



# **Strategic Plan**

## **July 1, 2016–June 30, 2022**

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# Mission, Vision, and Values

## Mission

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

## Vision

To be the Healthiest State in the Nation.

## Values: I CARE

**I**nnovation: We search for creative solutions and manage resources wisely.

**C**ollaboration: We use teamwork to achieve common goals & solve problems.

**A**ccountability: We perform with integrity & respect.

**R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.

**E**xcellence: We promote quality outcomes through learning & continuous performance improvement.



# Introduction to Strategic Planning

This strategic plan provides a unified vision and framework for action for the Florida Department of Health in Marion County (DOH-Marion) through June 30, 2021. As part of a larger performance management system, the DOH-Marion Strategic Plan allows us to identify the needs of Marion County. An update to the continuing strategic planning efforts at the local health department, this Strategic Plan ensures alignment with the priorities of the Florida State Health Improvement Plan, the Florida Department of Health Agency Strategic Plan, the Marion County Community Health Improvement Plan, and the DOH-Marion Quality Improvement Plan. The objectives in this plan will be used to measure the progress towards the goals. We will evaluate and update the plan regularly to address new challenges facing Marion County.

## The Strategic Planning Process

The DOH-Marion Strategic Planning Committee was made up of 16 experienced staff members, including nurses, directors, planners, supervisors, non-supervisory staff, and the Health Officer (See [Appendix A](#)). Team members held nine face-to-face meetings beginning February 2016 (See [Appendix B](#)) to identify local strategic issues for the 2018 update to the DOH-Marion Strategic Plan.

## Strategic Plan Review

The first meeting for the 2018 update of the DOH-Marion Strategic Plan was held on Nov. 16, 2017, and the final meeting was held on Aug. 9, 2018 (See [Appendix B](#)). During the initial meeting, Mark Lander presented the 2016-2018 Agency Strategic Plan and the committee reviewed the plan's strategy map for guidance on how to improve the DOH-Marion Strategic Plan. The Committee also discussed health challenges in the community and how the plan can be modified to help improve public health practice.

## Defining the Process

Facilitated discussions began with the November 2017 Strategic Planning Committee meeting focusing on existing DOH-Marion and state plan reviews and continued through the June 2018 meeting with the development of SMART objectives. Strategic planning team members reviewed data from multiple sources to aid development of the 2018 Strategic Plan update, primarily the following:

- DOH-Marion Strategic Plan
- DOH Agency Strategic Plan
- County Health Department Performance Snapshot trends
- Robert Wood Johnson Foundation County Health Rankings for Marion County
- 2015 Marion County Community Health Assessment.

## Brainstorming the Issues

The Performance Management Council took over the Strategic Plan update, and during the February 2018 Council meeting, Laura Ethridge led the team on a review of the 2016 SWOT Analysis (See [Appendix C](#)). She also led a subsequent brainstorming session to update it with issues that have come to light since the last analysis, such as the prevalence of opioid abuse in the community.

## Prioritizing the Issues

During the March 2018 meeting, Ethridge led the Council through the creation of an affinity diagram using SWOT analysis data. This resulted in expanding the two Strategic Priorities in the

2016 plan to a potential of five (See [Appendix D](#), “Priorities Selection Worksheet”). In April, Ethridge led the Council through an opportunity selection matrix (See [Appendix E](#), “Priorities Selection Matrix”) to prioritize potential objectives and strategies to support strategic priorities. At the May meeting, the Council finalized Strategic Priorities for the 2018 Strategic Plan update: Community Health, Communication / Engagement, Financial Sustainability, Workforce Development, and Quality Culture. Financial Sustainability and Workforce Development were later merged under the priority Effective Agency Processes. In June, the Council developed draft SMART objectives for Strategic Priorities. The Council reviewed and made changes to the draft plan in the August meeting and approved the 2018-2021 Strategic Plan at the September meeting (See [Appendix B](#)).

## **Plan Monitoring**

The Performance Management Council is responsible for providing monitoring reports of progress on the goals and objectives of the Strategic Plan. The Strategic Plan is a standing agenda item on the Council agenda. Every three months, the Council will review quarterly Strategic Plan Tracking Reports that show progress toward goals. Annually, they council will create a Strategic Plan Progress Report. This will lead to the Strategic Plan being reviewed and revised annually based on an assessment of availability of resources and data, community readiness, the current progress, and the alignment of goals.

# Strategic Priorities, Goals, and Objectives

## Priority Area 1: Community Health

**Goal 1.1:** Ensure community needs are met through integrated, evidence-based prevention, protection and promotion initiatives

Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
1.1.1 Increase WIC program participation	A. By June 30, 2022, client participation in the WIC program will increase by 10 percent from the 2018 baseline of 7,634 to 8,400. <b>Lead:</b> WIC	AC1 Promote Community Wellness	HW1: Healthy Weight, Nutrition, & Physical Activity	2.1.1: Long Healthy Life	N/A	WIC Quarterly reporting of participation rates
1.1.2 Provide support and technical assistance to community to implement breastfeeding policies and programs	A. By June 30, 2022, WIC shall increase the percentage of infants ever breastfed from the 2018 baseline of 77.2 percent to achieve the Healthy People 2020 goal of 81.9 percent. <b>Lead:</b> WIC	AC1 Promote Community Wellness	HW1.2: Healthy Weight, Nutrition, & Physical Activity	2.1.1: Long Healthy Life	Section 5.I	WIC Quarterly reporting of WIC breastfeeding rates
	B. By December 31, 2018, develop a brochure (none existed in 2016) promoting and supporting breastfeeding, including the benefits of supporting breastfeeding mothers. <b>Lead:</b> WIC <b>Objective completed</b>	AC1 Promote Community Wellness	HW1.2: Healthy Weight, Nutrition, & Physical Activity	2.1.1: Long Healthy Life	Section 5.I	Published breastfeeding materials

Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
	C. By June 30, 2022, increase the number of baby-friendly hospitals from zero (2016) to one. <b>Lead:</b> Health Education	AC1 Promote Community Wellness	HW1.2.1: Healthy Weight, Nutrition, & Physical Activity	2.1.1: Long Healthy Life 1.1.1.B Health Equity	N/A	babyfriendlyusa.org
1.1.3 Improve maternal and child health outcomes	A. By June 30, 2022, reduce the black–white infant mortality gap ratio from the 2016 baseline of 2.4 to 1.5. <b>Lead:</b> Healthy Start	AC1 Promote Community Wellness	MCH 2.3: Maternal & Child Health	1.1.1.B Health Equity	N/A	FLHealthCHARTS Infant deaths Race White/Black single year rates
	B. By June 30, 2022, increase the number of women receiving long-acting reversible contraceptives by 10 percent from the 2018 baseline of 248 to 274. <b>Lead:</b> Family Planning/STD Clinic <b>Objective Completed</b>	AC1 Promote Community Wellness	MCH 2.3: Maternal & Child Health	1.1.1.B Health Equity	N/A	Health Management System (HMS) Report Portal Family Planning/STD Clinic
1.1.4 Increase access to immunizations for vaccine-preventable disease in children and teens	A. By June 30, 2022, increase the percentage of eligible youths ages 11–17 who have completed the first dose of Human Papilloma Virus (HPV) vaccines by 10 percent from the 2016 baseline of 26 percent to 28.5 percent. <b>Lead:</b> Immunizations Clinic <b>Objective Completed</b>	AC1 Promote Community Wellness	IM2.1: Immunizations	Readiness for Emerging Health Threats 3.1.1	N/A	FloridaSHOTS Immunization Clinic

Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
	B. By June 30, 2022, complete eight immunization Point of Dispensing (POD) operations, an increase of eight from 2016. <b>Lead:</b> Immunizations Clinic <b>Objective Completed</b>	AC1 Promote Community Wellness	IM2.1: Immunizations	Readiness for Emerging Health Threats 3.1.1	N/A	Immunization Clinic
1.1.5 Reduce HIV incidence	A. By June 30, 2022, increase the number of individuals using HIV pre-exposure prophylaxis (PrEP) regimen by 13 percent from the 2018 baseline of 26 to 39. <b>Lead:</b> Family Planning/STD Clinic <b>Objective Completed</b>	AC1 Promote Community Wellness	ID2: Sexually Transmitted Disease	Long Healthy Life 2.1.5	N/A	Health Management System (HMS) Report Portal, FPAR Dashboard, “Other Snapshot measures All Counties” tab Family Planning/STD Clinic
	B. By June 30, 2022, increase the number of HIV screens by 50 percent from the 2016 baseline of 5,461 per year to 8,191 per year. <b>Lead:</b> HIV Clinic	AC1 Promote Community Wellness	ID2: Sexually Transmitted Disease	Long Healthy Life 2.1.5	N/A	Health Management System (HMS) Report Portal HIV Clinic
1.1.6 Adopt an information management system to streamline Special Needs Shelter (SpNS) registry review	A. By June 30, 2018, secure administrative login that was not available in 2016 to access the Marion County Emergency Management Special Needs Registry online database. <b>Lead:</b> Public Health Preparedness <b>Objective Completed</b>	N/A	HE3: Health Equity	3.1.3: Readiness for Emerging Health Threats	N/A	Marion County Emergency Management Special Needs Registry



Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
1.1.7 Improve surveillance of COVID-19	B. By May 31 each year, perform a review of 100 percent of special needs shelter registration entries in the online database, contacting each client to ensure information is current (2016 baseline was notification upon announcement of probable storm landfall) <b>Lead:</b> Public Health Preparedness	N/A	HE3: Health Equity	3.1.3: Readiness for Emerging Health Threats	N/A	Marion County Emergency Management Special Needs Registry
	A. By June 30, 2022, increase the average rate of COVID-19 testing in Marion County from 0% of the county population per month (2019) to 2% <b>Lead:</b> Epidemiology	AC1 Promote Community Wellness	ID3 Demonstrate readiness for existing and emerging infectious disease threats.	3.1.3: Readiness for Emerging Health Threats	N/A	Florida's COVID-19 Data and Surveillance Dashboard <a href="https://census.gov/quickfacts/marioncountyflorida">census.gov/quickfacts/marioncountyflorida</a>

## Priority Area 2: Communication / Engagement

**Goal 2.1:** Effectively communicate public health information internally and externally and improve partnerships

Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
2.1.1 Reach out to media with relevant and timely items that fit their audience needs	A. By June 30, 2022, ensure placement of 20 items each year in local media via clearly branded advertising or media interaction / release. (2016 baseline 10 items) <b>Lead:</b> Public Information Office <b>Objective Completed</b>	AC1 Promote Community Wellness	N/A	N/A	N/A	Public Information Office Local media
2.1.2 Increase internal communications sharing opportunities	A. By June 30, 2022, increase publication frequency of internal DOH-Marion newsletter to 10 times per year using DOH Brand and Content Standards as a guide. (2016 baseline zero) <b>Lead:</b> Public Information Office <b>Objective Completed</b>	N/A	N/A	N/A	N/A	Public Information Office DOH-Marion SharePoint and email (for delivery of newsletter issues)
	B. By June 30, 2022, ensure program managers share budgetary information with all staff members two times per year. (2016 baseline was zero times per year) <b>Lead:</b> Administrative Services	N/A	N/A	N/A	N/A	Monthly program staff meeting minutes

Priority Area 3: Effective Agency Processes

**Goal 3.1:** Establish a sustainable infrastructure, including a competent workforce and standardized business practices

Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
3.1.1 Establish a Workforce Development Plan	A. By Sept. 30, 2018, implement a Workforce Development Plan that meets the requirements of Public Health Accreditation Board Standards 8.1 and 8.2. (2016 baseline zero) <b>Lead:</b> Administrative Services <b>Objective Completed</b>	N/A	N/A	4.1: Effective Agency Processes	N/A	Published Workforce Development Plan
3.1.2 Managing billing and clinical revenue	A. By June 30, 2022, decrease the percent of total accounts receivable over 365 days by 10 percent from the July 2018 baseline 48.6 percent to 43.7 percent. <b>Lead:</b> Administrative Services <b>Objective Completed</b>	N/A	N/A	4.1: Effective Agency Processes	N/A	Health Management System (HMS) Report Portal

## Priority Area 4: Quality Culture

**Goal 4.1:** Develop an organization with systems and structure in place to embrace continual quality improvement that aligns with the mission, vision, and values

Strategies	Objectives	Alignment to CHIP	Alignment to SHIP	Alignment to Agency Strategic Plan	Alignment to Quality Improvement Plan	Data Source
4.1.1 Increase organizational culture of continuous quality improvement	A. By June 30, 2019, train 90 percent of all staff in "Introduction to Basic Quality Improvement." (2016 baseline zero) <b>Lead:</b> Quality Improvement <b>Objective Completed</b>	N/A	N/A	4.1: Effective Agency Processes	Section 4.I.F	Registration of attendance and completion.
	B. By June 30, 2022, complete one PDCA cycle of two population-based quality improvement projects. (2016 baseline zero) <b>Lead:</b> Quality Improvement	N/A	N/A	4.1: Effective Agency Processes	Section 5.I	Completion of executive summary for two population-based quality improvement projects

# Appendices

## Appendix A: Strategic Planning Committee Members

Ackerman, Craig	Operations Director
Ashberger, Jayne	Government Operations Consultant
Crowe, Nicki	Environmental Health Specialist
Crowley, Meaghan	Director of Community Health
Dooley, Dan	Environmental Administrator
Duncan, Sherry	Administrative Services Director
Ennis, Becky	Staff Assistant
Ethridge, Laura	Consultant
Gerard, Anne	Human Services Supervisor
Gilmer, Michael	QI/Accreditation Coordinator
Grabelle, Dorothy	Director of Nursing
Grayson, Merica	Immunizations Nurse
Hernandez, Essence	Immunizations Clerk
Hitson, Mary Anne	Nutrition Program Director
Jackson, Mary Anne	Healthy Start Program Administrator
Jergens, Christy	Public Information Officer
Lander, Mark	Health Department Administrator
Ming, Randy	Emergency Planner
Rose, Barbara	School Health Supervisor
Stadlmüller, Diana	Director of Nursing
Storlie, Sheila	Administrative Assistant
Tartaglia, Jennifer	Nutrition Program Director

## Appendix B: Meeting Dates and Topics

Meeting Date	Meeting Topic
Dec. 10, 2015	Strategic Planning Committee met to discuss and finalize the strategic planning process set to begin in January 2016. This meeting was a follow-up to the closeout meeting for the previous dormant strategic plan.
Dec. 9 & 11, 2015	Individual meetings with department managers were conducted to prepare for the January meetings. Topics discussed at these meetings included information management, finance and budget, workforce development, and communications. This information was used as part of the environment scan discussion during the first day of planning.
Jan. 20, 2016	Supervisory personnel began the strategic planning process; agenda was reviewed; video of <i>What is Public Health</i> (Greg Martin) was shown; highlights of the department managers meeting regarding information management, finance and budget, workforce development, and communications; conducted SWOT; began process to theme SWOT items. Five issue areas were identified: workforce, infrastructure, process, financial, and community health.
Jan. 21, 2016	Supervisory personnel continued to break down the SWOT items to better define the issues. Once the issue areas were broken down into categories, actions were taken to develop goals. It was determined that objectives, strategies, and data would be discussed at a future meeting prior to work beginning on action planning by nonsupervisory staff
Feb. 4–5, 2016	<p>Supervisory personnel reconvened to continue the conversation regarding objectives, strategies, and data to be used for monitoring. The first activity was to review the previously developed goals. To help begin the conversation regarding objectives and strategies, personnel performed a review of examples of goals, objectives, and strategies from similar issue areas.</p> <p>As part of the initial conversation (facilitated discussion), it was determined that without investing in the workforce (hiring, development, and retention), the chance of sustainable progress would be marginal. Also, processes, financial management, and infrastructure (technology and facilities) were discussed, and it was agreed that these were resources or potential deliverables for efforts related to workforce development and community health issue areas.</p>
Feb. 15, 2016	Nonsupervisory staff gathered to review the goals, objectives, strategies, and data sources compiled from the work of the supervisory personnel. Staff were broken into six groups to begin creation of activities based on the objectives and strategies identified by supervisors. Each group was asked to draft activities that would help the organization accomplish a strategy (milestone) and move closer to the objective.

Meeting Date	Meeting Topic
Feb. 16, 2016	<p>The Strategic Planning Committee (SPC) began the day by reviewing the work that had been done by the nonsupervisory personnel. The SPC is composed of supervisory and non-supervisory personnel.</p> <p>This day concluded with a report to the Health Officer. The report consisted of a review of the goals, objective(s), and activities related to each of the strategies.</p>
March 16 & 17, 2016	<p>An update on the development of the strategic plan was provided at the joint meeting of managers and supervisors (March 16) and the Employee Council (March 17). The update highlighted the status of the development of the narrative strategic plan document and associated action plans, and plans for using the “parking lot” items from the Feb. 15 meeting.</p> <p>The Employee Council requested training on various quality improvement tools and techniques that would help in the management of the strategic plan moving forward and communication regarding the value of the plan. Workshops have been scheduled for April 21.</p>
April 20, 2016	SPC met. The purpose of the meeting was to come to consensus on some training items for potential inclusion and proposed modifications to the plan and to review the draft before forwarding to others for vetting.
June 22, 2016	Hosted meeting of community partners to share the goals, objectives, strategies, and alignment with community initiatives. Input from the stakeholders is to be used to improve partnerships, increase collaboration, and provide public health services to the community.
June 29, 2016	Reviewed final draft of Strategic Plan goals and objectives
July 1, 2016	Published Strategic Plan
Aug. 15, 2016	Strategic Planning Committee charter development
Aug. 30, 2016	Workforce Development action plan
Sept. 27, 2016	Selected Workforce Development Workgroup members
Oct. 25, 2016	Joint meeting of the SPC and Workforce Development Workgroup. Began Workgroup charter development.
Nov. 15, 2016	SPC and Workforce Development Workgroup training needs.
Nov. 29, 2016	Joint meeting of the SPC and Workforce Development Workgroup. Continued Workgroup charter development.
Dec. 13, 2016	Workforce Development Workgroup update.

Meeting Date	Meeting Topic
Jan. 24, 2017	Continued work on charter.
Feb. 28, 2017	Approved charter. Began developing Community Health Workgroup invitation list. Reviewed Strategic Plan Progress Report.
March 28, 2017	Workforce Development Plan update. Reviewed Community Health Workgroup volunteers. Established PARTNER Tool project subgroup. Established Strategic Planning Committee SharePoint page subgroup.
April 25, 2017	Workforce Development Workgroup update. Reviewed Community Health Workgroup volunteers to-date.
May 18, 2017	Approved Strategic Plan Progress Report. Workforce Development Workgroup update. Reviewed Community Health Workgroup volunteers to-date. PARTNER Tool project update.
July 20, 2017	PARTNER Tool project update: bounded respondents list complete, and MFMP requisition for next phase needed. Workforce development Workgroup update. Reviewed Community Health Workgroup membership selection.
Aug. 17, 2017	PARTNER Tool project update: pilot survey complete. Community Health Workgroup membership selection. Committee SharePoint page review
Oct. 20, 2017	Review of Committee work for new Heath Department Administrator Mark Lander.
Nov. 16, 2017	Workforce development Workgroup update. Send invitation letter to establish Community Health Workgroup. Began work on the 2018 update to the Strategic Plan.
Dec. 21, 2017	Data review to prepare for 2018 Strategic Plan update: County Health Department Performance Snapshot. Community Health Workgroup kickoff meeting set for Jan. 16, 2018.
Jan. 18, 2018	SPC merged with Performance Management Council, as most were members of both teams. Strategic Planning work begun by the Committee will be continued by the Council.
Feb. 7, 2018	Reviewed 2016 SWOT analysis and updated with 2018 issues.
March 7, 2018	Created affinity diagram using SWOT analysis data, resulting in additional Strategic Priorities.
April 17, 2018	Developed program area goals opportunity selection matrix.



Meeting Date	Meeting Topic
May 10, 2018	Determined Strategic Priorities for the 2018 Strategic Plan update: Community Health, Communication / Engagement, Effective Agency Processes, and Quality Culture.
June 6, 2018	Developed SMART objectives for Strategic Priorities.
Aug. 9, 2018	Performance Management Council reviewed 2018 DOH-Marion Strategic Plan update and recommended changes.
Sept. 5, 2018	Performance Management Council approved 2018 DOH-Marion Strategic Plan update.
July 16, 2019	Performance Management Council 2018 DOH-Marion Strategic Plan performance review.
Aug. 14, 2019	Performance Management Council DOH-Marion Strategic Plan 2019 update review.
Oct. 2, 2019	Performance Management Council approved DOH-Marion Strategic Plan 2019 update.
Oct. 22, 2020	Strategic Planning Committee met to review data sources and update DOH-Marion Strategic Plan for 2020. Committee members performed an environmental scan, reviewed and updated the SWOT analysis, reviewed objectives and supporting data, and developed an objective related to the COVID-19 pandemic in response to a tasking from the State Health Office.
April 8, 2021	<p>Strategic Planning Committee met to review the progress of strategic plan objectives, prepare to close out the 2016–2021 plan, and prepare for development of the 2021–2026 plan.</p> <p>Ongoing COVID-19 testing and vaccination operations are expected to tax health department resources over the next few months. In addition, local health departments are expected to use the Florida Department of Health Agency Strategic Plan as a model, as well as reflect state priorities and strategies in local health department plans. The agency plan is currently in development and will not be completed in time for DOH-Marion to begin development of the local health department strategic plan.</p> <p>Considering these challenges, the Committee decided to extend 2016–2021 plan to a sixth year, until June 30, 2022.</p>

## Appendix C: SWOT Analysis

<b>Strengths (Internal)</b>		
<ul style="list-style-type: none"> <li>• Accessibility</li> <li>• Budget</li> <li>• Community partnerships (variety and quality)</li> <li>• Dedication to community</li> <li>• Educate public/Outreach</li> <li>• Employees               <ul style="list-style-type: none"> <li>○ Caring staff</li> <li>○ Knowledge</li> <li>○ Diverse workforce</li> <li>○ Experience</li> <li>○ Teamwork</li> <li>○ Willingness to learn (new things, correct procedures, rules, regulations, new systems, etc.)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Helping the community</li> <li>• Health care</li> <li>• Improving QI culture</li> <li>• Mobile Health Unit</li> <li>• Preparedness and response</li> <li>• Public image</li> <li>• Space, room and equipment               <ul style="list-style-type: none"> <li>○ Renovations</li> <li>○ Modernized Fleet</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Technology</li> <li>• Regional expansion to Citrus</li> <li>• Data Analysis Skills</li> </ul>
<b>Weaknesses (Internal)</b>		
<ul style="list-style-type: none"> <li>• Communication               <ul style="list-style-type: none"> <li>○ Communication to public of our services</li> <li>○ Community knowledge of services</li> <li>○ Lack of celebration of success / employee recognition</li> </ul> </li> <li>• Lack of staff to provide services</li> <li>• Lack of training on current policies, procedures, and processes</li> </ul>	<ul style="list-style-type: none"> <li>• Mistrust</li> <li>• Recruitment and retention               <ul style="list-style-type: none"> <li>○ Maintaining our trained staff</li> <li>○ Keeping up with private pay scale—maintain trained staff / quality staff</li> <li>○ Underpaid staff</li> <li>○ Staff recruitment—salaries too low, rules and regulations that don't allow attractive pay</li> <li>○ Length of time to get staff hired</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Team involvement and meeting attendance</li> <li>• Understanding how things are done outside of Marion (How are others meeting our challenges?)</li> <li>• Working in silos</li> </ul>

<b>Opportunities (External)</b>		
<ul style="list-style-type: none"> <li>• Leadership roles in community</li> <li>• Reach all clients that need services</li> <li>• Knowledge growth in your area of expertise</li> <li>• Recruit               <ul style="list-style-type: none"> <li>○ Hire new staff and “get” new ideas</li> <li>○ Recruit from our educational institutions in our area</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Expand services</li> <li>• Leadership development</li> <li>• Being proactive instead of reactive</li> <li>• Increase outreach</li> <li>• Community presentations</li> <li>• Customer feedback</li> <li>• Obsolete facilities (Bellevue, Reddick)</li> </ul>	<ul style="list-style-type: none"> <li>• Learning different skills</li> <li>• Training and education</li> <li>• Create more efficient processes               <ul style="list-style-type: none"> <li>○ Improve hiring process</li> <li>○ Improve orientation process</li> </ul> </li> <li>• More progressive technology</li> <li>• Reduce trust fund</li> <li>• Positive community partnerships</li> </ul>
<b>Threats (External)</b>		
<ul style="list-style-type: none"> <li>• Increasing needs of aging population</li> <li>• Challenging health trends (infant mortality, obesity, STDs)</li> <li>• Change directives outside the direction of the local health department</li> <li>• Possible reduction in grant allocation</li> <li>• Federal guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Downsizing</li> <li>• Disasters               <ul style="list-style-type: none"> <li>○ Natural disasters</li> <li>○ Outbreaks</li> <li>○ New superbugs / new viral strains</li> </ul> </li> <li>• Mental/behavioral health</li> <li>• Substance abuse</li> <li>• Distrust of public health and government</li> </ul>	<ul style="list-style-type: none"> <li>• Health inequity</li> <li>• Barriers created by cultural diversity</li> <li>• Lack of funding</li> <li>• Public health identity</li> <li>• Sustainability</li> <li>• Springs protection</li> <li>• Disease stigma in community</li> </ul>

## Appendix D: Priorities Selection Worksheet

Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
<p><b>SWOT Results for Priority Area</b> (February &amp; March 2018)</p>	<ul style="list-style-type: none"> <li>• Mobile Health Unit</li> <li>• Challenging health trends</li> <li>• Accessibility</li> <li>• Customer feedback</li> <li>• Disasters</li> <li>• Health equity</li> <li>• Educate public / Outreach</li> <li>• Increasing language / cultural diversity</li> <li>• Community presentations</li> <li>• Aging population</li> <li>• Expand services</li> <li>• Reach all clients who need services</li> <li>• Increase outreach</li> <li>• Preparedness and response</li> <li>• Health care</li> </ul>	<ul style="list-style-type: none"> <li>• Public image</li> <li>• Public health identity</li> <li>• Communication               <ul style="list-style-type: none"> <li>○ To public about services</li> <li>○ Community knowledge of services</li> <li>○ Lack of celebration of success / employee recognition</li> </ul> </li> <li>• Leadership roles in community</li> <li>• Mistrust</li> <li>• New administration equals new opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce trust fund</li> <li>• Budget</li> <li>• Sustainability</li> <li>• Downsizing</li> <li>• Change directives outside the direction of the local DOH</li> <li>• Possible reduction in grant allocation</li> <li>• Lack of funding</li> <li>• Federal guidelines</li> <li>• More progressive technology</li> <li>• Springs protection</li> <li>• Obsolete facilities (Bellevue, Reddick)</li> <li>• Space, room and equipment (renovation and modernized)</li> <li>• Technology (etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Recruit (etc.)</li> <li>• Lack of staff to provide services</li> <li>• Training and Education</li> <li>• Recruitment and retention (etc.)</li> <li>• Staff turnover</li> <li>• Leadership development</li> <li>• Grant writing experience</li> <li>• Team involvement and meeting attendance</li> <li>• Knowledge growth in your area of expertise</li> <li>• Lack of training on current policies, procedures, and processes</li> <li>• Learning different skills</li> <li>• Employees (etc.)</li> </ul>	<ul style="list-style-type: none"> <li>• Understanding how things are done outside of Marion</li> <li>• Create more efficient processes (etc.)</li> <li>• Being proactive instead of reactive</li> <li>• Working in silos</li> <li>• Improving QI culture</li> </ul>

Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
<b>Programmatic Strategic Priorities</b> (Items submitted to Craig – April 2018)	<b>Epidemiology</b>	<b>Administrative Services</b>	<b>Administrative Services</b>	<b>Quality Culture</b>	<b>Quality Culture</b>
	Hepatitis Screening	18. More budget communication with all staff 21. Increased communication with staff on admin services	20. Move to regional billing	1. Completion rate of 90% of all staff trained on the “Introduction of Basic Quality Improvement” class by June of 2019	1. Completion rate of 90% of all staff trained on the “Introduction of Basic Quality Improvement” class by June of 2019 2. Completion of one PDCA cycle of two population based quality improvement projects by December 15, 2019
	<b>Family Planning</b>			<b>PHP</b>	
	33. Long-Acting Reversible Contraceptives (LARC)			5. ICS 300 training for Officers, Section Chiefs, and Shelter Unit Leaders 6. ICS 300 and 400 training for EOC team staff 7. ICS 200 for all supervisors 8. Increase Group 1 responders at DOH-Marion to state requirement (5? 10? 20?)	
	<b>Immunizations</b>	<b>Public Information</b>		<b>Billing / Receivables</b>	<b>Billing / Receivables</b>
30. HPV Vaccination 31. Flu Shots – Children 32. Flu Shots - Adults	3. Placement of media releases. Average seven placements of media releases in local media outlets each quarter		11. Complete / Comprehensive training 12. Reduce denials 13. Increase revenue	11. Complete / Comprehensive training 12. Reduce denials 13. Increase receivables	

Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
		4. Proactive content placement. Average one placement per quarter of commentaries, feature stories, interviews, or advertising.			
	<b>HIV</b>			<b>Registration / Eligibility / Clinic Check-in</b>	<b>Registration / Eligibility / Clinic Check-in</b>
	25. Routine HIV testing by private community health care providers 26. Private community health care providers prescribe PrEP for clients at risk 27. HIV Screening 28. HIV Test and Treat 29. HIV Pre-Exposure Prophylaxis (PrEP)			9. Complete / Comprehensive training / cross training for registration & clinic check-in staff 10. Reduce amount of time to process client's registration	10. Reduce amount of time to process client's registration

Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
	<b>WIC</b>			<b>Administrative Services</b>	<b>Administrative Services</b>
	22. Increase client participation in our WIC program through innovative planning processes 23. Increase the breastfeeding rate by incremental targets to achieve the 2020 goal of 81.9. 24. Staff development through provision of quality CE programs and nutrition and clerical in-service opportunities.			15. Increased trainings offered in Information Technology 16. Desktop procedures for all areas within Admin Services that are on a shared network drive 17. Expansion and promotion of Lending Library 18. More budget communication with all staff 19. Improve timeliness of hiring for vacant positions	19. Improve timeliness of hiring for vacant positions
				<b>WIC</b>	<b>WIC</b>
				24. Staff development through provision of quality CE programs and nutrition and clerical in-service opportunities.	23. Increase the breastfeeding rate by incremental targets to achieve the 2020 goal of 81.9.
<b>Programmatic Strategic Priorities Matrix Results - Top</b>	27. 28. 29. HIV Screen, Test, PrEP Impact: 16.0 Feasibility: 33.0 Priority Score: 49.0	18. More budget communication with all staff Impact: 14.0 Feasibility: 25.0	20. Move to regional billing Impact: 16.0 Feasibility: 35.0 Priority Score: 51	18. More budget communication with all staff Impact: 14.0 Feasibility: 25.0	2. Completion of one PDCA cycle of two population based quality improvement projects by December 15, 2019 Impact: 14.0

Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
(May 2018)	<p>14. Hepatitis Screening Impact: 15.0 Feasibility: 29.0 Priority Score: 44.0</p> <p>31, 32. Flu Shots – Children &amp; Adults Impact: 15.0 Feasibility: 24.0 Priority Score: 44.0</p> <p>30. HPV Vaccination Impact: 14.0 Feasibility: 29.0 Priority Score: 43</p> <p>22. Increase client participation in our WIC Program through innovative planning processes Impact: 15.0 Feasibility: 27.0 Priority Score: 42.0</p> <p>33. Long-Acting Reversible Contraceptives</p>	<p>Priority Score: 39.0</p> <p>3. Placement of media releases in local media outlets each quarter Impact: 10.0 Feasibility: 28.0 Priority Score: 38.0</p> <p>4. Proactive content placement. Average one placement per quarter of commentaries, feature stories, interviews, or advertising. Impact: 13.0 Feasibility: 26.0 Priority Score: 38.0</p> <p>21. Increased communication with staff on admin services Impact: 15.0 Feasibility: 18.0 Priority Score: 33.0</p>		<p>Priority Score: 39.0</p> <p>10. Reduce amount of time to process client’s registration Impact: 16.0 Feasibility: 22.0 Priority Score: 38.0</p> <p>19. Improve timeliness of hiring for vacant positions Impact: 14.3 Feasibility: 23.7 Priority Score: 38.0</p> <p>24. Staff development through provision of quality CE programs and nutrition and clerical in-service opportunities Impact: 14.0 Feasibility: 24.0 Priority Score: 38.0</p> <p>15. Increased trainings offered in Information Technology Impact: 13.0 Feasibility: 23.5 Priority Score: 36.5</p>	<p>Feasibility: 27.0 Priority Score: 41.0</p> <p>1. Completion rate of 90% of all staff trained on the “Introduction of Basic Quality Improvement” class by June of 2019 Impact: 13.0 Feasibility: 18.0 Priority Score: 31.0</p>



Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
	<p>Impact: 14.0 Feasibility: 27.0 Priority Score: 41.0</p> <p>25. Routine HIV testing by private community health care providers Impact: 9.0 Feasibility: 31.0 Priority Score: 40.0</p> <p>26. Private community health care providers prescribe PrEP for clients at risk Impact: 9.0 Feasibility: 31.0 Priority Score: 40.0</p> <p>23. Increase the breastfeeding rate by incremental targets to achieve the 2020 goal of 81.9 Impact: 14.0 Feasibility: 26.0 Priority Score: 40.0</p>			<p>9. Complete / Comprehensive training / cross training for registration &amp; clinic check-in staff Impact: 13.7 Feasibility: 22.3 Priority Score:36.0</p> <p>16. Desktop procedures for all areas within Admin Services that are on a shared network drive Impact: 13.0 Feasibility: 22.3 Priority Score: 35.3</p> <p>6. ICS 300 and 400 training for EOC team staff Impact: 12.7 Feasibility: 22.5 Priority Score: 35.2</p> <p>7. ICS 200 for all supervisors Impact: 12.2 Feasibility: 21.8 Priority Score: 35.0</p>	

Priority Area	Community Health – Meeting Community Needs	Communication / Engagement	Financial Sustainability	Workforce Development	Quality Culture
				<p>5. ICS 300 training for Officers, Section Chiefs, and Shelter Unit Leaders Impact: 12.5 Feasibility: 22.3 Priority Score: 34.8</p> <p>8. Increase Group 1 responders at DOH-Marion to state requirement (5? 10? 20?) Impact: 11.2 Feasibility: 22.2 Priority Score: 33.4</p> <p>17. Expansion and promotion of Lending Library Impact: 12.0 Feasibility: 20.2 Priority Score: 32.2</p>	

# Appendix E: Priorities Selection Matrix

DOH-Marion County  
Performance Management Council

Strategic Plan Selection Matrix with Alignment  
April 17, 2018

Contributing Factors	Impact							Feasibility					Alignment					Priority Score
	Importance to Customer (1-3)	Seriousness of Issue	Expected Process Efficiency	Sustainability	Level of Customer Service Quality - Expected	Size of Issue	Urgency (1-9)	Intervention Available (1-6)	Data Availability (1-3)	Likelihood of Completion within timeframe	Level of Difficulty	Cross-organizational Implications (1, 3, 10)	Being Addressed by Other Programs/Plans	Aligns w/State Priority	Aligns w/HP 2020	Aligns w/SHIP	Aligns w/CHIP	
Rating of importance	1=not important 2=low importance 3=Neutral 4=very important 5=extremely important	1=minor 2=moderate 3=serious	1=minimal 2=moderate 3=high	1=uncertain 2=short-term 3=long-term	1=noise 2=minor 3=enhanced	1=small 2=medium 3=large 4=extreme	1=not mandated	1=none 2=Evidence based available	1=unknown 2=annually 3=quarterly 4=monthly 5=on demand	1=extremely unlikely 2=unlikely 3=neutral 4=likely 5=extremely likely	1=very difficult 2=difficult 3=neutral 4=easy 5=very easy	10=confined 3=several 1=org wide	Yes=0 Unknown=1 No=2	Yes=2 Unknown=1 No=0	Yes=2 Unknown=1 No=0	Yes=2 Unknown=1 No=0	Yes=2 Unknown=1 No=0	
3. Placement of media releases. Average seven placements of media releases in local media outlets each quarter	4	2	0	3	1	10.0	2	7	3	5	5	3	28.0					38
4. Proactive content placement. Average one placement per quarter of commentaries, feature stories, interviews, or advertising.	4	2	2	3	2	13.0	3	5	3	5	5	2	26.0					38
18. More budget communication with all staff	5	2	2	3	2	14.0	2	5	4	5	5	3	25.0					39
21. Increased communications with staff on admin services	5	2	2	3	3	15.0	3	4	0	3	4	3	18.0					33
14. Hepatitis Screening	5	3	3	2	2	15.0	4	7	4	3	5	3	29.0					44
22. Increase client participation in our WIC Program through innovative planning processes.	4	3	2	3	3	15.0	3	7	4	3	5	2	27.0					42
25. Routine HIV testing by private community health care providers	3	3	0	1	2	9.0	3	8	5	1	3	1	31.0					40
26. Private community health care providers prescribe PrEP for clients at risk	3	3	0	1	2	9.0	3	8	5	1	3	1	31.0					40
27. HIV Screening																		
28. HIV Test and Treat	5	3	3	2	3	16.0	4	8	6	5	5	2	33.0					49
29. HIV Pre-Exposure Prophylaxis (PrEP)																		
30. HPV Vaccination	3	3	2	3	3	14.0	3	8	4	5	4	2	29.0					43
31. Flu Shots—Children																		
32. Flu Shots—Adults	4	3	2	3	3	15.0	3	6	6	5	4	2	24.0					44
33. Long-Acting Reversible Contraceptives	3	3	2	3	3	14.0	3	6	4	5	4	2	27.0					41
23. Increase the breastfeeding rate by incremental targets to achieve the 2020 goal of 81.9.	3	3	2	3	3	14.0	3	6	5	3	4	2	26.0					40
20. Move to regional billing	4	3	3	3	3	16.0	2	8	3	3	5	4	35.0					51
2. Completion of one PDCA cycle of two population based quality improvement projects by December 15, 2019	3	3	2	3	3	14.0	3	8	6	1	4	2	27.0					43
1. Completion rate of 90% of all staff trained on the: "Introduction of Basic Quality Improvement" class by June of 2019	3	2	2	3	3	13.0	2	3	0	5	4	3	18.0					31
10. Reduce amount of time to process client's registration	5	3	2	3	3	16.0	2	3	2	5	4	3	22.0					38
11. Complete/Comprehensive training																		
12. Reduce denials																		
13. Increase receivables																		
16. Desktop procedures for all areas within Admin Services that are on a shared network drive						13.0							22.3					36
5. ICS 300 training for Officers, Section Chiefs, and Shelter Unit Leaders						12.5							22.2					35
6. ICS 300 and 400 training for EOC team staff						12.7							22.5					35
7. ICS 200 for all supervisors						12.2							21.8					35
8. Increase Group 1 responders at DOH-Marion to state requirement (5? 10? 20?)						11.2							22.2					34
9. Complete/Comprehensive training/cross training for registration & clinic check in staff						13.7							22.3					37
15. Increased trainings offered in Information Technology						13.0							23.5					35
17. Expansion and promotion of Lending Library						12.0							20.2					33
24. Staff development through provision of quality CE programs and nutrition and clerical in-service opportunities.						14.0							24.0					38
19. Improve timeliness of hiring for vacant						14.3							23.7					38

## **Appendix F: Environmental Scan Resources**

1. Agency Strategic Plan, 2016-2020
2. Agency Quality Improvement Plan, 2018-2020
3. Marion County Community Health Assessment, 2019
4. Marion County Community Health Improvement Plan, 2020–2024
5. DOH-Marion Quality Improvement Plan, 2020–2023
6. DOH-Marion Workforce Development Plan, 2019–2022
7. Florida Community Health Assessment Resource Tool Set (CHARTS)
8. Florida State Health Improvement Plan, 2017-2021
9. Healthy People 2020
10. Robert Wood Johnson Foundation County Health Rankings and Roadmaps 2020
11. 2019 Community Health Needs Assessment AdventHealth Ocala
12. 2020-2022 Community Health Plan AdventHealth Ocala

## Appendix G: Summary of Revisions

Date	Revisions
September 2018 Update	<p>Updated 2016 SWOT analysis with 2018 issues.            Added new Strategic Priorities and SMART objectives</p> <ul style="list-style-type: none"> <li>• Community Health</li> <li>• Communication / Engagement</li> <li>• Effective Agency Processes</li> <li>• Quality Culture</li> </ul>
September 2019 Update	<p>Cover page:</p> <ul style="list-style-type: none"> <li>• Updated leadership changes</li> <li>• Changed plan date to July 1, 2016–June 30, 2021 to ensure plan did not exceed five years.</li> </ul> <p>Pages 6–11:</p> <ul style="list-style-type: none"> <li>• Edited objectives to ensure they were SMART.</li> <li>• Changed all Dec. 2021 due dates to June 2021 to reflect new strategic plan date.</li> <li>• Added lead offices for each objective.</li> <li>• Added data sources for each objective.</li> <li>• Corrected incorrect strategy numbering.</li> </ul> <p>Page 6:</p> <ul style="list-style-type: none"> <li>• Adjusted Objective 1.1.1.A. to reflect WIC participation rather than enrollment.</li> </ul> <p>Page 7:</p> <ul style="list-style-type: none"> <li>• Adjusted Objective 1.1.2.B. to reflect change in the goal for a brochure targeting a broader audience</li> <li>• Adjusted Objective 1.1.4.A. to reflect change in the target age group from 13–17 to 11–17, and set a new goal</li> </ul> <p>Page 11:</p> <ul style="list-style-type: none"> <li>• Added branding language to objectives 2.1 &amp; 2.2</li> </ul> <p>Page 28:</p> <ul style="list-style-type: none"> <li>• Added Summary of Revisions Appendix</li> </ul>

Date	Revisions
September 2020 Update	<p>Cover page:</p> <ul style="list-style-type: none"> <li>• Added date updated</li> </ul> <p>Pages 6–12</p> <ul style="list-style-type: none"> <li>• Added data to CHIP alignment column</li> <li>• Added baseline date to objectives</li> <li>• Noted objectives that have been completed</li> <li>• Added Strategy 1.1.7 and Objective 1.1.7A (COVID-19)</li> <li>• Deleted Strategy 3.1.3 and Objective 3.1.3A (Noncategorical Funding)</li> </ul> <p>Page 13</p> <ul style="list-style-type: none"> <li>• Added committee members involved in 2020 update</li> </ul> <p>Page 18</p> <ul style="list-style-type: none"> <li>• Added October 2020 meeting</li> </ul> <p>Page 19–20</p> <ul style="list-style-type: none"> <li>• Updated SWOT Analysis</li> </ul> <p>Page 28</p> <ul style="list-style-type: none"> <li>• Added Appendix F: Environmental Scan Resources</li> </ul>
June 2021 Update	<p>Cover page:</p> <ul style="list-style-type: none"> <li>• Extended plan term to 2021</li> <li>• Added date updated</li> </ul> <p>Pages 6–12</p> <ul style="list-style-type: none"> <li>• Extended objectives with ending dates of June 30, 2021, to June 30, 2022.</li> </ul> <p>Page 18</p> <ul style="list-style-type: none"> <li>• Added May 2021 meeting</li> </ul>



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