

Strategic Plan, 2013–2015

Florida Department of Health
In Leon County



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MISSION

Our mission is to promote, protect, and improve the health of all people through integrated state, county, and community efforts.

VISION

To be the Healthiest County in the Nation

VALUES

Innovation
Collaboration
Accountability
Responsiveness
Excellence

Executive Summary

This strategic plan provides a unified vision and framework for action by the Florida Department of Health in Leon County (FDOH-Leon) over the next two years (2013-2015). The strategic plan is part of the larger performance management system which allows us to identify the critical issues that must be addressed to protect, promote and improve the health of Leon County. The FDOH-Leon Strategic Plan aligns with the DOH Agency Implementation Plan and the county's public health system priorities established using the Mobilizing Action through Planning and Partnership (MAPP) process. The objectives in the plan are designed to measure progress toward goals. We will evaluate and update the plan regularly to address new challenges and address barriers.

The FDOH-Leon Division Management Team (DMT) and the Expanded Division Management Team (EDMT) (Appendix 1) reviewed data from various sources, including the Community Health Assessment, the Community Health Improvement Plan, and the Agency Strategic Implementation Plan.

A Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis was conducted to identify strengths and weaknesses (internal) and to examine the opportunities and threats (external). The discussion sought to answer the following questions:

- What do we do well?
- What could we improve?
- What changes are coming to the organization?
- What obstacles do we face from external events, programs, or entities?

Based on the SWOT, the three goal areas from the Agency Strategic Plan, 2013-2015, were adopted as the framework for the Leon Strategic Plan. The strategic issues are:

- Obesity and Chronic Disease
- Access to Care
- Eliminating Health Disparities

Introduction

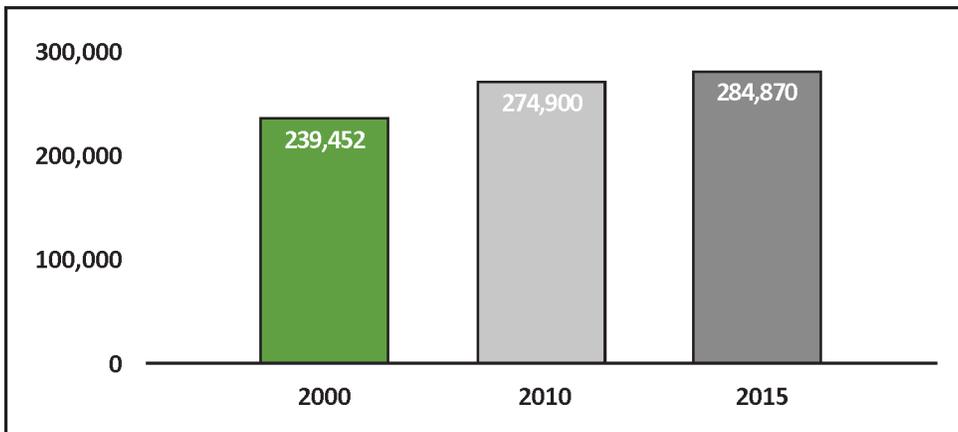
History

The State Board of Health was established in 1889 to create a central organization to control disease and pollution and channel funds from the federal government to local health departments. The first form of public health activity began in Leon County as early as 1889 when quarantine agents began working to control yellow fever. The FDOH-Leon opened in January 1931, with emphasis on the "prevention of disease and the prolongation of physical and mental efficiency through organized community effort." The department functioned with three divisions: Clinics and Nursing, Sanitation, and Mental Health. Today, we continue our mission to "promote, protect, and improve the health of all people through integrated state, county, and community efforts."

Demographics

The 2010 U.S. Census estimated the entire county population to be 274,900 people, a 15 percent increase over estimates from the 2000 U.S. Census. The population is projected to grow by almost 10,000 people by the year 2015. Almost two-thirds of Leon County’s population lives within the Tallahassee city limits.

Figure 1: Population Estimates



Source: Florida Demographic Estimating Conference, January 2010 and the Florida Demographic Database

Age

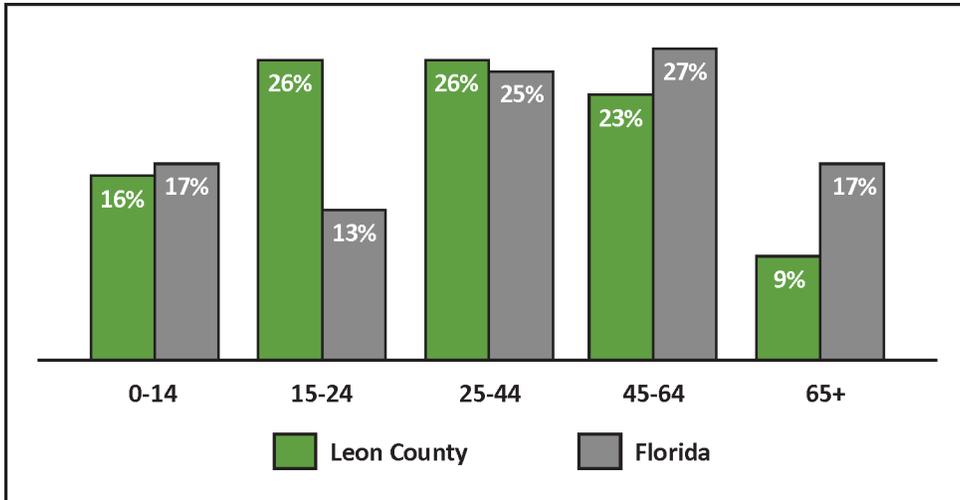
Leon County has a very high proportion of younger residents, compared to Florida. Twenty-six percent of residents in Leon County are between 15 and 24 years of age, compared to 13 percent statewide. Likewise, Leon County has a lower proportion of older residents, with only 9 percent aged 65 or older, compared to 17 percent statewide. Table 1 shows the population breakdown by broad age ranges, with Figure 2 illustrating these similarities and differences between Leon County and the state.

Table 1: 2010 Age Distribution for Leon County

Age	Leon County	Florida
0 - 14	16%	17%
15 - 24	26%	13%
25 - 44	26%	25%
45 - 64	23%	27%
65+	9%	17%

Source: Florida Demographic Estimating Conference, January 2010 and the Florida Demographic Database.

Figure 2: 2010 Age Distribution for Leon County



Source: Florida Demographic Estimating Conference, January 2010 and the Florida Demographic Database.

Race and Ethnicity

The racial composition of Leon County’s population is summarized in Table 2. Approximately 63 percent of the population is White, 30 percent is Black, and 7 percent of the population is categorized as identifying with a different race. Leon County has a large proportion of Black individuals at 30 percent, compared to 16 percent of Florida. While the Hispanic population in Leon County has grown since 2000, it comprises only 5.6 percent of the total population, compared to 22.5 percent of the Florida population (Table 3).

Table 2: Leon County Population by Race

Race	Leon County		Florida	
	2000	2010	2000	2010
White	66%	63%	78%	75%
Black	29%	30%	15%	16%
Other	5%	7%	7%	9%
Total	100%	100%	100%	100%

Source: U.S. Census Bureau, American FactFinder

Table 3: Leon County Population by Ethnicity

Ethnicity	Leon County		Florida	
	2000	2010	2000	2010
Hispanic or Latino	3.5%	5.6%	12.5%	22.5%
Not Hispanic or Latino	96.5%	94.4%	87.5%	77.5%
Total	100%	100%	100%	100%

Source: U.S. Census Bureau, American FactFinder

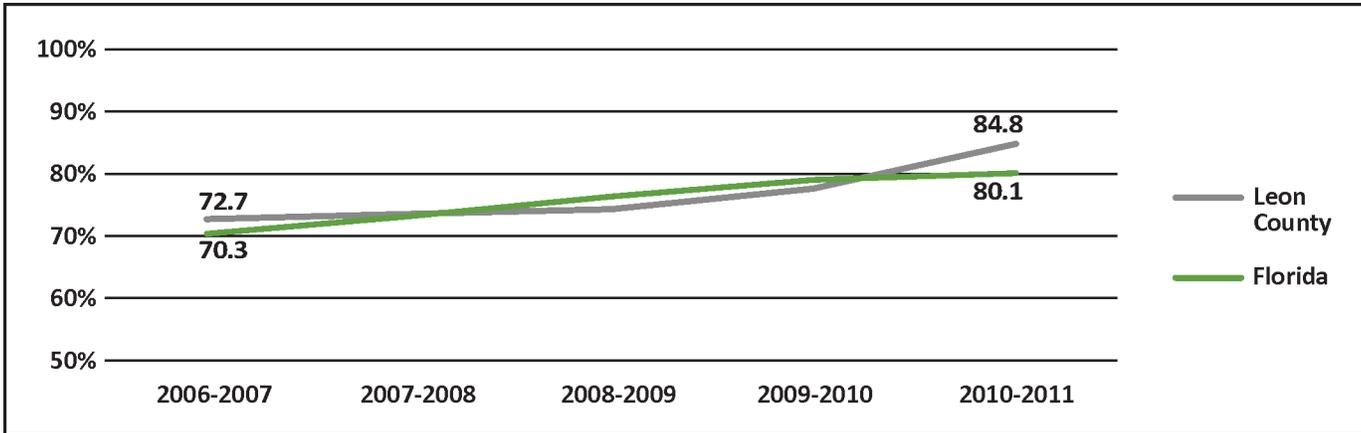
Social and Economic Characteristics

Education

The National Governors Association (NGA) method of calculating graduation rates (which is becoming the standard method nationwide) includes both standard and special diploma recipients as graduates but excludes GEDs as graduates. In addition, students who transfer to adult education are not included in this calculation (Figure 3).

The high school graduation rate for Leon County Public Schools for 2010-2011 was 84.8 percent, compared to 80.1 percent in Florida. This rate has steadily increased from 72.7% in the 2006-2007 school years.

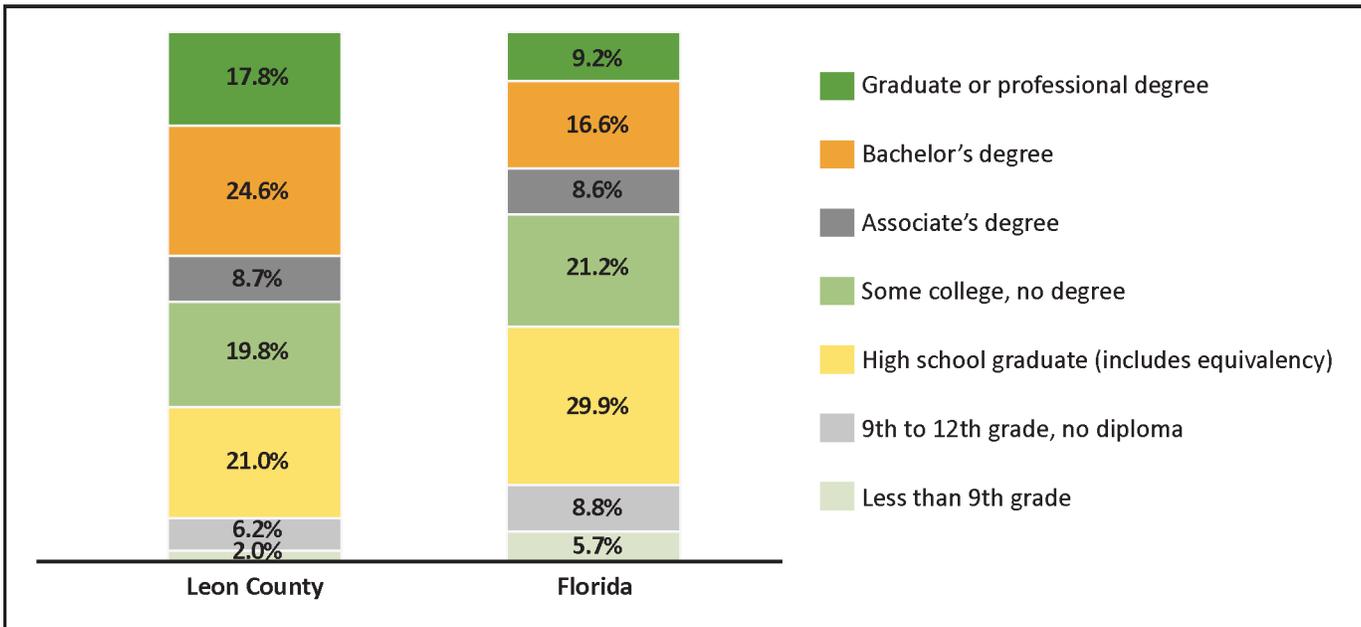
Figure 3: NGA Graduation Rates for Leon County and Florida



Source: Florida Department of Education, School Indicator Report

Figure 4 below shows the educational attainment of Leon County residents ages 25 and older. Leon County has a dramatically higher proportion of individuals with a bachelor’s degree or higher at 42.4 percent, compared to the state’s at 25.8 percent. This is likely a reflection of Tallahassee’s identity as a college town with Florida A & M University and Florida State University, among others located there.

Figure 4: Leon County Educational Attainment, 2010



Source: U.S. Census Bureau, 2010 American Community Survey

Language

Among people at least five years old living in Leon County in 2010, 8.4 percent spoke a language other than English at home, compared to 27.4 percent of Florida's population.

Table 4: Leon County Population by Language Spoken at Home

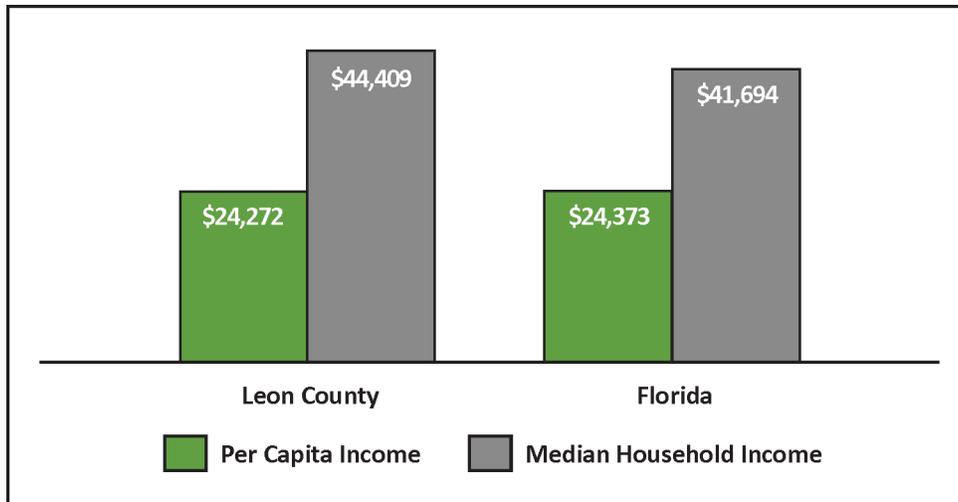
Language	Leon County		Florida	
	2000	2010	2000	2010
English only	92.4%	91.6%	76.9%	72.6%
Language other than English	7.6%	8.4%	23.1%	27.4%
Total	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census Bureau, American FactFinder

Income

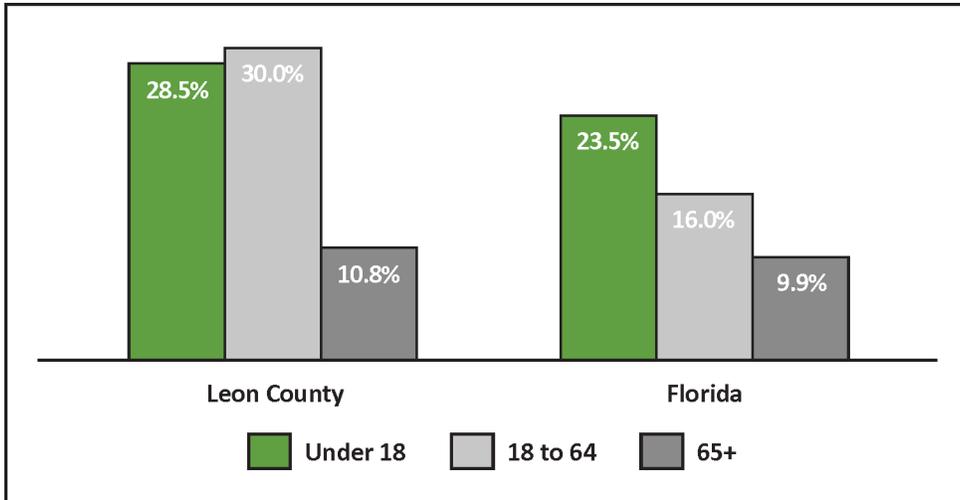
Leon County had a per capita income of \$24,272 in 2010, very similar to Florida's per capita income of \$24,373. The median household income in Leon County, however, was \$44,409 in 2010, higher than the median in Florida (Figure 5). The income range per household is summarized in Figure 6. Leon County has a large proportion of individuals in the \$50,000 to \$74,999 income bracket and a small proportion in the lowest bracket (less than \$10,000), when compared to the state overall.

Figure 5: Per Capita and Median Household Income, Leon County and Florida, 2010



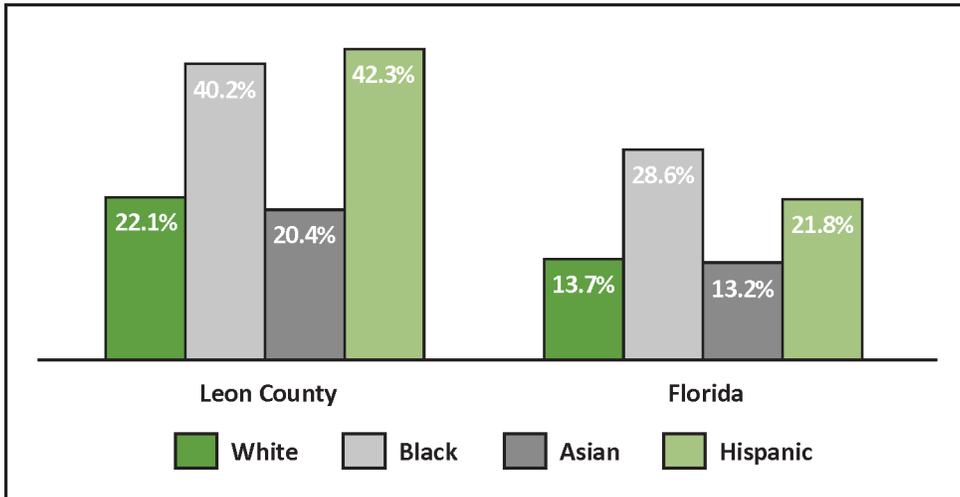
Source: U.S. Census Bureau, American FactFinder

Figure 8: Percent of Population Below Poverty Level, by Age, 2010



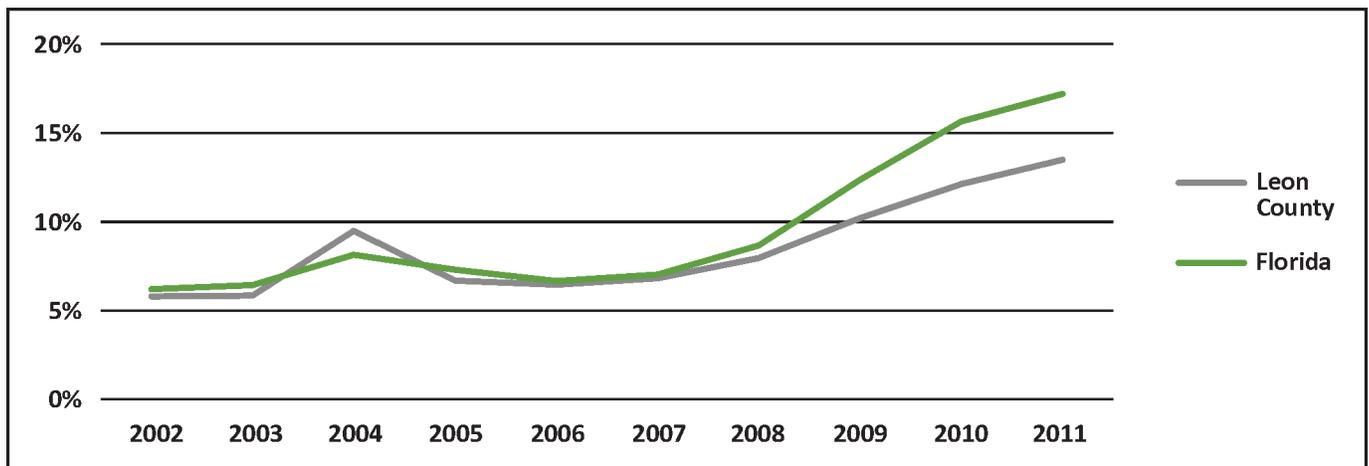
Source: U.S. Census Bureau, American Community Survey

Table 9: Leon County Population by Language Spoken at Home



Source: U.S. Census Bureau, American Community Survey

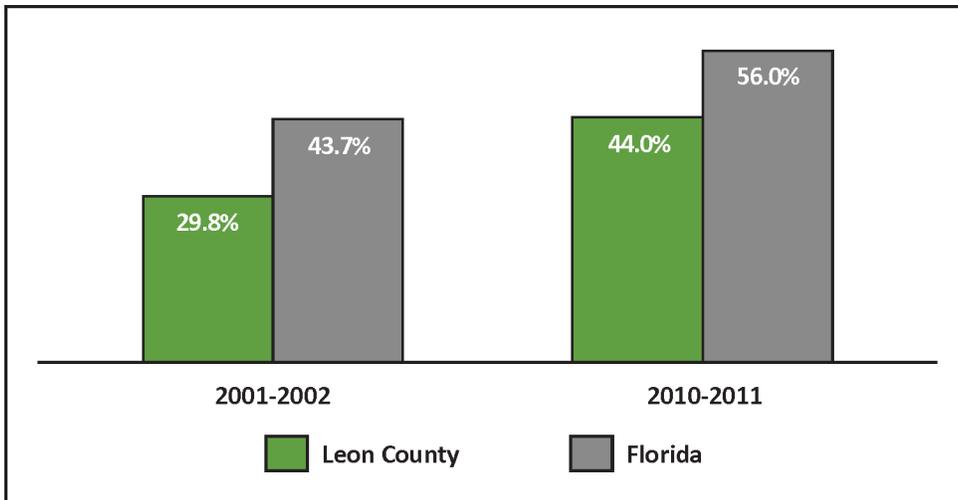
Figure 10: Food Stamps Usage, Caseload in September of Each Year



Source: Florida Department of Children and Families, ACCESS program

The percentage of students eligible for free or reduced-price lunch based on family income has risen significantly since the 2001-2002 school year. During the 2010-2011 school year, 44 percent of students in Leon County were eligible for free or reduced-price lunch, compared to 29.8% during the 2001-2002 school year (Figure 11).

Table 11: Free/Reduced-Price Lunch Eligibility



Source: Florida Department of Education, 2011

Housing

According to the US Census, in 2000 there were 103,974 housing units within Leon County. This number rose to 124,136 in 2010, reflecting a 19 percent increase over the ten year period. The average household in Florida in 2010 was 2.48 persons per household; in Leon County, the average household size was lower at 2.31 persons per household. In 2010, the average household value in Leon County was higher than the state, and the value is expected to increase more quickly than the average state value by 2015 (Table 4). Cost-burdened households are households that pay more than 30 percent of their household income for rent or mortgage costs. Leon County has higher percentages than Florida of households spending 30-50 percent of household income, as well as 50 percent or more of household income, on rent or mortgage costs (Table 5).

Table 4: Average Household Value

	Leon County	Florida
2000	\$126,265	\$127,405
2010	\$185,488	\$176,537
2015	\$221,819	\$208,893

Source: US Census, American Community Survey, 2010

Table 5: Cost Burdened Households, 2010

Percent of Income Spent on Housing	Leon County	Florida
0% - 30%	64.9%	71.2%
30% - 50%	17.5%	16.3%
50% or More	17.6%	12.5%

Source: Shimberg Center for Housing Studies, University of Florida

Homelessness

Estimates of the number of homeless people in Florida communities are obtained through “point-in-time” counts on one day during the last 10 days of January. Following federal guidelines, this includes people who “lack a fixed, regular and adequate nighttime residence, and includes any individual who is either living on the street, in their car, park or public or private place not intended for human occupancy; or is living in an emergency shelter.”¹ Data collected on services provided for homeless

¹FL Dept. of Children and Families. Council on Homelessness 2011 Report. www.dcf.state.fl.us/programs/homelessness

individuals also paints a picture of homelessness in Leon County. Table 6 shows that of those who received services in 2011 for homelessness 50 percent were male, 67 percent were African-American, and 26 percent were children. Six percent of those receiving homelessness services were veterans, though at the point-in-time measurement, 19 percent were veterans. Annual homelessness services report 15 percent of the population were disabled, though 43 percent were disabled at the point-in-time measurement.

Table 6: Homelessness in Leon County, 2011

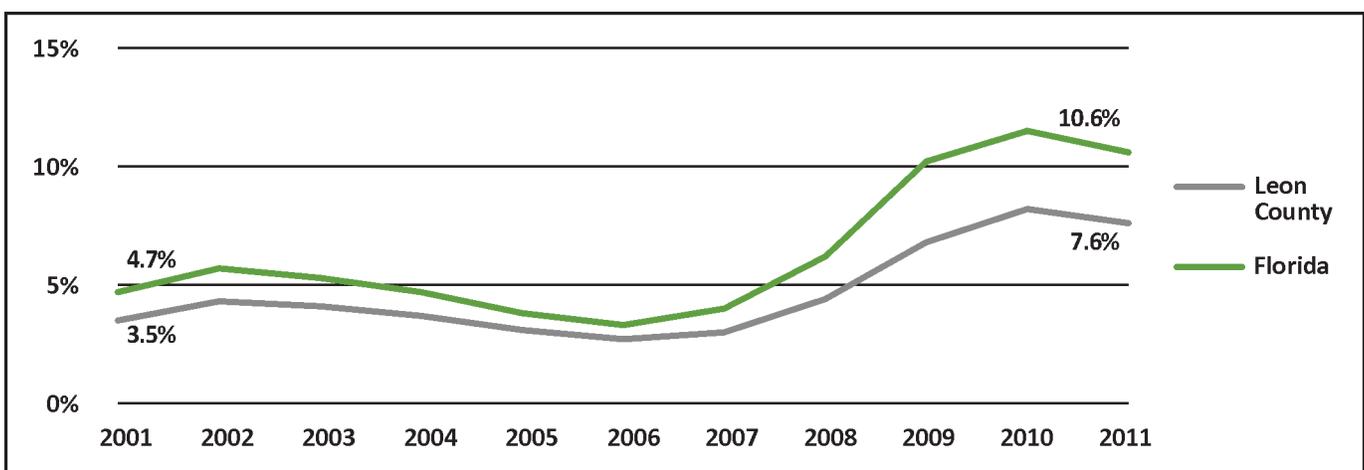
Population	Annual Services	Point-in-Time (One Day)
Total	6803	683
Male	50%	68%
African-American	67%	57%
Children	26%	11%
Veterans	6%	19%
Disabled	15%	43%
Homeless more than one year	n/a	44%

Source: The Big Bend Homeless Coalition, Homeless Management Information System and 2011 Point-in-Time Count

Unemployment

Florida has suffered from some of the highest unemployment rates in the nation during the last several years of economic recession. From 2008 to 2010, unemployment in Leon County and Florida rose significantly to a peak of 8.2 percent in Leon County and 11.5 percent statewide. Finally in 2011, unemployment rates began to subside slightly (Figure 12).

Figure 12: Unemployment Rates, Leon County and Florida



Source: Florida Agency for Workforce Innovation, Labor Market Statistics

Labor Force

The largest industries in Leon County include educational services, health care/social services, retail, and accommodation and food services. More than 40 percent of the civilian jobs in Leon County are attributed to those industries. The top growing industries in Leon County are construction; arts, entertainment, and recreation; transportation and warehousing; and administrative support and waste management and remediation. Each of these industries is projected to grow by more than 20 percent by 2018. Construction is expected to grow by more than 30 percent by 2018 (Table 7).

Table 7: Industry Employment & Projections Data in Leon County from Base Year 2010 to Projected Year 2018

MAPP Phase	2010 Estimated Employment	2018 Projected Employment	Total Employment Change	Total Percentage Change
Total Employment, All Jobs	161,761	178,065	16,304	10.1
Educational Services	22,489	25,597	3,108	13.8
Health Care and Social Assistance	16,895	19,496	2,601	15.4
Retail Trade	15,119	16,809	1,690	11.2
Accommodation and Food Services	13,730	16,099	2,369	17.3
Professional, Scientific, and Technical Services	10,867	12,407	1,540	14.3
Other Services (Except Government)	9,174	9,092	-82	-0.9
Administrative Support and Waste Management and Remediation	5,330	6,401	1,071	20.1
Construction	4,825	6,283	1,458	30.2
Finance and Insurance	4,745	5,313	568	12.0
Information	3,025	3,593	568	18.8
Wholesale Trade	2,471	2,755	284	11.5
Real Estate and Rental and Leasing	1,933	2,217	284	14.7
Manufacturing	1,848	2,022	174	9.4
Arts, Entertainment, and Recreation	1,009	1,285	276	27.4
Transportation and Warehousing	980	1,232	252	25.7
Management of Companies and Enterprises	525	578	53	10.1
Utilities	88	101	13	14.8

Source: FRED Florida Research and Economic Database, Labor Market Analysis

Morbidity and Mortality

An assessment of a community’s health typically includes a profile of the community’s population and characteristics. From there, mortality and morbidity indicators for the general population, as well as specific populations that experience a higher burden of disease and death, are reviewed. Prevention indicators are also an important component to consider. MAPP’s Community Health Status Assessment seeks to answer the questions:

- How healthy are our residents?
- What does the health status of our community look like?

Healthy People

The U.S. Department of Health and Human Services (HHS) sponsors Healthy People, which determines science-based, national objectives for promoting health and preventing disease. The program establishes and monitors national health objectives to meet a broad range of health needs, encourages collaborations across sectors, guides individuals toward making informed health decisions, and measures the impact of prevention activities.

Healthy People 2020 were launched in December of 2010 and provides an ambitious 10-year agenda for improving community health. The overarching goals of the updated objectives are:

- Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development, and healthy behaviors across all life stages.

Healthy People 2020 continue to focus on reducing health disparities, and has added 13 new topic areas for a total of 42 topic areas that reflect major risks to health and wellness, changing public health priorities, and emerging issues related to our nation’s health preparedness and prevention. For more information, visit www.healthypeople.gov/2020.

County Health Ranking

A snapshot view of community health is provided by the County Health Rankings, an initiative of The Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. Health rankings for each county in the nation are developed, using a variety of data for factors that impact the health of a community. These factors range from individual health behaviors to education to jobs to quality of health care to the environment. Among all 67 counties in Florida, Leon ranked #7 in Health Outcomes and #9 in Health Factors. Of note, Leon County ranked very highly in both Mortality and Clinical Care and very poorly in Physical Environment, which includes air pollution, access to recreational facilities, access to healthy foods, and the number of fast food restaurants. More data and information on the rankings can be found at www.countyhealthrankings.org (Table 8).

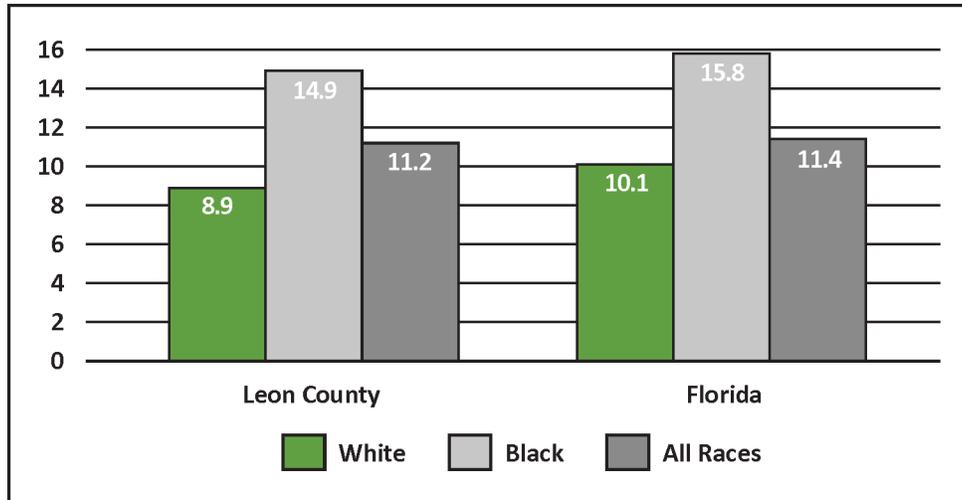
Table 8: County Health Rankings, Leon County, 2011

Leon County	Rank
Health Outcomes	7
Mortality	3
Morbidity	18
Health Factors	9
Health Behaviors	18
Clinical Care	3
Social and Economic Factors	12
Physical Environment	55

Birth Outcomes

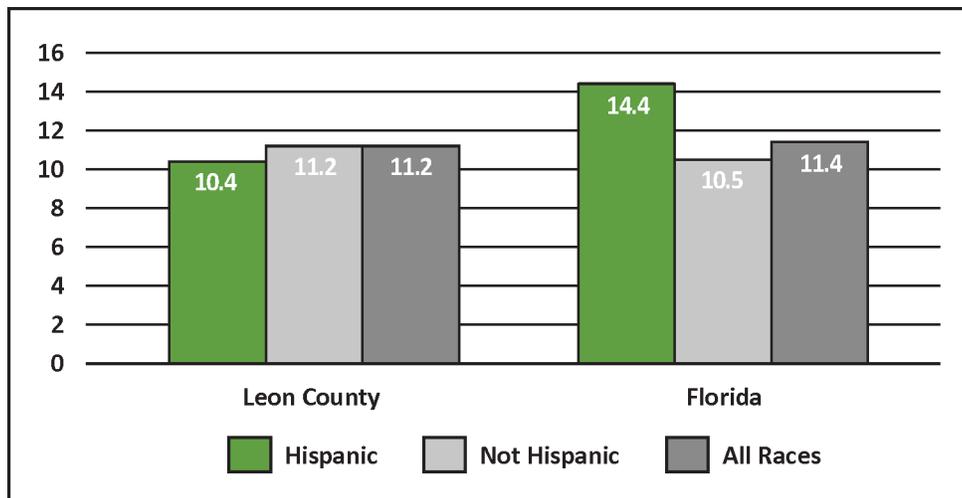
Birth rates in a population are an important indicator of future population growth and demographic composition. The birth rates in Leon County are similar to those in the state of Florida. Black women have the highest birth rates and White women have the lowest (Figure 62). Birth rates to Hispanic women are lower in Leon County than in the Hispanic population throughout the state of Florida (Figure 63).

Figure 62: Birth Rate Per 1,000, by Mother's Race



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 63: Birth Rate Per 1,000, by Mother's Race and Ethnicity

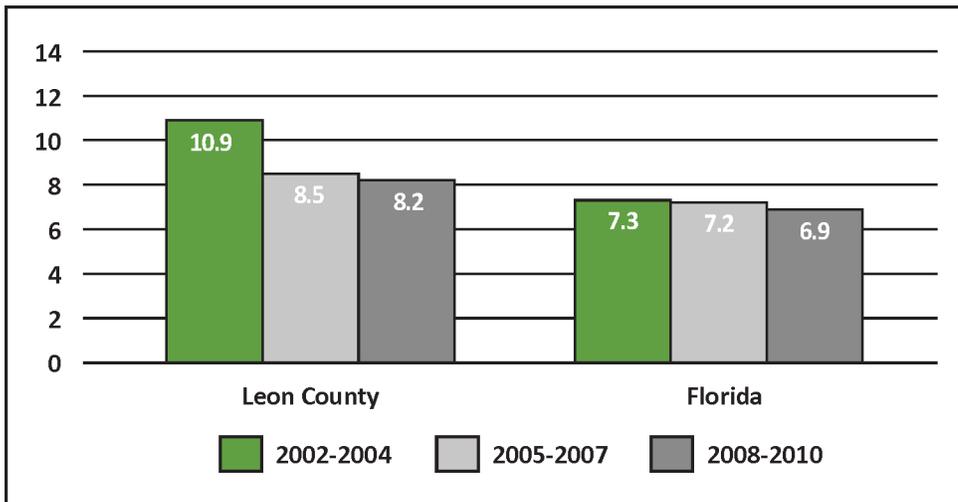


Source: Florida Department of Health, Bureau of Vital Statistics

INFANT MORTALITY

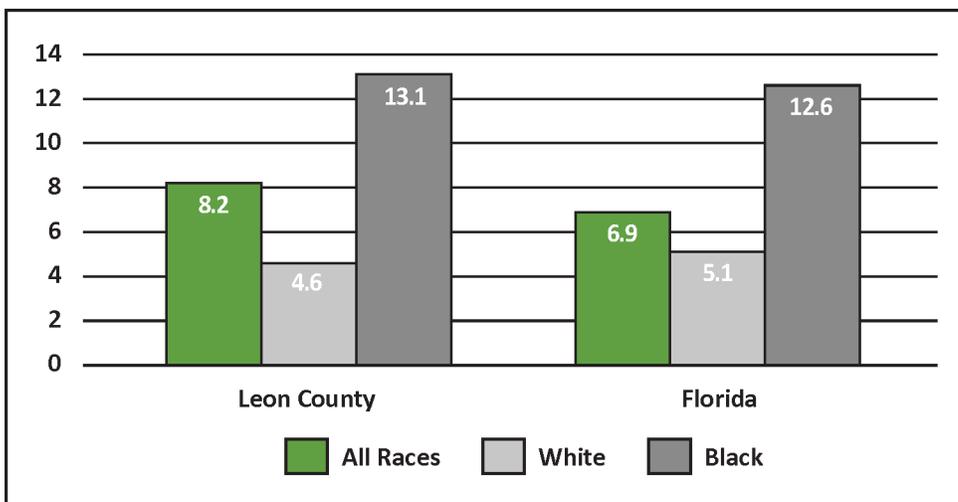
Infant mortality refers to the death of an infant less than one year old (0 to 364 days). The overall infant mortality rate has steadily declined in the United States over the past several decades, but drastic disparities remain between certain racial and ethnic groups in many areas. Figure 64 presents three-year rates in Leon County and the state of Florida of the number of infant deaths per 1,000 live births. Infant mortality in Leon County was notably higher than the state average in the earliest time frame, but has since been decreasing. Black populations experience a nearly threefold higher rate at 13.1 deaths per 1,000 births compared to 4.6 deaths per 1,000 births in White populations (Figure

Figure 64: Infant Mortality Rates



Source: Florida Department of Health, Bureau of Vital Statistics

Figure 65: Infant Mortality Rates, by Race



Source: Florida Department of Health, Bureau of Vital Statistics

Mortality

Major Causes of Death

The table below summarizes the major causes of death in Leon County in 2010. The numbers of deaths for each cause are listed, along with the percent of total deaths in the county for each cause. Death rates are presented for 2010 alone, and for 2008-2010 combined to provide rates calculated with larger numbers for greater statistical stability. The rates of almost all causes of death vary by age. Using age-adjusted rates allows meaningful comparisons to be made across populations regardless of the populations' age structures, thus the Leon County and Florida rates may be meaningfully compared (Table 9).

Table 9: Major Causes of Death in Leon County, 2010

Cause of Death	Number of Deaths	Percent of Total Deaths	2010 Age-Adjusted Death Rate	LEON 3-Year Age-Adjusted Death Rate	FLORIDA 3-Year Age-Adjusted Death Rate
All Causes	1,651	100.0	726.9	710.3	660.7
1. Cancer	370	22.4	162.8	163.3	160.2
2. Heart Disease	317	19.2	142.7	146.8	150.8
3. Chronic Lower Respiratory Disease	93	5.6	43.9	38.6	37.7
4. Unintentional Injury	84	5.1	32.5	31.6	42.7
5. Stroke	84	5.1	37.1	39.2	30.5
6. Suicide	41	2.5	15.2	12.0	13.9
7. Diabetes Mellitus	39	2.4	17.7	16.6	19.6
8. Alzheimer's Disease	39	2.4	17.2	15.9	15.5
9. Pneumonia/Influenza	31	1.9	14.5	16.2	8.5
10. Parkinson's Disease	20	1.2	10.1	9.5	5.8
11. Kidney Disease	19	1.2	9.0	10.5	11.4
12. Chronic Liver Disease/ Cirrhosis	19	1.2	7.8	8.8	10.6
13. AIDS/HIV	14	0.8	5.7	5.3	6.5
14. Homicide	13	0.8	4.4	4.4	6.7
15. Septicemia	13	0.8	5.8	6.6	7.2
16. Perinatal Conditions	13	0.8	0.0	0.0	0.0
17. Benign Neoplasms	12	0.7	5.2	4.4	4.3

Source: Florida Department of Health, Office of Health Statistics and Assessment

Premature Death

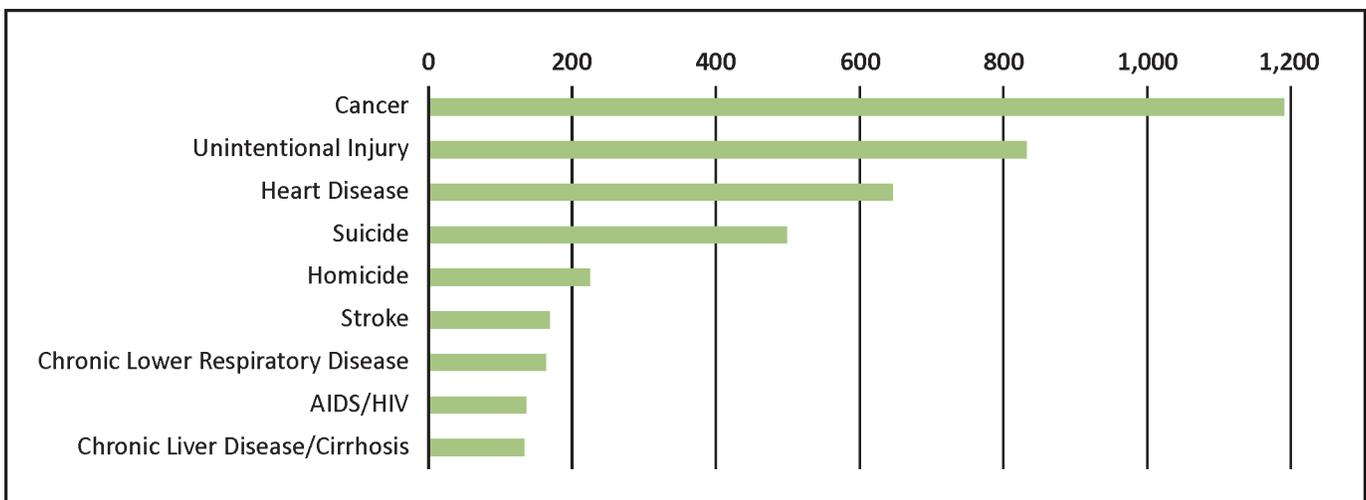
Table 10 below illustrates the Years of Potential Life Lost (YPLL). It measures premature death by estimating the average number of years a person would have lived if they had not died prematurely. Therefore, YPLL weights deaths that occur in younger populations. If the death rate for a given cause of death is low, but the YPLL is high, then a young population is most affected by that cause. In Leon County, the most YPLL is due to cancer. The high YPLL due to unintentional injury, suicide, homicide, and HIV/AIDS indicates these causes of death occur in younger populations in Leon. The low YPLL in Alzheimer's disease, pneumonia/influenza, Parkinson's disease, and kidney disease indicates these causes of death occur in older populations. Table 9 provides the YPLL for the major causes of death and Figure 12 illustrates the top causes of premature death from Table 9.

Table 10: Years of Potential Life Lost to Those Under Age 75 (per 100,000), 2010

Cause of Death	YPLL
Cancer	1,190.2
Heart Disease	646.2
Chronic Lower Respiratory Disease	163.0
Unintentional Injury	832.2
Stroke	168.7
Suicide	498.8
Diabetes Mellitus	81.7
Alzheimer's Disease	15.2
Pneumonia/Influenza	25.1
Parkinson's Disease	17.1
Kidney Disease	33.8
Chronic Liver Disease/ Cirrhosis	133.3
AIDS/HIV	135.6
Homicide	225.1
Septicemia	45.6
Benign Neoplasms	19.8

Source: Florida Department of Health, Office of Health Statistics and Assessment

Figure 12: Top Causes of Premature Death, 2010



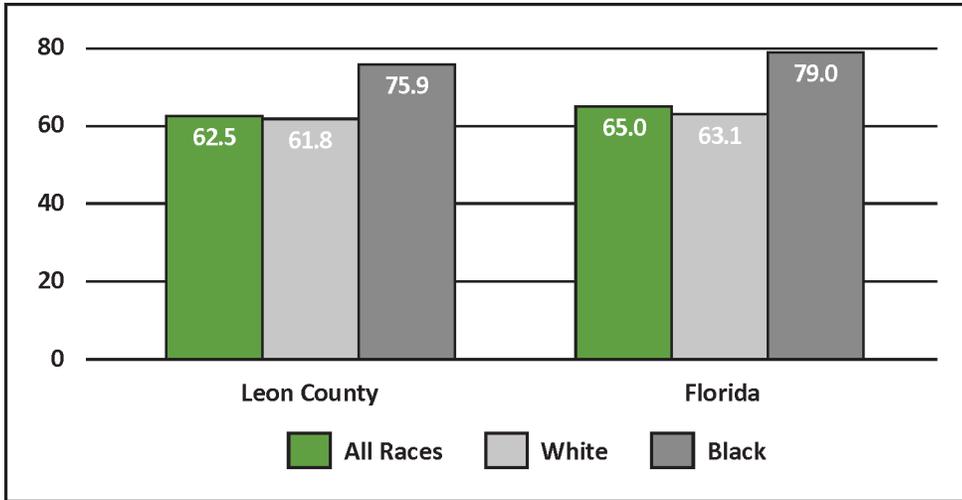
Source: Florida Department of Health, Office of Health Statistics and Assessment

Behavioral Risk Factor

Overweight and Obesity

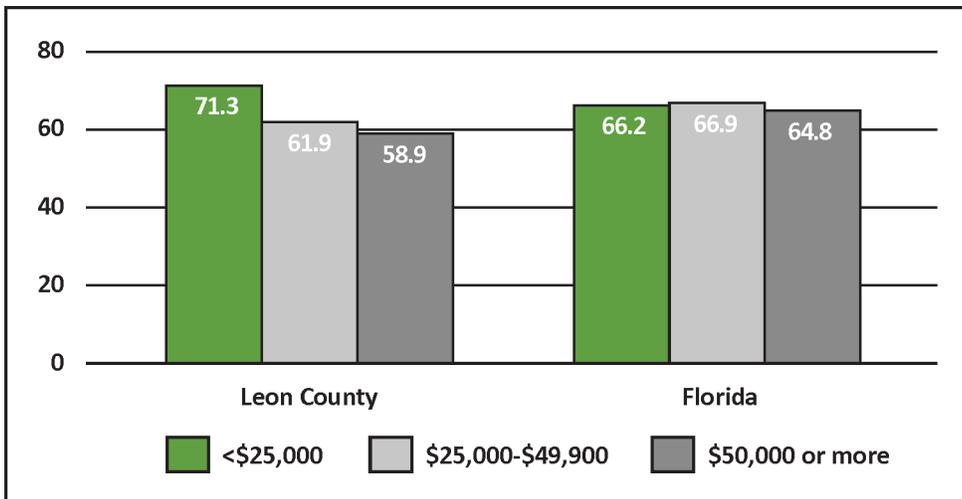
The condition of overweight and obesity are determined by using a calculation called the Body Mass Index (BMI), which takes into account a person's height in proportion to his or her weight. BMI is correlated with the amount of body fat present.¹⁵ The percentage of adults who are overweight is similar in Leon County and Florida. Black populations in Leon have a higher percent of overweight adults than White populations. Those with an income of less than \$25,000 have a higher percentage of overweight adults than those with a higher income (Figure 44; 45).

Figure 44: Percentage of Adults Who Are Overweight, by Race, 2010



Source: BRFSS Survey, FDOH, Bureau of Epidemiology

Figure 45: Percentage of Adults Who Are Overweight, by Income, 2010



Source: BRFSS Survey, FDOH, Bureau of Epidemiology

¹⁵Centers for Disease Control and Prevention (CDC). www.cdc.gov/obesity

Summary of performance scores for local public health system by Essential Public Health Service (EPHS), Leon County, 2011.

An overview of the system’s performance for each of the 10 Essential Services is provided in Table 23. Each Essential Service score is a composite value determined by the scores given to those activities that contribute to each Essential Service. These scores range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum of 100% (all activities associated with the standards are performed at optimal levels).

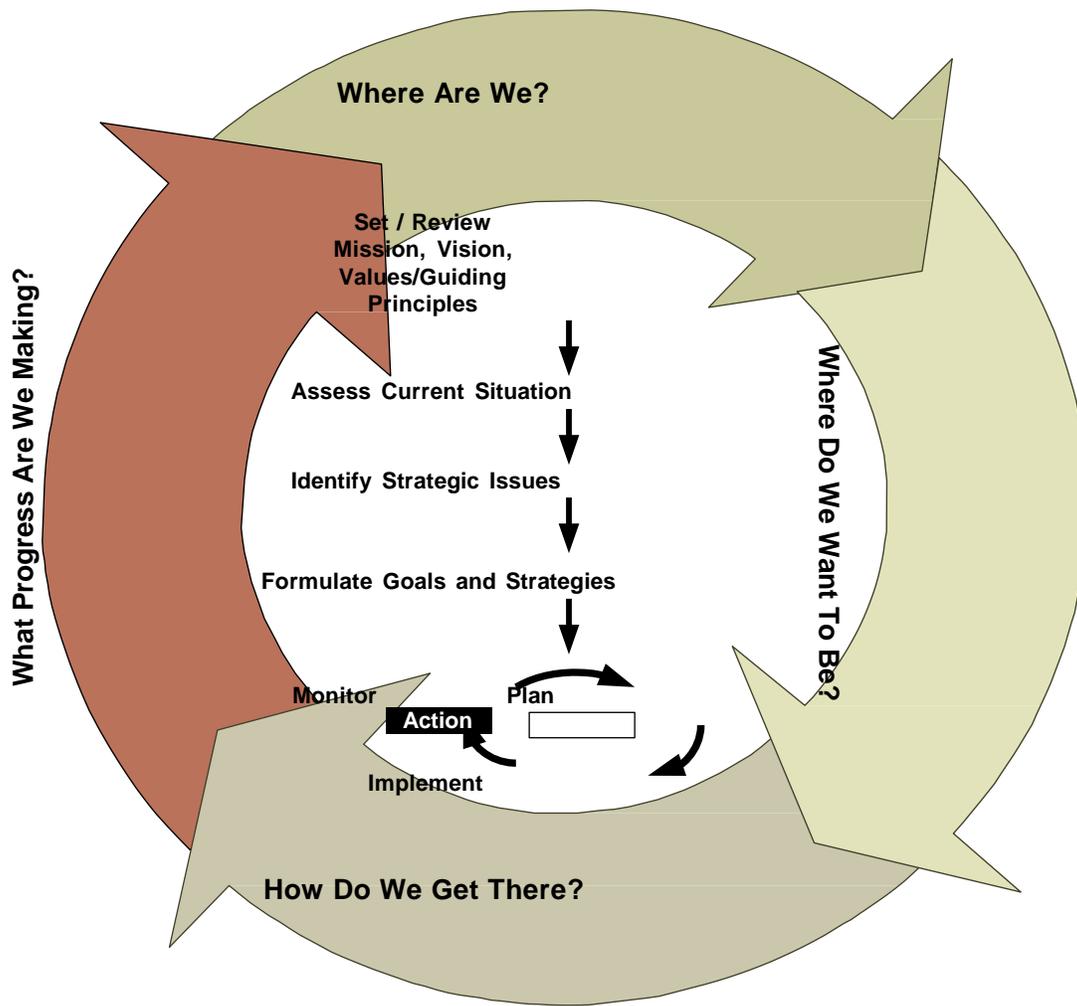
Table 23: Summary of Performance Scores by Essential Public Health Service

	ESSENTIAL PUBLIC HEALTH SERVICE	SCORE
1	Monitor Health Status To Identify Community Health Problems	72
2	Diagnose And Investigate Health Problems and Health Hazards	95
3	Inform, Educate, And Empower People about Health Issues	73
4	Mobilize Community Partnerships to Identify and Solve Health Problems	41
5	Develop Policies and Plans that Support Individual and Community Health Efforts	67
6	Enforce Laws and Regulations that Protect Health and Ensure Safety	100
7	Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable	51
8	Assure a Competent Public and Personal Health Care Workforce	54
9	Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services	45
10	Research for New Insights and Innovative Solutions to Health Problems	75
	Overall Performance Score	67

Source: Leon Community Health Assessment 2012

Strategic Planning Process

Based on the philosophy of Plan-Do-Check-Act, the graphic below provides a visual of the process used in developing the strategic plan.



During the strategic planning meeting, a review of various data sources provided insight as to the current status of FDOH-Leon. This review and discussion was used to formulate a SWOT (strengths, weaknesses, opportunities, threats).

Strengths	Weaknesses	Opportunities	Threats
Obesity and Chronic Disease			
<ul style="list-style-type: none"> Cancer death rates higher than state average, but decreasing since 2002. About 1 in 10 adults diagnosed with diabetes; mortality rate declining since 2002 and lower 	<ul style="list-style-type: none"> 2010 include cancer (#1), heart disease (#2), stroke (#4), and diabetes (#6) Though stroke death rates have been decreasing, Leon County's rate is higher than the state average 	<ul style="list-style-type: none"> Disparities by race also exist for overweight/obesity, diabetes, heart disease, stroke, and hypertension Overweight/obesity and hypertension and show higher rates as income 	<ul style="list-style-type: none"> Top community health problems include: 1) obesity (35%), 2) diabetes (27%) and 3) cancer (25%) Obesity, diabetes, and hypertension of great concern Of the top rated unhealthy behaviors of most concern: poor eating habits/nutrition ranked second being overweight ranked

<p>than state average</p> <ul style="list-style-type: none"> • Parks and recreation options are important assets;; • Churches play a central role in many people’s lives, especially low-income communities. • Diagnose and investigate health problems • Enforce laws and regulations that protect health and safety • Working well • Gardens • 95210 • Champions • Fitness and Nutrition education • Hospitals sponsors events <p>Tobacco Program</p>	<ul style="list-style-type: none"> • 63% of adults overweight or obese; • 22.4% of pregnant women obese • Percent of children age 2 and older who are overweight or at risk for overweight is increasing. • Breast and prostate cancer mortality increasing since 2005 and higher than state average • Hypertension death rates are higher than the state average • About 30% of adults report having been diagnosed with hypertension • Childhood obesity 	<p>levels decrease</p> <ul style="list-style-type: none"> • Healthy foods are more expensive, require too much effort to prepare, and are perceived to be less tasty • community gardens recommended • Higher income and older age increase awareness and concern for overweight/obesity and its associated risky behaviors such as poor eating and not getting enough exercise. • Health education, promotion, communication • Mobilize community partnerships • Public health planning and policy development • Link people to/assure provision of health care services • Public health leadership development • Evaluation of public health system and services • Provide education and awareness to address barriers and increase personal responsibility for health behaviors • Screenings • Build capacity in medical community to address this 	<p>third</p> <ul style="list-style-type: none"> • Increased health care costs • Disparities in access to care • Generational and cultural perceptions are hard to change and have heavy impact on outcomes • Lack of personal responsibility persists.
Access To Care			
<ul style="list-style-type: none"> • Leon County has federal designations for: 1) medically underserved population 	<ul style="list-style-type: none"> • Most common barriers to medical care: 1. Long waits (42%), 	<ul style="list-style-type: none"> • Insurance coverage rates in Leon County are higher than state and national 	<ul style="list-style-type: none"> • Dental care difficult to access due to cost. • Weaknesses in system are reflective of national health

<p>(MUP) for low-income and 2) health professional shortage area (HPSA) for low – income, including primary care, dental care, and mental health care.</p> <ul style="list-style-type: none"> • FSU students satisfied with Student Health Center. • High Priority/High Performance: <ol style="list-style-type: none"> 1. Diagnose and investigate health problems 2. Enforce laws and regulations that protect health and safety 	<ol style="list-style-type: none"> 2. Could not afford to pay (29%), 3. Could not afford medicine (21%), 4. Lack of weekend or evening services (20%) <ul style="list-style-type: none"> • Mental health care is expensive, not fully covered by insurance, and unavailable to many. • Health care services most difficult to access include: 1) dental care (36%), 2) mental health/counseling (32%), 3) alternative therapy (26%), 4) substance abuse services (22%), and 5) primary care (19.3%). • Lack of funding for treatment of HIV/AIDS and mental health identified as a top force. Focus needs to shift more from medical model of treatment toward public health model of prevention. “Connectedness to community” identified as a part of the solution. • Shortage of health care providers and lack of public transportation can be barriers to accessing health care services. 	<p>averages. However, Black residents and those with incomes less than \$25,000 annually have lower coverage rates than state and national averages.</p> <ul style="list-style-type: none"> • Medicaid recipients perceive that the quality of care and customer service they receive are lower than private health insurance consumers. • Most important features of a healthy community: 1) access to health care (53%) • For those without health insurance, there are limited affordable health services and access to prescription drugs. • High Priority/Low Performance: <ol style="list-style-type: none"> 1. Health education, promotion, communication 2. Mobilize community partnerships 3. Public health planning and policy development 4. Link people to/assure provision of health care services 5. Public health leadership development 6. Evaluation of public health system and services <ul style="list-style-type: none"> • Lack of funding for treatment of HIV/AIDS and mental health identified as a top force. Focus needs to shift more from medical model of treatment toward public health model of prevention. “Connectedness to community” identified as a part of the solution. 	<p>care system and not specific to Leon County.</p> <ul style="list-style-type: none"> • Disparities with economic and social determinants of health • Elderly population is growing; health care and long term care needs are increasing as people live longer. • Unstable economic environment means higher unemployment and more people losing insurance.
Health Disparities			
<ul style="list-style-type: none"> • For those without health insurance, there are limited affordable health care services. • High Priority/High Performance: 	<ul style="list-style-type: none"> • Sexually transmitted disease rates among Blacks are incomparably higher than other 	<ul style="list-style-type: none"> • Residents share belief that experiences, threats, opportunities, and resources are dependents upon the area of town 	<ul style="list-style-type: none"> • Shortage of health care providers can mean less cultural sensitivity.

<ul style="list-style-type: none"> ○ Diagnose and investigate health problems ○ Enforce laws and regulations that protect health and safety 	<p>racial/ethnic groups: gonorrhea rates are more than 14 times higher and Chlamydia rates are almost six times higher.</p> <p>The highest rates in Sexually transmitted disease are among young people ages 20-24, but high rates are seen from ages 13-29 as well.</p> <p>Though insurance coverage rates in Leon County are higher than state and national averages, Black residents and those with incomes less than \$25,000 annually have lower coverage rates than state and national averages.</p> <p>Sexually transmitted diseases among young adults are a concern.</p>	<p>where one lives/works (especially in terms of crime and safety, education, and affordable housing).</p> <ul style="list-style-type: none"> ● STDs and HIV/AIDS are of greater concern to lower income and Black residents ● High Priority/Low Performance: <ol style="list-style-type: none"> 1. Health education, promotion, communication 2. Mobilize community partnerships 3. Public health planning and policy development 4. Link people to/assure provision of health care services 5. Public health leadership development 6. Evaluation of public health system and services 	<p>Lack of public transportation disproportionately impacts low income residents ability to access health care services. Number of children living in poverty is increasing, which also increases risk for poor health and social outcomes. Disparities with economic and social determinants of health</p>
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Goals and Objectives

Goals were developed for each strategic area, along with strategies and SMART objectives.

Strategic Area 1: Obesity and Chronic Disease

Goal: Increase access to resources that promote healthy behaviors.

Strategy:

Collaborate with partner agencies and organizations to implement initiatives that promote healthy behaviors.

SMART Objectives:

By December 31, 2014, implement at least two electronic health promotion educational tools in Health Department waiting rooms.

SMART Objectives:

By December 31, 2014, implement at least two countywide initiatives that promote healthy behaviors such as obtaining healthy weight and tobacco cessation.

Strategic Area 2: Access to Care

Goal 1: Identify barriers to care and increase efficiencies.

Strategy:

Evaluate clinic operations at Roberts & Stevens.

SMART Objectives:

By November 30, 2013, conduct review of clinic operations at Roberts & Stevens Clinic by DOH Practice Management Institute (PMI). Goal: Reduce patient “no-show” rate.

SMART Objectives:

1.1b By November 30, 2013, conduct review of clinic operations at Richardson and Lewis Clinic by DOH Practice Management Institute (PMI)

Goal 2: Reduce patient “no-show” rate.

Strategy:

Evaluate no-show data to determine if patterns exist at Roberts and Stevens.

SMART Objective:

By March 30, 2014, reduce patient no-show rate by 10%.

SMART Objective:

By March 30, 2014, reduce patient no-show rate by 10%.

Goal 3: Reduce patient wait times.

Strategy:

Determine average patient wait time to see provider from the patient’s first contact to the time they are seen by provider at the Roberts and Steven’s Clinic.

SMART Objective:

By March 30, 2014, reduce average patient wait time by 10%.

SMART Objective:

By March 30, 2014, reduce average patient wait time by 10%.

Strategic Area 3: Health Disparities

Goal: Eliminate health disparities.

Strategy:

By ensuring that leadership at all levels buy into the concept of providing equitable service to all, they must first receive the training in order to disseminate, and sustain Awareness of Cultural, Linguistic, and Socio-economic determinants which have adversely impacted minority and underserve populations throughout Leon County.

SMART Objectives 1:

By December 31, 2014, ensure that 75% of (seated) EDMT/DMT members complete the TRAIN FLORIDA Course ID# 1010510 (Effective Community Tools for Healthcare Professionals: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency) through TRAIN Florida, FDOH's Official Learning Management system, with 100% of (seated) EDMT/DMT members completed by June 2015.

After the goals were identified and agreed to by the DMT, the programmatic leads for each area began to develop objectives and activities.

Appendix 1

List of participants in the Strategic Planning Process

The following table provides the name and roles of individuals that participated in the development of the Florida Department of Health – Leon County Strategic Plan 2013-2015.

Name	Title
Alex Mahon	Environmental Health Director
Miriam Hinton	Public Health Preparedness Director
Justine Mahon	Business Manager
Donna Moore	Community Health Nursing Supervisor
Ann Waltz	Nurse Program Specialist
Page Jolly	Public Information Specialist
Ed Zapert	Dental Director
Mario McWorther	Distributed Computer Systems Analyst II
Vincent Irving	Health Education Consultant
RoseAnn Scheck	Social Services Director
Jo Landrito	Human Services Program Specialist
Leroy Jackson	Human Services Program Manager
Peggy Reinhardt	Assistant Community Healthy Nursing Director
Ann Ford	Community Health Nursing Supervisor

Appendix 2
Agency Strategic Plan Alignment Document

Florida Department of Health in Leon County
Strategic Planning Alignment Document

	Agency Strategic Plan Strategy No.	Agency Strategic Plan Strategy	Florida Department of Health in Leon County objectives aligned to State Strategy NOTE: Target dates for strategic objectives must be no later than Dec. 31, 2015.
Protect the Population from health threats	1.1.1	Prevent and control infectious disease	
Protect the Population from health threats	1.1.2	Prevent and reduce illness, injury and death related to environmental factors	
Protect the Population from health threats	1.1.3	Minimize loss of life, illness, and injury from natural or man-made disasters	
Protect the Population from health threats	1.1.4	Prevent and reduce intentional and unintentional injuries.	
Reduce chronic disease morbidity and mortality	1.2.1	Increase the proportion of adults and children who are at a healthy weight.	By December 31, 2014, implement at least two countywide initiatives that promote healthy behaviors such as obtaining healthy weight and tobacco cessation.
Reduce chronic disease morbidity and mortality	1.2.2	Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure.	By December 31, 2014, implement at least two countywide initiatives that promote healthy behaviors such as obtaining healthy weight and tobacco cessation.
Improve maternal and child health	1.3.1	Reduce infant mortality.	
Improve maternal and child health	1.3.2	Meet special health care needs of children.	
Improve efficiency and effectiveness	2.1.1	Use information technology and systems to efficiently support disease prevention, intervention and epidemiological activities.	By December 31, 2014, implement at least two electronic health promotion educational tools in Health Department waiting rooms on maintaining a healthy weight.

Improve efficiency and effectiveness	2.1.2	Use public health information technology and systems to efficiently improve business practices	
Improve efficiency and effectiveness	2.1.3	Adopt certified electronic health record software	
Improve efficiency and effectiveness	2.1.4	Connect agency providers and electronic health record systems in a network that consists of a state-level Health Information Exchange, Direct Secured Messaging and local health information exchanges and gateways	
Improve efficiency and effectiveness	2.1.5	Implement tools, processes and methods that support accountability and provide transparency in DOH administrative management systems.	By November 30, 2013 conduct review of clinic operations at both Roberts & Stevens and Richardson and Lewis Clinics by DOH Practice Management Institute (PMI). Identify 2 priority strategies to increase clinic efficiencies with increased client counts as outcome.
Maximize funding to accomplish the public health mission	2.2.1	Maximize Medicaid and other third party revenue to help county health departments and Children's Medical Service providers to retain the infrastructure necessary to meet the public health needs of their community.	
Maximize funding to accomplish the public health mission	2.2.2	Review and update fee policies and fee schedules.	
Promote a culture of organizational excellence.	2.3.1	Collect track and use performance data to inform business decisions and continuously improve.	
Promote a culture of organizational excellence.	2.3.2	Maintain a sustainable performance management framework.	

Promote a culture of organizational excellence.	2.3.3	Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions.	By August 31, 2013 establish average patient “no-show” rates for Roberts & Stevens (R&S) and Richardson & Lewis (R&L) Clinics. By March 30, 2014 reduce patient no-show rate by 10%. By October 31, 2013 determine average patient wait time from initial contact with intake to provider. By March 30, 2014 reduce average patient wait time by 10%.
Optimize communications.	2.4.1	Develop, implement and improve internal and external communication strategies and plans.	
Promote an integrated public health system.	3.1.1	Implement and link health improvement planning at state and local levels.	
Promote an integrated public health system.	3.1.2	Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals.	
Promote an integrated public health system.	3.1.3	Support local efforts to revitalize communities.	
Assure access to health care	3.2.1	Increase access to care for underserved populations.	
Assure access to health care	3.2.2	Provide equal access to culturally and linguistically competent care.	By December 31, 2014, ensure that 75% of LCHD workforce complete the 6 hour Diversity Training on TRAIN Florida by June 30, 2015.
Expediently license all healthcare professionals who meet statutorily mandated standards of competency.	3.3.1	Provide an efficient licensure process that meets statutory requirements.	
Attract, recruit, and retain a competent and credentialed workforce.	4.1.1	Implement a competency-based framework for recruitment and training.	

Attract, recruit, and retain a competent and credentialed workforce.	4.1.2	Provide trainings and resources that support and develop current public health employees.	
Ensure partnerships, systems and processes to support the future workforce.	4.2.1	Develop, sustain and improve an Agency Workforce Development Plan to ensure continuity of competent and credentialed workforce.	