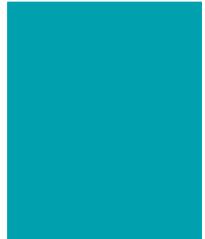


Florida Department of Health in
Clay County
**Strategic Plan December 1,
2019- December 31, 2023**

Revised July 2022



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Heather Huffman, MS, RDN, LD/N, IBCLC
County Health Department Director/Administrator



*Prepared by The Ertrachter Group
November 2019
Published November 1, 2019*

Mission:

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



Ron DeSantis
Governor

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Vision: To be the Healthiest State in the Nation

Florida Department of Health in Clay County
1305 Idlewild Avenue, Green Cove Springs, FL 32043
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Revisions

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed By
5.4.2020	1	Updated alignment of objectives under Agency Strategic Plan	25-27	Courtney Ellis
10.22.2020	2	Updated Objectives with appropriate baseline years.	17-18, 25-27	Sydney Marlow
11.16.2020	3	Added revision process, summary of revisions table	19-21	Sydney Marlow
11.16.2020	4	Updated all strategic plan objectives	17-18	Sydney Marlow
12.4.2020	5	Added environmental scan resources	23	Sydney Marlow
4.1.2021	6	Dates of Objectives 1.2.2 B and 1.2.2 C extended		Sydney Marlow
4.20.2021	7	April 2021 revision chart added		Sydney Marlow
9.16.22	8	Updated baseline years and revised objectives with recent data	18	Dasia Brown
10/3/2022	9	Updated data with wording of objective 1.1.3.C	18	Courtney Ellis

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 YOUTUBE: fldoh
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 PINTEREST: HealthyFla

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**Produced and Published by
The Florida Department of Health in Clay County
Strategic Planning Committee
November 2019**

Dear Colleagues,

I am pleased to share with you the Florida Department of Health in Clay County's three-year strategic plan. The plan outlines what our organization plans to achieve, how we will do it, and how our progress will be measured.

Florida Department of Health in Clay County is part of the centralized public health department in the State of Florida. Our mission, vision, and values remain the same and define our purpose, direction, and guiding principles of our agency. You will also discover four strategic priorities which have been selected because of their potential impact on improving the organization and supporting the community to improve population health and health outcomes in Clay County.

The strategic plan is one tool we utilize to improve public health services, value, and accountability to community and stakeholders. The plan provides guidance for decisions about future activities and resource allocation. It is a fluid, working document in which we will continue to change with the ever-changing environment, new opportunities and emerging threats to meet the needs of the community.

I want to express appreciation to employees and partners who participated in the strategic planning process for their valuable feedback and commitment to move the agency forward. I encourage staff and managers to support the strategic plan by integrating priorities into program work plans and individual employee performance plans. All staff play a role in ensuring the plan is implemented and that we are successful in improving population health, maintaining an effective public health system, developing a competent workforce, and building a culture of quality.

This plan is only one portion of a comprehensive effort to advance quality and performance within the Florida Department of Health in Clay County and fulfill our mission.

Sincerely,

Heather Huffman, MS, RDN, LD/N, IBCLC

Health Officer & Administrator

Mission:

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Mission, Vision, Motto, and Values

Mission – Why do we exist?

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

Vision – What do we want to achieve?

To be the Healthiest State in the Nation.

Clay County Motto – What does the vision look like for Clay County?

Our community is empowered to make healthier lifestyle choices in partnership with the integrated public health system which promotes and advances health in all places.

Values – What do we use to achieve our mission and vision?

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

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

Accountability: We perform with integrity & respect.

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

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

Behaviors Supporting Our Values – What would we see if we're operationalizing our values?

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

- We provide opportunities for staff to exchange ideas and information.
- We inspire creative approaches to overcome obstacles.
- We keep an open mind as we learn from one another.

Collaboration - We use teamwork to achieve common goals & solve problems.

- We utilize each other's strengths to achieve maximum success.
- We work in alliance with partners to meet the needs of our community.

Accountability - We perform with integrity & respect.

- We treat everyone with respect regardless of personal beliefs and differences.
- We take ownership of our responsibilities.
- We ask for help and embrace constructive criticism.

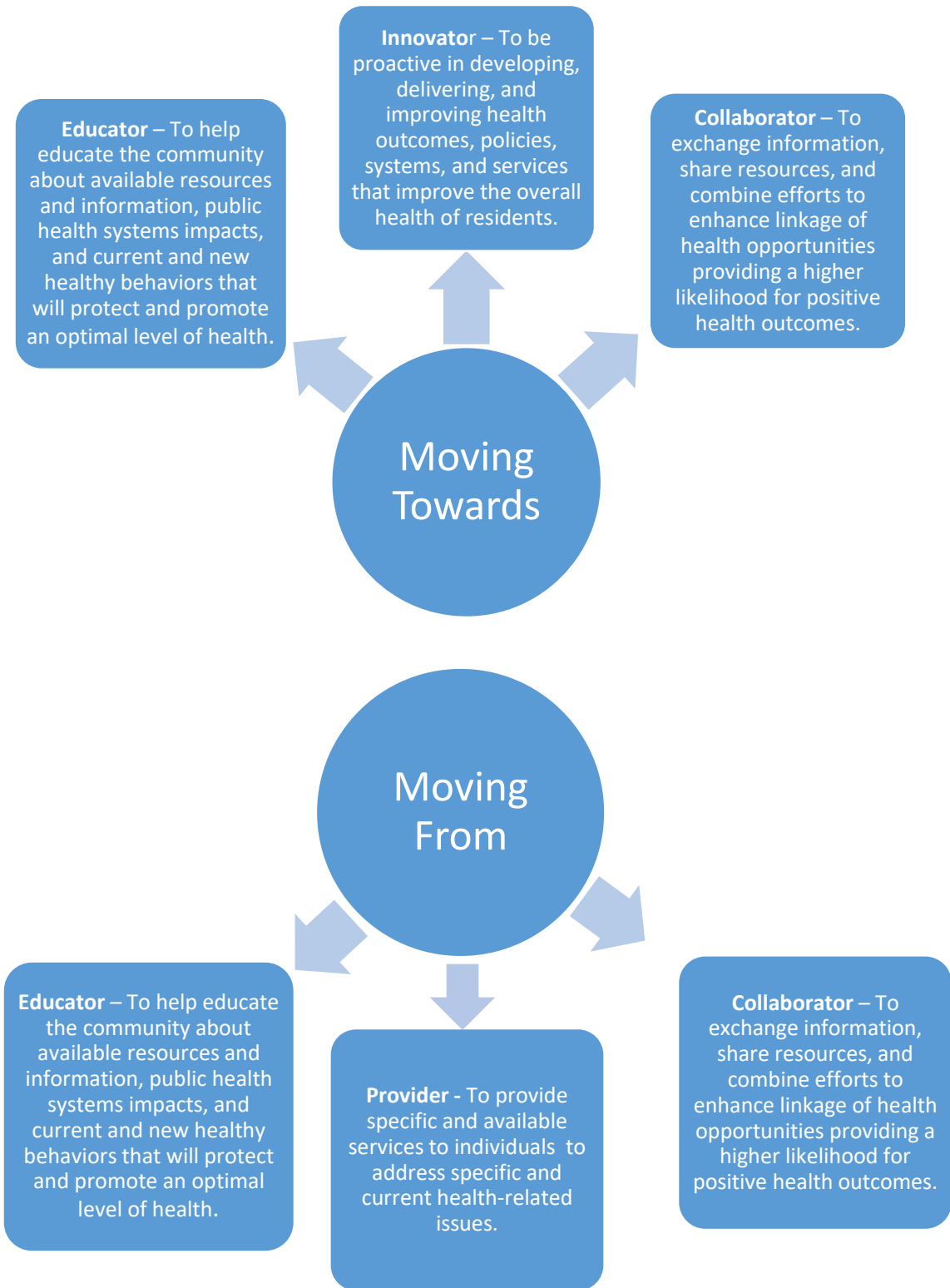
Responsiveness - We achieve our mission by serving our customers & engaging our partners.

- We take proactive actions to serve our community.
- We assure a timely response to all.
- We show compassion for each other and the community.

Excellence - We promote quality outcomes through learning & continuous performance improvement.

- We do our best to exceed expectations.
- We continuously learn and seek personal growth.
- We strive daily for continuous improvement.

Department of Health in Clay County Major Roles in Public Health



Executive Summary

The Florida Department of Health in Clay County (DOH-Clay) initiated a new strategic planning process in January 2019. The process involved numerous internal stakeholders such as senior leadership, program managers and a dedicated strategic planning committee. External stakeholders also participated in the planning process through multiple channels by use of the recent Community Health Assessment information gathering process that included focus groups, surveys, and one-on-one interviews. The planning process facilitator also interviewed clients about their attitudes and perceptions on public health and DOH-Clay.

DOH-Clay approached the strategic planning process with a number of objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of the 10 Essential Public Health Services. The strategic planning committee identified their strengths that can be leveraged and the shifts in culture that need to happen for continued success. There is a strong connection to the community with many partnerships and a history of collaboration. This will be foundational to an enhanced population health approach to connect practice to policy for change to happen locally. There were several culture shifts identified as part of the alignment to the updated strategic plan. There is a need for reinforcing the use of a health equity lens throughout DOH-Clay's planning and work, the reinforcement of core values into our everyday practice, and an emphasis on switching to more appropriate roles such as educator and collaborator. The planning committee identified a need to shift from the provider role to more of an innovator role where DOH-Clay can be proactive, and ensure better health outcomes, policies, systems, and services that improve the overall health of residents.

DOH-Clay also sought to articulate what they plan to achieve as an organization, how they'll achieve it and how they will know if it's been achieved. The planning team adopted the vision of being the healthiest state in the nation and brainstormed what that would look like for Clay County. A motto that aligns and supports that vision was developed – Our community is empowered to make healthier lifestyle choices in partnership with the integrated public health system which promotes and advances health in all places.

Quarterly monitoring will take place (see appendix B). The DOH-Clay Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, administrators and legislators seeking to understand the work of public health in our county. The strategic plan is intended to position DOH-Clay to operate as a sustainable local health office within Florida's integrated public health system, under the current economic environment, and to give our customers high quality public health services.

In September of 2021, the decision was made to extend the Strategic Plan an additional year to align with DOH-Clay's Community Health Assessment and Community Health

Improvement Plan. In 2020, the COVID19 epidemic remained a constant priority and required dedication from every DOH-Clay division and program. The leadership team collectively decided that an additional year was needed to achieve the objectives outlined in this plan successfully.

Background and Overview

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

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

Demographics

The Florida Department of Health in Clay County serves a population of 213,565; 1% of Florida’s total population of 21,299,235.

Where we live influences our health. Demographic, socioeconomic and environmental factors create unique community health service needs. A key characteristic that sets Clay County apart is just over half of the residents are female (50.7%). 81.2% of Clay County residents are Caucasian, 11.8% are African American, and 9.9% of residents are Hispanic. Less than one quarter of the Clay County population is 65 years of age or older (15.2%).

**Population by Gender, Age, Race and Ethnicity
Clay County and Florida**

Category		Number	Clay Percentage	Florida Percentage
Total Population:		213,565		
Gender	Female	108,443	50.7%	51.1%
	Male	105,122	49.2%	48.9%
Race	African American	25,212	11.8%	16.9%
	Caucasian	173,321	81.2%	77.3%
	Other	15,032	7.0%	5.8%
Age	< 20	55,575	26.0%	22.1%
	20 – 34	38,730	18.1%	19.1%
	35 – 54	57,606	27.0%	25.0%
	55 – 64	29,126	13.6%	13.4%
	>65	32,528	15.2%	20.5%
Ethnicity	Hispanic	21,132	9.9%	26.1%
	Non-Hispanic	192,433	90.1%	73.9%

Source: Clay County: FL Health Charts; Florida: US Census Bureau: 2018 Fact Finder

The population of Clay County is more densely concentrated in the northern half of the county, with the highest-density areas in the northeastern quadrant. The southern quadrant and west central portion of the county surrounding Kingsley Lake are much less densely populated, with the exception of the census tracts containing Keystone Heights. The low population density surrounding Kingsley Lake is due to the location of the National Guard’s Camp Blanding Training Center.

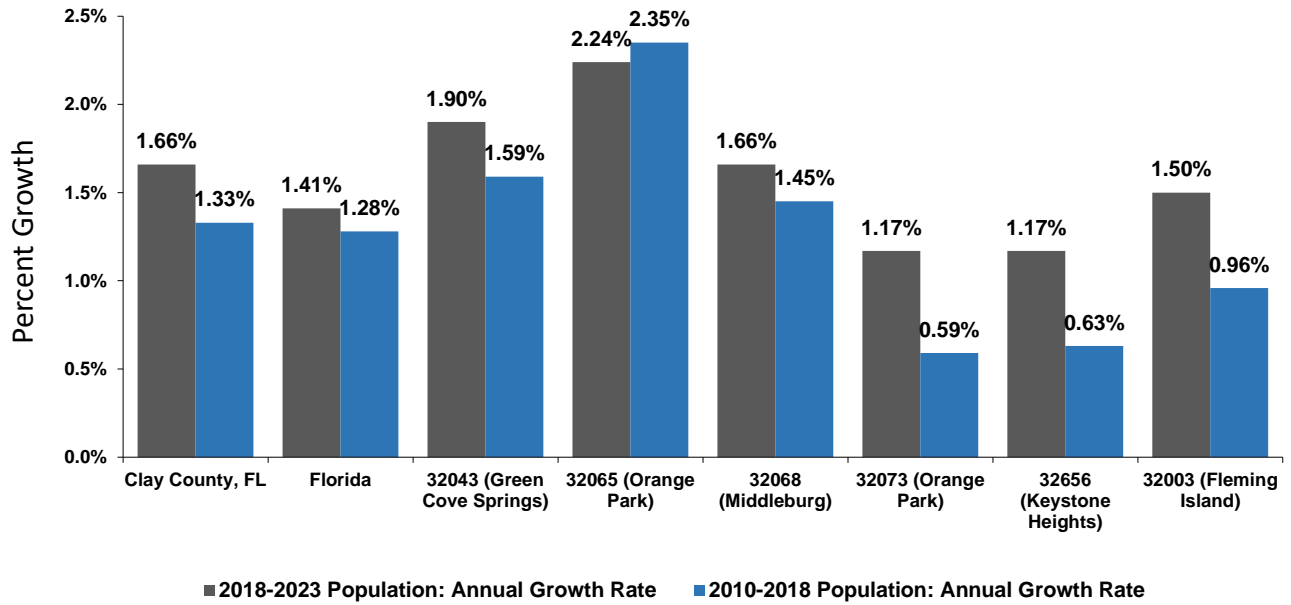
**Other Demographic Information
Clay County and Florida**

Category		Clay County	Florida
Housing	Median value of owner-occupied housing units	\$165,300	\$178,700
	Living arrangements	Persons per household	2.81
Education (age 25+ years)	High school graduate or higher	91.1%	87.6%
	Bachelor’s degree or higher	23.7%	28.5%
Income & poverty	Median HH Income	\$61,971	\$50,883
	Persons in poverty (%)	9.9%	13.6%

Source: US Census Bureau: 2018 Fact Finder

Clay County will see many changes over the next few years, including a projected population growth of 12.4% through 2020 and 34.3% growth by 2030 (Source: Clay Chamber). Clay County is projected to have a growth rate 0.25 percentage points greater than Florida’s from 2018 to 2023. The top three projected growth areas in Clay County are Orange Park, Green Cove Springs, and Middleburg.

Population Growth Rate by Zip Code, Clay County, 2010-2023



Data Source: Esri, 2018 and 2023 Population Estimates

Background and Overview

Clay County Health Rankings

County Health Rankings & Roadmaps, produced by the University of Wisconsin and Robert Wood Johnson Foundation, are a collection of reports that illustrate the overall health of counties in every state across the country and provide a comparison of counties within the same state. Two major categories exist for County Health Rankings: health outcomes and health factors. Health outcomes are measures that describe the current health status of a county. These health outcomes are influenced by a set of health factors. Health factors and their subsequent outcomes may be affected by community-based programs and policies designed to alter their distribution in the community. Counties can improve health outcomes by addressing all health factors with effective, evidence-based programs and policies. ^(a)

The report ranks Florida counties according to their summary measures of health outcomes and health factors, as well as the components used to create each summary measure. Outcomes rankings are based on an equal weighting of mortality and morbidity measures. The summary health factors rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. ^(b)

In 2019, Clay County ranked 16th out of 67 Florida counties in health outcomes, which reflect length of life and quality of life, and 13th out of 67 counties in health factors. There were significant differences when examining the individual rankings for each of the four topics considered for the health factors score. Health factors include health behaviors (ranked 35th out of 67 counties), clinical care (ranked 20th), social and economic factors (ranked 6th), and physical environment (ranked 34th). The table on the next page lists the four topics, along with the types of indicators included within each and the corresponding ranking for Clay County. The table also shows whether Clay County's 2019 rank improved or worsened from 2018.

Clay County Health Rankings, 2019

Health Outcomes (16th) ↓	Length of Life: 21 st out of 67 ↓			
	Quality of Life: 13 th out of 67 ↓			
Health Factors (13th) ↑	Health Behaviors	Clinical Care	Socioeconomic	Physical Environment
			Education	
	Tobacco Use		Employment	
	Diet & Exercise	Access to Care	Income	Air & Water Quality
	Alcohol & Drug Use	Quality of Care	Family & Social Support	Built Environment
	Sexual Activity			
			Community Safety	
	Clay Rank: 35th ↓	Clay Rank: 20th ↑	Clay Rank: 6th →	Clay Rank: 34th ↑

(a) Robert Wood Johnson Foundation (2016). *Ranking System*. Retrieved from County Health Rankings and Roadmaps: <http://www.countyhealthrankings.org/ranking-methods/ranking-system>

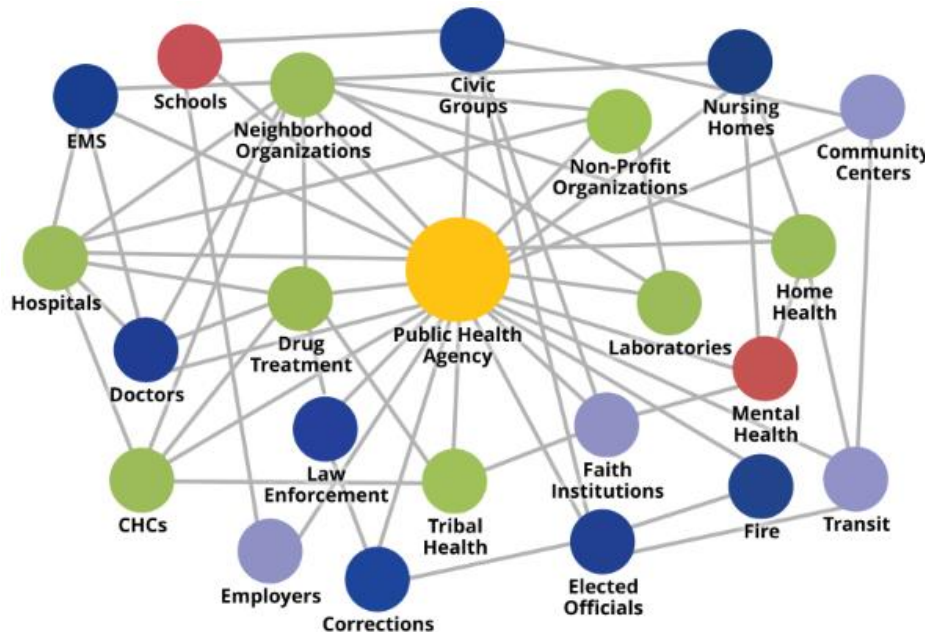
(b) Robert Wood Johnson Foundation (2016). *Ranking System*.

Background and Overview

Local Public Health System Assessment

The National Public Health Performance Standards Program (NPHPSP) was developed by the U.S. Department of Health and Human Services (DHHS) to provide measurable performance standards public health systems can use to ensure delivery of public health services. The Local Public Health System Assessment (LPHSA) is a tool from the NPHPSP used to examine competency, capacity, and provision of health services at the local level. The DHHS defines public health systems as “all public, private, and voluntary entities that contribute to the delivery of essential public health services without jurisdiction.” (a)

THE PUBLIC HEALTH SYSTEM FROM THE CDC'S NPHPSP



The *10 Essential Public Health Services* outline the public health activities that all communities should undertake, providing the fundamental framework for the LPHSA. (b) The LPHSA instrument is divided into ten sections, assessing the local public health system's ability to provide each essential service.

The 10 Essential Public Health Services are:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.

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

As part of the 2019 Community Health Assessment process, four workgroups were held in Clay County to review and discuss each of the 10 Essential Public Health Services. Workgroup participants were asked questions about each essential service and scored each service by consensus, using recommended scoring levels provided in the assessment instrument.

It is important to remember that these scores consider the county’s complete public health/safety-net services system and are not limited to activities performed directly by the county health department. Clay County performs best in Essential Services 2, 4, 5, and 9, and worst in Essential Services 3, 8, and 10.

The table below shows a breakdown of the performance scores for essential services 3, 8, and 10. These were the essential services most in need of improvement, as identified by the LPHSA workgroup participants.

Detailed Performance Scores for Essential Services 3, 8, and 10

ES: Educate/Empower	55.6
3.1 Health Education/Promotion	50.0
3.2 Health Communication	25.0
3.3 Risk Communication	91.7
ES 8: Assure Workforce	62.5
8.1 Workforce Assessment	0.0
8.2 Workforce Standards	75.0
8.3 Continuing Education	75.0
8.4 Leadership Development	100.0
ES 10: Research/Innovations	63.9
10.1 Foster Innovation	56.3
10.2 Academic Linkages	91.7
10.3 Research Capacity	43.8

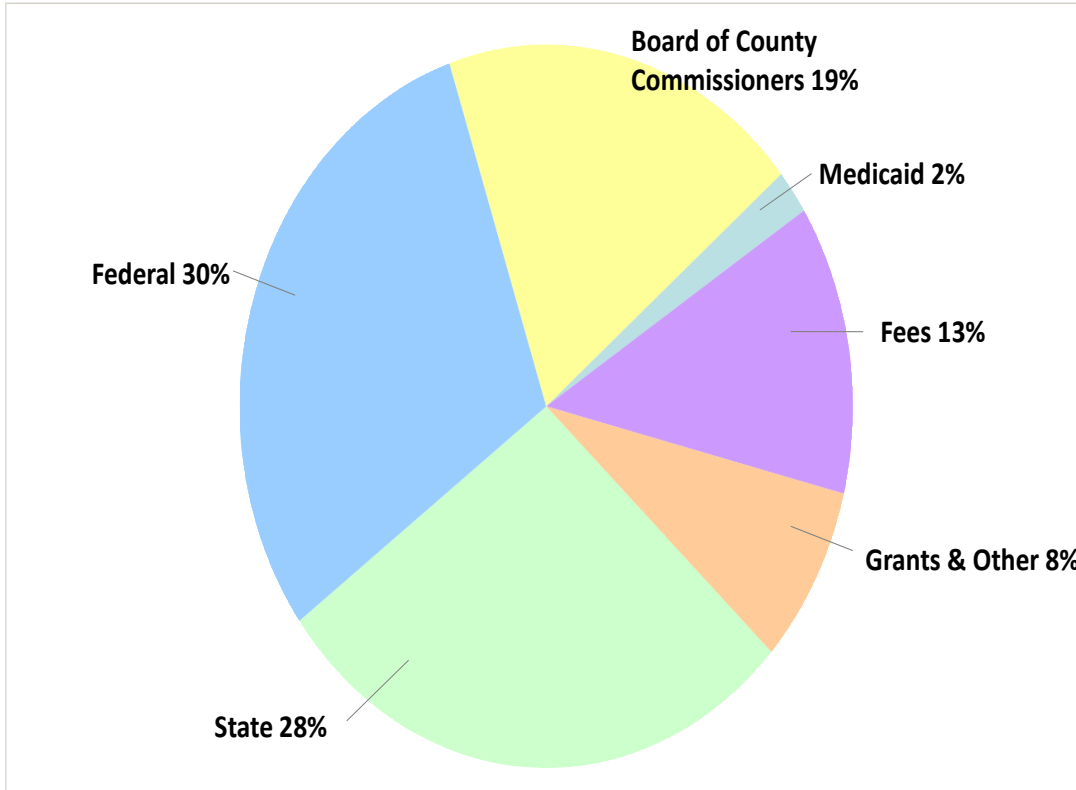
Background and Overview

Budget and Revenue

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

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

Total Revenues: \$4,554,562



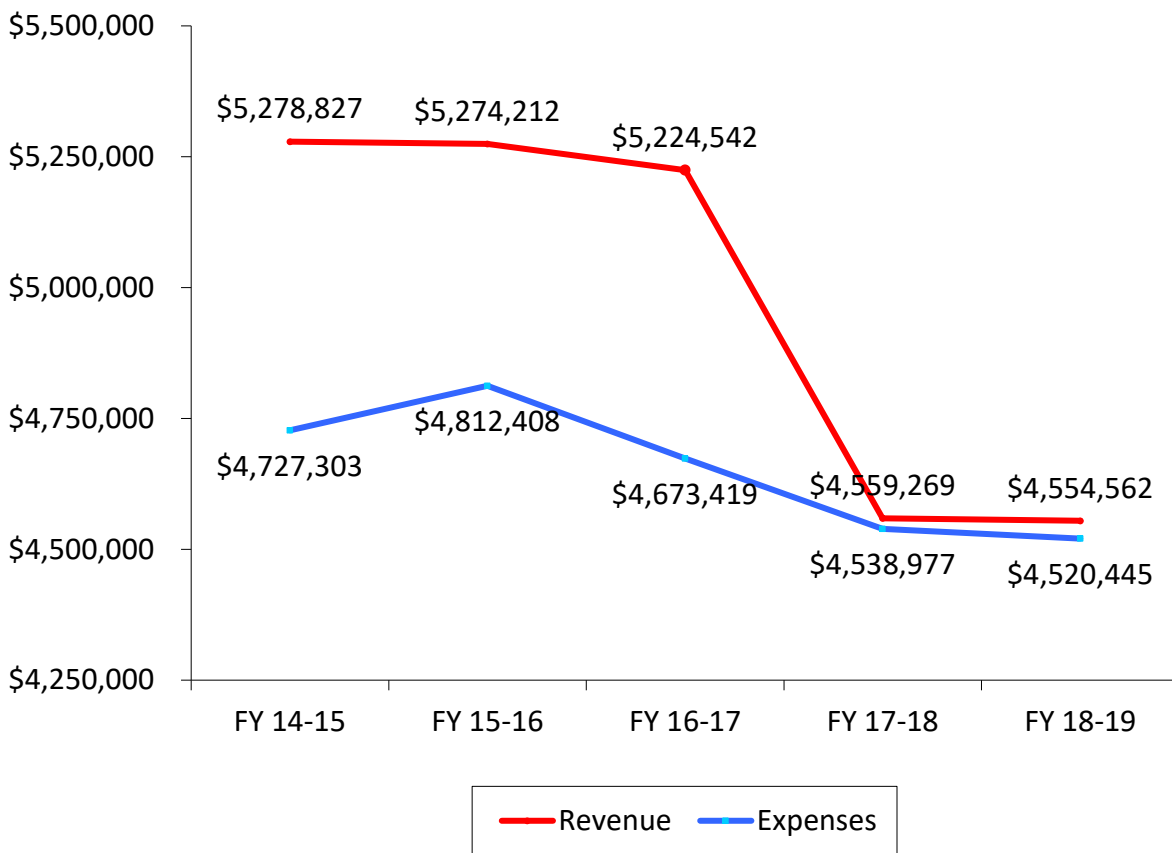
Source: Department of Health in Clay County

Background and Overview

Budget and Revenue

Some of the changes affecting our services and programs include the advent of Statewide Managed Medicaid, state and federal cuts to the Florida Department of Health in Clay County. The graph below represents our revenue and expense relationship over the past five years. As illustrated, the revenue and expenses have been in sync over the last two years.

**The Florida Department of Health in Clay County
Revenue and Expenses 2015-2019**



Source: Department of Health in Clay County

Background and Overview

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

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, complaint investigations and enforcement of public health laws.

Disease Control and Prevention

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

Women, Infants and Children (WIC)

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

Clinical Services

We offer education and counseling to help women plan their families and improve their reproductive health and birth outcomes through family planning services. Other services available include primary care, immunizations, STD testing and treatment, HIV/AIDS testing, and Hepatitis screening.

Public Health Preparedness

We partner with the local healthcare system, emergency management, government and the community on preparedness and response to natural and man-made disasters. The preparedness effort focuses on developing critical capabilities necessary for an effective disaster response to keep the community safe and minimize loss.

Vital Statistics

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

School Health

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

Community Health

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

SWOT Analysis

Strengths, Weakness, Opportunities and Threats (SWOT) Analysis*

Strengths (Internal)	Opportunities (External)
<ul style="list-style-type: none"> • Community partnerships: a strong involvement in the community; continuous push to educate residents; sharing information on events, giving support • Staff: desire to serve the citizens of Clay County and improve public health; dedication; teamwork • Good collaboration with different agencies/people –different hospitals, schools, County Commissioners, septic tank contractors • Leadership: don't always agree with decisions but trust decisions; acknowledged we aren't unified and taking steps towards improvement • Plenty of data to help inform decision-making 	<ul style="list-style-type: none"> • Population growth: Clay County is going to be growing faster as the roads and new developments (housing and shopping) are being built • The biggest community trends to watch in our community include: Transportation issues/needs, opioid crisis, and increased drug/substance abuse issues and limited treatment facilities • Changing technology/increase use of technology • Lack of education in the community – health equity • The strategic planning committee felt Clay County was a good place to live and there was a stronger sense of community in comparison with other surrounding counties • Collaboration – creative strategies
Weaknesses (Internal)	Threats or Challenges (External)
<ul style="list-style-type: none"> • Collective approach: interconnectedness of outside partners, staff, overall initiatives, supporting divisions other than our own and feeling ownership of all DOH initiatives • Internal communications: improve process and flow across departments in a way that includes input from frontline staff; need to be more open; Information doesn't get passed down from manager/supervisors; communications flow; inconsistent • Awareness: better communications with residents and staff on services provided to the community; use of technology; increase the public's knowledge of departmental functions and services • Workforce: Recruiting and retaining a qualified public health workforce 	<ul style="list-style-type: none"> • With the First Coast Expressway coming through Clay County, this will cause for more car traffic and construction • Increase/threat of homelessness • High number of vehicles death – high commuter numbers • A lack of affordable dental care is an important issue in Clay County heard across all demographic groups • Some of the greatest barriers to accessing health services include affordability, lack of public transportation, and eligibility barriers that make it difficult to qualify for existing programs in the county • Increase in vaping • Increase in communicable diseases

*See Appendix B for a description of the SWOT process

Priorities

Priority 1: Population Health - *How does Clay County get to sustainable, optimal health for all residents?*

Goal:

Ensure opportunities for health in all places for all residents to live long, healthy lives.

Strategies:

1. Improve health outcomes working with partners with a collaborative approach.
2. Assure a base level of health equity across all sectors and partnerships within the public health system.
3. Increase health behaviors aligned with the Community Health Improvement Plan (CHIP).

Priority 3: Internal Awareness - *How do we establish effective and consistent internal communications?*

Goal:

Foster a workplace environment that leads to enhanced unity.

Strategies:

1. Create and implement a brand ambassador strategy.
2. Enhance the two-way internal communication infrastructure and flow.

Priority 2: Community Awareness - *How can we increase community awareness of our purpose and role within the health community?*

Goal:

Empower our community to make better health choices.

Strategies:

1. Develop an integrated, comprehensive marketing communications plan.

Priority 4: Workforce Development - *How do we recruit, develop, retain and grow a competent public health staff member that provides accurate and timely services to the community?*

Goal:

Build a competent, productive public health workforce.

Strategies:

- A. Develop a comprehensive workforce development plan.

Strategies and Objectives

Priority 1: Population Health – How does Clay County get to sustainable optimal health for all residents?

Strategies	Objectives
1.1.1. Improve health outcomes working with partners using a collaborative approach.	A. By December 31, 2022, staff responsible for population health strategies outlined in DOH-Clay's strategic plan will increase the number of current or potential community partners to cultivate relationships with and promote local policy change from 0 (2019) to 2.
1.1.2. Assure a base level of health equity across all sectors and partnerships within the public health system.	<p>A. By December 31, 2022, staff responsible for population health strategies outlined in DOH-Clay's strategic plan will use data science to identify and increase the number of target populations outlined in their action plans from 0 (2019) to 1.</p> <p>B. By June 30, 2021, DOH-Clay will reduce the percentage of COVID-19 cases where race is unknown from 12.3% (2020) to 10% or below.</p> <p>C. By June 30, 2021, DOH-Clay will reduce the percentage of COVID-19 cases where ethnicity is unknown from 19.4% (2020) to 10% or below.</p>
1.1.3 Increase health behaviors aligned with the Community Health Improvement Plan (CHIP).	<p>Tobacco: DOH-Clay Health Educator</p> <p>A. Decrease the percentage of adults who currently smoke at 22.2% (2019) to 18.7% by December 31, 2023.</p> <p>B. Reduce the percentage of Clay County youth (11-17) who have ever used an electronic vapor product at 28.4% (2020) to 24.0% by December 31, 2023.</p> <p>Communicable Diseases**: DOH-Clay Disease Control Manager</p> <p>C. Decrease the bacterial STD 3-year rolling rate from 1,459.0 to 1,386.0 (5%) among non-Hispanic Black by December 31, 2023.</p> <p>D. Decrease the HIV cases among non-Hispanic Black from 10 (2019) to 9.99 by December 31, 2022**</p> <p>Unintentional Injury: DOH-Clay Health Educator and Community Health Liaison</p> <p>E. Decrease the annual number of opioid overdose deaths from 54 (2019) to 51 by December 31, 2023.</p> <p>F. Decrease the unintentional injury crude death rate among Clay County non-Hispanic White males from 84.4 (2017) to 82.4 by December 31, 2022.</p>

	<p>** Note: -The HIV case rates are subject to change; we are unable to verify where Florida Charts got their numbers from as they are significantly higher than our data.</p>
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Priority 2: Community Awareness – How can we increase community awareness of our purpose and role within the health community?

Strategies	Objectives
2.1.1. Develop an integrated, comprehensive marketing plan.	A. As of 2019, DOH-Clay had not developed a comprehensive public health marketing plan (0, 2019). By December 31, 2022, one comprehensive public health marketing plan will be developed and implemented.

Priority 3: Internal Awareness – How do we establish effective and consistent internal communications?

Strategies	Objectives
3.1.1. Create and implement brand ambassador strategy.	A. As of 2019, DOH-Clay had not developed a brand ambassador program (0, 2019). By December 31, 2022, one approved brand ambassador program will be developed and implemented.
3.1.2. Enhance the two-way internal communication infrastructure and flow.	<p>A. As of 2019, DOH-Clay had not developed an internal communications plan (0, 2019). By December 31, 2021, the Public Information Officers Team, in collaboration with the Sunshine Committee formally known as the Employee Satisfaction (ESS) Committee, will develop and implement one internal communications plan.</p> <p>B. Increase in the percent of staff that agree two-way internal communication flow is improved from 40% (2017) to 60% based on PH Wins data results by December 31, 2022.</p>

Priority 4: Workforce Development – How do we develop, recruit, retain and grow a competent public health staff member that provides accurate and timely services to the community?

Strategies	Objectives
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4.1.1. Develop a comprehensive workforce development plan.	A. As of 2019, DOH-Clay had not developed a Workforce Development Plan (0, 2019). By December 31, 2022, one workforce development plan will be developed and implemented.
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Review Process

DOH-Clay's Strategic Plan serves as the roadmap to protect, promote, and improve the health of Clay County Residents. As part of the performance management system, the strategic planning review cycle takes place throughout the year with quarterly reviews on the status of strategic issues, goals, and objectives. Progress towards achieving goals and objectives is continuously monitored by DOH-Clay's Performance Management Council (PMC) and updated in each respective action plan. In addition, staff from all levels of the Department participate during the review and preparation process of the Strategic Plan Annual Progress Report.

DOH-Clay's PMC, comprised of senior management, program managers, program staff, and the Chief Health Strategist, monitor progress toward reaching the goals and objectives in DOH-Clay's Strategic Plan on a quarterly and annual basis. During quarterly review meetings, status updates are provided for each objective with attention given to objectives that are not on track. Quarterly reviews focus on a discussion of progress made to date, barriers experienced, and plans to overcome barriers to reaching objectives. The PMC also contributes annually to the Strategic Plan Annual Progress Report. During an annual review, the PMC pays close attention to objectives that are falling behind, or that have been completed. During annual reviews, objective deadlines may be extended, or additional objectives may be added if it aligns with DOH-Clay's strategic priorities. DOH-Clay understands that constant monitoring of this plan is critical in its development and implementation. Throughout the review of DOH-Clay's Strategic Plan, efforts are made to ensure goals and objectives are closely aligned with the Agency Strategic Plan and the DOH-Clay Community Health Improvement Plan.

The review process also includes review of objective action plans via quarterly updates with action plan holders. This includes the Senior Management Team, Community Health Team, and the Disease Prevention Team. These updates are used to identify accomplishments and areas needing improvement to meet the target. Action plans are consistently monitored by the responsible plan holder. Updated action plans are shared with the PMC. Any updates to the strategic plan and its objectives are also located on the share drive and Florida Health Preforms. Progress towards objectives and goals is communicated to all staff through PMC meeting minutes, podcasts and monthly leadership newsletters.

Summary of Revisions

In October of 2020 and April of 2021, members of DOH-Clay's Performance Management Council conducted a review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective. The table below depicts revisions to objectives from the October 2020 and April 2021 review. Strikethrough indicates deleted text and underline indicates added text.

August 2022 Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
1.1.3A	<p>Maintain the percentage of adults who currently smoke at 18.7% (2018) by December 31, 2022.</p> <p>Decrease the percentage of adults who currently smoke at 22.2% (2019) to 18.7% by December 31, 2023.</p>	Upon review of data available in FLCharts, we have revised this objective with updated performance percentages and modified the direction of change from maintain to decrease.
1.1.3B	<p>Reduce the percentage of Clay County youth (11-17) who have ever used an electronic vapor product at 26.3% (2018) to 24.0% by December 31, 2022.</p> <p>Reduce the percentage of Clay County youth (11-17) who have ever used an electronic vapor product at 28.4% (2020) to 24.0% by December 31, 2023.</p>	Data was updated for this objective. A baseline year was added to the objective.
1.1.3E	<p>Decrease the annual number of opioid overdose deaths from 54 (2019) to 51 by December 31st, 2022.</p> <p>Decrease the annual number of opioid overdose deaths from 54 (2019) to 51 by December 31st, 2023.</p>	A baseline year was added to the objective.

April 2021 Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
1.1.3E	<p>Decrease the suicide crude death rate in Clay County non-Hispanic White males from 27.9 (2018) to 26.0 by December 31, 2021.</p> <p><u>Decrease the number of opioid overdose deaths from 54 (2019) to 51 by December 31st, 2022.</u></p>	<p>Considerable barriers surrounding COVID19 and community outreach have impacted the feasibility of achieving the previous objective. COVID19 has significantly reduced in person outreach within the community and is projected to have continued impact for the next two years. This objective was replaced in April of 2021 with an objective focusing on reducing opioid overdose deaths in the Clay community. The new objective will allow for a multi-level approach to combating the Opioid epidemic in addition to aligning with DOH-Clay's CHIP.</p>
1.1.3F	<p>Decrease the unintentional injury death rate among Clay County non-Hispanic White males from 74.0 (2018) to 72.0 by December 31, 2021.</p> <p><u>Decrease the unintentional injury crude death rate among Clay County non-Hispanic White males from 84.4 (2017) to 82.4 by December 31, 2022.</u></p>	<p>Through an annual review of the Strategic Plan in April of 2021, this objective was modified as DOH-Clay recognized a discrepancy in the previous baseline data collected. This baseline data now accurately represented the unintentional crude death rate for non-Hispanic white males. The target for this objective was also extended to December 31st of 2022 due to COVID19 restrictions that limited work on this objective in 2020.</p>
1.1.2B	<p>B. By December 31, 2020, DOH-Clay will reduce the percentage of COVID-19 cases where race is unknown from 12.3% (2020) to 10% or below.</p> <p><u>By June 30, 2021, DOH-Clay will reduce the percentage of COVID-19 cases where race is unknown</u></p>	<p>The deadline on this objective was extended due to frequent staff turnover and training requirements needed prior to its implementation.</p>

	<p><u>from 12.3% (2020) to 10% or below.</u></p>	
1.1.2C	<p>C. By December 31st, 2020, DOH-Clay will reduce the percentage of COVID-19 cases where ethnicity are unknown from 19.4% (2020) to 10% or below.</p> <p><u>By June 30, 2021, DOH-Clay will reduce the percentage of COVID-19 cases where ethnicity is unknown from 19.4% (2020) to 10% or below.</u></p>	<p>The deadline on this objective was extended due to frequent staff turnover and training requirements needed prior to its implementation.</p>

October 2020 Revisions

Objective Number	Revisions to Objective	Rationale for Revisions
1.1.1 A	<p>By December 31, 2022, responsible staff for population health strategies (Tobacco, Unintentional Injuries, Communicable Diseases) will identify a minimum of two current or potential community partners to cultivate relationships with and promote local policy change.</p> <p><u>By December 31st, 2022, staff responsible for population health strategies outlined in DOH-Clay's strategic plan will increase the number of current or potential community partners to cultivate relationships with and promote local policy change from 0 (2019) to 2.</u></p>	<p>This objective was recreated in order to meet SMART objective criteria. This objective is now measurable.</p>

1.1.2 A	<p>By December 31, 2022, responsible DOH-Clay staff for population health strategies (Tobacco, Unintentional Injuries, Communicable Diseases) will assure all action plans include identified targeted populations or audiences based on data science to assure health equity.</p> <p><u>By December 31st, 2022, staff responsible for population health strategies outlined in DOH-Clay's strategic plan will use data science to identify and increase the number of target populations outlined in their action plans from 0 (2019) to 1.</u></p>	This objective was recreated in order to meet SMART objective criteria. This objective is now measurable.
1.1.2B - C	<p><u>B. By December 31, 2020, DOH-Clay will reduce the percentage of COVID-19 cases where race is unknown from 12.3% (2020) to 10% or below.</u></p> <p><u>C. By December 31st, 2020, DOH-Clay will reduce the percentage of COVID-19 cases where ethnicity are unknown from 19.4% (2020) to 10% or below.</u></p>	The following objectives were added to DOH-Clay's strategic plan to represent the work done on the COVID19 Pandemic. These objectives align with the Agency Strategic Plan.
1.1.3 A-F	<p>Tobacco: DOH-Clay Health Educator</p> <p>A. Decrease the percentage of adults who currently smoke at 22.2% (2019) to 18.7% by December 31, 2023.</p> <p>B. Reduce the percentage of Clay County youth (11-17) who have ever used an electronic vapor product at 28.4% (2020) to</p>	A baseline year was added to each objective.

	<p>24.0% by December 31, 2023.</p> <p>Communicable Diseases**: DOH-Clay Disease Control Manager</p> <p>C. Decrease the bacterial STD 3-year rolling rate from 1,459.0 to 1,386.0 (5%) among non-Hispanic Black by December 31, 2023.</p> <p>D. Decrease the HIV cases among non-Hispanic Black from 10 (2019) to 9.99 by December 31, 2022**</p> <p>Unintentional Injury: DOH-Clay Health Educator</p> <p>E. Decrease the suicide crude death rate in Clay County non-Hispanic White males from 27.9 (2018) to 26.0 by December 31, 2021.</p> <p>F. Decrease the unintentional injury death rate among Clay County non-Hispanic White males from 74.0 (2018) to 72.0 by December 31, 2021.</p>	
2.1.1A	<p>400% of the components in the comprehensive public health marketing plan will be developed and implemented by December 31, 2022</p> <p><u>As of 2019, DOH-Clay had not developed a comprehensive public health marketing plan (0, 2019). By December 31st, 2022, one comprehensive public health marketing plan</u></p>	<p>This objective was recreated in order to meet SMART objective criteria. This objective is now measurable.</p>

	<u>will be developed and implemented.</u>	
3.1.1A	By December 31, 2022, one approved brand ambassador program will be developed and implemented. <u>As of 2019, DOH-Clay had not developed a brand ambassador program (0, 2019). By December 31, 2022, one approved brand ambassador program will be developed and implemented.</u>	This objective was recreated in order to meet SMART objective criteria. This objective is now measurable.
3.1.2 A	By December 31, 2024 the Public Information Officers Team in collaboration with the Employee Satisfaction (ESS) committee will develop and implement one internal communications plan. <u>As of 2019, DOH-Clay had not developed an internal communications plan (0, 2019). By December 31st, 2021, the Public Information Officers Team, in collaboration with the Employee Satisfaction (ESS) committee, will develop and implement one internal communications plan.</u>	This objective was recreated in order to meet SMART objective criteria. This objective is now measurable.
4.1.1	By December 31, 2022, 100% of all deliverables in the workforce development plan will be developed and implemented. <u>As of 2019, DOH-Clay had not developed a Workforce Development Plan (0,</u>	This objective was recreated in order to meet SMART objective criteria. This objective is now measurable.

	<u>2019). By December 31, 2022, one workforce development plan will be developed and implemented.</u>	
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Environmental Scan Resources

1. [Agency Quality Improvement Plan, 2018-2020](#)
2. [Agency Strategic Plan, 2016-2020](#)
3. Behavioral Risk Factor Surveillance System (BRFSS), 2018
4. Clay County Community Health Assessment, 2019
5. Clay County Community Health Improvement Plan, 2019-2022
6. Clay County Quality Improvement Plan, 2017-2021
7. Clay County SWOT analysis, 2019
8. Clay County Workforce Development Plan, 2019-2022
9. County Health Rankings and Roadmaps, 2019
10. Department of Health in Clay County Revenue and Expenses, 2018-2019
11. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
12. [Florida Department of Health Workforce Development Plan, 2019-2021](#)
13. Florida Department of Health, Office of Inspector General Annual Report, 2019
14. [Florida State Health Improvement Plan, 2017-2021](#)
15. [Florida Strategic Plan for Economic Development, 2018-2023](#)
16. Florida Vital Statistics Annual Report, 2018
17. Florida Youth Risk Behavior Survey Results, 2016
18. Florida Youth Tobacco Survey Results, 2018
19. Merlin Analysis Tool, 2020
20. Public Health Wins Survey, 2017
21. US Census Bureau: Fact Finder, 2018

Appendix A

The Florida Department of Health in Clay County Strategic Planning Committee Members as of September 20, 2019

Name	Organization/Title
Amy Alvarado	DOH - Supervisor
Annette Bernard	DOH - HR Liaison
Troy Biddle	DOH - Supervisor
Patricia Cepeda	DOH - Community Health Director
Jacqueline Copeland	DOH-Supervisor
Gina D'Ambrosio	DOH-Supervisor
Prince Danso-Odei	DOH-Supervisor
Alan Davis	DOH- Environmental Health Director
Courtney Ellis	DOH-Health Strategist
Karen Gaby	DOH-Supervisor
Virginia (Ginger) Hamilton	DOH-Supervisor
Heather Huffman	DOH - Health Officer
Cynthia (Cyndy) Jackman	DOH- SR. Nursing Director
Eric Mays	DOH-Supervisor
Candace Osteen	QuitDoc
Valeria Saffer	DOH-Supervisor
Sonny Rodgers	DOH-Emergency Preparedness Coordinator
Lisa Rogers	DOH-Supervisor
Kayla Sellers	DOH-Administrative Assistant
Annie Sheldon	University of Florida IFAS Extension
Robbin Thomas	DOH-Supervisor
Donna Valle	DOH - Finance Director
Vicki Whitfield	University of Florida- HCA
Erica Wingo	DOH-Health Educator

Jana Ertrachter, Ertrachter Group, Facilitator

Appendix B

Planning Summary

Florida Department of Health in Clay County's diverse Strategic Planning Team oversaw the development of the Strategic Plan with the Health Strategist as Chair.

The following is the Strategic Plan Schedule of Meetings:

MEETING DATE	MEETING TOPIC
January 2019	Pre-planning <ul style="list-style-type: none"> • Identify a diverse group of stakeholders and get their commitment to participate on the Strategic Planning Team • Finalize the process for planning
February 2019 – Kick-off meeting for the Planning Team	<ul style="list-style-type: none"> • Build a shared understanding of the organization's current situation • Review meaning and relevancy of mission • Review vision to ensure understanding and alignment • Continue to build relationships with each other • Determine next steps
March 5, 2019	<ul style="list-style-type: none"> • Continue to build relationships with each other • Debrief about kick-off meeting • Review meaning and relevancy of mission • Review vision to ensure understanding and alignment • Prepare an Information Gathering Plan- identify what we know and what we need to know • Continue to build a shared understanding of the organization's current situation • Determine next steps
March 20, 2019 – Planning Team meeting #1	<ul style="list-style-type: none"> • Continue to build relationships with each other • Continue to build a shared understanding of the organization's current situation • To make sense of the changing landscape through learning and discovery • Determine next steps
May 1, 2019 – Planning Team meeting #2	<ul style="list-style-type: none"> • Continue to build relationships with each other • Continue to build a shared understanding of the organization's current situation • To make sense of the changing landscape through learning and discovery • Begin to identify and narrow the key strategic issues • Review and align mission statement • Determine next steps
May 21, 2019 – Planning Team meeting #3	<ul style="list-style-type: none"> • Continue to build relationships with each other • Review and align vision • Review and align values – with staff • Brainstorm core strategies • Determine next steps

MEETING DATE	MEETING TOPIC
June 26, 2019	<ul style="list-style-type: none"> • Motto Subcommittee Meeting
July 2, 2019 – Planning Team meeting #4	<ul style="list-style-type: none"> • Continue to build relationships with each other • Share DOH Clay County Motto • Develop goals • Begin to identify and prioritize core strategies • Determine next steps
July 16, 2019 – Planning Team meeting #5	<ul style="list-style-type: none"> • Continue to build relationships with each other • Review/revise goals • Identify and prioritize core strategies • Begin work on objectives • Determine next steps
July 17, 2019	<ul style="list-style-type: none"> • All staff meeting on operationalizing the values
August 20, 2019	<ul style="list-style-type: none"> • Objectives subcommittee to do some led-thinking on objectives
August 28 & September 18, 2019	<ul style="list-style-type: none"> • Behavior statement subcommittee meetings
September 18, 2019 – Planning Team meeting #6	<ul style="list-style-type: none"> • Finalize the process for planning • Continue to build relationships with each other • Work on objectives and determine next steps • Get final consensus on plan recommendations from the Planning Team • Determine next steps

In preparation for the discovery phase the following items were reviewed: a SWOT analysis, staff summarized data from the Community Health Assessment, the Community Health Improvement Plan, the Employee Satisfaction Survey, and customer satisfaction data. Further, they looked at financial data, and interviewed key stakeholders.

The strategic planning team reviewed the findings and had a facilitated discussion of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these findings. The discussion was comprised of consideration of infrastructure and capacity required for efficiency and effectiveness, including information management, communication (including branding), workforce development and financial sustainability.

The strategic planning team members then used the SWOT analysis and the agency mission, vision and values to choose priorities and goals. After rich dialogue and discussion, members arrived at the final strategic issue areas: population health, community awareness, internal awareness, and workforce development. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area, which were then routed back to the strategic planning team for comment and approval.

Monitoring Summary

The senior management team and the performance management council are responsible for measuring, monitoring and reporting of progress on the goals and objectives within the Strategic Plan. The members of which will monitor the Strategic Plan through monthly leadership team meetings, where the Strategic Plan will be centered around the work plans. On a quarterly basis, the performance management council will review quarterly Strategic Plan Tracking Reports, showing progress toward goals, and annually, a Strategic Plan Annual Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. The performance management council will revise the Strategic Plan on a quarterly basis, understanding that it is a dynamic tool, based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.

Appendix C

Stakeholder Engagement

The Florida Department of Health in Clay County has been working diligently to maintain transparency throughout the strategic planning process. Heather Huffman, Health Officer has engaged community stakeholders through numerous channels.

A very comprehensive discovery process was undertaken to help inform the strategic planning process. An information gathering plan was created at the first planning team meeting.

The secondary research reviewed included:

Internal information
Clay County Community Health Status Assessment 2015
Clay County Community Health Status Assessment 2018
Clay County Quality Improvement Plan 2017-2020
Clay County Quality Improvement Plan Annual Report, 2016-2017
Current Florida Department of Health in Clay County Strategic Plan
Clay County Strategic Plan 2015-2018 Score Card
Organizational Chart
Community Health Improvement Plan
Abbreviated Communications Audit including Web site stats/Social media stats
Financial Overview Data
PHWINS - Employee Satisfaction Surveys
Clay County Health Department History
External information
Customer Satisfaction Expectations
Florida Department of Health Strategic Plan 2016-2020
Florida State Health Improvement Plan (SHIP) 2017-2021

Strategic Plan mandates
Centers for Disease Control and Prevention Definition and resources for Population Health
“The 10 Essential Public Health Services”; Centers for Disease Control and Prevention
Public health trends

The primary research included gathering information from key stakeholders. It included

List internal and external stakeholders	Method for Data Collection
<i>Internal stakeholders:</i>	
Staff	One-on-one interviews with outside facilitator and during an all-staff meeting
Employee Satisfaction Committee Representatives from each program	Listening session
<i>External stakeholders:</i>	
Community Partners	Included governmental representatives, health care providers, health care consumers, and representatives of local community organizations. HPCNEF staff conducted 11 interviews in person and over the phone*
Current Clients	Facilitator sat in lobbies and conducted short interviews to gather general information about public health and the Health Department
Clay County Community	Community focus groups and a survey was used during the Community Health Status Assessment update process*
Community leaders	Community focus groups and a survey was used during the Community Health Status Assessment update process*

*Note: The Clay County Community Health Status Assessment 2019 contains details on the audience, mechanisms used to gather the information, and results of information gathering.

Appendix D

Alignment and Work Plan

Priority 1: **Population Health** – *How does Clay County get to sustainable optimal health for all residents?*

Objective	Baseline	Target	CHIP	CHD QI Plan	SHIP	Agency QI Plan	Agency Strategic Plan	Responsibility
1.1.1A By December 31, 2022, staff responsible for population health strategies outlined in DOH-Clay's strategic plan will increase the number of current or potential community partners to cultivate relationships with and promote local policy change from 0 (2019) to 2.	0	4	Healthcare Access - Goal A. Objective 1., Goal D. Objective 1.	--	HE1.1 .1.1	--	4.1.1.	Disease Prevention, Community Health
1.1.2A By December 31, 2022, staff responsible for population health strategies outlined in DOH-Clay's strategic plan will use data science to identify and increase the number of target populations outlined in their action plans from 0 (2019) to 1.	0	2	Healthcare Access - Goal A. Objective 1., Goal D. Objective 1.	--	HE1.1 .1.1	--	4.1.1.	Disease Prevention, Community Health
1.1.2B By June 30, 2021 DOH-Clay will reduce the percentage of COVID-19 cases where race is unknown from 12.3% (2020) to 10% or below.	12.3%	10%	--	--	--	--	3.1.9 D	COVID 19 Response Team

1.1.2 C By June 30, 2021, DOH-Clay will reduce the percentage of COVID-19 cases where ethnicity are unknown from 19.4% (2020) to 10% or below.	19.4%	10%	--	--	--	--	3.1.9 D	COVID19 Response Team
1.1.3A Decrease the percentage of adults who currently smoke at 22.2% (2019) to 18.7% by December 31, 2023.	18.70%	18.70 %	Disease Prevention - Goal C. Objective 1	--	CD1 . 1.	--	3.1.4.	Community Health
1.1.3B Reduce the percentage of Clay County youth (11-17) who have ever used an electronic vapor product at 28.4% (2020) to 24.0% by December 31, 2023.	26.30%	24.00 %	Disease Prevention - Goal C. Objective 2	--		--	3.1.4.	Community Health
1.1.3C Decrease the bacterial STD 3-year rolling rate from 1,459.0 to 1,386.0 (5%) among non-Hispanic Black by December 31, 2023.	1,4569	1,386.0	--	Program Project 2	ID1.1	2.1.2.	3.1.5.	Disease Prevention
1.1.3D Decrease the HIV cases among non-Hispanic Black from 10 (2019) to 9.99 by December 31, 2022**	10	9.99	--	--	ID2.1	--	2.1.5. B	Disease Control & Prevention
1.1.3E Decrease the annual number of opioid overdose deaths from 54 (2019) to 51 by December 31, 2022.	54	51	Behavioral Health - Goal D	--	BH4.2	--	2.1.4.	Community Health, Clinical Services

1.1.3F Decrease the unintentional injury death rate among Clay County non-Hispanic White males from 84.4 (2017) to 82.4 by December 31, 2022.	84.4	82.4	--	--	ISV1	--	2.1.4.	Community Health
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Priority 2: Community Awareness – How can we increase community awareness of our purpose and role within the health community?

Objective	Baseline	Target	CHIP	CHD QI Plan	SHIP	Agency QI Plan	Agency Strategic Plan	Responsibility
2.1.1A As of 2019, DOH-Clay had not developed a comprehensive public health marketing plan (0, 2019). By December 31, 2022, one comprehensive public health marketing plan will be developed and implemented.	0	1	--	--		1.1.3.	1.1.2A.	Senior Management, Leadership

Priority 3: Internal Awareness – How do we establish effective and consistent internal communications?

Objective	Baseline	Target	CHIP	CHD QI Plan	SHIP	Agency QI Plan	Agency Strategic Plan	Responsibility
3.1.1A As of 2019, DOH-Clay had not developed a brand ambassador program (0, 2019). By December 31, 2022, one approved brand ambassador program will be developed and implemented.	0	1	--	--	--	6.2.1.	1.1.2A.	Leadership, Employee Satisfaction Committee
3.1.2A As of 2019, DOH-Clay had not developed an internal communications plan (0, 2019). By December 31, 2021, the Public Information Officers Team, in collaboration with the Employee Satisfaction (ESS) committee, will develop and implement one internal communications	0	1	--	Culture Focus	--	3.1.2.	4.1.1.	Senior Management, Leadership
3.1.2B Increase in the percent of staff that agree two-way internal communication flow is improved from 40% (2017) to 60% based on PH Wins data results by December 31, 2022.	40%	60%	--	Culture Focus	--	3.1.2.	1.1.2A	Leadership, Employee Satisfaction Committee

Priority 4: Workforce Development – How do we develop, retain and grow a well-rounded staff member that provides accurate and timely services to the community?

Objective	Baseline	Target	CHIP	CHD QI Plan	SHIP	Agency QI Plan	Agency Strategic Plan	Responsibility
4.1.1A As of 2019, DOH-Clay had not developed a Workforce Development Plan (0, 2019). By December 31, 2022, one workforce development plan will be developed and implemented.	1	1	--	--	--	--	1.1.3.	Senior Management, Leadership

Appendix E

Glossary of Planning Terms

Strategic planning— a systematic process to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it.

Mission statement – a statement that defines the core purpose of the organization-why it exists.

Vision statement – a picture of the future the organization seeks to create, described in the present tense, as if it were happening now. A statement that shows where we want to go, and what it will look like when we get there.

Values statement – the principles or beliefs that guide an organization’s members as they pursue the organization’s purpose.

Environmental scanning – gathering up-to-date information about the organization’s strengths and areas for improvement, and its external opportunities and threats. The assessment helps to refine and reshape the list of critical issues the organization is facing.

Strategic Priority – after assessing the environment, identify primary concerns facing the organization.

Strategy – The means by which an organization intends to accomplish an objective or goals.

Core strategies – broad, overall priorities or direction adopted by an organization.

Goals – broad, expected outcome statements that define what an organization is trying to accomplish both programmatically and organizationally.

Objectives – precise, measurable, time-specific results that support the achievement of an objective.

Work plan – a plan for the day-to-day operation of a business over the next one to twelve months. It includes what activities need to happen, who is responsible for making sure they happen, by when, what additional resources are needed, and the expected outcomes.

Work plans translate the grand strategic objectives into a series of specific, bite-sized, doable actions with human and financial resources allocated to ensure success.

