

Florida Department of Health – Leon County Strategic Plan

2015 - 2018



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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 (ICARE):

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

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

Accountability: We perform with integrity & respect.

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

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

Executive Summary

The Florida Department of Health in Leon County (DOH- Leon) initiated a new strategic planning process in January 2015. The process involved numerous internal stakeholders including senior leadership, program managers, and a dedicated Strategic Planning Committee.

DOH- Leon approached the strategic planning process with a number of objectives in mind, including re-focusing efforts on core public health functions and ensuring the provision of essential public health services.

DOH- Leon also sought to articulate what we plan to achieve as an organization, how we will achieve it, and how we will know if we have achieved it. Quarterly monitoring will take place. The DOH- Leon Strategic Plan was developed to clarify the course and direction of the agency for consumers, employees, administrators and legislators seeking to understand the work of Leon County public health. Our Strategic Plan is intended to position DOH- Leon to operate as a sustainable local health office within Florida's integrated public health system, under current economic environment and to give our customers high quality public health services.

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

1. Workforce
2. Performance Management / Quality Improvement Culture
3. Communication
4. Community Relationships
5. Financial Sustainability

These priorities guided development of goals, strategies and objectives and will help to shape decisions about resources and actions. The result of the strategic planning process is a well-crafted roadmap that we will review and revise annually to meet emerging challenges and opportunities.

Background and Overview

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

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

Demographics

The Florida Department of Health in Leon County serves a population of 283,988.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key characteristic that sets Leon County apart is a high percentage of individuals between the ages of 15 and 24, which includes college students.

Population by Age
Leon County and Florida

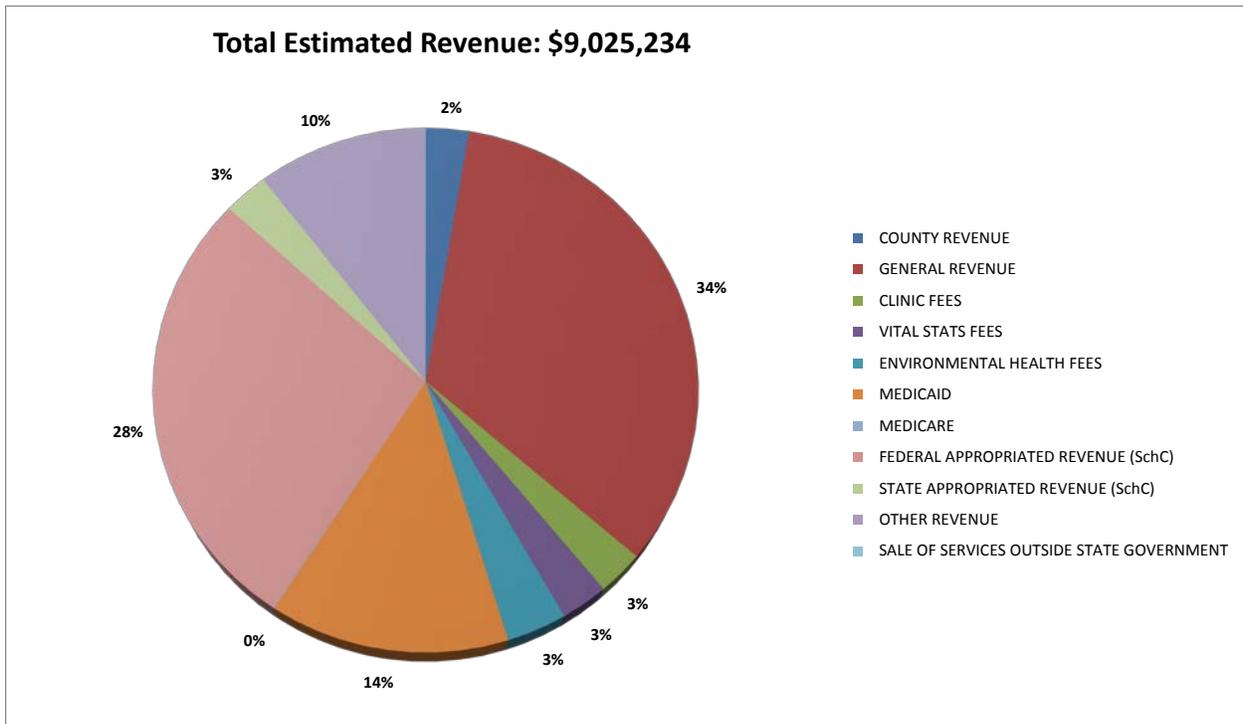
Age Group	County – 2014		State – 2014	
	Total Number	Total Percentage	Total Number	Total Percentage
0 - 14	44,924	15.8%	3,348,535	16.8%
15 - 24	74,871	26.4%	2,488,419	12.5%
25 - 44	70,009	24.7%	4,953,966	24.9%
Subtotal	189,804	66.8%	10,790,920	54.2%
45 - 64	61,888	21.8%	5,310,833	26.7%
65+	32,296	11.4%	3,791,544	19.1%
Subtotal	94,184	33.2%	9,102,377	45.8%

Source: U.S. Census Bureau, Population Division

Budget and Resources

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

The Florida Department of Health in Leon County Revenue Percentage by Source Fiscal Year 2013-2014



Source: Florida Department of Health, Financial & Information Reporting System

Programs and Resources

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

Environmental Health

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

Communicable Disease Control

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

Public Health Preparedness

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

Family Planning

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

Community Health

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

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

School Health

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

Vital Statistics

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

Strategic Planning Process

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. Health department programs may have program-specific strategic plans that compliment and support the health department's organizational strategic plan.

To meet the requirements for National Public Health Accreditation, a strategic plan must provide the following:

- a) Membership of the strategic planning group
- b) Strategic planning process steps
- c) Mission, vision, guiding principles/values
- d) Strategic priorities
- e) Goals and objectives with measurable and time-framed targets
- f) Consideration of key support functions required for efficiency and effectiveness
- g) Identification of external trends, events, or factors that may impact community health or the health department
- h) Assessment of health department strengths and weaknesses
- i) Link to the health improvement and quality improvement plan

About the Florida Department of Health

The Florida Department of Health (DOH) was established by the Florida Legislature in 1996; however, public health has its roots in Florida dating back to 1888 with the creation of the Florida State Board of Health. In 2007, the first-ever "State Surgeon General" was established to spearhead the efforts of DOH, thereby designating a health officer to oversee all matters of public health. The Surgeon General's role is to be the state's leading advocate for wellness and disease prevention.

The Department is an executive branch agency, established in section 20.43, Florida Statutes. The Department is led by a State Surgeon General, who serves as the State Health Officer and is directly appointed by Florida's Governor, and confirmed by Florida's Senate.

The Department is comprised of a state health office (central office) in Tallahassee, with statewide responsibilities; Florida's 67 county health departments; 22 Children's Medical Services area offices; 12 Medical Quality Assurance regional offices; nine Disability Determinations regional offices; and four-(3)Jax, Tampa, Miami. Pensacola Closed public health laboratories. Facilities for the 67 county health departments (CHDs) are provided through partnerships with local county governments.

In Leon County, the first form of public health activity began as early as 1889 when quarantine agents began working to control yellow fever. The DOH–Leon opened in January 1931, with emphasis on the "prevention of disease and the prolongation of physical and mental efficiency through organized community effort." The department functioned with three divisions: Clinics and Nursing, Sanitation, and Mental Health. Today, we continue our mission to "promote, protect, and improve the health of all people through integrated state, county, and community efforts."

Strategic Planning Leadership Team:

Project Sponsor: Alex Mahon, Environmental Health Director and Strategic Planning

Claudia Blackburn, Health Officer	Holly Kirsch, Clinic Administrator
Justine Mahon, Business Manager	Jackie Stubbs, WIC Public Health Nutritionist Supervisor
Marjorie Kirsch, Medical Director	Ann E. Waltz, Immunization Nurse
Donna Moore, Director of Nursing	Kathy Davis, Environmental Health Supervisor
Joya Fazier, Environmental Health Supervisor	Dykebra Gaskin, Public Health Nutrition Supervisor
Becky D'Alessio, Epidemiology Nurse	Latoya Whitaker, Front Desk Supervisor
Vincent Irving, Tobacco Prevention Specialist	Page Jolly, Public Information Officer
Mario McWhorter, I.T. Systems Administrator	Nancy Cooper, School Health Manager
Dale Harrison, Health Services Supervisor	RoseAnn Scheck, Social Services Program Manager

Process and Planning Steps

The approach to strategic planning for DOH-Leon was to be inclusive of all staff in the organization. The dates and times were identified using input from the managers and the facilitator. Five days (January 8, 9, 12, 13, and 14) were dedicated to the strategic plan development. Staff was divided into two groups supervisory and non-supervisory.

On Day 1 and Day 2, using a facilitated process, supervisory members of the department management team and the extended department management team (DMT/EDMT) assessed the strengths and weaknesses and identified external factors (opportunities and threats) potentially impacting the community health and the health department. Also, the group discussed what they wanted to be known for in the community and what they did not want to be known for in community.

The DMT/EDMT continued the discussion of the strengths, weaknesses, opportunities, and threats. The discussion included why they felt it was a strength, weakness, opportunity, or threat to ensure clarity among the group. Each of the SWOT items contained an indication of whether it was a strength, weakness, opportunity, or threat (usually a letter in the upper right-hand corner of the sticky note). This was data that would later be used during the development of goals, objectives, and strategies, and was beneficial in creating the action plans. After submission and discussion of the items, the DMT/EDMT grouped the item into themes/categories. Four potential themes/categories emerged:

- Internal Communication
- Community Partnerships
- Workforce Development
- Financial Planning

With the themes/categories identified, DMT/EDMT was divided into four groups. The groups were assigned a theme/category to begin development of goals, objectives and strategies. Each group worked on the theme/category for between 1.5 and 2.0 hours. The first task was to determine if there were sub-categories within the major categories. At the end of the time, the groups were rotated from theme/category to theme/category until each group had a chance to review, make adjustments to improve and/or add additional information to the goals, objectives, and strategies. During the process of circulating from one theme/category to the next, one of the themes/categories (financial planning) was identified as a component for each of the

themes/categories. It was added to a parking lot of administrative activities that would be addressed outside of the strategic plan or reassigned to a plan area.

DMT/EDMT members were given five dots to use for multi-voting to prioritize the goals that had been developed. There was no limit to the number of dots that could be used for a single goal by an individual. The voting determined the priority goals for the next three years.

Talent Management, Motivation – Create an environment that supports high level performance.

Talent Management, Succession Planning: Identify (Develop) internal employees with potential to fill critical positions.

Talent Management, Workforce Development: Ensure a competent public health workforce.

Internal Communication, Organizational Culture/Onboarding: Develop an on-boarding process for all employees.

Internal Communication, Communication Tools: Ensure all staff is aware of and using communication tools available.

Community Relations: Create a sustainable model for DOH-Leon's participation in community partnerships and coalitions.

All non-supervisory staff were invited to participate in a Just-in-Time (JIT) training on Day 3 and part of (1.5 hours) Day 4 regarding data collection and problem-solving. The JIT training was designed to minimize the stress for those that might not be familiar with some of the quality improvement or planning terms and to allow them time to review the work that had been done by the supervisory employees (DMT/EDMT). Also, it was an opportunity for them to ask questions regarding the strategic plan development and the items developed by the DMT/EDMT. The facilitator asked staff if they agreed with the work of the DMT/EDMT and if they felt anything was missing. A few asked for an explanation of a few items. No one voiced disagreement or the need to add something.

On Day 4 and Day 5 (partial days), cross-functional teams were created from the participating non-supervisory staff. The teams were assigned to work on a particular priority initially. As was the process with the DMT/EMDT, each group worked on a particular theme/category for between 1.5 and 2.0 hours each. The task was to develop action steps to accomplish the strategies, indicate success or how to measure progress, and evaluate the activities/planning process.

At the end of Day 5, participants were asked to volunteer to present the information developed to the Health Officer (Claudia Blackburn) and the DMT on the following morning. The volunteers practiced in front of their co-participants, questions were asked by the audience and the presenters, and the presenters made notes to help during their presentation. The preliminary action steps were presented to the Health Officer and the DMT on January 15, 2015.

The next steps in the process are:

- Finalize a draft of the narrative portion of the strategic plan and action plans
- Post the draft to SharePoint site for review and comment by all staff
- Modify draft as needed based on comments received
- Approve the Strategic Plan with initial action plans by leadership
- Identify workgroups/teams and schedule initial meeting to create team charters
- Begin work on activities; monitor progress; report quarterly on status
- Evaluate and begin cycle again in January 2018

SWOT Analysis

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> • Good data • Employees are dedicated, intelligent, resourceful people • People tend to stay in their jobs – history long • A health officer who knows the functions of the programs within the department and listens to opportunities for improvement • Employees seem to be vested in the community and stay with the CHD long term • Thorough care • Knowledgeable staff • Collaboration with partners • Data • Shared resources • Work well in crisis • Staff • Staff community commitment • Quality services • Employees who care about our patients and our community • Staff with heart • Facilities • Tools we have for internal communication • We are putting plans in place that will change the health culture of our community • Great based of institutional knowledge • Diversity of program that promote health, wellness and align with the department’s mission, vision, and values • We partner with other community leaders • Staff with excellent skills • Visible in the community 	<ul style="list-style-type: none"> • Low compensation for our employees compared with private sector • Lack of depth • Silos • Electronic medical records • Lack of trust between staff and management • Communication • No official process to pass on institutional knowledge and experience to staff • We are limited on approved ways to give incentives • Personal relationships with community partners as opposed to institutional relationships • Lack of quality seating for clients – plastic chairs with stains and missing feet • Staff not getting things done on time • Lack of planning • Position classification – allow for comp, overtime, etc. • Lack of leadership development • Maintaining professionalism • Expectations for limited # of employees to have extra (non-regulatory) duties • Lack of technical training • Communication between programs • Lack of knowledge of state coalitions • Time management • Consistent staff • Lack of understanding of policies and processes among staff • Staff don’t know each other • Difficulty recruiting / retaining professional staff • Needing to do more with less • No / low morale

OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Research / using data to publish work • Building morale • Tie EARS with People First timesheets • Find a way to encourage good people to stay • Streamline administrative duties • Coalition performance improvement role • More orientation of new staff • Community blitz • Claudia – new blood • Succession planning • Community visibility • Funding available / need to get it • Project management training • Team development • Leadership development • Training and focus on policy development • To be involved in health activities at work • Opportunities to develop community partners relationships • Collaboration between divisions • Change the face of CHD and how the community sees us 	<ul style="list-style-type: none"> • Aging workforce (health issues and retirement) • Funding • Low salaries / high turnover • County repurposing building • Current political environment that favors private sector or government run services • Historical turnover of staff • The drive towards public health with worship of quantity over quality in regards to services and staffing • Loss of individuality and autonomy to address our local needs due to state health office power drift/takeover • Can't compete with other areas of public health with salaries – lose great staff • Lack of resources to maintain productivity • Media influences our policies • Presenteeism vs absenteeism • Ebola in Leon • Lawsuits – employees and partners • Potential reduction in Medicaid revenue

Strategic Issues / Priorities

The table below provides the priority areas (Talent Management, On-boarding/Organizational Culture, etc.) developed during the strategic planning process (column 1) and priorities carried forward from the 2012-2017 Community Health Improvement Plan and 2013-2015 Strategic Plan (column 2).

<p>Talent Management</p> <ul style="list-style-type: none"> • Create an environment that supports high level performance • Ensure a competent public health workforce • Identify/Develop internal employees with potential to fill critical positions 	<p>Access to Care (2012-2017 Community Health Improvement Plan and 2013 – 2015 Strategic Plan)</p> <ul style="list-style-type: none"> • Identify barriers to care and increase efficiencies
<p>Organizational Culture/On-Boarding</p> <ul style="list-style-type: none"> • Develop an on-boarding process for all employees • Increase understanding and awareness of how each employee’s role contributes to achieving the health department’s mission • Ensure all staff are aware of and using communication tools available (original identified as a separate priority) 	<p>Chronic Disease/Obesity (2012-2017 Community Health Improvement Plan and 2013 – 2015 Strategic Plan)</p> <ul style="list-style-type: none"> • Increase access to resources that promote healthy behaviors
<p>Community Relationships</p> <ul style="list-style-type: none"> • Create a sustainable model for DOH-Leon’s participation in community partnerships and coalitions 	<p>Health Disparities (2012-2017 Community Health Improvement Plan and 2013 – 2015 Strategic Plan)</p> <ul style="list-style-type: none"> • Provide equal access to culturally and linguistically competent care

Plan Relationships and Current Status:

Community Health Improvement Plan: While the Leon County Community Health Assessment (CHA) was a strong document, the Leon County Community Health Improvement Plan (CHIP) lacked in project management, communication, and coordination with and between community partners and the community at large.

The results of the previous MAPP process have reached a level of maturity that requires conducting another community health assessment. Internal discussions have begun to develop a plan to conduct a new CHA in 2016 and finalize a new CHIP no later than June 2017.

In the meantime, activities related to chronic disease/obesity continue under the Healthiest Weight Initiative. This initiative promotes healthy behaviors for both staff and the community at large through various events that encourage physical activity, healthier eating, and disease management.

Quality Improvement Plan: DOH-Leon has a standing Quality Improvement Team that meets monthly to discuss progress on QI projects in the individual departments/programs. In addition, DOH-Leon is a participant in a multi-county quality improvement project regarding breastfeeding rates.

Also, a project from the former strategic plan related to access to care has transitioned from strategic planning only into a quality improvement project to address the availability and scheduling of appointments

Goals, Objectives and Strategies

Goal 1: DOH-Leon will assure a competent public health workforce is in place to service the residents of Leon County

Training and development of the workforce is one part of a comprehensive quality improvement strategy. Fundamental to this work is identifying gaps in knowledge, skills, and abilities through assessment of both organizational and individual competencies, and addressing those gaps through targeted training and development opportunities.

A few gaps and themes from the SWOT analysis are related to workforce development. First, employees want to feel valued and recognized. Formal employee recognition efforts can be enhanced. Also needed is a concerted effort to recognize day-to-day contributions of employees and express appreciation. Organizations with valued employees have higher retention rates and are in a better position to address succession planning. Second, DOH-Leon employees pride themselves in being knowledgeable, professional, and friendly. Staff would like to continue to receive training, not only in the areas that are required for their field of expertise, but by broadening their knowledge through training in public health core competencies and through opportunities to work on projects that involve multiple divisions and staff in a variety of capabilities.

Objective	Strategies
By December 31, 2016, develop and maintain staffing plans for all services provided by DOH-Leon.	<ul style="list-style-type: none"> a. Annually assess staffing needs for all programs/units. b. Develop and implement a recruitment strategy to make DOH-Leon competitive in recruiting qualified and diverse staff. c. Develop and implement a DOH-Leon specific retention policy to ensure that qualified staff is in place for all service areas on an on-going basis. d. Develop and implement succession planning strategies in all service and administrative areas of DOH-Leon to ensure smooth transitions in leadership.
By February 28, 2017, DOH-Leon will increase satisfaction with employee recognition to 65%.	<ul style="list-style-type: none"> a. Conduct an annual assessment to measure changes in employee morale. b. Establish an Employee Recognition Program to boost staff morale and engagement, encourage employees to suggest improvements in productivity, training, employee performance using incentives such as flex time, time off, etc. as rewards.
By June 30, 2018, DOH-Leon will implement a standardized onboarding process for new employees.	<ul style="list-style-type: none"> a. Create a workgroup/team comprised of a representative from each department who has held their position for at least a year. b. Develop a program that shows/tells what each employee does in their department c. Develop a "Walk in my Moccasin" (WIMM) program for employees
By June 30, 2017, 100% of staff positions will have clearly defined core competencies.	<ul style="list-style-type: none"> a. Conduct tier competency assessment using the Public Health Foundation assessment tool. b. Align position descriptions with public health competencies. c. Develop and implement a training plan based on results of the assessment.
By June 30, 2018, DOH-Leon will implement a local succession plan that is aligned with State office.	<ul style="list-style-type: none"> a. Establish plan for developing the succession planning program in DOH-Leon b. Provide guidance and tools to implement the succession plan c. Raise awareness of succession planning activities
By March 31, 2016, increase	<ul style="list-style-type: none"> a. DOH-Leon's MIS department will assess current staff knowledge

utilization of existing technology and communication tools by 30%.	and utilization of technology b. DOH-Leon’s MIS department will develop and implement a “how-to” guides for staff
By June 30, 2017, implement a comprehensive training plan for all employees.	a. Ensure a comprehensive and consistent orientation program for all new employees of DOH-Leon
	b. Evaluate and implement cross-training of employees in areas where supervisors or management identify a need.
	c. Provide annual training for all staff or as managers indicate in areas such as basic supervision skills, customer service, patient management, succession planning and other topics as indicated during annual reviews.
	d. Engage community resources to develop and implement on-site continuing education programming to maintain required staff certifications.

PHAB Measures: 8.2.1, 8.2.2, 8.2.3, 8.2.4

Goal 2: Performance Management and Quality Improvement Culture

Performance management is the key to building a culture of quality at DOH-Leon. It is defined as a cyclical process of measuring, monitoring, and reporting of progress toward strategic department, division, and program goals and objectives. Quality Improvement (QI) is a critical piece of performance management as it provides a structured, data-driven approach for identifying and prioritizing necessary QI projects based on performance data. QI is defined as the use of a deliberate and defined process (e.g. Plan, Do, Check, Act) to continuously achieve measurable improvements in efficiency, effectiveness, and outcomes.

Implementing performance management practices into the everyday work of DOH-Leon will provide a greater understanding about what we are trying to accomplish as a local health department, whether or not we are making progress, and what strategies to use to make improvements if our department is not achieving what we set out to do. Having a formal performance management system will facilitate progress made on the targets set forth in this strategic plan, the community health improvement plan and state health improvement plan, and other important program goals.

Objective	Strategies
By June 30, 2016, DOH-Leon will develop and implement a performance management system	a. Establish a performance management workgroup
	b. Assess current software available
	c. Develop standards, measures, and targets for each program area
By June 30, 2018, ensure that Quality Improvement (QI) practices are accepted and supported by staff as an integral factor in service delivery	a. Advance the culture of QI within DOH-Leon through training and educational sessions
	b. Improve staff capacity to engage in QI efforts
	c. Transition QI practices from projects affecting a single service unit to implementation in all unites on consistent basis
	d. Measure the impact of QI practices through evaluation, include employee and customer satisfaction surveys

PHAB Measures: 9.1.1, 9.1.2, 9.1.3, 9.1.4, 9.1.5, 9.2.2

Goal 3: Provide regular, timely, and effective information internally to staff and externally to the general public

Communication is a key to success in any organization. Effective communication enables all levels of the organization to understand expectations, concerns, policies, and other issues before they become an obstacle. The flow of information from the top down and bottom up are both essential for DOH-Leon to thrive. The SWOT analysis shows that employees feel the primary weakness of the department is lack of communication. Other perceived weaknesses include lack of coordination across programs/divisions, lack of clear direction, lack of leadership, and management training. Many of these weaknesses stem from and/or could be improved through better communication.

Management and Leadership personnel will foster communication through annual in-services and division retreats, where new policies, standards, and operating procedures will be shared as well as goals and direction for the future. Leadership will strive to improve daily, weekly, and monthly communication by identifying both barriers to communication and examples of effective communication.

DOH-Leon also needs to communicate effectively with clients, the community, and public health partners. The department will focus on improving the website and developing a comprehensive communication plan, to include social media. Social media provides an opportunity for the department to interact with customers and key stakeholders in new and innovative ways.

Objective	Strategies
<p>By June 30, 2017, 75% of DOH-Leon employees will agree they receive clear communication about current events, policies and procedures, and the direction of the department</p>	a. Maintain standards for information security and privacy.
	b. Develop and implement an organizational communications plan
	c. Assess a variety of new tools to communicate with employees (may include video updates, newsletter, etc.)
	d. Each division will conduct at least one yearly in-service and/or staff retreat
<p>By June 30, 2017, increase public awareness of health issues impacting the community.</p>	a. DOH-Leon will publish a redesigned public website
	b. Develop and implement a multi-level community marketing program using a variety of media, including social media and web-based systems to increase positive perception of DOH-Leon services
	c. DOH-Leon health messages and resources will meet cultural and literacy guidelines
	d. Engage community partners to identify communication needs / wants

PHAB Measures: 3.2.1, 3.2.2, 3.2.3, 3.2.5, 3.2.6

Goal 4: Create a sustainable model for DOH-Leon’s participation in community partnerships and coalitions

Improving community health outcomes can best be achieved through cooperative efforts across the local public health system. The complexity of health problems and the challenging fiscal climate necessitate collaboration among all sectors of the community to creatively address health issues. We will work to strengthen these collective efforts by enhancing communication; working to reduce duplication; sharing information, client data, and resources; and forging new partnerships as needed. Ongoing collaboration and continued community engagement will mobilize support for community health improvement strategies and ultimately advance the health of the public.

Objective	Strategies
By June 30, 2018, 30% of DOH-Leon staff will participate on at least one community coalition/partnership/advisory group, etc.	a. Assess the effectiveness of current community partnerships / coalitions and their alignment with DOH mission
	b. Develop and implement a DOH-Leon policy for employee participation in community partnerships / coalitions
	c. Continue multi-sector and cross-agency collaboration on initiatives that engage the community in public health improvement strategies and policies.
	d. Identify and contact potential partners to discuss how their work impacts health and ways to work together to achieve shared goals and desired outcomes.

PHAB Measures: 4.1.1, 4.1.2, 4.2.1, 5.1.2

Goal 5: Financial Sustainability

By focusing the organization on a shared and singular vision, the DOH-Leon will be able to attain a business model that will strategically aligns programs and services to the vision, identify best practices and implement across programs, re-evaluate the effectiveness of evidence-based core service objectives, streamline internal processes, acquire financial sustainability and stability, and obtain new revenue streams that meet strategic objectives.

Objective	Strategies
By June 30, 2016, three DOH-Leon services will be shared with regional partners	a. Develop and implement a plan to share resources
	b. Assess the financial effectiveness of sharing resources
By June 30, 2016, will create a standardized budget allocation process that ensures resources are aligned to accomplish local public health priorities	a. Participate in Rapid Process Improvement training
	b. Implement a QI project

PHAB Measures: 9.2.2, 11.2.2, 11.2.4

Monitoring Summary

The Strategy and Performance Improvement Leadership (SPIL) Team is responsible for measuring, monitoring and reporting of progress on the goals and objectives of the Strategic Plan, the members of which will monitor the Strategic Plan through monthly executive management meetings, where the Strategic Plan will be a standing agenda item. On a quarterly basis, the SPIL Team will review quarterly Strategic Plan Tracking Reports, showing progress toward goals, and annually, a Strategic Plan Progress Report, assessing progress toward reaching goals and objectives and achievements for the year. We will revise the Strategic Plan annually in June based on an assessment of availability of resources and data, community readiness, the current progress and the alignment of goals.