

Florida Department of Health
in
Suwannee County



2013-2015 Strategic Plan

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Executive Summary

August 31, 2013

As we began the process for the third Strategic Planning cycle, we were cognizant of the significant challenges the agency faces. The economic downturn has resulted in a significant decline in State General Revenue (GR) over the last five years. During this same time, the demand for our services has continued to increase. Like most state, county and local agencies, we struggle to do more with less every day, while being good stewards of taxpayer dollars. The good news is that the future holds many opportunities for the newly integrated Department of Health. Although we lead the way to protect, promote and improve the health of all people in Suwannee County, our efforts would be significantly impeded without the support of the Florida Department of Health and county and community efforts.

The 2013-2015 Strategic Plan outlines our mission, vision and values, as well as our priorities, goals and objectives for the next three years. This document also describes the Strategic Planning process.

Despite many challenges, we strive to maintain quality, high-level services, live up to the expectations of our community and continue to prepare for a changing health care landscape. We are committed to embracing future challenges with dedication, commitment and leadership. I am proud of our dedicated public health employees and am confident of their ability to continue providing compassionate, quality services to our community. I would like to recognize and thank our partners and stakeholders who work side by side with us to protect, promote and improve the health of all people in Suwannee County.

Pamela M. Blackmon, RN, BSN, MPH
Health Officer/Administrator

Florida Department of Health in Suwannee County

Mission, Vision and Values

Mission

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

Vision

To be the **Healthiest State** in the Nation!

Values (ICARE)

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

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

Accountability: We perform with integrity and respect.

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

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

Introduction

WHO WE ARE AND WHAT WE DO

The Florida Department of Health is an integrated agency having statutory responsibility to protect public health of all people in Florida. The Florida Department of Health serves at the head of the agency, providing support to local health departments. The Florida Department of Health in Suwannee County, serving as the local representative of the Florida Department of Health, works with local public and private partners to identify, evaluate, prioritize and address health needs of all people in Suwannee County. Three Core Public Health Functions and the associated Essential Public Health Services provide the structure of this Strategic Plan. The 10 Essential Public Health Services are described by the Centers for Disease Control (CDC) as “a working definition of public health and a guiding framework for the responsibilities of local public health systems”. The three Core Public Health Functions and 10 Essential Public Health Services are:

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 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.

The Florida Department of Health in Suwannee County is a small health department in rural North Florida with approximately 35 FTE's. The Health Department shares an Administrator and several key staff with the Florida Department of Health in Lafayette County, which currently has 11 FTE's. Because of the small number of staff, the Strategic Planning team consists of members from both of these health departments. The Strategic Planning Team is appointed by the Administrator for the Florida Department of Health in Suwannee and Lafayette Counties. The team is comprised of 12 members listed in the Methodology section of this report.

GUIDING PRINCIPLES

The Public Health Accreditation Board (PHAB) indicates a functional and useful Strategic Plan requires that it be understood by staff and implemented by the health department. The development of such a plan requires a planning process that considers opinions and knowledge from across the health department, assesses the larger environment in which the health department operates, uses its organizational strengths and addresses its weaknesses, links to the health improvement plan that has been adopted by the community, and links to the health department's Quality Improvement Plan.

This Strategic Plan delineates the goals, objectives and strategies the health department will implement to achieve the mission and vision of the Florida Department of Health. This is a comprehensive plan representing the combined efforts of the Strategic Planning Committee toward meeting the health needs of the community. Implementation of this Strategic Plan will involve all staff and departments of the Florida Department of Health in Suwannee County.

In addition to the PHAB guidelines, the Strategic Planning Committee followed the Department of Health's 5-Step Performance Improvement Process. This is based on the "Plan-Do-Check-Act" model for continuous improvement. The 5-Step process has been recognized by the Association of State and Territorial Health Officials (ASHTO), the Council of State Governments, Florida's Davis Productivity Awards Program, and the American Society for Quality (ASQ), and includes these steps: 1) Gather data; 2) Analyze data; 3) Identify priorities; 4) Create and implement plan of action; and 5) Evaluate plan of action.

The Strategic Plan is guided by the three Core Functions of Public Health—assessment, policy development, and assurance—and the associated 10 Essential Services. Additional documents newly introduced in this year's Strategic Planning process include the Public Health Accreditation Standards, the Florida State Health Improvement Plan 2012-2015, and the Suwannee County Community Health Improvement Plan (CHIP). These data sources, standards, and plans listed above were used to guide the strategic analysis and development of the Florida Department of Health in Suwannee County's strategic priorities, goals and objectives.

Methodology

DESCRIPTION OF PLANNING PROCESS

STRATEGIC PLANNING COMMITTEE

Laying the groundwork for the agency Strategic Planning process included a stakeholder analysis. It was determined that the formal agency Strategic Planning Committee would include the positions listed below. The agency plan is formulated within the context of the community needs assessment and is informed by the CHIP, which included significant stakeholder involvement. The Strategic Planning Committee consists of the following members and Facilitator, Diane Dimperio.

- Pam Blackmon, Administrator
- Howell Batts, Public Health Preparedness Planner
- Colleen Cody, Healthy Start Coordinator
- Susie Cook, Accountant
- Wanda Crowe, Suwannee County Director of Nursing
- Betty Johnson, Administrative Assistant
- Robert Linnens, Public Health Preparedness Planner
- Michael Mitchell, Environmental Health Director
- Cindy Morgan, Lafayette County Director of Nursing
- Kim Pepper, Business Manager
- Melinda Scott, Administrative Assistant
- Emmett Martin, Accreditation Coordinator

PROJECT PLAN AND TIMELINE

The Strategic Planning process was conducted over a 2-year period of time and in three phases. The process began in 2011 with planning for the community health needs assessment, which was focused on conducting the four MAPP assessments. The second phase resulted in the development of the Community Health Improvement Plan (CHIP) and was done in a series of several meetings of community members which involved development of strategic issues and the development of the goals and objectives. The assessment and preliminary CHIP development meetings were facilitated by the staff of the Suwannee Youth Advocacy Partnership. The Administrator of DOH-Suwannee facilitated the meetings for the development of the CHIP Strategic Action Plan. The DOH-Suwannee produced a report, "Suwannee County Community Health Improvement Plan Mid-Cycle Update" that includes the CHIP Strategic Action Plan. The first two phases of the planning process concluded on June 30, 2013.

The last phase focused on the Agency Strategic Plan and began with establishing the planning parameters and the timeline. The process consisted of three meetings of the Strategic Planning Committee. In addition, members completed assignments outside the scheduled meetings due to time limitations. The decision-making was a consensus model of facilitated discussion among the members of the Strategic Planning

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Committee. These methods were particularly well suited to a small agency, which allows

little time for additional administrative duties. The method allowed a high level of involvement in the process and thoughtful exchange of ideas without the requirement of a full day spent in a retreat. The development of the Agency Strategic Plan involved four face-to-face meetings conducted between July 11, 2013 and August 13, 2013.

ENVIRONMENTAL SCAN

The planning process began with gathering data from multiple sources. This provided a comprehensive picture of the organization's strategic issues. This environmental scan included gathering and reviewing county and state level data from multiple sources, as listed below:

- 2011-2012 Suwannee Strategic Plan
- 2011 Suwannee County Community Health Improvement Plan (CHIP)
- 2013 Suwannee County Community Health Improvement Plan Mid-Cycle Update
- 2013 County Performance Snapshot and associated trend data
- 2013 Snapshot Standards and Measures Fact Sheet
- 2013 County Health Status Summary (FL CHARTS)
- 2012 County Health Profile (FL CHARTS)
- 2011 Minority Health Profile (FL CHARTS)
- 2012 County Chronic Disease Profile (FL CHARTS)
- 2012 Robert Wood Johnson County Health Rankings
- 2012 Employee Satisfaction Results
- 2012-2013 Customer Satisfaction Survey Results

The County Performance Snapshot includes five measures organized around the six key areas of organizational performance according to the Sterling Criteria and aligned with the 10 Essential Public Health Services and National Voluntary Public Health Accreditation domains. The five sections of the snapshot include: 1) Product, Service and Process Outcomes; 2) Customer-Focused Outcomes; 3) Workforce-Focused Outcomes; 4) Leadership and Governance Outcomes; and 5) Financial and Market Outcomes.

ANALYSIS OF DATA

Once the data were reviewed by the Strategic Planning Committee, it was subjected to a SWOT analysis during which agency strengths and weaknesses were catalogued and external opportunities and threats were identified. The SWOT analysis is available on pages 7-8 of this report.

The planning committee reviewed the compiled SWOT analysis and issues were bundled and linked to identify trends and options for action. Once the issues were discussed and grouped, four strategic issues emerged. The committee then agreed on the Goals, Strategies and Objectives for each issue. All objectives were developed in the "SMART" format – **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound. The Strategic Action Plan on pages 14-34 includes the issues, goals, strategies, objectives, activities, timeline, and champions identified by the strategic planning team. The Strategic Plan Alignment located on pages 35-37 of this report demonstrates the linkage between the Florida Department of Health strategic plan and the Florida Department of Health in Suwannee County strategic plan.

SWOT ANALYSIS

| Strengths – <i>Internal</i> | Opportunities – <i>External</i> |
|---|--|
| <ul style="list-style-type: none"> • CHD provides OB, HS, FP and PC services • Emerging community partnerships • CHD Teenage Outreach Prevention grant in public school addresses teen pregnancy • CHD provides school health staff in public schools • All Hazard's Preparedness Plan is current and based on real life responses • PHP has a relationship with community partners • PHP has identified county hazards • CHD processes are becoming more organized • Dedicated and competent CHD staff • Community has positive image of the CHD • CHD has knowledgeable work force with many years of experience • CHD has informal employee social committee • Resources to begin strategic planning • Data driven approach to problem identification and solving • Staff satisfaction high • Customer satisfaction high • Shared staff between SCHD & LCHD • EH has small staff and can easily meet to address issues | <ul style="list-style-type: none"> • Maintain SHAG to implement CHIP • Need to improve teen FP clients who adopt an effective method of birth control • Need to decrease birth rate of teens age 15-17 • Limited OB care by out-of-county providers available • There are now 3 private pediatric providers in county • There is one FQHC in southern part of county • Need to improve EPI score on Performance Snapshot • Need to improve Preparedness score on Performance Snapshot • TS Debby exposed preparedness plan weaknesses • Need to increase staff knowledge of preparedness plans • Need to exercise PHP plans more frequently • County Mitigation Strategies (LMS) • Need to improve OCA management of cash balances • Need to improve employee time coding compliance • State commitment to PH Accreditation • Accreditation process will improve our planning, CHIP, QI and Strategic Planning efforts • Need to develop process to address employee satisfaction • Informal process of staff recognition is not uniform • New staff at CHD – new insights • Need to improve employee satisfaction • DCF economic services are available via the internet (transportation issues) • Full time DCF worker available locally at LOVE, Inc. |

| Weaknesses – Internal | Threats – External |
|---|--|
| <ul style="list-style-type: none"> • Limited clinical capacities • Requirements to keep preparedness plans updated • PHP expert is not full time position • PHP plans are not exercised • CHD staff not sufficient and not cross trained for filling positions 3 deep during disasters • Number of staff at CHD limits training and exercise • PHP staff change/turnover • No full-time PHP planner position at CHD; Lack of PHP funding • Key CHD staff to retire in 1-3 years • Difficulty recruiting and retaining clinical staff due to non-competitive salaries • Pediatric dental care – significant difficulty recruiting/retaining CHD dentist – position open 1 year • Not enough bi-lingual staff (English/Spanish) at CHD to meet need • Downsized workforce at CHD • Time restraints for meetings and duties • Limited resources available to implement, maintain, evaluate and revise strategic plans | <ul style="list-style-type: none"> • Lack of medical specialty providers • Higher morbidity rates than state average for multiple health conditions • Resident apathy concerning their personal health • High smoking rate • 15-19 year old birth rate • River flooding • Uncertainty of Managed Care/Affordable Care Act • Potential loss of Medicaid CBR at CHD • Decreasing State GR funds • CHD perceived as the medical care provider for indigents – expectation that everything at the CHD is free • Unfunded mandates • Financial constraints; Funding cuts • Constant change • Low average income; high poverty rate • High number of students on free/reduced lunch • Language difficulties/barrier • Limited transportation for non-medical needs • Limited transportation for medical needs if not Medicaid eligible • Residents of Branford need to travel to meet needs • DCF downsizing |

THEMES:

- Health Promotion
- Health Protection
- Infrastructure
- Workforce Development
- Socioeconomic Factors

Strategic Plan Outline

STRATEGIC ISSUES AND GOALS

The strategic issues and associated goals identified by the committee are listed below. The objectives and strategies for achieving the goals are listed on the following pages.

STRATEGIC ISSUE 1: HEALTH PROMOTION AND PROTECTION

- GOAL 1.1 Reduce Chronic Disease Morbidity and Mortality
- GOAL 1.2 Improve Maternal and Child Health
- GOAL 1.3 Protect the Population from Health Threats

STRATEGIC ISSUE 2: SERVICE TO CUSTOMERS AND COMMUNITY

- GOAL 2.1 Assure Access to Health Care
- GOAL 2.2 Promote the Public Health System
- GOAL 2.3 Promote Superior Customer Service

STRATEGIC ISSUE 3: FINANCIAL AND BUSINESS EXCELLENCE

- GOAL 3.1 Improve Efficiency and Effectiveness
- GOAL 3.2 Maximize Funding to Accomplish Public Health Mission
- GOAL 3.3 Promote a Culture of Organizational Excellence

STRATEGIC ISSUE 4: WORKFORCE DEVELOPMENT

- GOAL 4.1 Recruit and Retain Competent Public Health Workforce

Goals, Objectives and Strategies

STRATEGIC ISSUE 1 HEALTH PROMOTION AND PROTECTION

Goal 1.1 Reduce Chronic Disease Morbidity and Mortality

Objective 1.1.1 By December 31, 2015 increase the percentage of adults who report moderate to vigorous physical activity at least three times per week to 61%.

Objective 1.1.2 By December 31, 2015 increase the number of adults who consume at least 5 servings of fruits and vegetables daily to 32%.

Objective 1.1.3 By December 31, 2015 reduce the number of adults currently smoking cigarettes to 27%.

Objective 1.1.4 By December 31, 2015 reduce number of youth ages 11-17 using tobacco to 25%.

Objective 1.1.5 By December 31, 2015 increase the number of women older than 40 who have received a mammogram to 50%.

Objective 1.1.6 By December 31, 2015 increase the percentage of adults with diabetes who have received diabetes self-management education to 50%.

Strategy: Increase awareness of activities and programs that are currently available in the county

Goal 1.2 Improve Maternal and Child Health

Objective 1.2.1 By December 31, 2015 decrease 10-14 year old birth rate to zero.

Strategy: Educate teens regarding consequences of teen pregnancy

Strategy: Increase awareness of available activities and programs that are currently available in the county

Objective 1.2.2 By December 31, 2015 decrease 15-17 year old birth rate to 24.

Strategy: Educate teens regarding consequences of teen pregnancy

Strategy: Increase awareness of available activities and programs that are currently available in the county

Goal 1.3 Protect the Population from Health Threats

Objective 1.3.1 By June 30, 2014 the annual composite preparedness score will be at least 4.27.

Strategy: Minimize loss of life, illness and injury from natural or man-made disasters

STRATEGIC ISSUE 2 SERVICE TO CUSTOMERS AND COMMUNITY

Goal 2.1 Assure Access to Health Care

Objective 2.1.1 By December 31, 2015 increase number of family and specialty doctors by at least two.

Objective 2.1.2 By December 31, 2015 increase percentage of persons reporting improved awareness of available health care options.

Objective 2.1.3 By December 31, 2015 decrease percentage of persons reporting either transportation or language as barriers to health care access.

Strategy: Increase awareness of activities and programs that are currently available in the county

Goal 2.2 Promote the Public Health System

Objective 2.2.1 By December 31, 2015 establish and maintain a productive community health partnership to participate in and monitor the health of the community.

Strategy: Develop new health care (network charter, agreement, etc.) to sustain CHIP

Strategy: Increase awareness of activities and programs that are currently available in the county

Goal 2.3 Promote Superior Customer Service

Objective 2.3.1 By June 30, 2014 and June 30, 2015 all customer satisfaction ratings will be maintained at 90% or higher.

Strategy: Facilitate provision of high quality customer service among all staff

STRATEGIC ISSUE 3 FINANCIAL AND BUSINESS EXCELLENCE

Goal 3.1 Improve Efficiency and Effectiveness

Objective 3.1.1 By June 30, 2014 and June 30, 2015 maintain Schedule C OCA cash balances for Federal funds and State GR and Trust Funds at 100%.

Strategy: Implement and improve processes that support accountability and effective management

Objective: 3.1.2 By June 30, 2014 and June 30, 2015 employees and supervisors will certify the accuracy of time recorded on EARS within 7 calendar days of the end of each pay period at least 95% of the time.

Strategy: Implement and improve processes that support accountability and effective management

Goal 3.2 Maximize Funding to Accomplish Public Health Mission

Objective 3.2.1 By June 30, 2014 and June 30, 2015 generate strategies for maximizing revenues from Medicaid, other third party payers and other revenue sources.

Strategy: Maximize Medicaid and other revenue to support provision of health care and public health services to the county

Goal 3.3 Promote a Culture of Organizational Excellence

Objective 3.3.1 By September 30, 2014 90% of the activities in the QI plan will be implemented as scheduled.

Strategy: Implement quality improvement processes

Objective 3.3.2 By September 30, 2014 attain National Public Health Accreditation.

Strategy: Document organizational achievements

STRATEGIC ISSUE 4 WORKFORCE DEVELOPMENT

Goal 4.1 Recruit and Retain Competent Public Health Workforce

Objective 4.1.1 By July 31, 2014 and July 31, 2015 90% of staff will participate in annual staff training.

Strategy: Implement a competency based training and retention program

Objective 4.1.2 By December 31, 2015 at least 3 employee satisfaction climate dimensions will receive a score of 4.0 or higher.

Strategy: Implement a competency based training and retention program

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.1 Reduce Chronic Disease Morbidity and Mortality

| OBJECTIVE 1.1.1 | | BASELINE | OUTCOME INDICATORS | |
|---|---|---|--|--|
| By December 31, 2015 increase the percentage of adults who report moderate to vigorous physical activity at least three times per week to 61% | | 2007 Behavior Risk Factor Surveillance Survey (BRFSS) Moderate activity 35.1% Vigorous activity 24.1% | Percentage of adults engaging in moderate and vigorous physical activity; Percentage of adults with no leisure time physical activity Source: BRFSS | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.1.1A Increase the number of physical activity options available to residents | <ul style="list-style-type: none"> • Hold community-wide challenge, modeled after and/or using programs such as “America on the Move” or “Biggest Loser/Biggest Winner” TV show concept • Offer a community wide physical activity opportunity quarterly, being held at different county locations and open to all county residents | <ul style="list-style-type: none"> • Conduct annual community challenge • Number of agencies participating • Number of participants • Conduct quarterly physical activities • Number of participants | July 2014 | DOH- Suwannee SUPPORTIVE ROLE |
| 1.1.1B Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.1 Reduce Chronic Disease Morbidity and Mortality

| OBJECTIVE 1.1.2 | | BASELINE | OUTCOME INDICATORS | |
|--|--|---|--|-------------------------------|
| By December 31, 2015 increase the number of adults who consume at least 5 servings of fruits and vegetables daily to 32% | | 2007 BRFFS 29.5% | Percentage of adults consuming at least 5 fruits and vegetables daily Source: BRFFS | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.1.2A Increase community awareness of availability of fresh fruits and vegetables | <ul style="list-style-type: none"> Integrate with awareness activities in 1.1.1B Public awareness campaign Healthy eating campaign | <ul style="list-style-type: none"> Campaigns conducted Number of persons exposed to campaign Surveys of awareness before and after exposure to campaigns | March 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.2B Encourage local restaurants to provide and highlight healthy menu items | <ul style="list-style-type: none"> Give special recognition to restaurants that offer healthier menu items | <ul style="list-style-type: none"> Businesses adopting healthier menu items and consumers choosing healthier menu options | May 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.2C Increase awareness of healthy recipes | <ul style="list-style-type: none"> Establish cooking classes available to all residents, which promote healthy nutritional alternatives to traditional "southern" recipes Hold a community cook-off with healthy recipes | <ul style="list-style-type: none"> Number of classes held and number of attendees Cook-off held and number of participants | Cooking classes: April 2014 Cook-off: June 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.2D Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.1 Reduce Chronic Disease Morbidity and Mortality

| OBJECTIVE 1.1.3 | | BASELINE | OUTCOME INDICATORS | |
|--|--|--|---|-------------------------------|
| By December 31, 2015 reduce number of adults currently smoking cigarettes to 27% | | 2010 BRFSS 28.5% | Percentage of adults currently smoking Source: BRFSS | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.1.3A Promote Florida Smoking Quitline | <ul style="list-style-type: none"> • Link on websites (School, Chamber, Library, Health-care providers, etc.) • PSA's | <ul style="list-style-type: none"> • Number of websites linked • Number of PSAs created and ran and number of individuals exposed to PSAs | July 1, 2014 | DOH- Suwannee SUPPORTIVE ROLE |
| 1.1.3B Promote Smoking Cessation Classes | <ul style="list-style-type: none"> • Refer patients to SRAHEC cessation classes • Link on websites | <ul style="list-style-type: none"> • Number of referrals • Number of persons attending classes • Number of persons successfully completing classes | July 1, 2014 | DOH- Suwannee SUPPORTIVE ROLE |
| 1.1.3C Encourage development of worksite smoke free policies | <ul style="list-style-type: none"> • Educate worksites • Prepare policy templates & distribute • Assist worksites with sign development • Refer employees to hotline, SRAHEC | <ul style="list-style-type: none"> • Number of site presentations • Number of policies developed • Number of policies implemented • Employees referred | July 1, 2014 | DOH- Suwannee SUPPORTIVE ROLE |
| 1.1.3D Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.1 Reduce Chronic Disease Morbidity and Mortality

| OBJECTIVE 1.1.4 | | BASELINE | OUTCOME INDICATORS | |
|--|---|--|--|-------------------------------|
| By December 31, 2015 reduce number of youth ages 11-17 using tobacco to 25% | | 2010 Youth Risk Behavior Survey (YRBS) 25.9% | Percentage of middle and high school students currently using tobacco products Source: YRBS | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.1.4A Decrease tobacco industry influences on youth | <ul style="list-style-type: none"> Promote local policy restricting candy flavored products Network with local store owners to voluntarily remove candy flavored products | <ul style="list-style-type: none"> Number of stores that voluntarily remove candy flavored products | July 2015 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.4B Promote School System tobacco prevention efforts | <ul style="list-style-type: none"> Select new SWAT members annually Continue SWAT education activities | <ul style="list-style-type: none"> Viable SWAT program Number of SWAT educational activities, events, etc. | Ongoing | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.4C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.1 Decrease Chronic Disease Morbidity and Mortality

| OBJECTIVE 1.1.5 | | BASELINE | OUTCOME INDICATORS | |
|--|--|--|---|---------------------------------|
| By December 31, 2015 increase the number of women older than 40 who have received a mammogram to 50% | | 2010 BRFSS 49% | Percentage of women over 40 who have received a mammogram in the past year; Also look at late-stage diagnosis Source: BRFSS | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.1.5A Promote National Breast Cancer Awareness Month | <ul style="list-style-type: none"> Community-wide activity to promote breast cancer awareness and breast health | <ul style="list-style-type: none"> Number of activities conducted Number of participating agencies | October 2013 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.5B Classes on Breast Cancer and Screening Guidelines | <ul style="list-style-type: none"> Conduct a school-based education class Conduct a community-based education class or forum | <ul style="list-style-type: none"> Number of classes held and number of attendees Number of classes held and numbers of attendees | School: June 2015 Community: June 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.5C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.1 Decrease Chronic Disease Morbidity and Mortality

| OBJECTIVE 1.1.6 | | BASELINE | OUTCOME INDICATORS | |
|--|---|--|---|-------------------------------|
| By December 31, 2015 increase the percentage of adults with diabetes who have received diabetes self-management education to 50% | | 2010 BRFSS 47.4% | Percentage of adults diagnosed with diabetes who have ever had self-management education Source: BRFSS | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.1.6A Implement free diabetes self-management education (DSME) for underserved populations | <ul style="list-style-type: none"> • Explore funding sources • Obtain commitment from agency to teach courses • Offer class series | <ul style="list-style-type: none"> • Number of participants • Course series completed by 75% of attendees | December 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.6B Implement National Diabetes Prevention Education | <ul style="list-style-type: none"> • Secure funding • Locate training agency & obtain commitment to teach program • Offer class series | <ul style="list-style-type: none"> • Number of participants • Course series completed by 75% of attendees | December 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.6C Increase participation in courses through marketing/advertising | <ul style="list-style-type: none"> • Determine marketing venues • Prepare news releases, flyers, PSA's, etc. • Maintain roster of attendees, call & send reminders to encourage completion | <ul style="list-style-type: none"> • Number of persons mailed materials; Radio & Newspaper Ads • Number of persons participating in program who indicate participation was in response to marketing • Number of meetings with healthcare providers (to establish as Referral Sources) | December 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.1.6D Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.2 Improve Maternal and Child Health

| OBJECTIVE 1.2.1 | | BASELINE | OUTCOME INDICATORS | |
|--|---|---|--|--|
| By December 31, 2015 decrease 10-14 year old birth rate to zero | | 2009-2011 3-year average rate 0.5 | Birth rate (per 1,000 live births) of teens 10-14 years of age Source: County Health Profile Report | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.2.1A Educate teens regarding consequences of teen pregnancy | <ul style="list-style-type: none"> • Hold an assembly program for individual groups and organizations to educate one another about making healthy choices • Have youth parents conduct programs on what life is like as a parent, incorporating both data and personal examples • TOP curriculum • School Nurses provide prevention education and referrals to CHD • Healthy Choices campaign including sexual health; obesity; nutrition and physical activity through advertisement in school venues such as yearbook, announcements, fliers, etc. | <ul style="list-style-type: none"> • Number of assembly programs • Number of assembly participants • Number of courses • Number of course participants • Number of TOP classes • Number of TOP participants • Number of education classes taught by school nurses • Number of participants in classes taught by school nurses | August 2014 | DOH- Suwannee SUPPORTIVE ROLE – Bullets 1 & 2 Mary Ward – Bullet 3 School Nurses – Bullets 4 & 5 |
| 1.2.1B Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.2 Improve Maternal and Child Health

| OBJECTIVE 1.2.2 | | BASELINE | OUTCOME INDICATORS | |
|--|---|---|--|--|
| By December 31, 2015 decrease 15-17 year old birth rate to 24 (~18 births) | | 2010-2012 3-year average rate 26.2 (per 1,000 females 15-17) | Birth rate (per 1,000 females 15-17) of teens 15-17 years of age Source: County Health Profile Report | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.2.2A Establish teen mentoring program | <ul style="list-style-type: none"> • Have trained young parents < 25 teach short "home economics" and pregnancy courses with real-world examples and data • Initiate mentor program between responsible adults and 15-17 year olds who are particularly at risk for teenage pregnancy • Identify other successful programs and modify accordingly | <ul style="list-style-type: none"> • Number of mentors recruited • Number of persons mentored • Teen pregnancy rates for persons participating in program | June 2016 | DOH-Suwannee SUPPORTIVE ROLE |
| 1.2.2B Educate teens regarding consequences of teen pregnancy | <ul style="list-style-type: none"> • TOP curriculum • School Nurses provide prevention education and referrals to CHD • Inter-conceptual counseling • Institute teen follow-up program post pregnancy | <ul style="list-style-type: none"> • Number of persons completing TOP curriculum • Number of persons receiving inter-conceptual counseling • Rates of participants who received inter-conceptual counseling that had another unplanned pregnancy | June 2016 | Mary Ward School Nurses Colleen Cody Colleen Cody |
| 1.2.2C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 1: Health Promotion and Protection Goal 1.3 Protect the Population from Health Threats

| OBJECTIVE 1.3.1 | | BASELINE | OUTCOME INDICATORS | |
|--|--|--|--|--------------|
| By June 30, 2014 the annual composite preparedness score will be at least 4.27 | | 2012 preparedness score 4.05 | Composite annual preparedness score Source: County Performance Snapshot | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 1.3.1A Minimize loss of life, illness and injury from natural or man made disasters | <ul style="list-style-type: none"> • Increase Preparedness Scores by developing deficient areas | <ul style="list-style-type: none"> • Move score to statewide average or above | June 30, 2014 | Howell Batts |
| | <ul style="list-style-type: none"> • Secure PHP FTE shared position with Lafayette County | <ul style="list-style-type: none"> • Funded PHP FTE | March 2014 | Pam Blackmon |
| | <ul style="list-style-type: none"> • Attain National PPHR Certification | <ul style="list-style-type: none"> • PPHR Certification | December 31, 2014 | Howell Batts |

STRATEGIC ACTION PLAN

Strategic Issue 2: Service to Customers and Community Goal 2.1 Assure Access to Health Care

| OBJECTIVE 2.1.1 | | BASELINE | OUTCOME INDICATORS | |
|--|---|--|--|-------------------------------|
| By December 31, 2015 increase number of family and specialty doctors by at least two | | 2011 Rate 32.1 (14 physicians) per 100,000 population | Number of licensed family physicians Number of specialists Source: Florida CHARTS-Health Resource Availability | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 2.1.1 A Increase number of primary care providers through multiple avenues | <ul style="list-style-type: none"> • Offer economic incentives, such as loan repayment services • Identify a local champion to recruit medical professionals • Conduct head hunting (recruitment) at medical schools • Develop relationships with local medical schools | <ul style="list-style-type: none"> • Number of new family practice providers • Number of new specialists • Number of new health care services | July 2016 | DOH-Suwannee SUPPORTIVE ROLE |
| 2.1.1B Recruit and retain competent health care providers | <ul style="list-style-type: none"> • Identify and highlight the benefits of living in Suwannee County • Offer loan repayment, (e.g. through rural health care programs) | <ul style="list-style-type: none"> • Number of new providers • Number of recipients of loan forgiveness • Number of incentives provided | July 2016 | DOH-Suwannee SUPPORTIVE ROLE |
| 2.1.1C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 2: Service to Customers and Community Goal 2.1 Assure Access to Health Care

| OBJECTIVE 2.1.2 | | BASELINE | OUTCOME INDICATORS | |
|---|--|--|--|---------------------------------|
| By December 31, 2015 increase percentage of persons reporting improved awareness of available health care options | | No baseline data | Percentage of residents reporting increased knowledge of available health care choices Source: Pre and Post Surveys | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 2.1.2A Develop referral network and marketing plan | <ul style="list-style-type: none"> • Use church bulletin • Develop campaigns to target specific groups • Use social media • Come up with catch phrases/slogans/marketing language • Invite health care providers to write articles for newspaper (electronic media, blogs, etc) | <ul style="list-style-type: none"> • Number of persons exposed to campaigns • Number of persons in community who know key messages and themes in campaign • Increase in referral activity | June 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 2.1.2B Produce and distribute comprehensive list of health care services | <ul style="list-style-type: none"> • Research health care providers in Suwannee County • Create provider/service directory of services; Include Spanish version • Decide on distribution outlets (print, website, fliers) & distribute | <ul style="list-style-type: none"> • Completed guide or web tool • Number of persons exposed to resource • Number of persons who utilize guide regularly | June 2014 | DOH-Suwannee SUPPORTIVE ROLE |
| 2.1.2C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 2: Service to Customers and Community Goal 2.1 Assure Access to Health Care

| OBJECTIVE 2.1.3 | | BASELINE | OUTCOME INDICATORS | |
|---|--|---|--|-------------------------------|
| By December 31, 2015 decrease percentage of persons reporting either transportation or language as barriers to health care access | | No baseline data | Percentage of residents reporting fewer transportation and language barrier issues Source: Pre and Post Surveys | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 2.1.3A Increase medical transportation options for underserved populations | <ul style="list-style-type: none"> • Study best-practices for volunteer transportation programs (like cancer patient transport) • Explore using faith-based buses and vans at churches • Implement program | <ul style="list-style-type: none"> • Increased transportation options for transportation disadvantaged • Decrease in number of underserved who report transportation barriers | December 2014 | DOH- Suwannee SUPPORTIVE ROLE |
| 2.1.3B Decrease culture and language barriers | <ul style="list-style-type: none"> • Deliver mobile services to where people live and work • Develop list of high-traffic areas, including grocery stores, Pilgrim's Pride, Laundromats, churches, farms, convenience stores, etc. • Host events that target specific non-traditional groups • Disseminate information about health services at high traffic areas utilized by non-traditional groups • Identify and recruit key leaders • Train and educate leaders • Get commitment from leaders • Focus on relevant health issues • Conduct focus groups to determine what is important to the specific population | <ul style="list-style-type: none"> • Increase in number of persons exposed to educational and health system information • Number of persons who report utilizing information to engage health system • Decrease in number of persons who experience cultural and language barriers | December 2014 | DOH- Suwannee SUPPORTIVE ROLE |
| 2.1.3C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> • Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> • Form partnership • Develop ground rules for partnership • Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 2: Service to Customers and Community Goal 2.2 Promote the Public Health System

| OBJECTIVE 2.2.1 | | BASELINE | OUTCOME INDICATORS | |
|---|---|---|---|-------------------------------|
| By December 31, 2015 establish and maintain a productive community health partnership to participate in and monitor the health of the community | | Loosely organized CHIP structure | Established partnership structure Meeting attendance, minutes, participant directory | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 2.2.1A Develop new health care (network, charter, agreement, etc) to sustain CHIP | <ul style="list-style-type: none"> Recruit membership Prepare and distribute membership list Prepare charter Elect officers Set meeting dates | <ul style="list-style-type: none"> DL prepared and distributed Charter adopted by members Officers elected Meetings set | July 2013 | Pam Blackmon |
| 2.2.1B Improve community awareness of CHIP efforts | <ul style="list-style-type: none"> Identify community opinion makers/leaders and gain their support Incorporate leadership of diverse groups into local health partnerships Use CHIP to promote health changes and foster community support Present, promote & use CHIP at town meetings, faith-based and school venues & recruit CHIP partners | <ul style="list-style-type: none"> Create stakeholder list Create/administer survey to obtain community input on CHIP/action plan Number of groups/agencies documents shared with Number of news articles, church bulletins, employee newsletters, health tips, etc. distributed Number of groups/meetings CHIP/action plan presented to | December 2013 Ongoing | CHIP Partners |
| 2.2.1C Increase awareness of activities and programs that are currently available in the county | <ul style="list-style-type: none"> Establish a communication network among businesses and agencies to inform residents of upcoming activities in the county | <ul style="list-style-type: none"> Form partnership Develop ground rules for partnership Identify and develop best mechanisms for reaching target populations | August 2013 August 2013 and Ongoing | Pam Blackmon SHAG Team |

STRATEGIC ACTION PLAN

Strategic Issue 2: Service to Customers and Community Goal 2.3 Promote Superior Customer Service

| OBJECTIVE 2.3.1 | | BASELINE | OUTCOME INDICATORS | |
|--|---------------------------------------|--|--|-----------------|
| By June 30, 2014 and June 30, 2015 all customer satisfaction ratings will be maintained at 90% or higher | | 2012-2013 customer satisfaction rating 99% | Annual County Health Department Performance Snapshot | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 2.3.1A Facilitate provision of high quality customer service among all staff | • Review ratings with leadership team | • Meeting minutes | June 2014 and 2015 | Pam Blackmon |
| | • Review results with staff | • Meeting minutes; Email documentation | August 2014 and 2015 | Leadership Team |
| | • Staff training | • Meeting agenda and handouts | January 2014 and 2015 | Leadership Team |

STRATEGIC ACTION PLAN

Strategic Issue 3: Financial and Business Excellence Goal 3.1 Improve Efficiency and Effectiveness

| OBJECTIVE 3.1.1 | | BASELINE | OUTCOME INDICATORS | |
|---|--|---|---|------------|
| By June 30, 2014 and June 30, 2015 maintain Schedule C OCA cash balances for Federal funds and State GR and Trust funds at 100% | | 2013 County Health Department Performance Snapshot 1. Federal funds – 75% 2. State GR funds–77.8% July 2013 Administrative Snapshot 100% | Annual County Health Department Performance Snapshot Monthly Administrative Snapshot | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 3.1.1A Implement and improve processes that support accountability and effective management | • Monitor and manage cash balance report daily | • OCA cash balance report | Ongoing | Susie Cook |
| | • Adjust codes to reflect alignment with OCA budget requirements | • OCA cash balance report | Ongoing | Susie Cook |

STRATEGIC ACTION PLAN

Strategic Issue 3: Financial and Business Excellence Goal 3.1 Improve Efficiency and Effectiveness

| OBJECTIVE 3.1.2 | | BASELINE | OUTCOME INDICATORS | |
|---|--|--|---|-----------------|
| By June 30, 2014 and June 30, 2015 employees and supervisors will certify the accuracy of time recorded on EARS within 7 calendar days of the end of each pay period at least 95% of the time | | 2013 County Health Department Performance Snapshot 89% July 2013 Administrative snapshot 95.89% | Annual County Health Department Performance Snapshot Monthly Administrative Snapshot | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 3.1.2A Implement and improve processes that support accountability and effective management | • Add timely certification of EARS to employee performance standards | • Employee evaluation criteria | January 2014 | Supervisors |
| | • Add timely approval to supervisor performance standards | • Supervisor evaluation criteria | January 2014 | Supervisors |
| | • Review data monthly | • Administrative snapshot | Monthly | Leadership team |

STRATEGIC ACTION PLAN

Strategic Issue 3: Financial and Business Excellence Goal 3.2 Maximize Funding to Accomplish Public Health Mission

| OBJECTIVE 3.2.1 | | BASELINE | OUTCOME INDICATORS | |
|--|---|--|------------------------|-----------------------------|
| By June 30, 2014 and June 30, 2015 generate strategies for maximizing revenues from Medicaid, other third party payers and other revenue sources | | FIRS Spending Plan FIRS Revenue/Expenditure Reports | Strategies | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 3.2.1A Maximize Medicaid and other revenue to support the provision of health care and public health services to the county | • Review data on payer source and services (billing history) | • HMS Reports | October 2013 | Pam Blackmon and Kim Pepper |
| | • Review data on clinic attendance | • HMS Reports | December 2013 | Scheduling Committee |
| | • Monitor ACA developments | • Leadership meeting minutes | Ongoing | Pam Blackmon |
| | • Review Medicaid Managed Care contracts | • Number contracts reviewed | Ongoing | Pam Blackmon |
| | • Increase Medicaid and 3 rd Party contracts as managed care rolls out | • Number new contracts | June 2014 June 2015 | Pam Blackmon |
| | • Provide coding and billing training for staff | • Number of staff trained | Ongoing | Kim Pepper |

STRATEGIC ACTION PLAN

Strategic Issue 3: Financial and Business Excellence Goal 3.3 Promote a Culture of Organizational Excellence

| OBJECTIVE 3.3.1 | | BASELINE | OUTCOME INDICATORS | |
|---|----------------------------------|----------------------------|-----------------------|--------------|
| By September 30, 2014 90% of the activities in the QI plan will be implemented as scheduled | | None | QI report: Storyboard | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 3.3.1A Implement quality improvement processes | • Recruit QI Council | • QI Council sign-in sheet | August 31, 2013 | Pam Blackmon |
| | • Choose initial target activity | • Written QI Plan | September 30, 2013 | QI Council |
| | • Develop QI Plan | • Written QI Plan | September 30, 2013 | Howell Batts |
| | • Implement plan | • Meeting minutes | Ongoing | QI Council |
| | • Complete story board | • Storyboard | September 30, 2014 | QI Council |

STRATEGIC ACTION PLAN

Strategic Issue 3: Financial and Business Excellence Goal 3.3 Promote a Culture of Organizational Excellence

| OBJECTIVE 3.3.2 | | BASELINE | OUTCOME INDICATORS | |
|---|---|--|---------------------------|---------------|
| By September 2014 attain National Public Health Accreditation | | Not Applicable | Accreditation certificate | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 3.3.2A Document organizational achievements | <ul style="list-style-type: none"> Recruit accreditation coordinator and team members | <ul style="list-style-type: none"> Accreditation meeting sign in sheets | July 31, 2013 | Pam Blackmon |
| | <ul style="list-style-type: none"> Complete webinar trainings | <ul style="list-style-type: none"> Agendas and notes | August 31, 2013 | Emmett Martin |
| | <ul style="list-style-type: none"> Team meets to delegate acquisition of needed documentation | <ul style="list-style-type: none"> Meeting minutes | September 30, 2013 | Emmett Martin |
| | <ul style="list-style-type: none"> Complete electronic files | <ul style="list-style-type: none"> Electronic files | January 31, 2014 | Emmett Martin |
| | <ul style="list-style-type: none"> Documents submitted to headquarters | <ul style="list-style-type: none"> Email confirming receipt | January 31, 2014 | Emmett Martin |
| | <ul style="list-style-type: none"> Participate in additional accreditation activities as needed (ex. Site visit) | <ul style="list-style-type: none"> TBA | September 30, 2014 | Emmett Martin |

STRATEGIC ACTION PLAN

Strategic Issue 4: Workforce Development Goal 4.1 Recruit and Retain Competent Public Health Workforce

| OBJECTIVE 4.1.1 | | BASELINE | OUTCOME INDICATORS | |
|---|---|--------------------------------------|-----------------------------|-----------------|
| By July 31, 2014 and July 31, 2015 90% of staff will participate in annual staff training | | Not Applicable | WFD Plan Review | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 4.1.1A Implement a competency based training and retention program | • Complete annual training needs assessment as identified in WFD plan | • Training needs assessment document | July 31, 2014 and 2015 | Pam Blackmon |
| | • Plan annual staff training based on needs assessment | • Minutes and agendas | July 31, 2014 and 2015 | Leadership Team |
| | • Conduct annual staff training | • Minutes and agenda | July 31, 2014 and 2015 | Leadership Team |
| | • Evaluate annual staff training via survey | • Training survey | September 30, 2014 and 2015 | Pam Blackmon |

STRATEGIC ACTION PLAN

Strategic Issue 4: Workforce Development Goal 4.1 Recruit and Retain Competent Public Health Workforce

| OBJECTIVE 4.1.2 | | BASELINE | OUTCOME INDICATOR | |
|--|--|--|---|--------------|
| By December 31, 2015 at least 3 employee satisfaction climate dimensions will receive a score of 4.0 or higher | | 2012 DOH Employee Satisfaction Survey one climate dimension higher than 4.0 | Employee Satisfaction Climate Dimensions Source: County Health Department Performance Snapshot | |
| STRATEGY | ACTIVITY | PERFORMANCE MEASURE | TARGET DATE | CHAMPION |
| 4.1.2A Implement a competency based training and retention program | • Review 2012 employee satisfaction data with leadership | • Meeting minutes | September 30, 2014 | Pam Blackmon |
| | • Appoint QI team to address employee satisfaction | • Meeting minutes | August 30, 2013 | Pam Blackmon |
| | • QI team conduct in-depth analysis of 2012 employee satisfaction survey results | • Meeting minutes | July 1, 2014 | QI Council |
| | • QI team develops strategies for increasing employee satisfaction | • Meeting minutes and story board | September 30, 2014 | QI Council |
| | • QI team implements strategies to improve employee satisfaction | • Number of satisfaction dimensions improved following strategy implementation | Ongoing | QI Council |

STRATEGIC PLAN ALIGNMENT

| Florida DOH-Suwannee Strategic Plan Objective | Florida DOH Strategic Plan Goal | Florida DOH Strategic Plan Strategy |
|--|--|--|
| Objective 1.1.1 By December 31, 2015 increase the percentage of adults who report moderate to vigorous physical activity at least three times per week to 61% | Goal 1.1 Reduce chronic disease morbidity and mortality | Strategy 1.2.1 Increase the proportion of adults and children who are at a healthy weight |
| Objective 1.1.2 By December 31, 2015 increase the number of adults who consume at least 5 servings of fruits and vegetables daily to 32% | Goal 1.1 Reduce chronic disease morbidity and mortality | Strategy 1.2.1 Increase the proportion of adults and children who are at a healthy weight |
| Objective 1.1.3 By December 31, 2015 reduce the number of adults currently smoking cigarettes to 27% | Goal 1.2 Reduce chronic disease morbidity and mortality | Strategy 1.2.2 Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure |
| Objective 1.1.4 By December 31, 2015 reduce number of youth ages 11-17 using tobacco to 25% | Goal 1.2 Reduce chronic disease morbidity and mortality | Strategy 1.2.2 Reduce illness, disability, and death related to tobacco use and secondhand smoke exposure |
| Objective 1.1.5 By December 31, 2015 increase the number of women older than 40 who have received a mammogram to 50% | Goal 3.2 Assure access to health care | Strategy 3.2.1 Increase access to care for underserved populations |
| Objective 1.1.6 By December 31, 2015 increase the percentage of adults with diabetes who have received diabetes self management | Goal 3.2 Assure access to health care | Strategy 3.2.1 Increase access to care for underserved populations |
| Objective 1.3.1 By June 30, 2014 the composite annual preparedness score will be at least 4.27 | Goal 1.1 Protect the Population from health threats | Strategy 1.1.3 Minimize loss of life, illness, and injury from natural or man-made disasters |
| Objective 2.1.1 By December 31, 2015 increase number of family and specialty doctors by at least two | Goal 3.2 Assure access to health care | Strategy 3.2.1 Increase access to care for underserved populations |
| Objective 2.1.2 By December 31, 2015 increase percentage of persons reporting improved awareness of available health care options | Goal 3.2 Assure access to health care | Strategy 3.2.1 Increase access to care for underserved populations |

STRATEGIC PLAN ALIGNMENT

| Florida DOH-Suwannee Strategic Plan Objective | Florida DOH Strategic Plan Goal | Florida DOH Strategic Plan Strategy |
|---|--|---|
| Objective 2.1.3 By July 1, 2015 decrease percentage of persons reporting either transportation or language as barriers to health care access | Goal 3.2 Assure access to health care | Strategy 3.2.2 Provide equal access to culturally and linguistically competent care. |
| Objective 2.2.1 By December 31, 2015 establish and maintain a productive community health partnership to participate in and monitor the health of the community | Goal 3.1 Promote an integrated public health system. | Strategy 3.1.2 Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals |
| Objective 2.3.1 By June 30, 2014 and June 20, 2015 all customer satisfaction ratings will be maintained at 90% or higher | Goal 2.3 Promote a culture of organizational excellence | Strategy 2.3.2 Maintain a sustainable performance management framework |
| Objective 3.1.1 By June 30, 2014 and June 30 2015 the CHD will continue to maintain Schedule C OCA cash balances for Federal funds and State GR and Trust Funds at 100% | Goal 2.1 Improve efficiency and effectiveness | Strategy 2.1.5 Implement tools, processes and methods that support accountability and provide transparency in DOH administrative management systems |
| Objective: 3.1.2 By June 30, 2014 and June 30, 2015 employees and supervisors will certify the accuracy of time recorded on EARS within 7 calendar days of the end of each pay period at least 95% of the time | Goal 2.1 Improve efficiency and effectiveness | Strategy 2.1.5 Implement tools, processes and methods that support accountability and provide transparency in DOH administrative management systems |
| Objective 3.2.1 By June 30, 2014 and June 30, 2015 generate strategies for maximizing revenues from Medicaid, other third party payers and other revenue sources | Goal 2.2 Maximize funding to accomplish the public health mission | Strategy 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. |

STRATEGIC PLAN ALIGNMENT

| Florida DOH-Suwannee Strategic Plan Objective | Florida DOH Strategic Plan Goal | Florida DOH Strategic Plan Strategy |
|---|--|--|
| Objective 3.3.1 By September 30, 2014 90% of the activities in the QI plan will be implemented as scheduled | Goal 2.3 Promote a culture of organizational excellence | Strategy 2.3.3 Develop, implement and sustain integrated quality improvement processes throughout organizational practice, programs, processes and interventions. |
| Objective 3.3.2 By September 30, 2014 attain National Public Health Accreditation | Goal 2.3 Promote a culture of organizational excellence. | Strategy 2.3.1 Collect, track and use performance data to inform business decisions and continuously improve. |
| Objective 4.1.1 By December 30, 2015 90% of staff will participate in annual staff training | Goal 4.1 Attract, recruit, and retain a competent and credentialed workforce. | Strategy 4.1.2 Provide trainings and resources that support and develop current public health employees. |
| Objective 4.1.2 By December 31, 2015 at least 3 employee satisfaction climate dimensions will receive a score of 4.0 or higher | Goal 4.1 Attract, recruit, and retain a competent and credentialed workforce. | Strategy 4.1.1 Implement a competency-based framework for recruitment and training. |