

Strategic Plan

July 2023 – June 2026



Florida Department of Health in Walton County

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DOH-Walton Profile

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 our daily lives. 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 Walton County serves a population of 83,304 (2022), an increase of nearly 48% since 2010 (U.S. Census, 2023). The average resident is 44 years old, and 20% of the population is over the age of 65. The population of Walton County is 84% White alone, 5% Black alone, 1% Asian, 1% American Indian or Alaskan Native, and 4% two or more races. Hispanic or Latino individuals of any race make up 7% of Walton County's population. The median annual household income for Walton County residents is \$67,690 with 13.9% of families are living in poverty. 95% of residents aged 25 and over have attained a high school diploma or higher, and 24% hold a bachelor's degree or higher. Approximately 17% of Walton County residents live with a disability.

Where we live influences our health. Demographic, socioeconomic and environmental factors create unique community health service needs. The population of Northwest Florida is distinctive from the rest of Florida. Our racial and ethnic composition, age, demographics, income, educational attainment, military presence, and occupation distinguish our community from typical Florida communities. All of these factors collectively impact the health of community residents. This assessment is intended to present who we are as a community, including the influence of socioeconomic and demographic variables on our health.

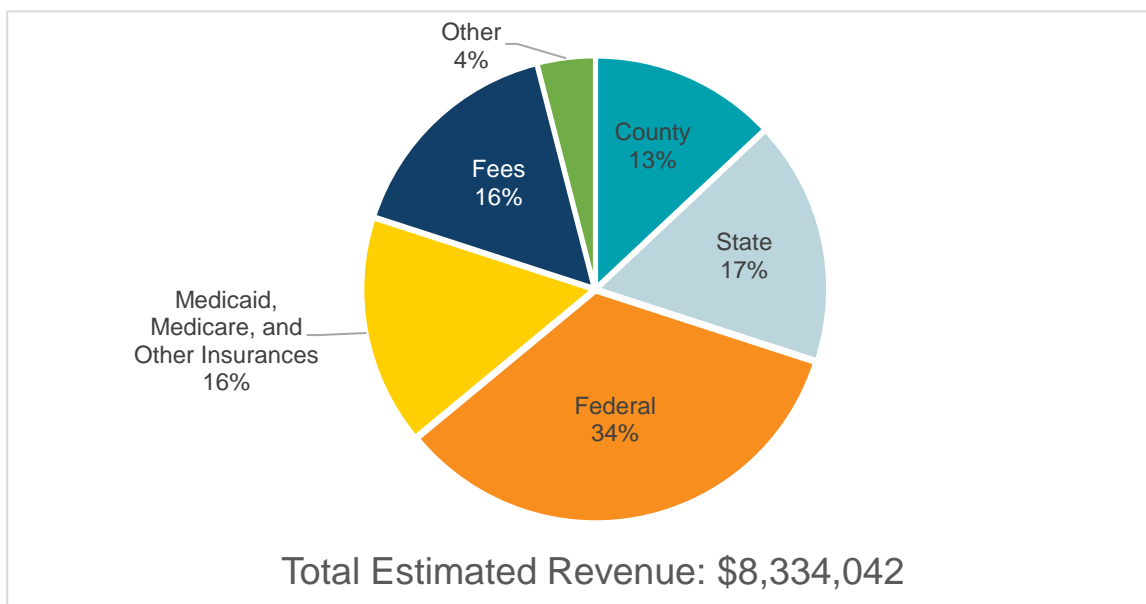
Certain populations tend to experience adverse health outcomes or have different health needs based on demographics. Key populations that can be at risk and should be monitored include the following:

- **Older Adults:** Tracking the population of older adults is important because this population has unique health needs, which should be considered separately from other age groups. Walton County's older adults is one of the fastest growing demographics.
- **People Experiencing Poverty or At-Risk:** Living in poverty creates barriers for achieving optimal health. People experiencing poverty are less likely to have the education needed to earn higher income. Examples include limited access to health services, healthy food, safe and affordable housing, and other necessities to living a healthy life.
- **People with Disabilities:** Until recently, people with disabilities have been overlooked in public health surveys, data analyses, and health reports. Emerging data indicate that individuals with disabilities experience health disparities in health behaviors, clinical preventive services, and chronic conditions. Walton County has a higher percentage of individuals with disability status, compared to Florida and the United States.
- **Minority Populations:** The data show that racial and ethnic minority groups, throughout the United States, experience higher rates of illness and death across a wide range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, when compared to their White counterparts. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of White Americans.
- **Rural Communities:** People living in rural areas generally are located farther from health care facilities and other services than people living in urban areas. More than 46 million people in the United States (15% of the population) live in rural areas. There are more older adults, people with disabilities, and veterans living in rural areas. Rural areas tend to have higher rates of people who do not have health insurance and who have limited access to health care services because many medical centers in rural areas are closing. Walton County is considered a medically underserved community with parts of the county being designated as rural.

Budget and Revenue

Financial resources for the Florida Department of Health in Walton County 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.

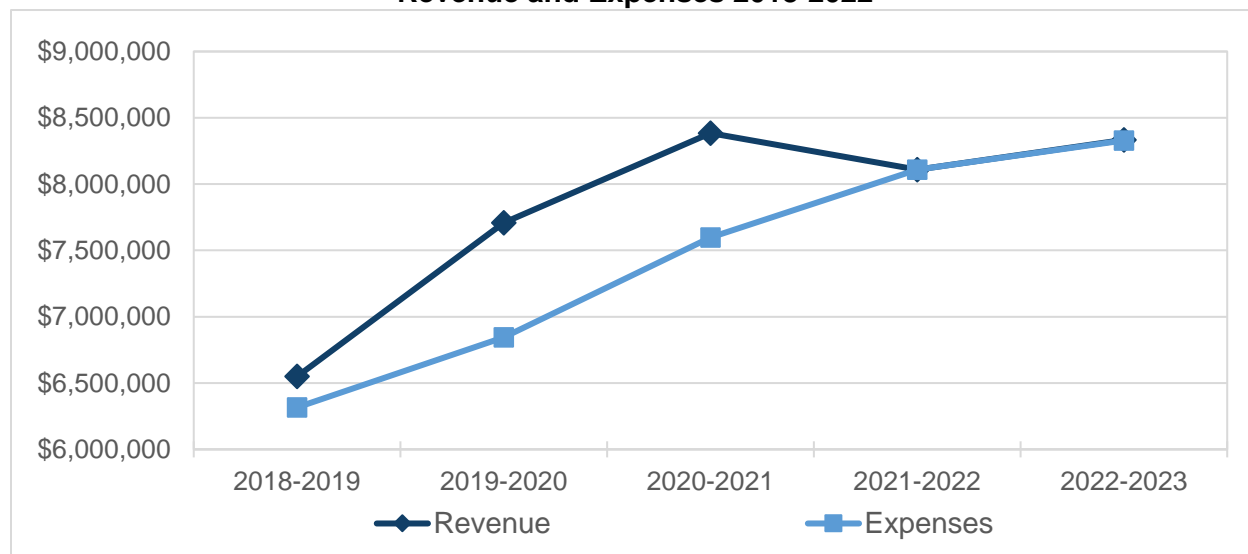
**Florida Department of Health in Walton County
Fiscal Year: 2022-2023**



Source: [CHD Core Contract Management System](#)

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

**Florida Department of Health in Walton County
Revenue and Expenses 2018-2022**



Source: [CHD Core Contract Management System](#)

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 Walton County's commitment to providing the highest standards of public health:

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, as well as conducting complaint investigations and enforcing public health laws.

Communicable Disease and Epidemiology

We protect 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, 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 our communities safe and to minimize loss.

Community Health Promotion

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

Minority Health

We strive to reach ensure everyone in our county has what they need to be healthy. Increasing the quality of live requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of social and economic barriers.

Clinical Services

We have a variety of services for expecting mothers, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified physicians, nurses, counsellors, and other clinicians.

Vital Statistics

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

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 DOH-Walton for three-year plan. 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 DOH-Walton 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 DOH-Walton for consumers, employees, administrators and legislators for the next three years, in January 2023, DOH-Walton initiated a new strategic planning process. This plan will position DOH-Walton to operate as a sustainable integrated public health system and provide customers with quality public health services.

The plan is a living document that DOH-Walton will evaluate and update annually to address new challenges posed by the changing public health environment.

To develop the plan, senior leadership championed the six-month planning process during eight meetings. Numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council attended these meetings. During the meetings, DOH-Walton 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, DOH-Walton approached the strategic planning process with the following guiding principles in mind:

- Social and economic conditions impacting health is considered in planning every activity.
- 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, opportunities, aspirations, and results (SOAR) analysis, staff from DOH-Walton presented information summaries from the sources listed in Appendix C, Environmental Scan Resources page number 23, 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, opportunities, aspirations, and results in Appendix D, SOAR Analysis page number 24.

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 SOAR 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.

Throughout the life of the plan, DOH-Walton 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 DOH-Walton Management Council participants will use as a reference when the strategic plan is discussed.

IV. Strategic Priorities

Strategy Map

Priority #1: Healthy, Thriving Lives

Goal 1.1 Enhance health promotion activities.

OBJECTIVES	1.1.1 By June 30, 2026, increase the percentage of patients that are current tobacco users that are provided cessation counseling from 0.04% (2022) to 5%.
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Goal 1.2 Enhance prevention activities.

OBJECTIVES	1.2.1 By June 30, 2026, increase the number of naloxone kits distributed to community annually from 128 (2022) to 250.
	1.2.2 By June 30, 2026, increase the percentage of target patients that receive a cervical cancer screening from 48.14% (2022) to 57%.
	1.2.3 By June 30, 2026, increase the percentage of pediatric patients that receive counseling for nutrition and physical activity from 45.36% (2022) to 77.70%.
	1.2.4 By June 30, 2026, increase the percentage of target patients that receive a colorectal cancer screening from 49.04% (2022) to 55%.
	1.2.5 By June 30, 2026, increase the number of hepatitis B vaccines administered to adult clients annually from 68 (2022) to 82.

Goal 1.3 Enhance interagency collaboration.

OBJECTIVE	1.3.1 By June 30, 2026, increase the annual number of outreach and community engagement activities from 51 (2022) to 65.
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Priority #2: Health Care Resiliency

Goal 2.1 Improve public health in rural, minority and under-served communities.

OBJECTIVES	2.1.1 By June 30, 2026, increase the percentage of clinic quality measures that are able to be analyzed electronically from 39% (2022) to 100%.
	2.1.2 By June 30, 2026, increase the percentage of telehealth appointments completed from 0.1% (2022) to 10% of total appointments available.
	2.1.3 By June 30, 2026, increase the number of patients that receive an annual well visit from 1,211 (2022) to 1,695.
	2.1.4 By June 30, 2026, increase the number of patients annually that are screened and referred to community resources to address social determinant of health from 1 (2022) to 250.

Priority #3: Emerging Health Threats

Goal

3.1 Reduce the transmission of communicable diseases.

OBJECTIVES

- | | |
|-------|--|
| 3.1.1 | By June 30, 2026, increase the number of urgent care centers reporting to the ESSENCE-FL syndromic surveillance system from 0 (2022) to 2. |
| 3.1.2 | By June 30, 2026, reduce the number of possible human exposures to rabies from 31 (2022) to 25. |
| 3.1.3 | By June 30, 2026, increase the number of employees that have received an annual flu vaccine from 39 (2023) to 47. |

Goal

3.2 Enhance response infrastructure.

OBJECTIVE

- | | |
|-------|--|
| 3.2.1 | By June 30, 2026, increase the percentage of pre-identified DOH-Walton Special Needs Shelter (SpNS) responders who have completed the SpNS Operations Overview training from 0% (2022) to 75%. |
|-------|--|

Priority #4: Maternal and Child Health

Goal

4.1 Enhance health promotion and prevention geared towards improving maternal, infant, child and adolescent health.

OBJECTIVES

- | | |
|-------|---|
| 4.1.1 | By June 30, 2026, increase the percentage of women who have prenatal screens and referrals to the Healthy Start program that successfully complete initial intake from 69% (2022) to 75%. |
| 4.1.2 | By June 30, 2026, increase the percentage of WIC infants who continue to partially or exclusively breastfeed for at least 26 weeks from 33.74% (2023) to 34.58%. |
| 4.1.3 | By June 30, 2026, reduce the percentage of women who smoke during pregnancy from 8.3% (2021) to 7.5%. |
| 4.1.4 | By June 30, 2026, increase the number of pediatric diagnostic and preventive dental services from 3,325 (2022) to 3,500. |

Priority #5: Capacity Building

Goal

5.1 Cultivate a diverse, skilled and engaged workforce.

OBJECTIVES	5.1.1	By June 30, 2026, increase the PHWINS response rate from 76.6% (2021) to 85%.
	5.1.2	By June 30, 2026, increase the number of partnerships with colleges and universities for internships and nursing practicums from 9 (2022) to 15.
	5.1.3	By June 30, 2026, increase the percentage of employees that agree or strongly agree that leadership development opportunities are available to them from 63% (2023) to 75%.
	5.1.4	By June 30, 2026, increase the number of employees within our workforce who represent the demographics of our client Hispanic population from 9.73% (2022) to 15%.
	5.1.5	By June 30, 2026, increase the number of employees within our workforce who represent the demographics of our client Black population from 7.07% (2022) to 8%.
	5.1.6	By June 30, 2026, increase the percentage of employees that rate the overall engagement at their job as high or very high from 87% (2023) to 90%.
	5.1.7	By June 30, 2026, increase the percentage of employees that have individual development plans from 13% (2023) to 50%.

Goal

5.2 Promote a culture of performance management and quality improvement.

OBJECTIVES	5.2.1	By June 30, 2026, increase the number of quality improvement projects completed annually from 4 (2022) to 7.
	5.2.2	By June 30, 2026, increase the number of employees that were engaged in a quality improvement project annually from 17 (2022) to 30.

Goal

5.3 Promote improved health outcomes through expanded data sharing.

OBJECTIVES	5.3.1	By June 30, 2026, increase the number of client registration processes with a paperless form option from 0 (2022) to 4.
	5.3.2	By June 30, 2026, increase the percentage of times the patient portal activation is offered to adult patients from 24% (2022) to 40%.

Goal

5.4 Leverage supplemental grant funding to support and expand programs and services.

OBJECTIVE	5.4.1	By June 30, 2026, increase the number of grant applications that are submitted for supplemental funding from 2 (2022) to 4.
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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.

Objective 1.1.1: By June 30, 2026, increase the percentage of patients that receive a tobacco use screening and cessation intervention from 84.59% (2022) to 91.10%				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
HMS	0.04% (2022)	5% (12/31/25)	On track	ASP: 1.1. CHIP: CD 1.2 PMQI: N/A WFD: N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">• Increase messaging for cessation services• Ensure that charting is comprehensive and includes tobacco screenings when completed			Entities Responsible: Clinic Management Team	
Objective 1.2.1: By June 30, 2026, increase the number of naloxone kits distributed to community annually from 128 (2022) to 250.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	128 (2022)	250	On track	ASP- 1.2 CHIP- 1.3 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">• Promote within DOH-Walton programs and services• Promote in community			Entities Responsible: Clinic Management Team; Behavioral Health	
Objective 1.2.2: By June 30, 2026, increase the percentage of target patients that receive a cervical cancer screening from 48.14% (2022) to 57%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
UDS/HMS	48.14% (2022)	57%	On track	ASP- 1.2 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">• Improve charting process• Promote cervical cancer screenings with clients			Entities Responsible: Clinic Management Team	
Objective 1.2.3: By June 30, 2026, increase the percentage of pediatric patients that receive counseling for nutrition and physical activity from 45.36% (2022) to 77.70%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
UDS/HMS	45.36% (2022)	77.70%	On track	ASP- 1.2 CHIP- 6.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">• Improve charting process			Entities Responsible: Clinic Management Team	

Objective 1.2.4: By June 30, 2026, increase the percentage of target patients that receive a colorectal cancer screening from 49.04% (2022) to 55%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
UDS/HMS	49.04% (2022)	55%	On track	ASP- 1.2 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Improve charting processPromote colorectal cancer screening with clients			Entities Responsible: Clinic Management Team	
Objective 1.2.5: By June 30, 2026, increase the number of hepatitis B vaccines administered to adult clients annually from 68 (2022) to 82.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
FLSHOTS	68 (2022)	82	On track	ASP- 1.2 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote hepatitis B vaccines with clientsPromote hepatitis B vaccines in community			Entities Responsible: Clinic Management Team	
Objective 1.3.1: By June 30, 2026, increase the annual number of outreach and community engagement activities from 51 (2022) to 65.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	51 (2022)	65	On track	ASP- 1.2 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Intra-agency coordination			Entities Responsible: Community Health Strategy and Planning	
Objective 2.1.1: By June 30, 2026, increase the percentage of clinic quality measures that are able to be analyzed electronically from 39% (2022) to 100%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	39% (2022)	100%	On track	ASP- N/A CHIP- N/A PMQI- 2.1 WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Determine barriers and apply improvements			Entities Responsible: Clinic Management Team; Quality Committee	
Objective 2.1.2: By June 30, 2026, increase the percentage of telehealth appointments completed from 0.1% (2022) to 10% of total appointments available.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
HMS	0 (2022)	10%	On track	ASP- 1.3 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Build telehealth infrastructure			Entities Responsible: Clinic Management Team	

Objective 2.1.3: By June 30, 2026, increase the number of patients that receive an annual well visit from 1,211 (2022) to 1,695.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
HMS	1,211 (2022)	1,695	On track	ASP- 1.2 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote well visits with clients			Entities Responsible: Clinic Management Team	
Objective 2.1.4: By June 30, 2026, increase the number of patients annually that are screened and referred to community resources to address social determinant of health from 1 (2022) to 250.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
UDS/HMS	1 (2022)	250	On track	ASP- 1.2 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Implement WellRx screening tool			Entities Responsible: Clinic Management Team	
Objective 3.1.1: By June 30, 2026, increase the number of urgent care centers reporting to the ESSENCE-FL syndromic surveillance system from 0 (2022) to 2.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
ESSENCE-FL	0 (2022)	22	On track	ASP- 3.2 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote ESSENCE-FL to local urgent care centers			Entities Responsible: Epidemiology	
Objective 3.1.2: By June 30, 2026, reduce the number of possible human exposures to rabies from 31 (2022) to 25.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Merlin	31 (2022)	25	On track	ASP- 3.2 CHIP- 4.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote rabies vaccine to pet owners			Entities Responsible: Epidemiology	
Objective 3.1.3: By June 30, 2026, increase the number of employees that have received an annual flu vaccine from 39 (2023) to 47.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	39 (2023)	47	On track	ASP- 3.2 CHIP- 4.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote annual flu vaccines to employees and reduce barriers			Entities Responsible: Epidemiology	

Objective 3.2.1: By June 30, 2026, increase the percentage of pre-identified DOH-Walton Special Needs Shelter (SpNS) responders who have completed the SpNS Operations Overview training from 0% (2022) to 75%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	0% (2022)	75%	On track	ASP- 3.2 CHIP- N/A PMQI- N/A WFD- 3.2
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Add training to Training Calendar			Entities Responsible: Community Health Strategy and Planning	
Objective 4.1.1: By June 30, 2026, increase the percentage of women who have prenatal screens and referrals to the Healthy Start program that successfully complete initial intake from 69% (2022) to 75%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Healthy Start Report	69% (2022)	75%	On track	ASP- 4.1 CHIP- 3.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Determine barriers and apply improvements			Entities Responsible: Healthy Start	
Objective 4.1.2: By June 30, 2026, increase the percentage of WIC infants who continue to partially or exclusively breastfeed for at least 26 weeks from 33.74% (2023) to 34.58%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
WIC Report	33.74% (2023)	34.58%	On track	ASP- 4.1 CHIP- 3.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote breastfeeding with partners			Entities Responsible: WIC	
Objective 4.1.3: By June 30, 2026, reduce the percentage of women who smoke during pregnancy from 8.3% (2021) to 7.5%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Vital Statistics	8.3% (2021)	7.5%	On track	ASP- 4.1 CHIP- 6.2 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote tobacco cessation services			Entities Responsible: Clinic	
Objective 4.1.4: By June 30, 2026, increase the number of pediatric diagnostic and preventive dental services from 3,325 (2022) to 3,500.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
UDS	3,325 (2022)	3,500	On track	ASP- 4.1 CHIP- 2.1 PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote dental services in communityDetermine capacity to expand services			Entities Responsible: Dental	

Objective 5.1.1: By June 30, 2026, increase the Public Health Workforce Interests and Needs Survey (PH WINS) response rate from 76.6% (2021) to 85%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
PH WINS	76.6% (2021)	85%	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Add incentives			Entities Responsible: Community Health Strategy and Planning	
Objective 5.1.2: By June 30, 2026, increase the number of partnerships with colleges and universities for internships and nursing practicums from 9 (2022) to 15.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	9 (2022)	15	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Proactively look for potential partnerships and interns			Entities Responsible: Business/Human Resources	
Objective 5.1.3: By June 30, 2026, increase the percentage of employees that agree or strongly agree that leadership development opportunities are available to them from 63% (2023) to 75%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
2023 Employee Satisfaction Survey	63% (2023)	75%	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Develop and implement leadership development program			Entities Responsible: Workforce Development Team; Community Health Strategy and Planning	
Objective 5.1.4: By June 30, 2026, increase the number of employees within our workforce who represent the demographics of our client Hispanic population from 9.73% (2022) to 15%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
PeopleFirst	9.73% (2022)	15%	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Develop and implement a recruitment plan			Entities Responsible: Clinic	
Objective 5.1.5: By June 30, 2026, increase the number of employees within our workforce who represent the demographics of our client Black population from 7.07% (2022) to 8%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
PeopleFirst	7.07% (2022)	8%	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Develop and implement a recruitment plan			Entities Responsible: Workforce Development Team; Community Health Strategy and Planning	

Objective 5.1.6: By June 30, 2026, increase the percentage of employees that rate the overall engagement at their job as high or very high from 87% (2023) to 90%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
2023 Employee Satisfaction Survey	87% (2023)	90%	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Ensure opportunities where employees can engage, participate, and demonstrate their skills, abilities, and interests			Entities Responsible: Workforce Development Team; Community Health Strategy and Planning	
Objective 5.1.7: By June 30, 2026, increase the percentage of employees that have individual development plans from 13% (2023) to 50%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	13% (2023)	50%	On track	ASP- 5.1 CHIP- N/A PMQI- N/A WFD- 5.1
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Support supervisors using individual development plans			Entities Responsible: Clinic	
Objective 5.2.1: By June 30, 2026, increase the number of quality improvement projects completed annually from 4 (2022) to 7.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Performance Management Quality Improvement Plan	4 (2022)	7	On track	ASP- 5.2 CHIP- N/A PMQI- 1.1 WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Support every department in having at least one quality improvement project			Entities Responsible: Quality Committee; Performance Management Council; Community Health Strategy and Planning	
Objective 5.2.2: By June 30, 2026, increase the number of employees that were engaged in a quality improvement project annually from 17 (2022) to 30.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	17 (2022)	30	On track	ASP- 5.2 CHIP- N/A PMQI- 1.1 WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Support every department in having at least one quality improvement project			Entities Responsible: Quality Committee; Performance Management Council; Community Health Strategy and Planning	

Objective 5.3.1: By June 30, 2026, increase the number of client registration processes with a paperless form option from 0 (2022) to 4.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local standard operating procedures	0 (2022)	4	On track	ASP- 5.3 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Determine which processes can be paperlessProcure equipment and modify existing processes			Entities Responsible: Clinic	
Objective 5.3.2: By June 30, 2026, increase the percentage of times the patient portal activation is offered to adult patients from 24% (2022) to 40%.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
HMS	24% (2022)	40%	On track	ASP- 5.3 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Promote patient portal			Entities Responsible: Business/Clerical; Clinic	
Objective 5.4.1: By June 30, 2026, increase the number of grant applications that are submitted for supplemental funding from 2 (2022) to 4.				
Data Source	Baseline Value	Target Value	Objective Status	Alignment
Local log	2 (2022)	4	On track	ASP- 5.4 CHIP- N/A PMQI- N/A WFD- N/A
Strategies/Actions to Achieve Objective: <ul style="list-style-type: none">Develop a grant writing team from programs across the county health department			Entities Responsible: Clinic	

ASP- Agency Strategic Plan

CHIP- Community Health Improvement Plan

PMQI- County Health Department Performance Management and Quality Improvement Plan

WFD- County Health Department Workforce Development Plan

VI. Monitoring Progress and Reviews

Reviews of the strategic plan take place during DOH-Walton 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 for 2023

The following is the strategic planning schedule of meetings for 2023:

Meeting Date	Topic
1/31/2023	Performance Management Council Meeting
2/1/2023	Environmental Scan and Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis
4/5/2023	Priority Selection
4/24/2023	Performance Management Council Meeting
6/26/2023	Performance Management Council Meeting
6/27/2023	Priority #3: Emerging Health Threats Workgroup Initial Meeting
6/27/2023	Priority #4: Maternal and Child Health Workgroup Initial Meeting
7/12/2023	Priority #1 & #2: Healthy, Thriving Lives and Health Care Resiliency Workgroup Initial Meeting
7/12/2023	Priority #5: Capacity Building Workgroup Initial Meeting
7/31/2023	Performance Management Council Meeting
9/26/2023	Priority #3: Emerging Health Threats Workgroup Meeting
9/26/2023	Priority #4: Maternal and Child Health Workgroup Meeting
10/11/2023	Priority #5: Capacity Building Workgroup Initial Meeting
10/16/2023	Priority #1 & #2: Healthy, Thriving Lives and Health Care Resiliency Workgroup Meeting

Appendix B: Strategic Planning Participants for 2023

Sherry Adams,
Senior Community Health Nurse
Doris Bontrager,
Senior Community Health Nursing Director
Kuila Cannon,
Government Analyst I
Payge Cantrell,
Community Health Nursing Supervisor
Jamie Carmichael,
Ops & Management Consultant Manager
Theresa Carroll,
Distributed Computer Systems Analyst II
Jessica Craig,
Senior Licensed Practical Nurse
Victoria Cuchens,
Public Health Services Manager B
Trisha Dall,
Environmental Manager
Jaime Davis,
Maintenance Supervisor II
Scarlett Donaldson,
Senior Clerk
Dan Drummond,
Accountant Supervisor II
Kesha Dunnigan,
Senior Licensed Practical Nurse
Wanda Figueiredo,
Senior Community Health Nursing Supervisor
Teresa Fleming,
Senior Clerical Supervisor
Christy Fletcher,
Community Health Nursing Supervisor
Denise Flynn,
Operations and Management Consultant II
Derek Fominaya,
Medical Assistant
Anita Forehand,
Office Operations Supervisor II
Dr. Ronald Gavilan,
Physician
Peggy Gill,
Community Health Nursing Supervisor
Brandi Gill,
Senior Health Educator

Amy Halley,
Administrative Assistant I
Dr. Kerrian Hazley,
Medical Executive Director
Dr. Joshua Hodge,
Physician
Holly Holt,
Administrator and Health Officer
Charlotte Jinright,
Senior Clerk
LaZambria Johnson,
Senior Clerk
Jennifer Jordan,
Senior Community Health Nurse
Tracy Leitner,
Public Health Services Manager B
Ryan Mims,
Public Health Services Manager E
Doug Necaie,
Advanced Practice Register Nurse
Dr. John Ottesen,
Dentist
Nichole Ray,
Senior Community Health Nursing Supervisor
Missy Roberts,
Environmental Specialist III
Patti Roberts,
Administrative Assistant III
Jami Seagle,
Advanced Practice Register Nurse
Thomas Smith,
Planning Consultant
Cassandra Smith,
Fiscal Assistant II
Shirley Steele,
Grants Specialist II
Jamie Todd,
Senior Community Health Nurse
Tabatha Walters,
Senior Clerk
Kendra Wood,
Government Analyst I

Appendix C: Environmental Scan Resources

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. Behavioral Risk Factor Surveillance System (BRFSS), 2023
4. Biomedical Research Advisory Council Annual Report, 2023
5. Walton County Community Health Assessment, 2022
6. Walton County Community Health Improvement Plan, 2023
7. DOH-Walton Quality Improvement Plan, 2023
8. Walton County Workforce Development Plan, 2023
9. Employee Satisfaction Survey 2023
10. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
11. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
12. Florida Department of Health, Office of Inspector General Annual Report 2022
13. [Florida Department of Health Workforce Development Plan](#)
14. [Florida State Health Improvement Plan, 2022-2026](#)
15. Florida Middle School Health Behavior Survey Results, 2022
16. Florida Morbidity Statistics Report, 2022
17. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2022
18. [Florida Strategic Plan for Economic Development, 2018-2023](#)
19. Florida Vital Statistics Annual Report, 2022
20. Florida Youth Risk Behavior Survey Results, 2022
21. Florida Youth Tobacco Survey Results, 2022
22. Physician Workforce Annual Report, 2022
23. Tuberculosis Control Section Report, 2022
24. Volunteer Health Services Annual Report, 2022
25. Health Center Program Uniform Data System (UDS) Data, 2022

Appendix D: Strengths, Opportunities, Aspirations, and Results

Strengths

We want to maintain and leverage strengths.

Agency Infrastructure:

- Continuity of institutional knowledge and historical record
- Well-maintained physical infrastructure and multiple locations
- Central Office support and oversight
- Technology innovations

Capacity:

- Financial stability (billing practices, grant compliance, effective budgeting)
- Caring and dedicated staff
- Employee benefits (loan repayment, tuition waiver programs)
- Internal alignment and coordination of client care
- Employee satisfaction and perceptions of the workplace

Emerging Trends:

- Partnership with the University of Florida Family Practice Residency Program
- Community-centered collaboration and partnerships (local governments, school districts, non-profits, etc.)

Opportunities

We want to invest in opportunities and minimize weaknesses.

Agency Infrastructure:

- Collaboration across the agency
- Innovative use of resources to grow programs and supportive services (case management, registered nurse visits, etc.)
- Communication to staff about all available benefits
- Grant and supplemental funding application process
- Community collaboration for policy, system, environmental interventions for community health priorities

Capacity:

- Succession planning and on-the-job training for specific positions (dental assistants, environmental scientists, administration, etc.)
- Staff retention and recruitment
- Workforce development and skills training

Emerging Trends:

- County population growth
- Community education of local programs available

Aspirations

Where we want to be in the future.

Agency Infrastructure:

- Cohesive relationship with the county health department and the community health center
- Improvements with the electronic health record (EHR) system

Capacity:

- Grant compliance
- Satisfied and healthy employees and clients
- Online service delivery
- Competitive pay
- More access for the public to obtain services (primary care, specialty, dental health services for adults, etc.)

Emerging Trends:

- Facility growth and renovations
- Safe workplace environment
- Community valuing public health

Results

How we will know we have achieved our aspirations.

Agency Infrastructure:

- Key performance indicators for all programs
- Measures included on the County Health Department and the Administrative snapshots
- Revenue and insurance billing reports

Capacity:

- Electronic clinical quality measures (eCQM) data analysis for Health Center Program Uniform Data System (UDS) data
- Employee retention and job satisfaction
- Customer engagement with feedback and satisfaction results
- Community engagement for meetings and activities
- Grant funding

Emerging Trends:

- Automated systems and cloud-based servers

Appendix E: Summary of Reviews

On July 31, 2023, the DOH-Walton Performance Management Council approved this draft of the 2023-2026 DOH-Walton Strategic Plan. The council discussed how progress will be tracked and communicated to staff. Annually, the DOH-Walton Performance Management Council will review and revise as needed. Revisions will be tracked within this plan to ensure proper documentation from year-to-year.