

# Strategic Plan

January 1, 2024 – January 1, 2027



*Florida Department of Health in Escambia County*

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# DOH Escambia Profile

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## I. Mission, Vision, and Values

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

**Vision:** To be the **Healthiest State** in the Nation.

**Values:**

- **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.

## II. Infrastructure and Capacity Required for Efficiency and Effectiveness

**Public health touches every aspect of daily life.** It 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 that is based upon the social, behavioral, environmental, biological, and socioeconomic factors that impact the population.

**The over-arching goal of public health** is to protect and improve the health of communities through education, promotion of healthy lifestyles, 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 Escambia County serves a population of 326,552.

**Where a person lives influences his or her health.** Demographic, socioeconomic and environmental factors create unique community health service needs. Key characteristics that set Escambia County apart are that Escambia County, Florida is the 20th (out of 67) most populous county in the state, with 1.5% of Florida's population. Escambia County boasts a strong military presence with four naval facilities located within the county, including Naval Air Station Pensacola, Corry Field Station, Saufley Field Station, and Naval Hospital Pensacola. Military and Civil Service, education, health care, and retail are primary employment industries.

Please see the data below.

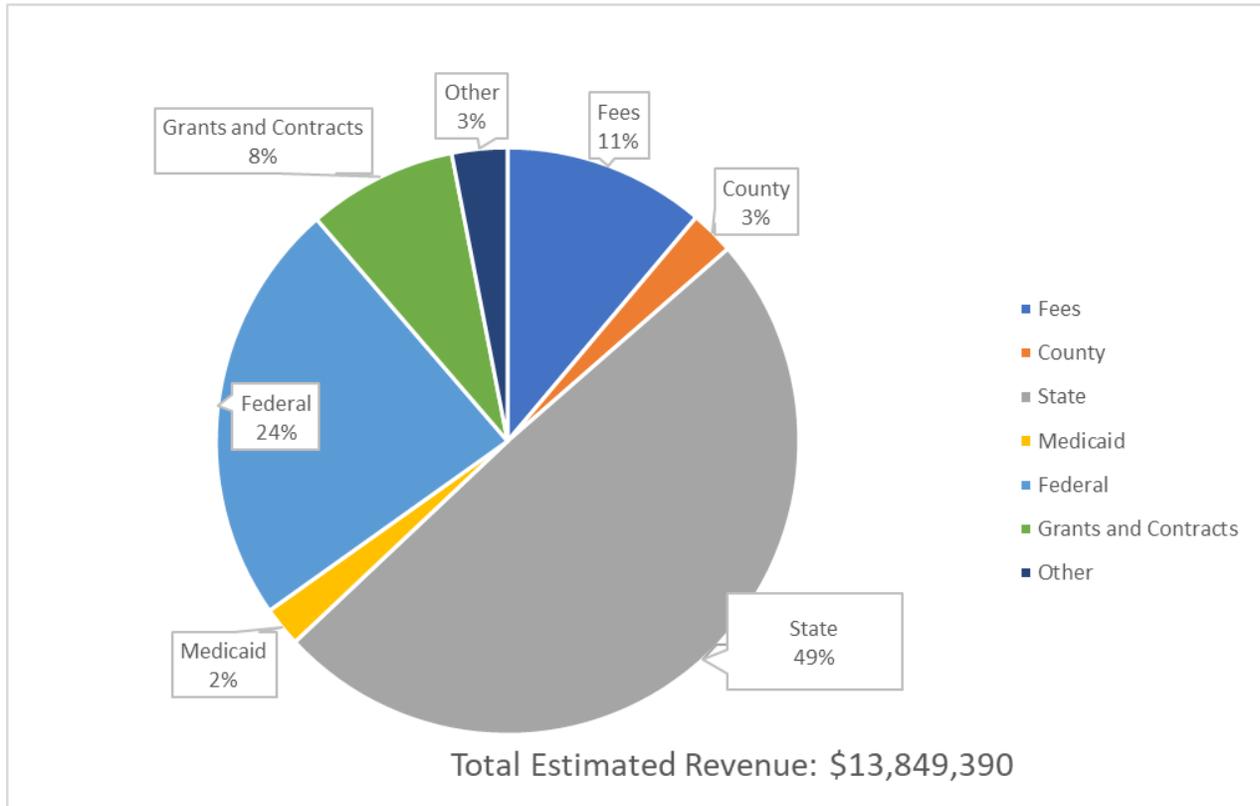
Age Group	Escambia – 2021		Florida – 2021
	Total Number	Total Percentage	Total Percentage
< 5 years	19,429	5.9	5.4
5 - 14 years	37,861	11.6	11.1
15 - 24 years	47,274	14.5	11.6
25 - 44 years	85,487	26.2	25.2
<b>Subtotal</b>	<b>190,051</b>	<b>58.2</b>	<b>53.3</b>
45 - 64 years	79,491	24.3	26.3
65 - 74 years	33,890	10.4	11.2
> 74 years	23,120	7.1	9.2
<b>Subtotal</b>	<b>136,501</b>	<b>41.8</b>	<b>46.7</b>

Source: [Population Query System - FL Health CHARTS - Florida Department of Health](#)

## Budget and Revenue

Financial resources for the Florida Department of Health in Escambia County (FDOH-Escambia) are provided through many sources. These sources include fees, grants and budget allocations from the County, State and Federal governments. Please see the data and information below.

**The Florida Department of Health in Escambia County  
Fiscal Year: 2022-2023**

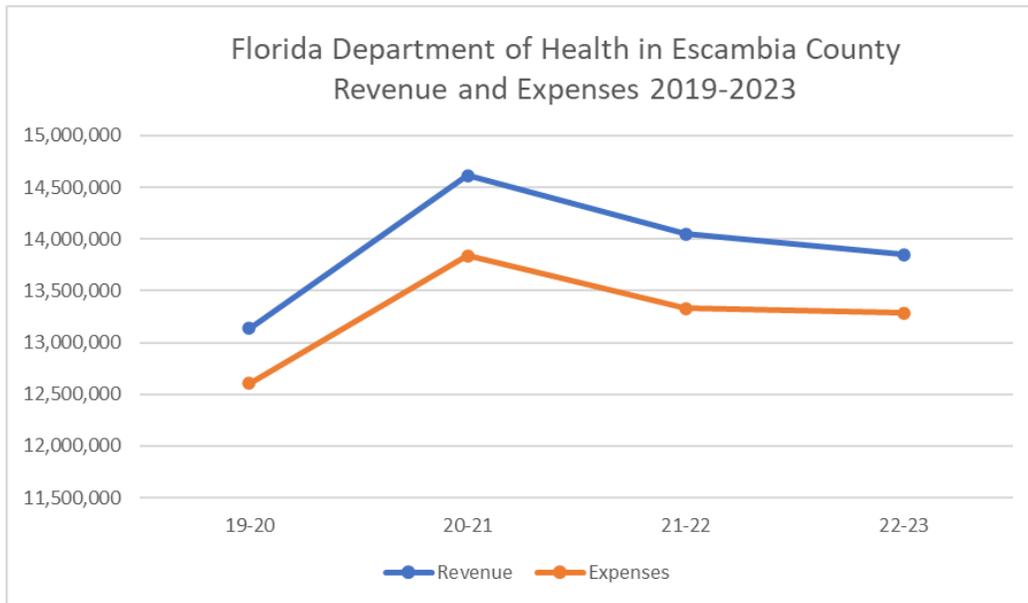


Source: Escambia County Health Department, Business Operations and Services Department  
Note: totals are through December 2023. Will updated as needed.

## Budget and Revenue Continued

The graph below represents our county health department’s revenue and expense relationship over the past 4 years.

**The Florida Department of Health in Escambia County  
Revenue and Expenses 2019-2023**



Source: Escambia County Health Department, Business Operations and Services Department  
Note: totals are through December 2023. Will updated as needed.

## 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. The following core functions and services form the basis for the Florida Department of Health in Escambia County’s commitment to providing the highest standards of public health:

### Environmental Health

FDOH-Escambia protects 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, as well as conducting complaint investigations and enforcing public health laws. County-specific programs include Water Quality, Healthy Beaches and Swimming Pools, Environmental Health Facilities, Health Assessment Program, Tattoo Expo, Onsite Sewage Treatment and Disposal Systems (OSTDS), Storage Tank Compliance, and Petroleum Cleanup Section.

### Communicable Disease and Epidemiology

The Florida Department of Health protects the health of the community through 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

FDOH-Escambia partners with the local healthcare system, Emergency Management, all levels of government, and the community to promote preparedness and response to disasters. The preparedness effort focuses on

developing critical capabilities necessary to preserve life, property, and the environment effectively in the event of a natural or a man-made disaster. Specific activities include staff Everbridge alert drills, disaster-readiness education outreach with the community, regular correspondence with Escambia County Emergency Management, and active participation in the local homeless coalition and healthcare coalition.

### **Community Health Promotion**

FDOH-Escambia plans and implements programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. Community Health Promotion programs include the Diabetes Prevention Program, Health Information (HI) Network, 5-2-1-0 Healthy Escambia!, Go Napsack, School Health, Overdose Data to Action, Tobacco Free Florida in Escambia County, Healthy Start, and WIC. The Minority Health team also collaborates on these programs, focusing on decreasing the risk of type 2 diabetes among vulnerable populations.

### **Health Access**

Achieving health requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities. Escambia County has a partnership with Achieve Healthy EscaRosa (AHER) which is focused on four major areas including healthcare access.

### **Clinical Services**

The Escambia County Health Department has a variety of services for expecting mothers, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Services are provided by highly qualified physicians, nurses, social workers, and other health care providers. Clinical Services programs include the Family Health Clinic, Immunizations Clinic, STD Clinic, Florida Breast and Cervical Cancer Early Detection Program (FBCCEDP), Family Planning Clinic, We Care, and the Improved Pregnancy Outcome Program (IPOP).

### **Vital Statistics**

FDOH-Escambia maintains Florida's birth and death records locally and assist with birth, death, marriage, and divorce records for all fifty states. Using data collected by the office, the Vitals department assists the state with tracking causes of morbidity and mortality— two main indicators of health status.

## **III. Strategic Planning Process**

The performance management system is designed to ensure continuous improvement and progress toward organizational goals. The system allows the department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement.

The strategic plan sets the direction for action for the Florida Department of Health in Escambia County for a three-year cycle. As part of the performance management (PM) system, the strategic plan identifies the priority focus areas for the department and aligns with state and national priorities. The strategic plan considers capacity for and enhancement of information management, workforce development, communication (such as branding) and financial sustainability.

### **A three-to-five-year strategic plan is always in place.**

The performance management system is integrated into the operations and practices and does the following:

- Sets organizational objectives by developing strategic health improvement, quality improvement, and workforce development plans at multiple levels across the department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.

The Florida Department of Health in Escambia County Performance Management Council is the foundation of the department’s performance management system. The primary functions of the Council are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

To define the direction and course of the Florida Department of Health in Escambia County for consumers, employees, administrators, and legislators for the next three years, in September 2023, the Florida Department of Health in Escambia County initiated a new strategic planning process. This plan will position the Florida Department of Health in Escambia County to operate as a sustainable integrated public health system and provide the health department customers with quality public health services.

The plan is a living document that the Florida Department of Health in Escambia County will evaluate and update annually to address new challenges posed by the changing public health environment.

To develop the plan, senior leadership championed the 4-month planning process during 10 meetings. Numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council attended these meetings. During the meetings, the Florida Department of Health in Escambia County considered key support functions required for efficiency and effectiveness; and it sought to articulate what it plans to achieve as an organization, the actions it will take and how it will measure success.

Additionally, the Florida Department of Health in Escambia County approached the strategic planning process with the following guiding principles in mind:

- Children, adults, and families are at the center of public health activities.
- Individuals, families, businesses, schools, civic organizations, faith-based groups and local government are responsible for child, adult, family and community health.
- Social determinants dominate health outcomes.
- Interventions to promote public health are evidence-based and supported by the community.
- Veterans particularly deserve support.

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from the Florida Department of Health in Escambia County presented information summaries from the sources listed in Appendix C, page 29, to the Performance Management Council (PMC.) The PMC then reviewed the findings and conducted a SWOT analysis based on their findings. The SWOT analysis discussion included the identification of external trends, events and other factors that may impact community health or the health department. See all identified strengths, weaknesses, opportunities and threats in Appendix D, page 30.

Discussions also included the consideration of infrastructure and capacity required for efficiency and effectiveness including:

- Information management
- Communication (including branding)
- Workforce development and financial sustainability

The Performance Management Council members used the SWOT analysis, the Agency Strategic Plan and the agency mission, vision and values to establish strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise strategies and objectives for each goal area. The strategies and objectives were routed back to the Performance Management Council for comment and approval.

Shared elements such as the mission, vision, and values demonstrate the governing entity’s contribution to the county’s strategic plan. Additionally, alignment between the plan’s priorities, goals, and objectives and the Agency Strategic Plan’s priorities, goals, and objectives show that the local and state priorities are complimentary and synergistic.

Throughout the life of the plan, the Florida Department of Health in Escambia County staff will monitor the strategic plan objectives through implementation plans. A designated performance management (PM) Champion will continually collect these plans that include quarterly/annual data values on indicators and sub-indicators along with a status of completion (on track, not on track, complete, not complete or decision required). The PM Champion will also enter data into the department’s online plan tracking system. This action will generate reports that the Florida Department of Health in Escambia County Performance Management Council participants will use as a reference when the strategic plan is discussed.

## IV. Strategic Priorities

### Strategy Map

Priority 1: Best People

**Goal**                      **1.1 Recruit the best people**

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<b>OBJECTIVES</b>	<b>1.1.1A</b>	Increase the number of recruitment avenues from 4 in December 2023 to 6 by December 31, 2026.
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<b>OBJECTIVES</b>	<b>1.1.1B</b>	Reduce the number of 180-day vacancies from 15 in November 2023 to 5 by December 31, 2026.
<b>OBJECTIVES</b>	<b>1.1.1C</b>	Reduce the timeframe for supervisor initiation to advertise from 25 weeks in December 2023 to 2 weeks by December 31, 2026.
<b>OBJECTIVES</b>	<b>1.1.1D</b>	increase the number of supervisory hiring and onboarding repositories from 0 in January 2024 to 1 by December 31, 2024

**Goal**                      **1.2 Retain the best people**

<b>OBJECTIVES</b>	<b>1.2.1A</b>	Increase CHD overall job satisfaction on the Sperduto survey from 68% in August 2023 to 75% by August 31, 2024.
<b>OBJECTIVES</b>	<b>1.2.1B</b>	Utilize periodic temperature checks to increase employee engagement from 52% in August 2023 to 57% by August 31, 2024.
<b>OBJECTIVES</b>	<b>1.2.2A</b>	Increase the number of STAY surveys utilized by all FDOH-Escambia staff from 0 in January 2024 to 1 by December 31, 2024
<b>OBJECTIVES</b>	<b>1.2.2B</b>	Increase the percentage of completed STAY surveys reviewed by the Quality Council from 0% in January 2024 to 75% by December 31, 2026.
<b>OBJECTIVES</b>	<b>1.2.3A</b>	Increase the number of new hire orientation days from one day in January 2024 to thirty days by December 31, 2024.
<b>OBJECTIVES</b>	<b>1.2.3B</b>	Increase the availability of interdepartmental trainings on various topics for employees to participate from 0 per quarter in January 2024 to 1 per quarter by December 31, 2024.

Priority 2: Our Community

**Goal**                      **2.1 Engage our partners and community to address needs and reduce poor health outcomes and disparities.**

<b>OBJECTIVES</b>	<b>2.1.1A</b>	Increase the customer feedback received monthly throughout CHD operations from 25% in January 2024 to 50% by December 31, 2026.
<b>OBJECTIVES</b>	<b>2.1.1B</b>	Increase the number of implemented feedback surveys targeted to community partners and stakeholders quarterly from 10 in November 2023 to 30 by December 31, 2026.
<b>OBJECTIVES</b>	<b>2.1.2A</b>	Increase toolkit development based on program-specific information received by the communications team from 0 in November 2023 to 2 by December 31, 2024.
<b>OBJECTIVES</b>	<b>2.1.2B</b>	Increase the number of program specific communications toolkits distributed monthly to community partners from 7 in November 2023 to 10 by December 31, 2026.
<b>OBJECTIVES</b>	<b>2.1.3A</b>	Increase the quarterly number of social media posts to educate about CHD services from 31 in November 2023 to 40 by December 31, 2024.
<b>OBJECTIVES</b>	<b>2.1.3B</b>	Increase the number of marketing campaigns that use social marketing principles and campaign message development to educate Escambia County residents about CHD services from 4 in November 2023 to 6 by December 31, 2026.
<b>OBJECTIVES</b>	<b>2.1.4A</b>	Increase the quarterly number of social media posts to educate about emerging community health concerns from 14 in November 2023 to 20 by December 31, 2025.
<b>OBJECTIVES</b>	<b>2.1.4B</b>	Increase the number of marketing campaigns that use social marketing principles and campaign message development to educate Escambia County residents about emerging community health concerns from 7 in November 2023 to 10 by December 31, 2026.

<b>OBJECTIVES</b>	<b>2.1.5A</b>	Increase the number of public health messages shared through community partnerships from 5 in December 2023 to 15 by December 31, 2024.
<b>OBJECTIVES</b>	<b>2.1.5B</b>	Increase the number of meetings held with community partners to address health disparities from 12 in January 2024 to 30 December 31, 2026.
<b>OBJECTIVES</b>	<b>2.1.5C</b>	Increase the number of community partnerships utilized for public health messaging regarding human trafficking from 0 in January 2024 to 1 by December 31, 2024.

Priority 3: Our Culture

**Goal**                      **3.1 Foster a culture of continuous improvement**

<b>OBJECTIVES</b>	<b>3.1.1A</b>	Increase the number of meetings held quarterly by the Quality Improvement Council from 0 in January 2024 to 1 by December 31, 2026.
<b>OBJECTIVES</b>	<b>3.1.1B</b>	Increase the percentage of employee suggestions reviewed by the Quality Improvement Council from 0% in January 2024 to 100% quarterly by December 31, 2026.
<b>OBJECTIVES</b>	<b>3.1.2A</b>	Increase the percentage of employees that complete a quality improvement training annually from 0% in January 2024 to 100% by December 31, 2026.
<b>OBJECTIVES</b>	<b>3.1.2B</b>	Increase the number of implemented annual employee trainings regarding human trafficking from 0 in January 2024 to 1 by December 31, 2024.
<b>OBJECTIVES</b>	<b>3.1.3A</b>	Increase the number of QI projects received by the QI Liaison from 7 in 2023 to 10 by December 31, 2026.
<b>OBJECTIVES</b>	<b>3.1.3B</b>	Increase the number of employees involved yearly in QI projects from 25% in January 2024 to 75% by December 31, 2026.

Priority 4: Operational Excellence

**Goal**                      **4.1 Utilize effective planning and resources**

<b>OBJECTIVES</b>	<b>4.1.1A</b>	Increase the number of implemented supervisory mentoring programs from 0 in January 2024 to 1 by December 31, 2024.
<b>OBJECTIVES</b>	<b>4.1.1B</b>	Increase the number of supervisor specific trainings that have been implemented from 15 in January 2024 to 20 by December 31, 2026.
<b>OBJECTIVES</b>	<b>4.1.1C</b>	Increase the percentage of supervisors who participate in a supervisor specific training from 50% in January 2024 to 100% by December 31, 2026.
<b>OBJECTIVES</b>	<b>4.1.2A</b>	Increase the percentage of position descriptions reviewed annually from 37% in January 2024 to 50% by December 31, 2026.
<b>OBJECTIVES</b>	<b>4.1.3A</b>	Increase the percentage of Career Service employees who complete an overview template of critical job duties from 35% in January 2024 to 75% by December 31, 2026.

## V. Objectives

Measurable outcomes of objectives are obtained through the execution of data-driven initiatives. The table below lists objectives (with baseline values, target values, and objective status), data sources,

alignment with other foundational plans, responsible entities and strategic initiatives/actions that will be implemented to achieve the objectives.

<b>Objective: 1.1.1A Increase the number of recruitment avenues from 4 in December 2023 to 6 by December 31, 2026.</b>				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked in an in-house shared drive.	4 (December 2024)	6 (December 31, 2026)	On Track	ASP- 4.1.5 CHIP- N/A APMQI- N/A AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• Increase the advertising of job openings on website, twitter, and school job boards.</li> <li>• Utilize relationship with University of West Florida and Pensacola State College to post positions.</li> <li>• Attend Career Fairs at the colleges and Universities.</li> <li>• Strategically advertise on sites such as Indeed.</li> </ul>			<b>Entities Responsible:</b> HR, Community Health Education and Nutrition (CHEN)	
<b>Objective: 1.1.1B Reduce the number of 180-day vacancies from 15 in November 2023 to 5 by December 31, 2026.</b>				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracking in-house by personnel Liaison and kept in a shared filing system with the Business Manager and Executive Assistant	15 (November 2023)	5 (December 31, 2026)	On Track	ASP- 4.1.5 CHIP- N/A APMQI- N/A AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• Supervisors to update PD and initiate contact with the Personnel Liaison within 2 weeks of vacancy or anticipated vacancy.</li> <li>• Personnel Liaison to keep track of days and contact supervisor at the 15-day mark.</li> </ul>			<b>Entities Responsible:</b> Personnel Liaison, Supervisors, CHEN	

<b>Objective: 1.1.1C</b> Reduce timeframe for supervisor initiation to advertise from 25 weeks in December 2023 to 2 weeks by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked in an in-house shared drive.	25 weeks (December 2023)	2 weeks (December 31, 2026)	On Track	ASP- 4.1.5 CHIP- N/A APMQI- N/A AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>HR liaison, Executive Assistant, and Training Team to implement a QI project to develop a tracking and alert system.</li> <li>HR Liaison to initiate contact with supervisors upon separation or at the time of resignation.</li> </ul>			<b>Entities Responsible:</b> HR Liaison, Executive Assistant, Training Team	
<b>Objective: 1.1.1D</b> Increase the number of supervisory hiring and onboarding repositories from 0 in January 2024 to 1 by December 31, 2024				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Maintained in an in-house shared drive.	0 (January 2024)	1 (December 31, 2024)	On Track	ASP-4.1.5 CHIP- N/A APMQI- N/A AWFD- Goal 5

<p><b>Strategies/Actions to Achieve Objective:</b></p> <ul style="list-style-type: none"> <li>• Executive Assistant, Personnel Liaison, and CHEN to work with IT to build SharePoint site for supervisors.</li> <li>• Executive Assistant and Personnel Liaison to load helper documents such as hiring questions and recruitment best practices.</li> </ul>	<p><b>Entities Responsible:</b></p> <p>Executive Assistant, Personnel Liaison, CHEN, IT</p>
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**Objective:** 1.2.1A Increase CHD overall job satisfaction on the Sperduto survey from 68% in August 2023 to 75% by August 31, 2024.

Data Source	Baseline Value	Target Value	Objective Status	Alignment
Sperduto survey, results maintained in an in-house shared drive.	68% (August 2023)	75% (August 31, 2024)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.1 AWFD- Goal 5

<p><b>Strategies/Actions to Achieve Objective:</b></p> <ul style="list-style-type: none"> <li>• CHEN to maintain contract with Sperduto.</li> <li>• Training Specialist/CHEN to complete quarterly employee engagement activities.</li> </ul>	<p><b>Entities Responsible:</b></p> <p>Training Specialist, CHEN, EMT</p>
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**Objective:** 1.2.1B Utilize periodic temperature checks to increase employee engagement from 52% in August 2023 to 57% by August 31, 2024.

Data Source	Baseline Value	Target Value	Objective Status	Alignment
Sperduto survey, results maintained in an in-house shared drive.	52% (August 2023)	57% (August 31, 2024)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.1 AWFD- Goal 5

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• CHEN to maintain contract with Sperduto and associates with scheduled dates for the temperature checks.</li> </ul>			<b>Entities Responsible:</b>  CHEN	
<b>Objective:</b> 1.2.2A Increase the number of STAY surveys utilized by all FDOH-Escambia staff from 0 in January 2024 to 1 by December 31, 2024				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
STAY survey	0 (January 2024)	1 (December 31, 2024)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.1 AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• CHEN to initiate STAY survey QI Project</li> <li>• CHEN to develop STAY surveys</li> <li>• CHEN/Training Coordinator to train supervisors on use of STAY surveys</li> <li>• Method for tracking STAY surveys to be developed and implements by Personnel Liaison.</li> </ul>			<b>Entities Responsible:</b> Personnel Liaison, CHEN, Training Coordinator	
<b>Objective:</b> 1.2.2B Increase the percentage of completed STAY surveys reviewed by the Quality Council from 0% in January 2024 to 75% by December 31, 2026.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Data Source STAY surveys, results maintained in an in-house shared drive.	0% (January 2024)	75% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.1 AWFD- Goal 5

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Quality Council to meet and be trained on use of STAY surveys.</li> <li>Quality Council to maintain tracking log of STAY survey use.</li> <li>Quality Council chairperson to ensure STAY surveys remain on the agenda.</li> </ul>			<b>Entities Responsible:</b> Quality Council, CHEN	
<b>Objective: 1.2.3A:</b> Increase the number of new hire orientation days from one day in January 2024 to thirty days by December 31, 2024.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Maintained in an in-house shared drive.	1 (January 2024)	30 (December 31, 2024)	On Track	ASP- Priority 4 CHIP- N/A APMQI- N/A AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Personnel Liaison, Executive Assistant, Training Specialist, and Assistant CHD Director to complete a QI project to update the process.</li> <li>New hire orientation to be conducted by Personnel Liaison and Training Team.</li> </ul>			<b>Entities Responsible:</b> Personnel Liaison, Executive Assistant, Training Specialist and Team, Assistant CHD Director	
<b>Objective: 1.2.3B</b> Increase the availability of interdepartmental trainings on various topics for employees to participate in from 0 per quarter in January 2024 to 1 per quarter by December 31, 2024.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Training specialist to keep an in-house training log and Train FL transcript.	0 (January 2024)	1 (December 31, 2024)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 5.3 AWFD- Goal 5 SHIP- HE 1

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• Training Coordinator to update training opportunities and training plans to include interdepartmental skill and education.</li> <li>• Supervisors will be engaged to agree to specific trainings that will be made available.</li> </ul>			<b>Entities Responsible:</b>  Training Coordinator	
<b>Objective: 2.1.1A</b> Increase the customer feedback received monthly throughout CHD operations from 25% in January 2024 to 50% by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through an in-house shared drive.	25% (January 2024)	50% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 1.1.3 AWFD- N/A PMQI- 3.1
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• Training team to conduct push week each month to encourage completion of comment cards.</li> <li>• Supervisors to ensure staff give customers the option of completing comment cards at the completion of service.</li> <li>• CHEN and Training Team to upgrade the survey and implement use of dynamic QR coding.</li> </ul>			<b>Entities Responsible:</b> CHEN, Training Specialist and Team	
<b>Objective: 2.1.1B</b> Increase the number of implemented feedback surveys targeted to community partners and stakeholders quarterly from 10 in November 2023 to 30 by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Community Partner-specific surveys, results tracked through an in-house shared drive.	10 (November 2023)	30 (December 31, 2026)	On Track	ASP- Priority 4 CHIP- 2.1 APMQI- 1.1.3 AWFD- Goal 1

<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Community Partner specific surveys to be developed by CHEN.</li> <li>Program representatives to share and request completion of surveys by partners.</li> </ul>			CHEN	
<b>Objective:</b> 2.1.2A Increase toolkit development based on program-specific information received by the communications team from 0 in November 2023 to 2 by December 31, 2024.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Tracked through an in-house shared drive	0 (November 2023)	2 (December 31, 2024)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- Goal 1 SHIP- HE 2
<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Each program supervisor or representative will work with the communications team to develop media kits related to the specific program and services.</li> <li>Communications team will track number of campaigns and complete toolkits developed and distributed.</li> </ul>			Communications Team, Program Supervisors/Representatives	
<b>Objective:</b> 2.1.2B Increase the number of program-specific communications toolkits distributed monthly to community partners from 7 in November 2023 to 10 by December 31, 2026.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Tracked through an in-house shared drive	7 (November 2023)	10 (December 31, 2026)	On Track	ASP- Priority 2 CHIP- 2.1 APMQI- N/A AWFD- Goal 1

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• Program leads/representatives will distribute issue specific media kits to appropriate partners.</li> <li>• Media Kits will be shared through the Achieve Healthy EscaRosa (AHER) community collaborative.</li> </ul>			<b>Entities Responsible:</b> CHEN, Communications Team, Program Leads/Representatives	
<b>Objective: 2.1.3A</b> Increase the quarterly number of social media posts to educate about CHD services from 32 in November 2023 to 40 by December 31, 2024.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through an in-house shared drive	31 (November 2023)	40 (December 31, 2024)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- N/A
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>• Communications team to maintain tracking log of social media posts and topics.</li> <li>• Program representatives to share topic ideas and posts a minimum of 2 week prior to need.</li> </ul>			<b>Entities Responsible:</b> Communications Team, Program Representatives	
<b>Objective: 2.1.3B</b> Increase the number of marketing campaigns that use social marketing principles and campaign message development to educate Escambia County residents about CHD services from 4 in November 2023 to 6 by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through an in-house shared drive	4 (November 2023)	6 (December 31, 2026)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- Goal 1 SHIP- HE 2

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>CHEN and Communications team will work on health specific social marketing campaigns based on the CHIP and SHIP priorities with assistance from specified program leads/representatives.</li> </ul>			<b>Entities Responsible:</b> CHEN, Communications Team	
<b>Objective: 2.1.4A</b> Increase the quarterly number of social media posts to educate about emerging community health concerns from 14 in November 2023 to 20 by December 31, 2025.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through an in-house shared drive	14 (November 2023)	20 (December 31, 2025)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- N/A SHIP- HE 2
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Communications team will monitor emerging health alerts and trends and proactively plan campaigns.</li> </ul>			<b>Entities Responsible:</b> Communications Team	
<b>Objective: 2.1.4B</b> Increase the number of marketing campaigns that use social marketing principles and campaign message development to educate Escambia County residents about emerging community health concerns from 7 in November 2023 to 10 by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through an in-house shared drive	7 (November 2023)	10 (December 31, 2026)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- Goal 1 SHIP- HE 2

<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Communications Team will develop campaign messages in conjunction with program leads/representatives and distribute based on community specific consumption data.</li> </ul>			Communications Team	
<b>Objective:</b> 2.1.5A Increase the number of public health messages shared through community partnerships from 5 in December 2023 to 15 by December 31, 2024.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Tracked through an in-house shared drive	5 (December 2023)	15 (December 31, 2024)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- N/A SHIP- HE 2, HE 3
<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Communications Team will work with the Achieve Healthy EscaRosa communications subcommittee to distribute timely health messages to partners.</li> <li>Program leads/representatives will distribute approved messaging to pertinent partners.</li> </ul>			CHEN, Communications Team	
<b>Objective:</b> 2.1.5B Increase the number of meetings held with community partners to address health disparities from 12 in January 2024 to 30 by December 31, 2026.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Logged in Escambia Health Performs, maintained in an in-house shared drive.	12 (January 2024)	30 (December 31, 2026)	On Track	ASP- Priority 2 CHIP- N/A APMQI- N/A AWFD- Goal 1 SHIP- HE 2, HE 3

<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Minority Health Liaison will continue to co-chair the Achieve Healthy EscaRosa (AHER) sub-committee addressing health disparities.</li> <li>Minority Health Team will meet monthly and complete community-based projects as approved by DOH and CDC</li> </ul>			Minority Health Liaison and Team, CHEN	
<b>Objective: 2.1.5C</b> Increase the number of community partnerships utilized for public health messaging regarding human trafficking from 0 in January 2024 to 1 by December 31, 2024.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through an in-house shared drive, meeting minutes, sign-in sheets, logged in Escambia Health Performs	0 (January 2024)	1 (December 31, 2024)	On Track	ASP- N/A CHIP- N/A APMQI- N/A AWFD- N/A SHIP- ISV 3
<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Communications Team will work with the Achieve Healthy EscaRosa communications subcommittee to distribute timely health messages to partners.</li> <li>Program leads/representatives will distribute approved messaging/information to pertinent partners.</li> </ul>			Program leads/representatives, CHEN, Communications Team	
<b>Objective: 3.1.1A</b> Increase the number of meetings held quarterly by the Quality Improvement Council from 0 in January 2024 to 1 by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Tracked through meeting minutes and sign-in sheets kept in an in-house shared drive.	0 (January 2024)	1 (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 2.1, 3.1 AWFD- N/A

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>The Performance Management Council (PMC) will vote on a QIC lead.</li> <li>The QIC lead will host meetings quarterly.</li> </ul>			<b>Entities Responsible:</b> PMC, QI Council	
<b>Objective: 3.1.1B</b> Increase the percentage of employee suggestions reviewed by the Quality Improvement Council from 0% in January 2024 to 100% quarterly by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Maintained in an in-house shared drive.	0% (January 2024)	100% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.1.2 AWFD- Goal 3
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>The QIC Lead will host quarterly meetings and ensure an agenda item for employee suggestions is present.</li> <li>IT and CHEN to explore methods of tracking employee suggestions and progress.</li> <li>The QIC Lead will maintain a tracking log of suggestions and progress.</li> </ul>			<b>Entities Responsible:</b> QI Council, IT, CHEN	
<b>Objective: 3.1.2A</b> Increase the percentage of employees that complete a quality improvement training annually from 0% in January 2024 to 100% by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Training specialist to keep an in-house training log and Train FL transcript	0% (January 2024)	100% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.2.1 AWFD- Goal 3

<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>The Training Coordinator will update the employee training plans to include annual QI training.</li> <li>The Training Consultant and the Assistant CHD Director will secure contracts for Six Sigma training for all staff.</li> </ul>			<b>Entities Responsible:</b> Training Specialist, HR	
<b>Objective:</b> 3.1.2B Increase the number of implemented annual employee trainings regarding human trafficking from 0 in January 2024 to 1 by December 31, 2024.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Training specialist to keep an in-house training log and Train FL transcript	0 (January 2024)	1 (December 31, 2024)	On Track	ASP- N/A CHIP- N/A APMQI- N/A AWFD- N/A SHIP- ISV 3
<b>Strategies/Actions to Achieve Objective:</b>  The Training Coordinator will update the employee training plans to include Human Trafficking <ul style="list-style-type: none"> <li>The Training Consultant and the Assistant CHD Director will secure contracts for all staff training.</li> <li></li> </ul>			<b>Entities Responsible:</b> Training Specialist	
<b>Objective:</b> 3.1.3A Increase the number of QI projects received by QI Liaison from 7 in 2023 to 10 by December 31, 2026.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Maintained in an in-house shared drive.	7 (2023)	10 (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.3 AWFD- Goal 4
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>QI Liaison will adequately track QI projects, submissions, and results.</li> <li>Supervisors will ensure all staff are aware of how to submit QI projects.</li> <li>CHEN and IT to work on QI project to complete a visual QI tracking system.</li> </ul>			<b>Entities Responsible:</b> QI Liaison, CHEN, IT, Supervisors	

<b>Objective:</b> 3.1.3B Increase the number of employees involved yearly in QI projects from 25% in January 2024 to 75% by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Maintained in an in-house shared drive.	25% (January 2024)	75% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- 3.3 AWFD- Goal 4
<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>All supervisors should include QI projects into performance expectations.</li> </ul>			QI Liaison, Supervisors	
<b>Objective:</b> 4.1.1A Increase the number of implemented supervisory mentoring programs from 0 in January 2024 to 1 by December 31, 2024.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Training specialist to keep an in-house training log and Train FL transcript.	0 (January 2024)	1 (December 31, 2024)	On Track	ASP- Priority 4 CHIP- N/A APMQI- N/A AWFD- Goal 2
<b>Strategies/Actions to Achieve Objective:</b>			<b>Entities Responsible:</b>	
<ul style="list-style-type: none"> <li>Assistant CHD Director, Executive Assistant, and Training Specialist to implement and track those in program.</li> <li>Supervisors to identify candidates for mentorship.</li> </ul>			Assistant CHD Director, Executive Assistant, Training Specialist, Supervisors	
<b>Objective:</b> 4.1.1B Increase the number of supervisor specific trainings that have been implemented from 15 in January 2024 to 20 by December 31, 2026.				

Data Source	Baseline Value	Target Value	Objective Status	Alignment
Training specialist to keep an in-house training log and Train FL transcript.	15 (January 2024)	20 (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- N/A AWFD- Goal 2
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Training Coordinator and team to ensure supervisory training plans are up to date and include pertinent leadership and skills development training.</li> </ul>			<b>Entities Responsible:</b> Training Coordinator	
<b>Objective:</b> 4.1.1C Increase the percentage of supervisors who participate in a supervisor specific training from 50% in January 2024 to 100% by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Training specialist to keep an in-house training log and Train FL transcript.	50% (January 2024)	100% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- N/A AWFD- Goal 2
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Training Coordinator and team to ensure supervisory training plans are up to date and will track completion rates.</li> <li>Training Coordinator will alert supervisors of progress each quarter.</li> </ul>			<b>Entities Responsible:</b> Training Coordinator	
<b>Objective:</b> 4.1.2A Increase the percentage of position descriptions reviewed annually from 37% in January 2024 to 50% by December 31, 2026.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment

Maintained in an in-house shared drive.	37% (January 2024)	50% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- N/A AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Executive Assistant to spearhead collection, update, and record keeping for Position Descriptions</li> <li>The Personnel Liaison will check for and complete updates during the process of personnel actions.</li> </ul>			<b>Entities Responsible:</b>  Executive Assistant, Personnel Liaison	
<b>Objective:</b> 4.1.3A Increase the percentage of Career Service employees who complete an overview template of critical job duties from 35% in January 2024 to 75% by December 31, 2026.				
<b>Data Source</b>	<b>Baseline Value</b>	<b>Target Value</b>	<b>Objective Status</b>	<b>Alignment</b>
Maintained in an in-house shared drive.	35% (January 2024)	75% (December 31, 2026)	On Track	ASP- Priority 4 CHIP- N/A APMQI- N/A AWFD- Goal 5
<b>Strategies/Actions to Achieve Objective:</b> <ul style="list-style-type: none"> <li>Supervisors to have one-on-one meetings with employees to discuss critical job duties a minimum of twice per year.</li> <li>Supervisors, Division Directors will work with the Training Coordinator to share critical job duties that should be conveyed during initial training/onboarding.</li> </ul>			<b>Entities Responsible:</b>  Supervisors, Division Directors, Training Coordinator	

**ASP-** Agency Strategic Plan  
**CHIP-** Community Health Improvement Plan  
**APMQI-** County Health Department Performance Management and Quality Improvement Plan  
**AWFD-** County Health Department Workforce Development Plan  
**SHIP-** State Health Improvement Plan

## VI. Monitoring Progress and Reviews

Reviews of the strategic plan take place during the Florida Department of Health in Escambia County Performance Management Council meetings.

The lead entity for each objective will provide quarterly updates on objectives that are not on track, not completed, or require a decision. Annually, the leads will report the progress and status for all objectives. Additionally, operational policies and procedures, including human resource policies and procedures, will be reviewed and revised on a routine basis.

Progress reports including the status of all objectives, the progress of all objectives and a description of how targets were monitored will be developed and are due each year.

## VII. Appendices

### Appendix A: Schedule of Meetings

The following is the strategic planning schedule of meetings:

Meeting Date	Topic
9/19/23	Plan Process Review, QI Project, WFD Plan
10/17/23	SWOT/SOAR Review, Common Themes, Priority Areas and Goals
10/24/23	Review and Development of Priority 1 Goals, Strategies Objectives
10/31/23	Review and Development of Priority 1 Goals, Strategies and Objectives
11/2/23	Review and Development of Priority 1 Goals, Strategies and Objectives
11/3/23	Review and Development of Priority 1 and Priority 2 Goals, Strategies and Objectives
11/7/23	Review and Development of Priority 2 Goals, Strategies and Objectives
11/9/23	Review and Development of Priority 2 and Priority 3 Goals, Strategies and Objectives
11/14/23	Review and Development of Priority 3 and Priority 4 Goals, Strategies and Objectives
11/21/23	Strategy Map Review, Snapshot Update
12/19/23	Strategic Plan Objectives Review, WFD Objectives Review, Snapshot Reminders

## Appendix B: Strategic Planning Participants

### Escambia County Health Department Strategic Planning Participants

2023

Anne Banks-Gainer,  
Executive Assistant

Linda Kent,  
Medical and Health Services Manager

Emalita Bantista,  
Health Educator Consultant, CHEN

Shayne Lewis,  
PHP

Skye Beech,  
Public Health Nutritionist Supervisor, CHEN

Rudy Lopez,  
IT Director and Facilities Manager

Larthenia (Candy) Bellamy-Mckillion,  
General Services Manager

Sonya Macgregor,  
WIC Program Director

Gregory Berrian,

Division Director, Environmental Health	Amber McKinnon, Training Supervisor, CHEN
Dr. Angel Bradley Health Education Program Manager	Maurice Moody, Area 1 HIV/AIDS Program Coordinator, Community and Clinical Health
James Brough, Environmental Supervisor I, Environmental Health	Marie Mott, Administrator and Health Officer
Lindsay Brown, Planning Consultant, CHEN	Dr. Vanessa Phillips, Assistant County Health Department Director
Louviminda Donado, Environmental Health Supervisor II, Environmental Health	Patrick Shehee Biological Scientist Supervisor
Lewis Garvin, Public Health Communications Manager	Lisha Smith, Senior Clerical Supervisor
Sharon Harris, Sr. Public Health Services Manager, Business Operations and Services	Darla Spearing, Area 1 STD Program Director
Alyssa Hudson, Government Operations Consultant	Tanisha Thompson, Health Educator Consultant, CHEN
Lisa Kemp, Budget Supervisor, Business Operations and Services	Deborah Tucker, Registered Nurse Supervisor, School Health

## Appendix C: Environmental Scan Resources

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. Escambia-Santa Rosa Community Health Assessment, 2023
4. Escambia-Santa Rosa Community Health Improvement Plan, 2023-2025
5. DOH-Escambia Quality Improvement Plan, 2021-2024
6. DOH-Escambia Workforce Development Plan, 2019-2023
7. Employee Satisfaction Survey 2021
8. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
9. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
10. [Florida Department of Health Workforce Development Plan](#)

11. [Florida State Health Improvement Plan, 2017-2021](#)
12. [Florida Strategic Plan for Economic Development, 2018-2023](#)
13. Florida Vital Statistics Annual Report, 2021

## Appendix D: Strengths, Weaknesses, Opportunities and Threats (SWOT)

<b>Strengths (Internal)</b>	<b>Opportunities (External)</b>
<p><i>We want to maintain and leverage strengths.</i></p> <p>Agency Infrastructure:</p> <ul style="list-style-type: none"> <li>• Staff collaboration</li> <li>• Collaboration with community partners</li> </ul> <p>Capacity:</p> <ul style="list-style-type: none"> <li>• Variety of services provided to the community</li> <li>• Cross-training within departments</li> </ul> <p>Emerging Trends:</p> <ul style="list-style-type: none"> <li>• Disaster preparedness</li> <li>• Meeting developing community needs</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>• Committed staff</li> <li>• Employee benefits</li> </ul>	<p><i>We want to invest in opportunities.</i></p> <p>Agency Infrastructure:</p> <ul style="list-style-type: none"> <li>• Audio/visual queue system implementation</li> <li>• Tech improvements (use of iPads for clients, smart devices for in-field staff)</li> </ul> <p>Capacity:</p> <ul style="list-style-type: none"> <li>• Improve recruitment avenues</li> <li>• Focus on retention through employee satisfaction surveying</li> </ul> <p>Emerging Trends:</p> <ul style="list-style-type: none"> <li>• Job-specific and professional development training</li> <li>• Better collection and use of customer feedback</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>• Strengthen community partnerships</li> <li>• Increase communication of health information with community stakeholders</li> </ul>
<b>Weaknesses (Internal)</b>	
<p><i>We want to minimize weaknesses.</i></p> <p>Agency Infrastructure:</p>	

<ul style="list-style-type: none"> <li>• Staffing</li> <li>• Retention</li> </ul>
Capacity: <ul style="list-style-type: none"> <li>• Limited department resources</li> <li>• Poor communication between staff and departments</li> </ul>
Emerging Trends: <ul style="list-style-type: none"> <li>• Lack of technology</li> <li>• Limited advancement training/opportunities</li> </ul>
Other: <ul style="list-style-type: none"> <li>• Staff/leadership accountability</li> <li>• Employee satisfaction, burnout</li> </ul>

Threats or Challenges (External)
<i>We want to identify threats or challenges that need to be addressed and understand their potential impact.</i>
Agency Infrastructure: <ul style="list-style-type: none"> <li>• High turnover</li> <li>• Lack of employee trust</li> <li>• fragmentation</li> </ul>
Capacity: <ul style="list-style-type: none"> <li>• Limitations from the state</li> <li>• Budget/funding issues</li> <li>• Barriers related to social determinants of health</li> <li>• Underdeveloped workforce</li> </ul>
Emerging Trends: <ul style="list-style-type: none"> <li>• Resistance to change</li> <li>• Lack of communication at state/county levels</li> </ul>
Other: <ul style="list-style-type: none"> <li>• Weather</li> <li>• Network/security practices</li> <li>• Limited training</li> </ul>

## Appendix E: Summary of Reviews

On August 14, 2024, the Escambia County Health Department conducted a review of the strategic plan to update objectives based on feedback received from the Plan Review.

The table below depicts revisions to objectives from the August 14, 2024 review, as well as a change in the end date of the plan cycle. Strikethroughs indicate deleted text and underlines indicate added text.

8/14/2024 Reviews		
Objective	Revisions to Objective	Rationale for Revision(s)
1.1.1D: Develop and implement a supervisory hiring and onboarding repository by December 31, 2024.	<u>Increase the number of supervisory hiring and onboarding repositories from 0 in January 2024 to 1 by December 31, 2024.</u>	Added baseline date and data to align with SMART format
1.2.1A Increase CHD overall job satisfaction on the Sperduto survey from 68% in August 2023 to 75% by August 2024.	Increase CHD overall job satisfaction on the Sperduto survey from 68% in August 2023 to 75% by August <u>31, 2024.</u>	Specified target date

Utilize periodic temperature checks to increase employee engagement from 52% in August 2023 to 57% by August 2024.	Utilize periodic temperature checks to increase employee engagement from 52% in August 2023 to 57% by August <u>31, 2024</u> .	Specified target date
1.2.2A: Develop and implement STAY surveys by December 31, 2024.	<u>Increase the number of STAY surveys utilized by all FDOH-Escambia staff from 0 in January 2024 to December 31, 2024.</u>	Added baseline date and data to align with SMART format
1.2.3A: Expand new hire orientation by December 31, 2024.	<u>Increase the number of new hire orientation days from one day (January 2024) to thirty days by December 31, 2024.</u>	Added baseline value and date to align with SMART format
2.1.1A: Increase customer feedback received monthly throughout CHD operations from 25% to 50% by December 2026.	Increase customer feedback received monthly throughout CHD operations from 25% in January 2024 to 50% by December <u>31, 2026</u> .	Added baseline date to align with SMART format and specified target date
2.1.1A Increase the customer feedback received monthly throughout CHD operations from 25% in January 2024 to 50% by December 31, 2026.		Added alignment to local PM Plan
2.1.5C: Utilize community partnerships to increase public health messaging regarding human trafficking by December 31, 2024.	<u>Increase the number of community partnerships utilized for public health messaging regarding human trafficking from 0 in January 2024 to 1 by December 31, 2024.</u>	Added baseline value and date to align with SMART format
3.1.2B: Implement annual employee training on human trafficking by December 31, 2024.	<u>Increase the number of implemented annual employee trainings regarding human trafficking from 0 in January 2024 to 1 by December 31, 2024.</u>	Added baseline value and date to align with SMART format
4.1.1A: Implement and utilize supervisory mentoring program by December 31, 2024.	<u>Increase the number of implemented supervisory mentoring programs from 0 in January 2024 to 1 by December 31, 2024.</u>	Added baseline value and date to align with SMART format
Original Plan Cycle: January 1, 2024 – December 31, 2026	January 1, 2024 – <u>January 1, 2027</u>	Updated end date to January 1, 2027 to ensure plan cycle is at least 3 years.