Strategic Planning Committee

Tracy Canady, Dental Clinic Division Director
Valerie Eldridge-Bratsch, Healthy Start Program Manager
Kim Geib, Disease Control and School Health Division Director
Mike Godwin, Environmental Health Division Director
Frank Gupton, Dental Clinic Director
Sherry Linback, Clinical Services Coordinator
Jason Miller, Preparedness Planner
Tiffany Newman-Kennedy, WIC and Health Education Division
Eugenia Ngo-Seidel, MD, MPH, Director, Nassau County Health Department
Teresa Rowe, School Health Supervisor
Kenice Taylor, Health Education and WIC Division Director
Stefanie Thomas, Administration Services Division Director
Mary von Mohr, Quality Improvement and Intervention/Prevention Director
March 7, 2017

Dear Nassau County Residents:

Your Florida Department of Health in Nassau County is pleased to share its 2016-18 Strategic Plan. Our plan is an internal guide for improving individual and population health in our community through established public health programs as well as new initiatives. We are working to create a culture of quality and health equity and align our local county health department strategic plan with national, state priorities and most importantly, our State Health Improvement and Nassau Community Health Improvement Plans.

Our health department is a critical member of the local public health system in Nassau County and together, partners collaborate to plan, take action and promote health & wellness in all places. Our local strategic plan identifies the areas that we target so our organization will play a lead or key role in improving public health and safety without duplicating the efforts of others.

Our three Strategic Plan Priority Issues are:

1. Prevention and Health Promotion (Increasing school immunization rates, decreasing infant mortality, reducing chronic disease & health disparities, increasing breastfeeding rates)
2. Health Protection (increasing access to contraception, increasing HIV testing, linkage to care/decreasing client viral load)
3. Organizational Excellence (Increasing staff training opportunities, promoting employee wellness, increasing Information Technology resources, market Public Health role to customers/stakeholders, promote cultural competency & health equity).

Our mission is to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts. Through our Strategic Plan, we ensure our organization’s resources will be utilized most effectively to meet the challenges we face as a community. We appreciate our partnerships and we always welcome comments, feedback and suggestions from our residents, visitors and stakeholders.

Sincerely,

Eugenia Ngo-Seidel, MD, MPH
Director, Florida Department of Health in Nassau County
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Mission, Vision 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.

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.
Executive Summary

The Florida Department of Health in Nassau County (DOH-Nassau) began a reassessment of the strategic planning process in January 2016. The process involved internal stakeholders including senior leadership, program managers, and a dedicated Strategic Planning Committee. External stakeholders were also engaged in the planning process through multiple channels that included community surveys.

DOH-Nassau 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 essential public health services.

DOH-Nassau also sought to articulate what we plan to achieve as an organization, how we will achieve it, and how we will know if we have achieved it. Quarterly monitorings take place through CHD Performance Management Council (PMC) meetings.

The revised 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 Nassau County public health. Our Strategic Plan is intended to position DOH-Nassau to operate as a sustainable local health office within Florida’s integrated public health system, under current economic environment and to give our customers high quality public health services.

Our strategic planning process resulted in identifying three critical areas of focus and eleven areas of priority. These strategic priorities represent the synthesis and integration of information, data, opinions, perceptions, and issues examined by the DOH-Nassau leadership team. DOH-Nassau’s strategic priorities are:

1. Strategic Focus # 1 – Prevention and Health Promotion
2. Strategic Focus # 2 – Health Protection
3. Strategic Focus # 3 – Organizational Excellence

These priorities will guide the development of goals, strategies and objectives and will help to shape decisions about resources and actions.

The result of the strategic planning process is a well-crafted roadmap that we will review and revise annually to meet emerging challenges and opportunities.
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 Nassau County serves a population of 76,935.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Nassau County apart is the large tourist community on the East Coast of Nassau County. The barrier island, Amelia Island is a common vacation and retirement community. Further West we have the rapidly expanding central portion of the county with the far Western communities being primarily rural.

Population by Age
Nassau County and Florida

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nassau County 2015</th>
<th>Total Number</th>
<th>Total Percentage</th>
<th>State 2015</th>
<th>Total Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 5</td>
<td></td>
<td>4,063</td>
<td>5.3%</td>
<td>5,660</td>
<td>5.6%</td>
</tr>
<tr>
<td>5 - 14</td>
<td></td>
<td>8,845</td>
<td>11.5%</td>
<td>8,700</td>
<td>11.6%</td>
</tr>
<tr>
<td>15 - 24</td>
<td></td>
<td>8,888</td>
<td>11.5%</td>
<td>9,600</td>
<td>12.7%</td>
</tr>
<tr>
<td>25 - 44</td>
<td></td>
<td>17,100</td>
<td>22.1%</td>
<td>28,100</td>
<td>24.4%</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>38,896</td>
<td>50.4%</td>
<td>54,330</td>
<td>54.3%</td>
</tr>
<tr>
<td>45 - 64</td>
<td></td>
<td>23,281</td>
<td>30.1%</td>
<td>31,000</td>
<td>26.7%</td>
</tr>
<tr>
<td>65 - 74</td>
<td></td>
<td>9,296</td>
<td>12.0%</td>
<td>8,500</td>
<td>10.3%</td>
</tr>
<tr>
<td>&gt; 74</td>
<td></td>
<td>5,745</td>
<td>7.4%</td>
<td>4,500</td>
<td>8.8%</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>38,322</td>
<td>49.5%</td>
<td>38,322</td>
<td>45.8%</td>
</tr>
<tr>
<td>Grand Total</td>
<td></td>
<td>77,218</td>
<td>100%</td>
<td>77,218</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: Florida Charts: County Health Profiles: 2015
Background and Overview

Budget and Revenue
Florida Department of Health in Nassau 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 Nassau County
Revenue Percentage by Source
Fiscal Year 2015-2016

Operating Budget 2015-2016 $4,324,312

- County Revenue - 1,091,226
- Clinic Fees - 43,426
- Environmental Health Fees - 326,408
- Medicare - 30,863
- Federal Appropriated Revenue - 899,172
- Other Revenue/Grants - 313,749
- State General Revenue - 718,695
- Vital Statistics Fees - 57,364
- Medicaid - 34,814
- Other Health Insurance - 490,569
- State Appropriated Revenue - 304,077
- Other State Revenue - 13,949
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 Nassau County. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly. As illustrated, the expenses are rising at a much higher rate than the revenue.
Background and Overview

Programs and Services

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 Nassau 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.

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

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

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

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

**Women, Infants and Children (WIC)** We provide nutrition education and counseling, breastfeeding support, and healthy foods to eligible pregnant, breastfeeding and new moms, infants, and children up to age five.

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

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

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

## Strengths (Internal)
- Knowledgeable staff
- Cross trained
- Experience
- Flexible
- Teamwork
- People – caring, friendly, generous, timely, supportive
- Positive Programs and services
- Community work – partnerships are community focused
- Assessments completed
- Communication
- Resourceful

## Opportunities (External)
- Partnerships – for increased funding of services, IT support, increased wellness initiatives, local artists to beautify buildings/property
- Marketing – advertise and promote services, to be more visible to the community (PR Plan) highlighting public health events/services
- Services – expanded partnerships and use of telehealth
- People – expanded work hours for working families, increase access to training
- Technology – updated, mobile work space to improve partnering, more involvement with schools, WIC and doctors.

## Weaknesses (Internal)
- Communication
- Stretched too thin
- Not enough cross training
- Communication – multiple buildings, phones, lack of bilingual staff
- People – too short staffed, need to make space more breastfeeding friendly and family friendly
- Services – timeliness of services/assistance to clients, short staffed, overworked, random clinic hours, long waits for providers, not all services at all buildings
- Facilities – look old, not warm or friendly

## Threats or Challenges (External)
- Budget/Funding – shutting our doors, potential funding loss,
- Limited pay
- Natural threats
- People – not enough staff, low morale, lack of competitive salaries, shrinking staff with a growing population
- IT – Phones and internet not reliable, competitors are used text for reminders, other new technology and we are behind
- Other competition such as Barnabas and competing doctors who are more available.
- Lack of marketing, funding and branding.
Strategic Priorities

Strategic Issue 1: Prevention and Health Promotion

Goal:

Population health:
- School health – increase immunization rates
- Healthy Start – reduce infant mortality
- Healthiest Weight – reduce chronic disease and health disparities
- WIC – Increase breastfeeding rates

Individual health:
- Family planning – increase access to contraceptive methods
- HIV – increase linkage to care and decrease viral load.

Strategic Issue 2: Health Protection

Goal:

- Mitigate Threats: Environmental Health and Disaster Preparedness – optimize planning, training, exercise, cooperation and collaboration.
- Increase Community Resilience: Preparedness to expand capabilities to meet all hazards and emerging threats. Increase outreach to new community partners.
- Monitor, Inform and Educate: Disease Control to strengthen surveillance by increasing linkages with community partners.

Strategic Issue 3: Organizational Excellence

Goal:

Organizational Excellence:
- Training – increase training opportunities for employees and increase participation in training
- Wellness – To increase opportunities for employee wellness.
- Information Technology – to increase network capacity, resources and support
- Communication – Increase marketing and provide role clarity to Customers and Stakeholders.
- Customer Focus: Increase knowledge of cultural competency and health equity.
## Strategies and Indicators

### Strategic Issue Area: Prevention and Health Promotion

### Population Health:

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1 School Health</strong> - Increase school immunization rates.</td>
<td><strong>1.1A</strong> Increase school immunization rates to 95% by December 30, 2019.</td>
</tr>
<tr>
<td><strong>1.2 Healthy Start</strong> - Reduce infant mortality</td>
<td><strong>1.2A</strong> Decrease the rate of black infant mortality from 20.4 to 15.0 December 30, 2019.</td>
</tr>
<tr>
<td><strong>1.3 Chronic Disease</strong> - Reduce chronic disease and health disparities</td>
<td><strong>1.3A</strong> Reduce chronic disease and health disparities by implementing 5210 through three (3) church or faith-based settings by December 30, 2019.</td>
</tr>
<tr>
<td><strong>1.4 WIC</strong> - Increase breastfeeding rates of non-Hispanic black infants on WIC</td>
<td><strong>1.4A</strong> Increase breastfeeding rates of non-Hispanic black infants on WIC from 72.1% to 74% by December 30, 2019.</td>
</tr>
</tbody>
</table>

### Individual Health:

<table>
<thead>
<tr>
<th>Priorities</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.1 Family Planning</strong> - Increase the number of clients served</td>
<td><strong>2.1A</strong> Increase the number of clients served in the Family Planning program age 12-19 by 2% and clients age 20-49 by 5% by December 30, 2019.</td>
</tr>
<tr>
<td><strong>2.2 HIV care</strong> - Increase HIV linkage to care</td>
<td><strong>2.2A</strong> Increase the percentage of persons living with HIV with a suppressed viral load by December 30, 2019.</td>
</tr>
</tbody>
</table>
## Strategic Issue Area: Health Protection

### Priorities

<table>
<thead>
<tr>
<th>Environmental Health and Disaster Preparedness</th>
<th>Increase response level of staff</th>
</tr>
</thead>
</table>

| 3.1 Increase Everbridge notification confirmation rate | 3.1A Increase the rate of confirmation for Everbridge notification from 70% to 80% regularly by December 30, 2019. |

<table>
<thead>
<tr>
<th>Preparedness</th>
<th>Increase community resilience in their ability to respond to all-hazards and emerging threats.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Disease Control</th>
<th>Strengthen Surveillance by increasing linkages with community partners</th>
</tr>
</thead>
</table>

- Monitor disease trends and assess reporting of infectious disease and outbreaks
- Inform medical providers about surveillance findings and disseminate information about emerging health threats
- Educate community partners, medical providers, and the public about disease surveillance and epi activities

<p>| Disease Control | Increase communication with the community regarding disease control by December 30, 2019. |</p>
<table>
<thead>
<tr>
<th>Priorities</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.1 Employee Satisfaction</strong> - Increase training opportunities for employees and increase participation rates.</td>
<td>4.1A Increase training opportunities for employees and participation rates by December 30, 2019.</td>
</tr>
</tbody>
</table>
| **4.2 Increased satisfaction on the Employee Satisfaction Survey with questions 21 and 23 – both of which relate to employee Wellness and Satisfaction.** | 4.2A Increase the strongly agree (SA) and agree (A) response rate on question 21 on ESS survey by 5% by December 30, 2019. (from 86.9% to 92% – “the people I work with care about my well-being”).  
4.2B Increase the strongly agree (SA) and agree (A) response rate on question 23 on ESS survey by 5% by December 30, 2019. (from 81.9% to 86.9% - “I have opportunities to connect with others at my job.”) |
| **4.3 Information Technology - Increase network capacity, resources and support.** | 4.3A Reduce the percentage of help desk tickets by 25% for password resets by December 2019. |
| **4.4 Communication - Increase marketing and provide role clarity to Customers and Stakeholders** | 4.4A Improve viewing time of DOH Nassau website by 10% by December 30, 2019. |
| **4.5 Customer Focus - Increase knowledge of cultural competency and health equity.** | 4.5A Increase the percentage of staff who have completed training on health equity from 36% to 80% by December 30, 2019. |
Appendix A

The Florida Department of Health in Nassau
County Strategic Planning Performance
Management Council Members

Tracy Canady, Dental Clinic Division Director
Valerie Eldridge-Bratsch, Healthy Start Program Manager
Kim Geib, Disease Control and School Health Division Director
Mike Godwin, Environmental Health Division Director
Frank Gupton, Dental Clinic Director
Sherry Linback, Clinical Services Coordinator
Jason Miller, Preparedness Planner
Tiffanie Newman-Kennedy, Health Education and WIC
Eugenia Ngo-Seidel, MD, MPH, Director, Nassau County Health Department
Kenice Taylor, WIC and Health Education Division Director
Stefanie Thomas, Administration Services Division Director
Teresa Rowe, School Health Supervisor
Mary von Mohr, Quality Improvement and Intervention/Prevention Director
Appendix B

Planning Summary

Florida Department of Health in Nassau County's Strategy and Performance Management Council made up of leadership, Quality Improvement Liaison, and planners, oversaw the development of the Strategic Plan.

The following is the Strategic Plan Schedule of Meetings:

<table>
<thead>
<tr>
<th>MEETING DATE</th>
<th>MEETING TOPIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan. 15, 2016</td>
<td>Establish timeline for strategic plan development</td>
</tr>
<tr>
<td>Feb. 19, 2016</td>
<td>Discussion of Community Health Assessment findings</td>
</tr>
<tr>
<td>Mar. 18, 2016</td>
<td>Discussion of Community Health Improvement Plan key findings</td>
</tr>
<tr>
<td>Apr. 15, 2016</td>
<td>Discuss current Agency Strategic Plan and consider different priority areas</td>
</tr>
<tr>
<td>May. 20, 2016</td>
<td>Discuss and modify draft Agency Strategic Plan</td>
</tr>
<tr>
<td>Jun. 17, 2016</td>
<td>Review draft of Agency Strategic Plan goals and objectives</td>
</tr>
<tr>
<td>Jul. 15, 2016</td>
<td>Review draft of Agency Strategic Plan goals and objectives</td>
</tr>
<tr>
<td>Aug. 19, 2016</td>
<td>SWOT Analysis, and begin Environmental Scan</td>
</tr>
<tr>
<td>Sep. 16, 2016</td>
<td>Discuss SWOT summary and environmental scan</td>
</tr>
<tr>
<td>Oct. 21, 2016</td>
<td>Discuss Proposal of goals and objectives, draft Strategic Plan</td>
</tr>
<tr>
<td>Nov. 18, 2016</td>
<td>Discuss and modify draft Agency Strategic Plan</td>
</tr>
<tr>
<td>Dec. 16, 2016</td>
<td>Discuss and modify draft Agency Strategic Plan</td>
</tr>
<tr>
<td>Jan. 20, 2017</td>
<td>Final review of Agency Strategic Plan</td>
</tr>
</tbody>
</table>

In preparation for the SWOT analysis Quality Improvement staff from DOH-Nassau County reviewed former SWOT responses collected over previous years. They additionally considered what would be the best manner to collect this information. The manner selected was to use the former tool and questions created on Survey Monkey. It was decided to also use this tool to collect feedback from our Stakeholders. In August the SWOT stakeholder and staff survey was deployed for three weeks. We received 56 responses from staff (83% completion rate) and 34 responses from community Stakeholders.
The September PMC meeting included a review of the SWOT findings, an environmental scan, and a discussion of agency strengths, weaknesses, opportunities and threats (SWOT analysis) based on these findings. They included information management, communications, programs and services, budget (financial sustainability), and workforce development as agenda items for discussion in their SWOT meeting.

Team members used the SWOT analysis findings and the agency mission, vision and values to choose strategic issue areas and agency goals. After this meeting, members arrived at the initial strategic issue areas. Program managers then worked with their staff to write and revise strategies and objectives for each goal area, which were then routed back to the PMC Team for comment and approval. The months of October-December provided needed time to further clarify strategic action steps linked with each strategy and desired outcome.

The Performance Management Council has over the past six months reviewed data and findings from the Community Health Assessment, the Community Health Improvement Plan, the Employee Satisfaction Survey, and customer satisfaction data. Further, they looked at financial data monthly in PMC meetings, and they talked with key stakeholders at two coalition meetings in the Fall.

**Monitoring Summary**

The CHD Performance Management Council is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which monitor the Strategic Plan through monthly leadership meetings, where the Strategic Plan is a standing agenda item. On a quarterly basis, PMC reviews the quarterly Strategic Plan Tracking reports, showing progress toward goals, and annually a Strategic Plan Progress Report is developed to assess progress toward reaching goals and objectives for the past year. We revise the Strategic Plan annually based on the current progress and the alignment of goals.
Appendix C

Stakeholder Engagement

The Florida Department of Health in Nassau County works to maintain a strong partnership with community Stakeholders. Throughout the Strategic planning process. Dr. Eugenia Ngo-Seidel, Director, communicated with our many community partners to share our findings and also clarify how partnering agencies complement the community with services. This past fall she presented our Strategic Planning process and new goals to the members of two well organized coalitions.

She presented to the Nassau County Health Improvement Coalition (NCHIC) on September 26th, 2016. At this meeting fourteen community stakeholders were in attendance. She presented our new Strategic Plan, requested member input and discussed Public Health Resource Links. She additionally shared that the Strategic Plan is reviewed every 3 years (current cycle 2017-2019). The input from community stakeholders was requested through an online community survey. Some information that was shared included the Strategic Focus areas that align with NCHIC:

- Prevention and Health Promotion - Healthiest Weight - reduce chronic disease/health disparities
- Health Protection - Inform and educate the public regarding disease control/strengthen surveillance by increased linkages with community partners
- Organizational Excellence - increase opportunities for employee wellness

Meeting attendees were given the opportunity to ask questions about the priorities, further discuss or provide input through a written community engagement survey or via email. Also shared was a review of DOH-Nassau webpage on Share Point site with important links along with the Healthiest Weight, Department Directory, FL Charts – useful comparison data county-by-county.

Dr. Seidel presented to the Partnership for a Healthier Nassau (PHN) Steering Committee on October 11th, 2016. The PHN committee facilitates the Nassau County Community Health Improvement Plan (CHIP) for 2016-2018. At the meeting she reviewed key health indicators for Nassau County and also shared the latest selected goals and objectives. This provided the opportunity to clarify the role of public health. She asked committee members for feedback and provided to members the written Engagement Survey tool to complete.
### Plan of Work

**Strategic Issue Area:** Prevention and Health Promotion

<table>
<thead>
<tr>
<th>Objective</th>
<th>Baseline</th>
<th>Target</th>
<th>CHIP Alignment</th>
<th>QI Plan Alignment</th>
<th>Agency Strategic Plan Alignment</th>
<th>Due Date</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1A Increase vaccine rate by 14% in private school kindergarten age children that are under immunized by December 2019.</td>
<td>81.6%</td>
<td>95%</td>
<td>N/A</td>
<td>N/A</td>
<td>ASP 3.1.1</td>
<td>12/30/2019</td>
<td>School Health Team</td>
</tr>
<tr>
<td>1.2A Decrease the rate of black infant mortality from 20.4 to 15.0 by December 31, 2018.</td>
<td>20.4</td>
<td>15.0</td>
<td>N/A</td>
<td>Yes</td>
<td>ASP 1.1.1</td>
<td>12/30/2018</td>
<td>Healthy Start program with the support of the Nassau County Infant Mortality Taskforce (NCIMT)</td>
</tr>
<tr>
<td>1.1.2B removed from plan 3/16/19</td>
<td>19.4</td>
<td>17.5</td>
<td>N/A</td>
<td>Yes</td>
<td>ASP 1.1.1</td>
<td>12/31/2017</td>
<td>Healthy Start program with the support of the Nassau County Infant Mortality Taskforce (NCIMT)</td>
</tr>
<tr>
<td>1.1.3A Reduce chronic disease and health disparities by implementing 5210 through three (3) church or faith-based settings</td>
<td>0</td>
<td>100.0%</td>
<td>Goal 1</td>
<td>N/A</td>
<td>ASP 2.1.1</td>
<td>12/30/2019</td>
<td>Health Promotion team</td>
</tr>
<tr>
<td>1.1.4A Increase breastfeeding rates of non-Hispanic black infants on WIC from 72.1% to 74% by December 30, 2019.</td>
<td>72.1</td>
<td>74%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12/30/2019</td>
<td>WIC</td>
</tr>
<tr>
<td>Objective</td>
<td>Baseline</td>
<td>Target</td>
<td>CHIP Alignment</td>
<td>QI Plan Alignment</td>
<td>Agency Strategic Plan Alignment</td>
<td>Due Date</td>
<td>Responsibility</td>
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<td>-----------</td>
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<td>----------------</td>
</tr>
<tr>
<td>2.1.1A Increase clinic availability for those seeking contraception methods.</td>
<td>153 (12-19 yrs) 400 (20-49 yrs)</td>
<td>161 (12-19 yr) 432 (20-49yr)</td>
<td>Goal 1</td>
<td>N/A</td>
<td>N/A</td>
<td>12/30/2019</td>
<td>Clinical team</td>
</tr>
<tr>
<td>2.1.1B Distribute information and education on Family Planning Services at FDOH, Nassau to target population.</td>
<td>3</td>
<td>4x year</td>
<td>Goal 1</td>
<td>N/A</td>
<td>N/A</td>
<td>06/30/2019</td>
<td>Clinical team</td>
</tr>
<tr>
<td>2.1.2A 80% of HIV clients will have face to face interview for evaluation of services and linkage to care; face to face will be scheduled within 5 business days of presenting to the CHD (100% of clients within 10 days).</td>
<td>0</td>
<td>80%</td>
<td>Goal 3</td>
<td>N/A</td>
<td>ASP2.1.5</td>
<td>06/30/2018</td>
<td>Clinical Team and HIV Case management team</td>
</tr>
</tbody>
</table>

**Strategic Issue Area: Health Protection**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>3.1.1A Complete initial review of the CHD EOP by December 31, 2017.</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12/31/2017</td>
<td>Disaster Preparedness Coordinator</td>
</tr>
<tr>
<td>3.1.1B Complete full-scale updated review of EOP by December 31, 2017.</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12/31/2017</td>
<td>Disaster Preparedness Coordinator</td>
</tr>
<tr>
<td>3.1.2A Increase the rate of confirmation for Everbridge notification from 70% to 80% regularly.</td>
<td>70%</td>
<td>80%</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>12/31/2017</td>
<td>Disaster Preparedness Coordinator</td>
</tr>
<tr>
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</tr>
<tr>
<td>3.1.3A Increase outreach activities to non-traditional community partners by providing two (2) outreach events</td>
<td>50%</td>
<td>100%</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>12/31/2017</td>
<td>Disaster Preparedness Coordinator</td>
</tr>
<tr>
<td>3.1.4A Completed and removed from plan 3/16/18</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>03/30/2017</td>
<td>Epi Team</td>
</tr>
<tr>
<td>3.1.4B Completed and removed from plan 3/16/18</td>
<td>12</td>
<td>100%</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>12/31/2017</td>
<td>Epi Team</td>
</tr>
<tr>
<td>3.1.4C Completed and removed from plan 3/16/18</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>03/01/2017</td>
<td>Epi Team</td>
</tr>
<tr>
<td>3.1.4D Monitor disease trends and conduct surveillance for infectious diseases and outbreaks</td>
<td>2017: average of 76 services per month</td>
<td>5% increase annually</td>
<td>Goal 1</td>
<td>N/A</td>
<td>N/A</td>
<td>012/30/2019</td>
<td>Epi Team</td>
</tr>
<tr>
<td>3.1.4E Inform medical providers about surveillance findings and disseminate information about emerging threats</td>
<td>2017: there were 29 outreach activities to medical providers</td>
<td>5% increase annually</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>12/30/2019</td>
<td>Epi Team</td>
</tr>
<tr>
<td>3.1.4F Educate community partners, medical providers, and the public about infectious disease</td>
<td>2017: there were 143 outreach activities</td>
<td>5% increase annually</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>02/30/2019</td>
<td>Epi Team</td>
</tr>
<tr>
<td>3.1.4G Completed and removed from plan 3/16/18</td>
<td>0</td>
<td>75%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>06/30/2018</td>
<td>Epi Team</td>
</tr>
</tbody>
</table>
Strategic Issue Area: **Organizational Excellence**

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<tbody>
<tr>
<td>4.1.1A Complete annual employee assessment of barriers to gaining new knowledge to perform job duties.</td>
<td>75%</td>
<td>100%</td>
<td>N/A</td>
<td>Yes</td>
<td>ASP 4.1.2</td>
<td>12/30/2019</td>
<td>Training Committee</td>
</tr>
<tr>
<td>4.1.1B Plan for Quarterly Training Tuesdays using feedback from the responses of staff surveys.</td>
<td>0</td>
<td>12</td>
<td>N/A</td>
<td>N/A</td>
<td>ASP 4.1.2</td>
<td>03/30/2017</td>
<td>Training Committee</td>
</tr>
<tr>
<td>4.1.1C Repeat surveys after each quarterly Training Tuesday to assess for increased knowledge. Goal of 10% increase</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>ASP 4.1.2</td>
<td>12/31/2017</td>
<td>Training Committee</td>
</tr>
<tr>
<td>4.1.1D Analyze findings and share with staff annually</td>
<td>0</td>
<td>100%</td>
<td>N/A</td>
<td>N/A</td>
<td>ASP 4.1.2</td>
<td>12/30/2018</td>
<td>Training Committee</td>
</tr>
<tr>
<td>4.1.2.A Increase the strongly agree (SA) and agree (A) response rate on question 21 on ESS survey by 5%. From 86.9% to 92% – &quot;the people I work with care about my well-being&quot;.</td>
<td>86.9%</td>
<td>92%</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>12/30/2019</td>
<td>Employee satisfaction/Booster</td>
</tr>
</tbody>
</table>
### 4.1.2B Increase the strongly agree (SA) and agree (A) response rate on question 23 on ESS survey by 5%. From 81.9% to 86.9% - “I have opportunities to connect with others at my job.”

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</tr>
</thead>
<tbody>
<tr>
<td>4.1.2B</td>
<td>81.9%</td>
<td>86.9%</td>
<td>N/A</td>
<td>Yes</td>
<td>N/A</td>
<td>12/30/2019</td>
<td>Employee satisfaction/Booster</td>
</tr>
</tbody>
</table>

Source of Data for baseline measures: Florida Community Health Assessment Resource Tool Set (CHARTS), Florida Department of Health, TRAIN, FDOH website report, internal Survey Monkey tools used with employees, Epi reports, Healthy Start outreach reports,