratory Director

Mitchell Durant
Public Health Services Manager (HIV/AIDS)

Herby Elizee
Senior Database Analyst

Joann Grabowski
Administrative Assistant III

Susan Grammond
Nutrition Director

Darrel Graziani
Environmental Administrator

Yanick Gribkoff
Community Health Nursing Consultant

Treesa Guerrero
Health Access Systems Administrator

Deborah Hill
Designated Institutional Officer, PM/PH Residency

Deborah Hogan
Community Health Nursing Consultant (Immunizations)

Catherine Jackson
Family Planning Coordinator

Denise Josey, MD
PM/PH Resident

Mary Kannel
Operations & Management Consultant Manager - SES

Ericka Lacker
Human Resources Liaison

Carol Lane
Administrative Assistant II

Alma Martinez
QI Liaison/Customer Satisfaction Coordinator*

Elba Montalvo
TB Program Manager

Manon Morin
Community Health Nursing Consultant

Joanne Newman
Community Health Nursing Consultant

Suzette Nine
Medical Records/Health Information Management

Caroline Nunnally
Administrative Assistant II

Cindy Pisco
Assistant IT Director

Adam Reback
Accreditation Coordinator*

Nicholette Roache-Pixley
Call Center Manager

Rob Scott
Early Intervention Consultant

Tom Scragg
Data Center Director

Audrey Sears
Administrative Assistant II

Courtney Shippey
Environmental Administrator

William Staten, DDS
Dental Program Manager

Ellen Steinberg
Community Health Nursing Consultant

Lawanta Stewart
Health Center Administrator

Monees Syed, MD
PM/PH Resident

Laxmana Tallam
Environmental Administrator

Karen Thomas, MD
Epidemiology Program Manager

Fredeswinda Torres-Culpepper
Administrative Assistant II

Connie Upshaw
Community Health Nursing Consultant

Lisa Vreeland
Preparedness Manager

Andy Walker
General Services Manager

*SPIL Team Member

2018

Executive Leadership*

Alina Alonso, MD
CHD Director

Andy Edwards
Chief Financial Officer

Jacqueline Lobban-Marsan
Assistant CHD Director
Chief or Operations

Paul McCarthy
Assistant CHD Director
Chief of Performance Improvement & Preparedness

Robert Parkes, MD
Assistant CHD Director/
Chief Medical Director and Epidemiologist

Ericka W. Lacker
HR Liaison Manager

Timothy Mayer
Environmental Public Health Director

Division Directors

Usleur Cook
WIC Director

Joanne Newman
Maternal-Child Health Director

Brenda Galie
Community Health Nursing Consultant
School Health Director

Sharon Greene
Community Health Promotion & Education Director

Tim O'Connor
Public Information Officer

Program Staff

Amarilis (Lily) Salazar
Vital Statistics Director

Janiece Davis
Tobacco Free Florida
Palm Beach

Dana M. Heinlein
Community Health Nursing Consultant (Immunization Program)

Manuel Lorenzo Hurtado
TB Program Manager

William A. Walker III
General Services Director

Catherine Jackson
Family Planning Coordinator

Diane Ayres
Staff Development & Training

Alma Fabian
Personnel Services Specialist I

Karen A. Thomas, MD
Epidemiology Program Manager

Lisa Vreeland
Public Health Preparedness Manager

Barbara L. Sullivan
Information Security & Privacy Coordinator

Courtney L. Shippey
Environmental Administrator

Laxmana Tallam
Environmental Administrator
Air & Waste Section

Jorge R. Patino
Environmental Administrator
Water Program

Britani Campbell
Office Automation Specialist II

Cindy C. Pisco
Assistant Data Center Director

Brittani Coore
Healthiest Weight Florida Coordinator &
Health Educator

Alma Martinez
QI Liaison/Customer Satisfaction Coordinator*

Adam Reback
Accreditation Coordinator*

*Performance Management Council Member

Appendix B: Planning and Monitoring Summary

Two teams were involved in the development of the plan:

*Strategy and Performance Improvement Leadership (SPIL) Team:

- Health Officer
- Assistant CHD Director, Chief or Operations
- Assistant CHD Director, Chief or Performance Improvement & Preparedness
- Assistant CHD Director, Chief Medical Director and Epidemiologist
- Human Resources Director
- Chief Financial Officer
- Accreditation Liaison (also responsible for implementation of the Community Health Improvement Plan)
- Quality Improvement Coordinator

Senior Leadership Team: Referred to as the "CDP Team," it includes the SPIL Team, Division Directors, Health Center Administrators, and CHD Managers. For the SWOT workshop, additional participants were invited (see Appendix C).

Listed below are the Strategic Planning process steps and the schedule of meetings. A total of 8 meetings were conducted in the SP development process.

Process Steps	Date	Activity	Participants
	November 19, 2015	Approve Strategic Planning Framework and Timeline	SPIL Team
Strategic Analysis	January 4, 2016 - March 24, 2016	Conduct Environmental Scan	- QI Staff compile - SPIL Team Review
Strategic Direction Formulation	March 24, 2016	Validate Mission, Vision, Values	SPIL Team
Strategic Analysis	April 27, 2016	Conduct SWOT	CDP Team Meeting (Senior Leadership Team)
Strategy Development	June 23, 2016	Identify Strategic Priority Areas	SPIL Team
	June 23, 2016	Identify Goals	SPIL Team
	August 24, 2016	Identify/Validate/Update SMART Objectives	CDP Team Meeting
	August 25, 2016 - September 22, 2016	Align Objectives To Other Plans	QI Staff
	September 22, 2016	Finalize Objectives & Approve Alignment	SPIL Team
Deployment	September-November 2016	Update Strategic Plan Database (SPDB)	QI and Information Technology staff
	November 17, 2016	Finalize Strategic Plan	SPIL Team
	November 28, 2016	Deploy SP	CDP Team
Implementation & Monitoring	Ongoing	Monitor SP	SPIL Team & CDP Team Meeting
	November of each CY	Annual Review	SPIL Team
	January of each CY	Publish revised SP	QI

*After initial publication of the SP, the SPIL Team was renamed the Performance Management (PM) Council, so the 2 terms are used in the SP.

Monitoring Summary:

DOH-Palm Beach has developed a Strategic Planning Database (SPDB) that tracks progress on achieving SP objectives. Each objective in the SP is assigned an owner, (i.e. person responsible for the objective). For each objective, the SPDB includes frequency of measurement, status (red-yellow-green), trend, a chart, historical data, a comment section that can be used to document activities conducted as part of the plan of work, and other information; several reports are available. The SPDB was recently updated to include a section for recording the high-level action plan for each SP objective.

The CDP Team meets monthly. At these meetings, the Health Officer reviews the Health Status Indicators Report produced by the SPDB. The Assistant CHD Director, Chief or Performance Improvement & Preparedness, reviews the Administrative Indicators report produced by the SPDB. Prior to the meeting, the Health Officer selects a SP objective owner to provide a detailed report on an objective using a standard DOH-Palm Beach template.

The PM Council is responsible for measuring, monitoring, and reporting of progress on the goals and objectives of the Strategic Plan, which is monitored through the Senior Leadership Team meetings and monthly PM Council meetings. The PM Council reviews the SP Detailed Summary Report produced by the SPDB annually (in November), assesses progress toward reaching goals and objectives, and reviews achievements for the year. The revised Strategic Plan is published annually by January of the year following the annual review. Revisions are based on an assessment of availability of resources and data, community readiness, current progress, and the alignment of goals.

Revision History:

Originally Published January 2017.

First SP Annual Review November 2017:

The CHD's PM Council conducted a review of the SP on November 16, 2017. QI staff prepared an "Annual Review Meeting Guide" to frame the discussion. In 2017, two new PM Council Members were added: Timothy Mayer, Director, Environmental Public Health, and Ericka Lacker, Lead HR Liaison (replacing Dolores Taylor-Williams). The PM Council:

- Reviewed the overall status of the SP regarding achieving Objective targets.
- Identified proposed changes to the SP. Key considerations were changes to the Agency's County Performance Snapshot and the Agency's update to the FDOH SP.
- Identified Objectives not on track to meet their target.
- Identified Objectives not completed by target timeline.
- Reviewed linkage to the revised Agency SP and the recently revised Palm Beach County Community Health Improvement Plan.
- Reviewed selected successes.
- Reviewed and discussed SP deployment activities.
- Discussed status and implementation of action plans associated with each SP Objective.

QI staff next coordinated open issues. The updated SP was approved by the PM Council on December 21, 2017. The revised SP was published in January 2018. The next page summarizes changes made by the PM Council.

Strategic Priority Area: Health Equity (**Replaced the Priority Area** "Healthy Moms and Babies.")

Goal 1.1: Ensure residents in our community have opportunities to achieve healthier outcomes. (**Replaced the Goal** "Reduce infant mortality.")

Objectives:

1.1.2 By December 31, 2019, reduce the rate of black infant mortality from 7.1 (2016) to 6.9 per 1,000 live births. (**Replaced the Objective** "By December 31, 2019, reduce the three-year rolling rate of black infant mortality from 8.2 (2012-2014) to 8.0 per 1,000 live births.")

1.1.3 By December 31, 2019, reduce the black-white infant mortality gap from 2.36 (2016) to less than two times higher. **New**

2.1.6 On a calendar year basis, maintain the percent of TB cases with a documented HIV test result at greater than 90%. (**Replaced the Objective** "On a calendar year basis, maintain the percent of TB cases with a documented HIV test result at greater than 88.7%.")

2.1.7 Increase the proportion of TB patients with positive sputum culture results who have documented conversion to sputum culture negative within 60 days of treatment initiation to 70% by December 2019. (**Replaced the Objective** "By December 31, 2018, increase the percent of contacts to sputum AFB smear-positive TB patients who are evaluated for infection and disease from 71.3% to greater than 93%.")

On an annual basis, maintain greater than or equal to 85% of clients who routinely picked up ADAP medications each month of the year. (**Removed this Objective** from the SP. It is still monitored.)

3.4.1 By March 31, 2018, increase the annual influenza immunization percentage rate for employees from 51% to 53% and increase by 1% annually thereafter. (**Replaced the Objective** "By January 31, 2017, increase the annual influenza immunization percentage rate for employees from 60% to 65% and increase by 5% annually thereafter.")

4.1.2 By December 31st each year, 100 percent of current employees complete the annual mandatory DOH training. (**Replaced the Objective** "By June 30, 2017, increase the percent of current employees who complete the annual mandatory DOH training in accordance with the DOH Training Policy from 99.61% to 100%.")

On a fiscal year basis, maintain 100% of new hires who have completed the mandatory DOH training in accordance with the DOH Training Policy. (**Removed this Objective** from the SP. It is still monitored.)

On a fiscal year basis, maintain 100% of promoted or newly hired supervisors completing the Basic Supervisory Training Program (Human Resources Overview and Leadership Overview) within months of hire into a supervisory position. (**Removed this Objective** from the SP. It is still monitored.)

4.1.3 Complete and distribute a DOH-Palm Beach Infection Control Plan by June 30, 2018. (**Replaced the Objective** "Complete and distribute a DOH-Palm Beach Employee Health Plan by June 30, 2017." Renumbered from 4.1.5.)

Maintain greater than 90% of employees certifying accuracy of time recorded on EARS/DARS within 7 calendar days of end of pay period. (**Removed this Objective** from the SP. It is still monitored.)

Several Objectives were moved under a different strategy and some renumbering occurred.

Second SP Annual Review November 2018:

Following the CHD's process described above, the PM Council conducted the annual review of the SP on November 15, 2018; QI staff then coordinated open issues. The updated SP was approved by the PM Council on January 24, 2019. The revised SP was published in January 2019. Changes are summarized below.

Objectives:

2.1.1 By December 31, 2019, reduce the percentage of youth ages 11-17 who use any form of tobacco from 15.8 percent to 14 percent. (**Extended the date** to "December 31, 2020" Next data point will be in 2020.)

2.1.5 By December 31, 2018, increase the percent of active TB patients completing therapy within 12 months of initiation of treatment from 93.02% to 95%. (**Replaced the Objective** "Maintain the percent of active TB patients completing therapy within 12 months of initiation of treatment at 95% or greater.")

2.1.8 By December 31, 2018, increase the percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection from 91.3% to 93%. (**Replaced the Objective** "Maintain the percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection at 93% or greater on an annual basis.")

5.1.1 On a quarterly basis, maintain less than 1% of licensed child care facilities cited for a Class I violation. (**Replaced the Objective** "On a quarterly basis, maintain less than 1.7% of licensed child care facilities cited for a Class I violation.")

5.1.2 On a quarterly basis, maintain a minimum of 90% satisfactory routine inspection results for all regulated facilities (non-child care). (**Replaced the Objective** "On a quarterly basis, maintain a minimum of 85% satisfactory routine inspection results for all regulated facilities (non-child care)."

Appendix C: SWOT Analysis

The Florida Department of Health in Palm Beach County conducted its SWOT assessment on April 27, 2016. Prior to the conduct of the SWOT, Quality Improvement (QI) staff conducted an Environmental Scan. Included among the documents reviewed were the Florida Department of Health (FDOH) and DOH-Palm Beach Strategic Plans; FDOH State Health Improvement Plan; Palm Beach County (PBC) Community Health Improvement Plan; PBC Community Health Assessment; FDOH and DOH-Palm Beach QI Plans; DOH-PB Strategic Plan Annual Report; County Health Department (CHD) Performance Snapshot; PBC Local Public Health System Assessment; County Health Rankings; several reports from the Community Health Assessment Resource Tool Set (CHARTS) maintained by FDOH; FDOH Administrative Snapshot; and FDOH Employee Satisfaction Survey results. The Strategy and Performance Improvement Leadership (SPIL) Team reviewed and approved the Environmental Scan on March 24, 2016, and QI staff packaged the results into a read-ahead document sent electronically to all SWOT participants.

Participants included 38 staff members, primarily from the Center/Division/Program (CDP) Team and the SPIL Team. Staff represented programs across the CHD, including Performance Improvement, Clinical, Dental, Nutrition, Public Information, Laboratory, Epidemiology, HIV/AIDS, STD, TB, Vital Statistics, Community & School Health, Immunizations, Maternal-Child Health, WIC, Public Health Preparedness, Environmental Public Health, and supporting programs (Finance & Accounting, General Services, Human Resources, and Information Technology). The workshop was facilitated by the Assistant Director for Performance Improvement & Preparedness (PI&P) with the assistance of SPIL Team members. A strategic planning/SWOT overview PowerPoint overview was presented, and a "SWOT Guide" was used to facilitate the workshop. The Guide provided specifics on the process, and included items for consideration in developing the SWOT, including the CHD's capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability.

After the workshop, Quality Improvement staff consolidated input. Results were reviewed, clarified, and approved by the SPIL Team on May 26, 2016. Listed below are the results for each SWOT element.

Strengths:

- Performance management culture is well established. Organizational processes in place that demonstrate commitment to performance management and improvement.
- Worksite wellness team promotes healthier lifestyle for employees.
- Environment Public Health Division is unique; it is the only FDOH CHD with responsibility for licensing of child care facilities within the county.
- Air and water quality are monitored by the Environment Public Health Division and remain at a high quality.
- Multiple opportunities for the development of future Public Health Leaders. The Preventive Medicine/Public Health (PM/PH) Residency program is the only one in the nation located in a health department.
- Respected in the community as Public Health experts and the "go-to" organization in cases of Public Health outbreaks or potential outbreaks, such as Ebola, Zika, and Chikungunya.
- Good improvement in reducing infant mortality.

- Public Health Preparedness planning is strong, and our relationship with the County emergency operations staff, Healthcare Emergency Response Coalition (HERC), and first responders is excellent. Points of Distribution (PODs) in support of the Cities Readiness Initiative (CRI) is very well developed, including 39 open (public) and 51 closed PODs.
- Our workforce reflects the diverse population of Palm Beach County.
- Effective marketing methods through programs like Tobacco Free Florida.
- Public Information Officer (PIO) has excellent relationships with the media and in the community.
- Experienced leadership team in place. Staff receive formal recognition by community groups, as evidenced by the Director receiving the 2016 Palm Beach County Medical Society's Heroes in Medicine "Hero of the Year" award as well as a "Physician Hero" award, and the Environmental Public Health Director receiving the Path Award in the Environmental Health category.
- Expertise in collecting, reporting, and analyzing health statistics.
- Immunization van and Dental Coach allow for increased opportunity to provide services to the community.
- Excellent working relationship between programs results in a more efficient and effective response to population health emergencies such as Ebola, Zika, and Chikungunya.
- Relationship with community partners is strong, as evidenced by multiple joint projects and teams.
- CHD has a Clinical Laboratory Improvement Amendments (CLIA) certified lab.
- Relationship between the School District, the 12th largest in the nation, is excellent, as evidenced by the ongoing relationship with the DOH-Palm Beach Community & School Health Division and coordination with the Epidemiology & Communicable Disease Division.
- Facilities strategically located throughout the county.
- Specializing in services for people living with HIV/AIDS. Medical care supported by service that removes barriers to the client resulting in improved health outcomes, as evidenced by the onsite transportation program, Mental Health and Treatment Adherence Services, Nutrition services, and extended hours for AIDS Drug Assistance Program (ADAP).
- Develop and participate in innovative projects that advance public health and are recognized at the state and national organization level, as evidenced by the Evaluation of Positive IGRA Clients Private Reporting Option of Chlamydia and Gonorrhea laboratory results through coded TEXT Messages (PROTEXT) project.

Weaknesses:

- Limited ability to hire staff results in limited "depth" in positons, potentially impacting delivery of care. Also limits ability to draw on staff in support of epidemiological and preparedness responses.
- Both funding and policy limit our ability to attract and retain quality staff, especially in hard-to-fill positions.
- Many supervisors are "Working Supervisors," limiting the amount of time they can devote to supervisory functions and working directly with staff.
- Employee Health Program needs to be more formally implemented.
- Limited ability to reward high-performers with promotion or additional compensation.
- Documentation of processes throughout the CHD.

- Some staff resist learning new technology.
- Lack of resources for staff training.
- Wait times for clients in Health Centers are too long.
- Lack of behavioral/mental health services to offer to clients.
- All-hazards training for low-level staff.

Opportunities:

- Expand hours in Health Centers.
- Educate FDOH Central Office staff on what happens at the County level.
- Make staff training more available. Increase both internal and external remote training opportunities.
- Improve succession planning.
- Formalize and improve cross-training of staff at all levels of organization.
- Take advantage of advancement in technology & information management to streamline processes and improve service delivery.
- Better utilize social media to communicate the public health message.
- Workforce development, including improving training accessibility and opportunities for staff.
- Improve patients' engagement in their care.
- Create competency centers. Instead of providing services at several locations, provide them at 1 or 2 locations, or use a mobile team. This will allow for greater expertise and add depth to staffing. Immunization and STD services would be good candidates to pilot.
- Continue to implement the new FDOH pay policy
- Improve access to care for teens.
- Expand employee wellness activities.

Threats:

- Reduced rates of reimbursement for Medicaid Managed Care Plans for medical/dental services.
- Funding challenges could cause additional services to move from the Health Department.
- Aging workforce and departure of institutional knowledge.
- Unable to attract/maintain workforce due to the lack of competitive salaries in the marketplace.
- Antigovernment sentiment could change people's perception of the health department.
- Reduced federal/state funding for special programs.
- Emerging infectious diseases.
- Complacency among staff and in the community due to no major events (such as a hurricane) in over 10 years.
- Unfunded mandates from both the State and Federal level.
- Strong economy means people leaving for better paying jobs.

Appendix D: Alignment

DOH-Palm Beach QI Plan Revised June 2018	DOH-Palm Beach Strategic Plan Objective	Agency Five Priority Areas	Agency Strategic Plan Revised December 2018	Palm Beach County CHIP* Revised June 2018
	1.1.1 By December 31, 2019, maintain the percent of WIC infants who are ever breastfed at or above 79.6%.	Long, Healthy Life	Strategy 1.1.1 - Reduce racial disparity in infant mortality.	Objective 2.2: Maintain the rate of mothers who initiate breastfeeding at Healthy People 2020 goal of 81.9% through December 31, 2021.
QI Project: Florida Healthy Babies Initiative	1.1.2 By December 31, 2019, reduce the rate of black infant mortality from 7.1 (2016) to 6.9 per 1,000 live births.	Health Equity	Objective 1.1.1.A - By December 31, 2020, reduce the annual black infant mortality rate from 11.4 (2015) to 8.3 per 1,000 live births.	Objective 2.4: By December 31, 2021, reduce the rate of black infant mortality from 6 (2017) to 5 per 1,000 live births.
QI Project: Florida Healthy Babies Initiative	1.1.3 By December 31, 2019, reduce the black-white infant mortality gap from 2.36 (2016) to less than two times higher.	Health Equity	Objective 1.1.1.B - By December 31, 2020, reduce the black-white infant mortality gap from 2.6 (2015) to less than two times higher	Objective 2.4: By December 31, 2021, reduce the rate of black infant mortality from 6 (2017) to 5 per 1,000 live births.
	1.1.4 By December 2017, reduce the percentage of the uninsured population in Palm Beach County from 16.3% to 15.3%.	Health Equity	Goal 1.1: Ensure Floridians in all communities will have opportunities to achieve healthier outcomes.	Goal 3: Improve access to comprehensive, quality care and services.
Organizational Culture of Quality Self-Assessment	1.1.5 By December 31, 2019, complete a minimum of 10 of the tasks in the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) process in a new community.	Readiness for Emerging Health Threats	1.1.2 Eliminate health gaps between different communities.	
	2.1.1 By December 31, 2020, reduce the percentage of youth ages 11-17 who use any form of tobacco from 15.8% to 14%.	Long, Healthy Life	Objective 3.1.4.A - By December 31, 2020, decrease current inhaled nicotine prevalence in youth age 11-17 from 14.7% (2014) to 12.6%.	
	2.1.2 By December 31, 2019, increase the percent of adults who are at a healthy weight from 36.8% to 38%.	Long, Healthy Life	Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	Objective 2.1: Decrease the percentage of adult residents in Palm Beach County who are overweight or obese from 52.9% to 50% by December 31, 2021.
	2.1.3 By December 31, 2019, reduce the three-year rolling rate for all external causes crude death rate for ages 0-18 from 12.5 to 12.2 per 100,000.	Long, Healthy Life	Objective 2.1.4.A - By December 31, 2020, decrease the age-adjusted, non-drug related injury rate from 9682.4 (2016) to 8714.2 per 100,000.	

DOH-Palm Beach QI Plan Revised June 2018	DOH-Palm Beach Strategic Plan Objective	Agency Five Priority Areas	Agency Strategic Plan Revised December 2018	Palm Beach County CHIP* Revised June 2018
	2.1.4 On an annual basis, maintain the percent of CHD STD cases treated according to the most recent STD guidelines within 14 days of diagnosis at 90% or above.	Long, Healthy Life	Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	Strategy 3.1.1: Promote appropriate utilization of existing services
QI Project: Infectious Disease Control Manual.	2.1.5 Maintain the percent of active TB patients completing therapy within 12 months of initiation of treatment at 95% or greater.	Long, Healthy Life	Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	Goal 3: Improve access to comprehensive, quality care and services.
QI Project: Infectious Disease Control Manual.	2.1.6 On a calendar year basis, maintain the percent of TB cases with a documented HIV test result at greater than 90%.	Long, Healthy Life	Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	Goal 3: Improve access to comprehensive, quality care and services.
	2.1.7 Increase the proportion of TB patients with positive sputum culture results who have documented conversion to sputum culture negative within 60 days of treatment initiation to 70% by December 2019.	Long, Healthy Life	Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	Goal 3: Improve access to comprehensive, quality care and services.
	2.1.8 Maintain the percent of sputum-smear positive TB patients initiating treatment within 7 days of specimen collection at 93% or greater on an annual basis.	Long, Healthy Life	Goal 2.1: Increase healthy life expectancy, including the reduction of health disparities to improve the health of all groups.	Goal 3: Improve access to comprehensive, quality care and services.
	2.1.9 By June 30, 2017, increase the percent of teen CHD family planning clients who adopt an effective or higher method of birth control from 76.5% to 80%.	Health Equity		
QI Project: EPH Water Program	3.1.1 Maintain an Annual Comprehensive Environmental Health Score (ACEHS) of greater than 90%.	Readiness for Emerging Health Threats		
Organizational Culture of Quality Self-Assessment	3.1.2 By December 31, 2017, complete the Environmental Public Health Performance Assessment, use data to determine gaps and opportunities, and create health plans.	Readiness for Emerging Health Threats	1.1.2 Eliminate health gaps between different communities.	Goal 3: Improve access to comprehensive, quality care and services.
	3.1.3 On an annual basis, meet 90% of the completion dates for tasks listed in the County Health Department Preparedness Expectations Work Plan.	Readiness for Emerging Health Threats	Objective 3.1.3.A - By December 31,2020, increase the number of counties that have significant or full ability on the three most critical preparedness capabilities from 43 to 51	

DOH-Palm Beach QI Plan Revised June 2018	DOH-Palm Beach Strategic Plan Objective	Agency Five Priority Areas	Agency Strategic Plan Revised December 2018	Palm Beach County CHIP* Revised June 2018
	3.2.1 Maintain a Composite Annual Score of Core Epidemiology Measures at greater than 80%.	Readiness for Emerging Health Threats	Goal 3.1: Demonstrate readiness for emerging health threats.	Objective 2.3: Increase the education and awareness of Zika virus control and prevention in the community.
QI Project: Infectious Disease Control Manual.	3.3.1 By December 31, 2019, Increase Kindergarten immunization compliance rate from 90.7% to 95%.	Readiness for Emerging Health Threats	Strategy 3.1.1: Increase vaccination rates for children and teens.	Goal 3: Improve access to comprehensive, quality care and services.
QI Project: Infectious Disease Control Manual.	3.3.2 Maintain the percent of 2-year-old CHD clients fully immunized at greater than 95% annually.	Readiness for Emerging Health Threats	Objective 3.1.1.A - By December 31,2020, increase the percent of 2 year olds who are fully immunized from 86% (2014) to 90%.	Goal 3: Improve access to comprehensive, quality care and services.
QI Project: Infectious Disease Control Manual.	3.4.1 By March 31, 2018, increase the annual influenza immunization percentage rate for employees from 51% to 53% and increase by 1% annually thereafter.	Readiness for Emerging Health Threats	Goal 3.1: Demonstrate readiness for emerging health threats.	
QI Project: Infectious Disease Control Manual.	4.1.1 On an annual basis, maintain the rate of worker's compensation incidents per 100 employees at less than 8.8.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
Organizational Culture of Quality Self-Assessment	4.1.2 By December 31st each year, 100 percent of current employees complete the annual mandatory DOH training.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
QI Project: Infectious Disease Control Manual	4.1.3 Complete and distribute a DOH-Palm Beach Infection Control Plan by June 30, 2018.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
Organizational Culture of Quality Self-Assessment	4.2.1 Maintain an annual administrative rate of less than 15%.	Effective Agency Processes	Strategy 4.1.2 - Ensure balanced operational budgets.	
	4.2.2 On a quarterly basis, Maintain State General Revenue and Other State Funds Other Cost Accumulator Cash Balances at less than $5,000.	Effective Agency Processes	Strategy 4.1.2 - Ensure balanced operational budgets.	
	4.2.3 Maintain an annual fixed asset loss rate below 2%, based on acquisition cost.	Effective Agency Processes		

DOH-Palm Beach QI Plan Revised June 2018	DOH-Palm Beach Strategic Plan Objective	Agency Five Priority Areas	Agency Strategic Plan Revised December 2018	Palm Beach County CHIP* Revised June 2018
	4.2.4 Maintain the percent of vaccine wasted/spoiled/expired at 3% or less.	Effective Agency Processes		
	4.2.5 On a quarterly basis, maintain the percent of CHD family planning clients served who have documentation of race and ethnicity in their records at greater than 95%.	Effective Agency Processes		
Organizational Culture of Quality Self-Assessment	4.2.6 On an annual basis, maintain the percent of items in compliance with DOH information security and privacy standards, as defined in the annual information security and privacy assessment at 100%.	Effective Agency Processes		
	4.2.7 On a quarterly basis, maintain an average percent of all Death Records closed timely at 98% or higher.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
	4.2.8 Update and implement the DOH-Palm Beach Internal Communication Plan By March 31, 2017.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
Organizational Culture of Quality Self-Assessment	4.2.9 On an annual basis, maintain completed customer satisfaction surveys that reflect a satisfactory or better rating at greater than 90%.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
Organizational Culture of Quality Self-Assessment	4.2.10 On an annual basis, maintain documented customer complaints acknowledged by the end of next business day at 100%.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
	4.3.1 By June 30, 2017, implement group policy deployment of Office 2016 and Windows 10 to 100% of CHD computers.	Effective Agency Processes	Goal 4.1: Establish a sustainable infrastructure, which includes a competent workforce, standardized business practices and effective use of technology.	
	5.1.1 On a quarterly basis, maintain less than 1.7% of licensed child care facilities cited for a Class I violation.	Regulatory Efficiency	Strategic Priority 5: Regulatory Efficiency.	

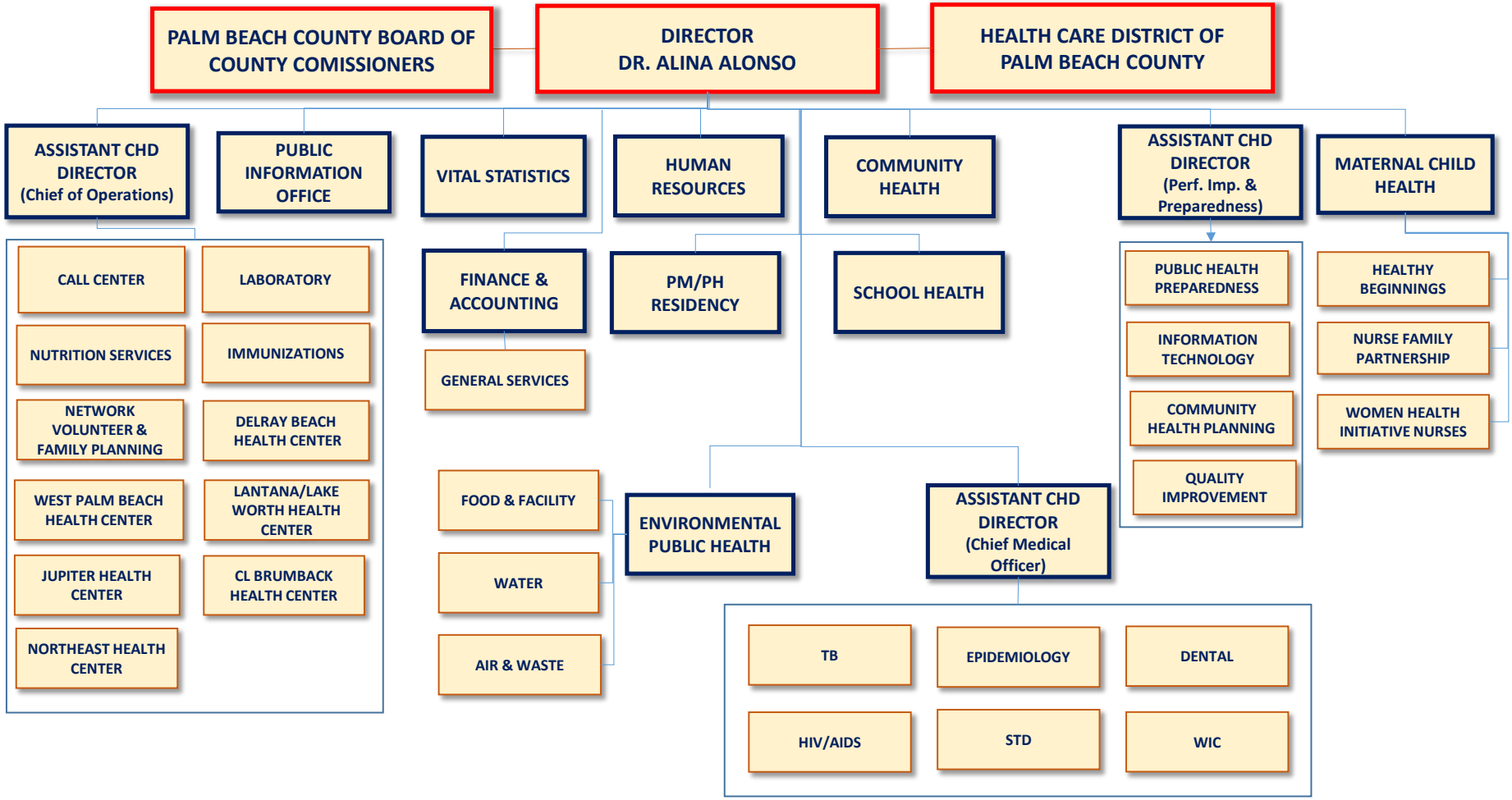
DOH-Palm Beach QI Plan Revised June 2018	DOH-Palm Beach Strategic Plan Objective	Agency Five Priority Areas	Agency Strategic Plan Revised December 2018	Palm Beach County CHIP* Revised June 2018
Organizational Culture of Quality Self-Assessment	5.1.2 On a quarterly basis, maintain a minimum of 85% satisfactory routine inspection results for all regulated facilities (non-child care).	Regulatory Efficiency	Strategic Priority 5: Regulatory Efficiency.	
QI Project: EPH Water Program	5.1.3 On a quarterly basis, maintain less than 10% of water treatment facilities found to be non-compliant.	Regulatory Efficiency	Strategic Priority 5: Regulatory Efficiency.	
Organizational Culture of Quality Self-Assessment	5.1.4 On a quarterly basis, maintain an Air Quality Index (AQI) rating of "unhealthy" for less than 2% of days.	Regulatory Efficiency	Strategic Priority 5: Regulatory Efficiency.	

Appendix E: Environmental Scan Resources

***NOTE: Hyperlinks are to most current versions of Plans**

1. Florida Department of Health Strategic Plan
2. Florida Department of Health State Health Improvement Plan
3. Palm Beach County Community Health Assessment
4. Palm Beach County Community Health Improvement Plan
5. Florida Department of Health Quality Improvement Plan
6. Florida Department of Health in Palm Beach County Quality Improvement Plan
7. Florida Department of Health in Palm Beach County Strategic Plan Annual Report
8. County Health Department Performance Snapshot
9. Palm Beach County Local Public Health System Assessment
10. County Health Rankings
11. From the Florida Community Health Assessment Resource Tool Set
    a. County Health Profile
    b. County Health Status Summary
    c. County-State Profile
    d. Access and Functional Needs Profile
    e. Community Environmental Health Profile
    f. Healthiest Weight Profile
12. Program Monitoring Report (from Florida Health Performs)
13. Florida Department of Health Administrative Snapshot
14. Florida Department of Health Employee Satisfaction Survey

Organizational Chart



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