



Florida Department of Health in Baker County

STRATEGIC PLAN

January 2023 – December 2027



Joseph A. Ladapo, MD, PhD
State Surgeon General

Meaghan K. Crowley, MPH
Administrator

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Florida Department of Health in Baker County
480 West Lowder Street, Macclenny, Florida 32063
baker.floridahealth.gov

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Mission, Vision, and Values

• OUR MISSION

Why do we exist?

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

• OUR VISION

What do we want to achieve?

To be the Healthiest State in the Nation.

• OUR VALUES

What do we use to achieve our mission and vision?

Innovation

We search for creative solutions and manage resources wisely.

Collaboration

We use teamwork to achieve common goals and solve problems.

Accountability

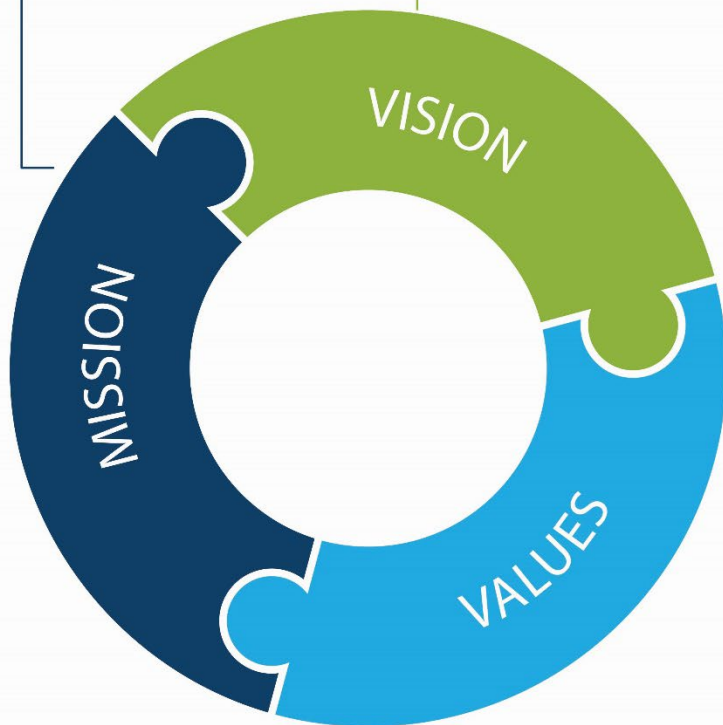
We perform with integrity and respect.

Responsiveness

We achieve our mission by serving our customers and engaging our partners.

Excellence

We promote quality outcomes through learning and continuous performance improvement.





Background and Overview

Public health touches every aspect of our daily lives. 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 Baker County (DOH-Baker) serves a population of 28,588.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. A key demographic characteristic that sets Baker County apart from other Florida counties is the higher population percentage of residents from birth to age 44 at 60.19% and from that age group the 25 – 44 years old has the highest percentage at 28.2%. Both groups are significantly higher than the State of Florida where they are 53.01% and 25.18% respectively. According to key findings from a publication by the National Academies Press, *Investing in the Health and Well-Being of Young Adults*, this is important to note as, “efforts to address health inequities will have to account for the transitional experiences of young adults, given that the effects of interventions during this period of life are likely to last for several decades.” (Committee on Improving the Health, Safety, and Well-Being of Young Adults; Board on Children, Youth, and Families; Institute of Medicine; National Research Council; Bonnie RJ, Stroud C, Breiner H, editors. *Investing in the Health and Well-Being of Young Adults*. Washington (DC): National Academies Press (US); 2015 Jan 27. 6, Public Health. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK284781/>).

**Population by Age
Baker County and Florida**

Age Group	County – 2020		State – 2020
	Total Number	Total Percentage	Total Percentage
< 5 years	1,770	6.19%	5.31%
5 – 14 years	3,878	13.57%	11.05%
15 - 24 years	3,498	12.23%	11.47%
25 - 44 years	8,061	28.2%	25.18%
Subtotal	17,207	60.19%	53.01%
45 - 64 years	7,352	25.71%	26.11%
65 - 74 years	2,402	8.41%	11.44%
> 74 years	1,627	5.69%	9.42%
Subtotal	11,381	39.81%	46.97%

Source: Florida Legislature, Office of Economic and Demographic Research.



Background and Overview

Population by Race and Ethnicity Baker County and Florida

Group	County – 2021		State – 2021
	Population	Percentage	Percentage
White	23714	82.4	77.1
Black	4133	14.4	17
Other	943	3.3	5.9
Ethnicity	Population	Percentage	Percentage
Hispanic	851	3	26.7
Non-Hispanic	27939	97	73.3

Source: Florida Legislature, Office of Economic and Demographic Research.

Median Household Income by Race Baker County and Florida

Group	County - 2021		State - 2021	
	White	Black	White	Black
Median Household Income	\$67,466	\$55,804	\$65,519	\$46,176
All Median Household Income	\$63,860		\$61,777	

Source: United States Bureau of the Census, American Community Survey

Rate of Individuals Below Poverty Level Baker County and Florida (3-Year Rolling Rate)

Group	County - 2019-2021		State - 2019-2021	
	White	Black	White	Black
Individuals Below Poverty Level by Race	11.60%	7.20%	11.60%	21.10%
All Individuals Below Poverty Level	11.40%		13.50%	

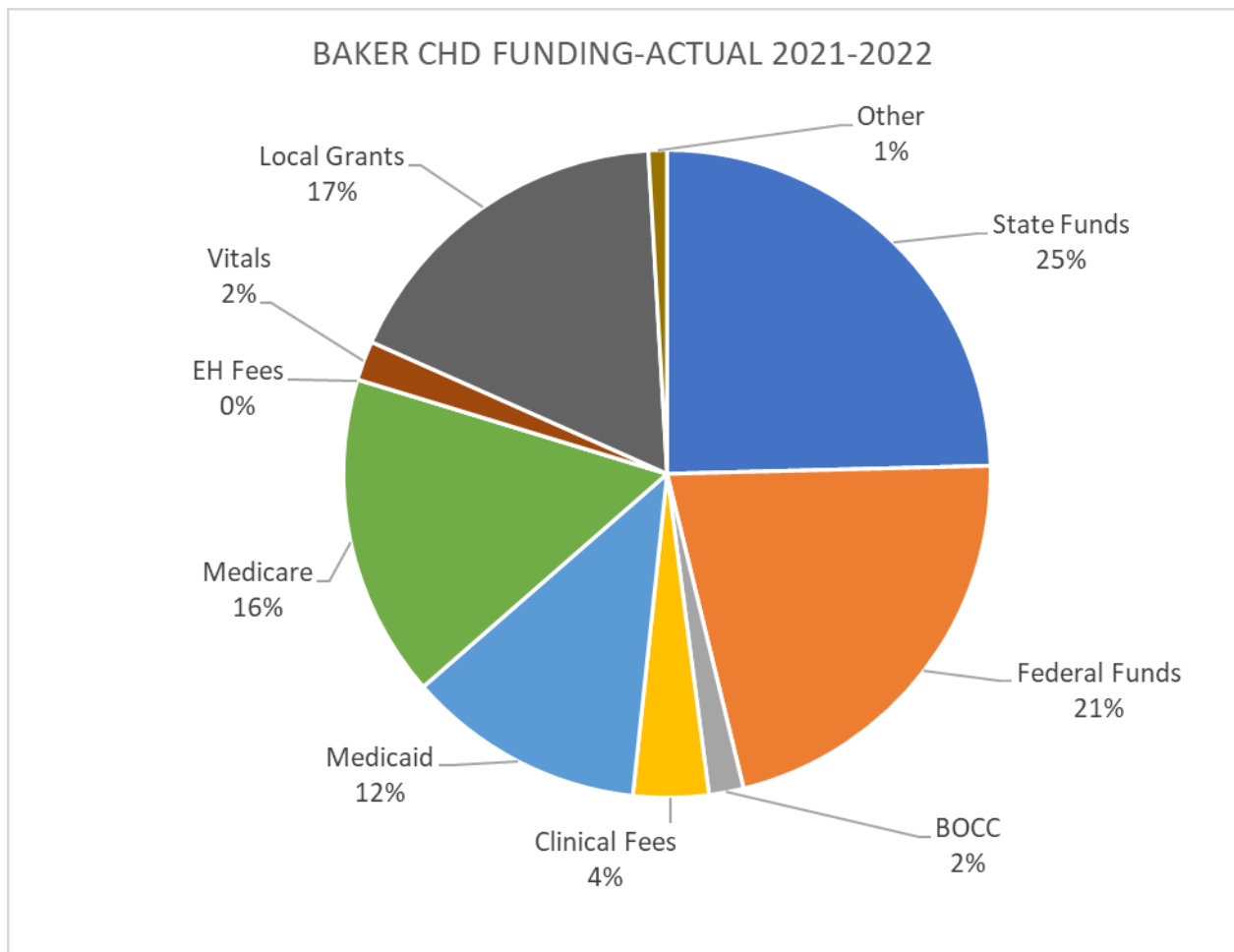
Source: United States Bureau of the Census, American Community Survey



Budget and Revenue

Financial resources for DOH-Baker are provided through multiple sources. These include fees, grants, and budget allocations from the County, State, and Federal governments to help support our public health programs and services. DOH-Baker receives additional revenue through contracts, grants, state, and county fees, as well as payments from Medicaid and Medicare programs. Please see the data below.

The Florida Department of Health in Baker County
Revenue Percentage by Source
Fiscal Year: 2021-2022
Estimated Revenue: \$3,219,049



Source: State of FL Financial & Information Reporting System (FIRS)

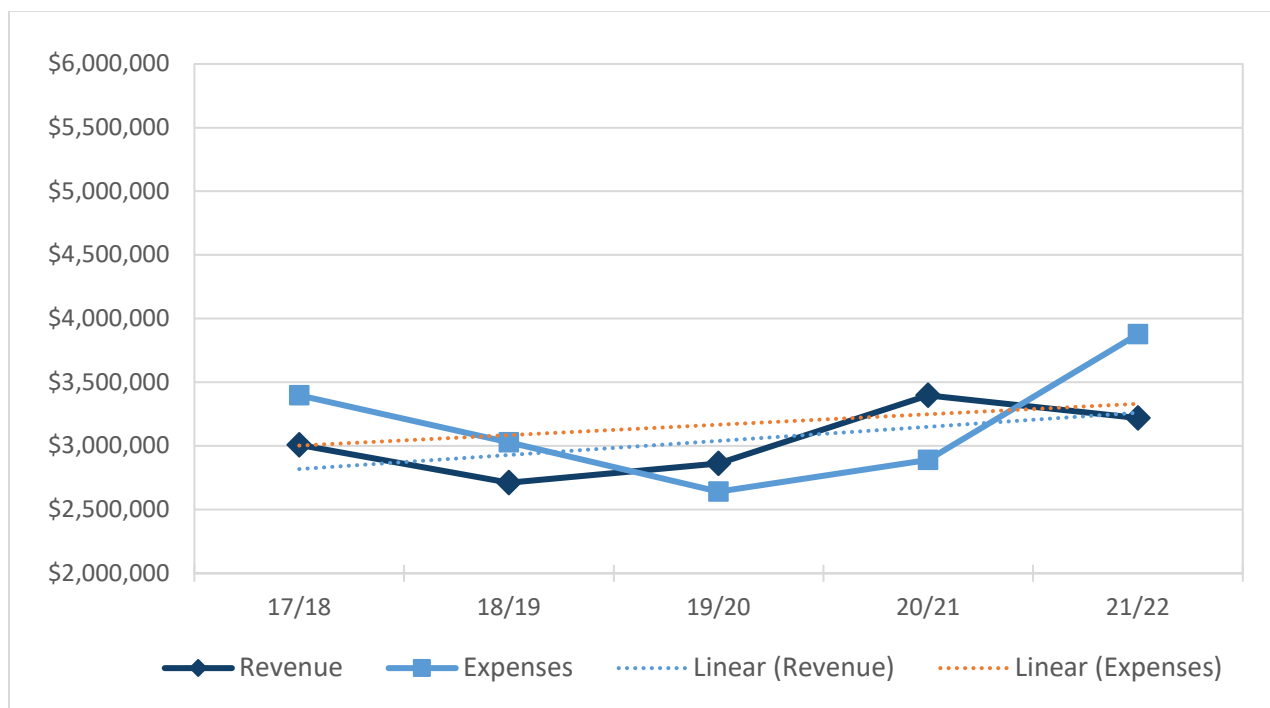


Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in Baker County included impacts from the COVID-19 pandemic, as well as staffing shortages, and necessary infrastructure improvements and repairs. Due to the pandemic and staff shortages, DOH-Baker experienced lost revenues caused by decreased services in several departments such as clinical services, dental services, and vital statistics. Many staff in other departments were temporarily reassigned to assist with COVID-19 efforts, creating revenue deficits in funding streams unable to be collected due to reassignment. DOH-Baker also incurred major expenses due to necessary facility restoration and repair. Projects such as replacement for the current HVAC system, installation of safety glass at the clinical registration desk, replacing aging and damaged fleet vehicles, the replacement of furniture and equipment throughout the facility that was in disrepair or damaged, and data storage management for secured storage of client records created major financial impacts in significantly increasing expenditures during the last several years.

The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly. As illustrated, the expenses are rising at a much higher rate than the revenue.

**The Florida Department of Health in Baker County
Revenue and Expenses 2021-2022**



Source: State of FL Financial & Information Reporting System (FIRS), RVEXSTVD Report



Programs and Services

Some of the most effective strategies for improving public health include policies and programs that shape the environment and create opportunities for healthier behaviors. This is the basis for DOH-Baker'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, as well as conducting complaint investigations and enforcing public health laws.

Communicable Disease and Epidemiology

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 to minimize loss.

Community Health Promotion

We plan and implement inclusive community health programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. Our programs promote ideas such as maintaining healthy weight, and worksite wellness. DOH-Baker's health promotion staff engages community partners in addressing issues related to chronic disease, injury and violence prevention, youth risk behaviors, and maternal and child health. We coordinate and participate in community events to promote safety, health, and wellness. Our programs include Healthy Start, Florida Healthy Babies, Healthy Communities, and Real Talk, DOH-Baker's Sexual Risk Avoidance program for adolescents and young adults.

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.

Health Equity

We strive to reach health equity in our county. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health inequities and health care disparities. Programs and initiatives include the newly established Minority Health and Health Equity program. DOH-Baker maintains and assist in implementing the Health Equity Plan for Baker County.

School Health



We collaborate with the local school board to coordinate the School Health Services Program that provides basic health services to all public school students. These services include health appraisals, child specific training, preventative dental screenings and services, vision, hearing, scoliosis, growth and development screenings, referral, and follow-up of suspected or confirmed health problems, record review, immunizations, and health counseling.

Dental Services

We provide children ages 3-20 with a variety of dental services. We have a cooperative effort with the Baker County School Board to provide dental services where students are bussed to DOH-Baker for their dental service needs. All services are provided by highly qualified dentists and dental hygienists.

Clinical Services

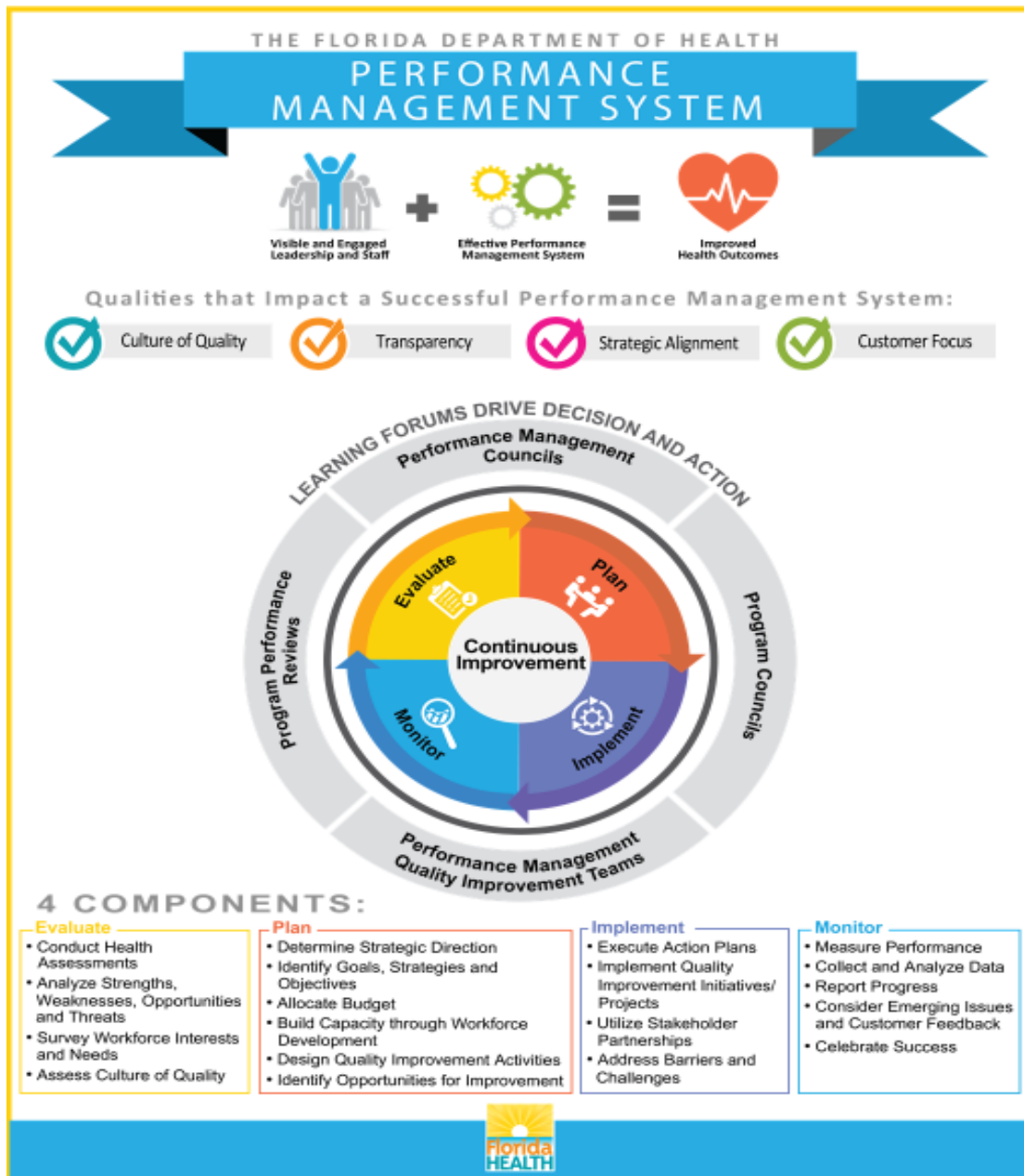
We have a variety of services for newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified physicians, nurses, and other health care providers. Services provided include women's health, family planning, immunizations, STD testing and treatment, primary care, pediatrics, and chronic disease diagnosis, education, management, and treatment.

Vital Statistics

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

Planning Summary

The performance management system is designed to ensure continuous improvement and progress toward 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 DOH-Baker for a five-year cycle. As part of the performance management (PM) system, it identifies the priority focus areas for the department, and aligns with state and national priorities.





Planning Summary

The performance management system is integrated into the operations and practices. The system 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.

DOH-Baker's 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.

DOH-Baker initiated a new strategic planning process in March 2022 to define the direction and course of DOH-Baker for consumers, employees, administrators, and legislators for the next five years. The plan will position DOH-Baker to operate as a sustainable integrated public health system and provide DOH-Baker's customers with quality public health services. It is a living document that DOH-Baker will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the 10-month planning process during five meetings. Attending these meetings were numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council. DOH-Baker 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.

DOH-Baker approached the strategic planning process with guiding principles in mind:

- Health equity is part of every public health 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.

The following vulnerable and marginalized populations may need more resources and support.

- Older adults
- People living in rural communities
- People of color (racial/ethnic minorities)
- People who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI)
- People with mental or substance use disorders



Planning Summary

- People with disabilities and unique abilities
- People with low income and those experiencing poverty
- People with less than a high school education

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from DOH-Baker summarized and presented information from the sources listed on page 37 to the performance management council. The performance management council reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness including:

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

The SWOT analysis discussion also 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 on page 13.

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

The following is the strategic planning schedule of meetings:

Meeting Date	Meeting Topic
March 17, 2022	Data sources and key issues discussion, and CHIP and CHA review (PMC)
July 21, 2022	Data sources and QI Plan review (PMC)
August 18, 2022	Data sources and Workforce Development Plan (PMC)
September 21, 2022	SWOT-A analysis (Executive Team and All Staff)
January 19, 2023	Goals and SMART objectives review and finalization (PMC)

DOH-Baker's staff monitors strategic plan objectives through implementation plans. A designated PM Champion collects these plans which 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 enters data into the department's online plan tracking system and generates reports that DOH-Baker's Performance Management Council participants use as a reference when the strategic plan is discussed.



Strategic Planning Participants

**Florida Department of Health in Baker County
Strategic Planning Participants
2022**

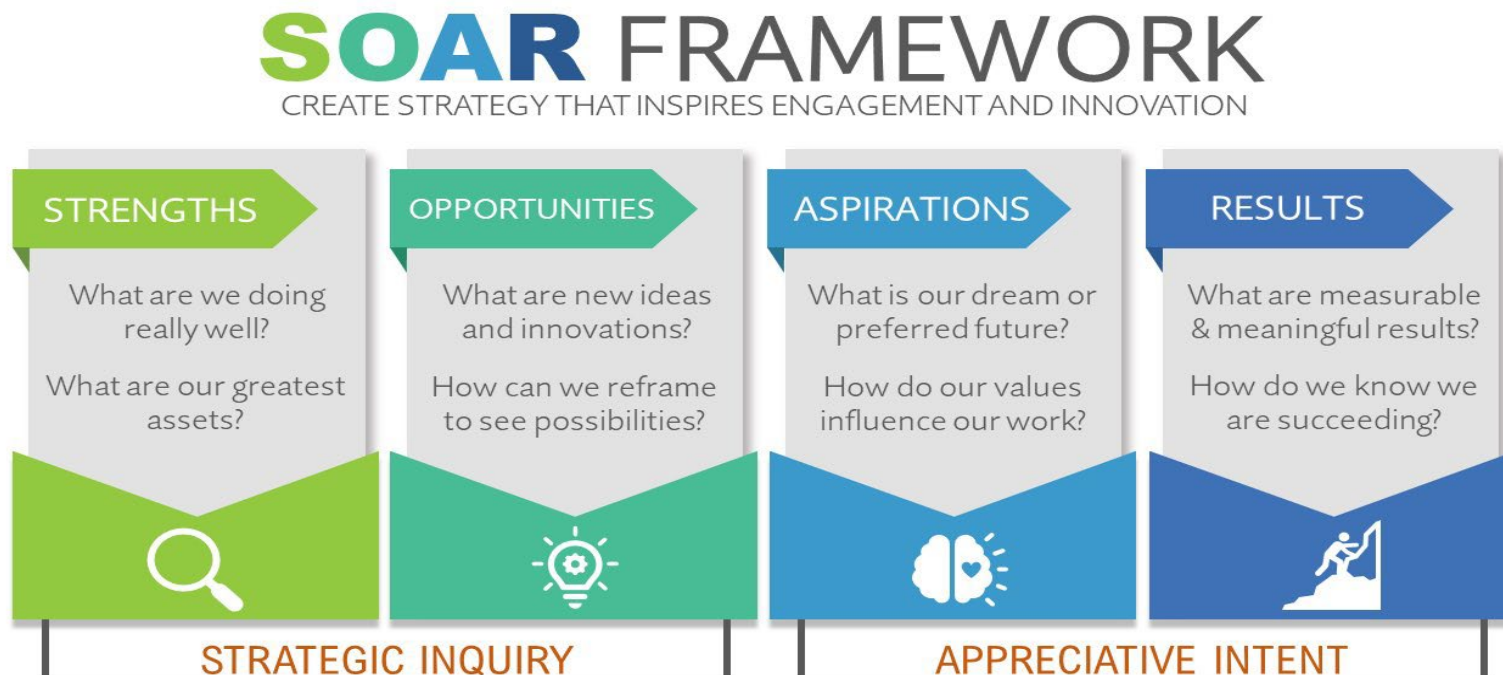
Meaghan Crowley, MPH <i>Administrator</i>	Sally Francis <i>Health Support Technician</i>
Jordan Duncan, RN, MSN <i>Director of Nursing</i>	Stephanie Bechtel <i>Community Programs Director</i>
Amy Alvarado <i>Business Manager</i>	Jose Morales, MHA <i>Disaster Preparedness Planner</i>
Patty Lyons <i>Dental Health Services Manager</i>	Kishia Browning <i>Healthy Start Supervisor</i>
Taryn Rackley <i>Administrative Assistant</i>	Amber Griffis, RN <i>School Health Coordinator</i>
Kenice Taylor <i>Health Services Manager, WIC</i>	All Staff <i>SWOT-A Participants</i>



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

DOH-Baker used an external facilitator to perform the SWOT Analysis. The SWOT analysis was performed with leadership and staff in separate groups to facilitate comfort of providing feedback as well as provide a comparison for the perceptions between leadership and staff to ensure a fully comprehensive analysis in identifying SWOT themes. “Potential Aspirations” was added as an additional component of the analysis to create a hybrid analytical model combining elements from the Strengths, Opportunities, Aspirations, and Results (SOAR) framework. The graphic below shortly explains the SOAR framework and how it ties to DOH-Baker’s approach to use the “Aspirations” portion of this framework. For this analysis, utilization of this strategy created the acronym SWOT-A.



Content Source: Stavros, Jacqueline M, and Gina Hinrichs. *The Thin Book of SOAR*. 2nd ed., Thin Book Publishing Company, 2019. // Graphic Created By: The Center for Appreciative Inquiry



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

The below chart illustrates the answers provided by Staff in Blue and Leadership in Orange for our SWOT-A analysis.

Staff – Facilities and Operations			
Strength	Weakness	Opportunity	Threat
Beautiful Facility	Equipment (2)		
A nice building	IT issues		IT
	Computers		Computer not working; - Slow computers that do not work correctly
	Not having IT full time		MFMP AOD
	HMS is outdated and disjointed		Systems not working; HMS not user friendly; IT can't complete our job because systems never work; System not working properly
	Cleaning Staff; in-house cleaning; hiring custodial staff	In house cleaner; Hiring custodial staff; Maintenance or janitorial worker	Building Maintenance
	Security (2); Building Security System	Security; Building security system	
	Fleet (not enough vehicles for programs) (2); Lack of state vehicles for employees that need them daily		
Potential Aspiration: to have safe and secure workplace (i.e., panic buttons at front desk and nurse's station) and increased IT support (in-house IT) with updated equipment		Aspiration: <ul style="list-style-type: none">• Panic buttons at front desks and nurse's station• In house IT with updated computers• Security is in place	
Staff – Pay and Benefits			
Strength	Weakness	Opportunity	Threat
Benefits (2)	Not paid competitively	Increase compensation	Too many meetings
Great Benefits	Pay Rate (2)	Remote work so staff can see underprivileged clients	Pay
	Low pay compared to other places		Better pay at other facilities
	Salary		Not paid competitively
	Low pay and few raises		Low pay compared to private sector in some fields (nursing)
Potential Aspiration: to be paid a competitive wage for the work performed and adequately staff to provide quality services.		Aspiration: <ul style="list-style-type: none">• Competitive pay and fully staffed departments	



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

	<ul style="list-style-type: none">• Transparent pay in line with the private sector• To be paid as appropriate for profession		
Staff – Staff and Training			
Strength	Weakness	Opportunity	Threat
Medical Services	Diversity in staff	Hands on training	Time- not enough to spend with clients/patients
Dedicated	Short Staffed	Allow time for CEU and License renewal	Not enough help
Medical staff is outstanding	Not given time to complete education requirements for license renewal	Allow staff time to complete education requirements	Understaffing in several departments
Medical teamwork	Staff shortage in medical and dental	Staffing	Internal growth to provide more entry level jobs
Patient Care	Need more training		
We have great doctors	Departments are silos		
Clinic staff	Understaffed		
Treats you like family	Short staffed		
Family oriented	Over extended services		
We have lots of different departments	Short staffed		
Caring staff (3)			
Committed Staff (2)			
Hardworking staff			
Awesome Staff			
Great Staff			
Nice			
Kindness (2)			
Employees that care about clients			
Care about our clients			
Our staff is caring and resourceful			
Knowledgeable and caring providers			
Attitude			
Veteran Employees			
Low turnover			
Potential Aspiration: Adequate and trained staff		Aspiration: <ul style="list-style-type: none">• Fully staffed• Built in time for continuous education	



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

		<ul style="list-style-type: none">Adequate time to complete CE's and other training during work hours	
Staff – Teamwork and Communication			
Strength	Weakness	Opportunity	Threat
Good teamwork	Lack of teamwork throughout all of departments	Communication	The feeling of others putting other coworkers down when should be building up
Great teamwork	Teamwork	Open Communication and dialogue	
Collaboration	Lack of teamwork or cohesiveness between teams/ departments		
Teamwork (3)	Lack of communication (2)		
Employees like each other	Communication- lack of sharing information		
	Communication (5)		
	Following directions		
	Miscommunication; Miscommunication between departments		
	Communication within the CHD as a whole- between departments		
	Communication (more open Executive team)		
Potential Aspiration: Communication that is inclusive and informative.		Aspiration: <ul style="list-style-type: none">Better communication- an internal communication page for employeesOpen communication between staff and supervisorsTreat others as you want to be treated	
Staff – Services and Community			
Strength	Weakness	Opportunity	Threat
Community outreach programs	Limited resources in the county	Blessing Boxes need to stay filled	Potential outbreaks, epidemics, and pandemics



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Involvement in community	Childbirth Education	Friendships with community partners	Small community equals less resources
Relationship with community	Lack of diabetic education	Community partnerships	Bad legislation
Community Outreach		Expanding services (ex. OB clinic in the works)	Government distrust from community
Accessibility		Prenatal services	Changes in elected leadership
Community Presence		Help enrolling people with Medicaid and snap benefits	Not being able to reach people in outlying areas of the county. The people don't realize what DOH has to offer
Meaningful programs- WIC, Healthy Star, etc.		Partnering prenatal care for our community	
Go out of the way to treat our clients			
Patient Care (2)			
Patient satisfaction			
Service provided to patients			
DOH works hard to take care of clients			
Potential Aspiration: provide sustainable services to meet the community needs.		Aspiration: <ul style="list-style-type: none">• Apply for more grants that would serve community and increased women's health services• Complete prenatal care to include partnering with the hospital• Community programs (diabetes and OB)	
Leadership - Staffing			
Strength	Weakness	Opportunity	Threat
PHWINS data shows staff longevity	Not sure staff are comfortable yet in stepping up as leaders		Relatively new & still learning exec team
Staff positive demeanor with clients			Burnout of staff
Open communication among supervisors			Staff morale "unknown"
Dedication			Loss of staff
Teamwork			Blindness to possible threats or distrust of staff
Nursing shortage/ staffing			
Employee appreciation			
Caring staff			
Empathy			



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Heart			
Tenacity / Determination			
Consistency			
Commitment to creating strong team connections			
Potential Aspiration: A system to educate, train, and recognize the workforce to meet community needs for public, community, and personal health services.	Aspiration: <ul style="list-style-type: none">Fully developed succession and leadership development planA fully integrated and agile organizationStaff are happy and want to stayEquipped, qualified and enabled staffStaff engagement and satisfactionLongevity, knowledgeable & comfortable		
Leadership – Program & Services			
Strength	Weakness	Opportunity	Threat
Service quality	Need to make sure we're building our program and services to reach all residents in all communities	Partnering with neighboring counties to provide a particular service	
Spirit of servanthood	possible need for satellite locations – mobile clinic	Community Outreach	
		Community Education Classes (nutrition, smoking)	
		Adding new services (telehealth, mobile unit)	
		Expansion of services	
		More community outreach	
		Growth of program outreach	
		More visibility of services in community	
		Reprioritize & build programs and service to better serve the current needs of our community	
		New funding opportunities to expand programs	
		Access opportunity for expended clinic hours	
		Expanding programs & services for unmet needs of the community	



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Potential Aspiration: One-Stop-Shop for accessible, available health resources and services.		Aspiration: <ul style="list-style-type: none">• Program services are fully accessible / available• Services are accessible and address community needs• One Stop Shop• Expanded programs and services to meet the needs of all residents and communities• To be the one-stop-shop for community equity through health services and improved healthy living• Ability to provide optimal service with ability to reach entire county• Create and expand programs, resources and services that are accessible and available for all residents• Accessibility availability one-stop shop for resources and services• Mental health provider in clinic and fully staff program services.• Telehealth and mobile services program	
Leadership – Community Engagement & Collaboration			
Strength	Weakness	Opportunity	Threat
Community involvement	Walkability	Collaboration with other agencies, community partners (resource fair)	Community support (recovering from COVID)
Faith-based community very involved & helping	Still rebuilding especially post COVID	Volunteers	Natural disasters and Pandemic
Solid partnerships	Food deserts	Low pool of parks & recreation opportunities	Political climate
City & County government willing to/and advocate for DOH-Baker	Community public transportation	Farmers market in remote areas of the county	County support with hands-on and funding
Strong Community Partnerships		Rebrand our image in the community	
Rebuilding and strengthening & identifying new community partnerships			
Commitment to serving community and clients			
Community engagement			



Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis

Potential Aspiration: Community-wide support for public health and community health improvement.

Aspiration:

- Self-management & ownership of self-management of health
- The go-to place in Baker for health info
- Members of community & community leadership involved in Healthy Baker
- Regular and dedication participation from community partners
- Strong multifaceted community partnerships
- Be the trusted lead agency for health in Baker
- Community fully involved with knowledge of services
- Healthier community



Objectives

Objectives

Strategic Priority 1: Effective Agency Processes					
Goal 1: Staff development and retention					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 1.1.1: By December 31, 2027, staff will be given dedicated time to complete trainings from zero times per year in 2022 to twice per year.	0	2	DOH-Baker Managers and Supervisors	Not Started	Agency Plans: ASP – 4.1 SHIP – N/A CHD Plans: CHIP – N/A PMQI – N/A
Objective 1.1.2: By December 31, 2027, increase the number of staff cross-trained to perform interdepartmental duties or to support operations of additional departments from 0% in 2022 to 75%.	0%	75%	DOH-Baker Managers and Supervisors	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A
Objective 1.1.3: By December 31, 2024, implement a rotation schedule from 0 in 2022 to 1 for departmental supervisors to attend external CHD program team meetings in order to increase interdepartmental knowledge and identify opportunities to improve interagency collaboration. (Evident by team meeting minutes on SharePoint).	0	1	DOH-Baker Managers and Supervisors	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A
Objective 1.1.4: By September 30, 2024, 100% of staff will have an Individual Development Plan (IDP) from 76% in 2022. Supervisors will be required to review IDP's with staff members on a minimum annual basis.	76%	100%	DOH-Baker Managers and Supervisors	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A WFD – Goal 3.3



Objectives

Objective 1.1.5: By December 31, 2027, 75% of staff will complete a minimum of one elective professional development training (0% in 2022) annually.	0%	75%	DOH-Baker Managers and Supervisors	Not Started	Agency Plans ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A WFD – Goal 2.2
Objective 1.1.6: By December 31, 2023, a minimum of one staff member per year will be nominated for leadership development opportunities from 0 in 2022 such as the DOH Public Health Executive Leadership Program, NACCHO Adaptive Leadership Program, Kresge Fellows Program, etc. This measurement will be required annually through December 31, 2027.	0 annually	1 annually	DOH-Baker Managers and Supervisors	Not Started	Agency Plans ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A WFD – Goal 2.2
Goal 2: Create a safe environment for staff and clients					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 1.2.1: By December 31, 2027, implement 3 additional security measures from 0 in 2022 for staff safety and security (i.e., lockdown button, fire alarm communication enhancements, hardened doors, and front check in desk).	0	3	DOH-Baker Safety Officer Executive Management Team	Not Started	Agency Plans: ASP – N/A CHD Plans: CHIP – N/A PMQI – N/A
Objective 1.2.3: By December 31, 2027, increase the number of safety and security trainings staff complete from 0 in 2022 to 2 annually.	0	2	DOH-Baker Safety Officer Executive Management Team	Not Started	Agency Plans: ASP – N/A CHD Plans: CHIP – N/A PMQI – N/A
Goal 3: Ensure effective agency processes					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 1.3.1: By December 31, 2023, implement the sharing of budget reports biannually from annually in 2022 with program managers to keep them apprised of all budgetary matters by program. The report will aid in identifying potential deficits and potential new revenue sources.	1 annually	2 annually	DOH-Baker Business Manager	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A



Objectives

Objective 1.3.2: By December 31, 2023, 100% of DOH-Baker managers and supervisors will be required to complete TRAIN Course ID #3742 “FIRS Budget Cycle Training Plan” and TRAIN Course #1012722 “Public Health Financial Management” from 0% in 2022. This measurement will be required annually through December 31, 2027.	0%	100%	DOH-Baker Business Manager DOH-Baker TRAIN Administrator	Not Started	Agency Plans ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A WFD – Goal 4.4
Objective 1.3.3: By December 31, 2024, Increase DOH-Baker revenues by 3% annually from 1% through implementation of best practices, improving billing processes, identifying new revenue sources, grant writing and a review of services offered by DOH-Baker, determining any missed billing opportunities, as well as incorporate new billing opportunities. This will allow increased revenue generation by creating additional revenue streams.	FY 21/22 Operational Budget, 1%	3% annually	DOH-Baker Business Manager	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A
Objective 1.3.4: By December 31, 2024, 100% of staff will complete QI 101 and 100% of managers and supervisors will complete QI 102 from 0% in 2022. This measurement will be required annually through December 31, 2027.	0%	100%	DOH-Baker TRAIN Administrator	Not Started	Agency Plans ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A WFD – Goal 5.1
Objective 1.3.5: By December 31, 2027, ensure that 75% of staff have completed one additional Performance Management or Quality Improvement training annually from 0% in 2022.	0%	75%	DOH-Baker Managers and Supervisors	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – Section 4, PMQI Training Plan. WFD – Goal 5
Objective 1.3.6: By December 31, 2024, implement check-in and check-out processes utilizing paperless tablets from 0 to 1 tablet system.	0	1	DOH-Baker Business Manager	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A
Objective 1.3.7: By December 31, 2025, implement paperless document signature ability for client authorization and acknowledgement from 0 in 2022 to 1.	0	1	IT PMQI Lead	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A



Objectives

Objective 1.3.8: By December 31, 2027, increase the locations of paperless tablets for clients to complete Customer Service Surveys by 1 location per year (5) from 0 in 2022.	0	5 (1 per year)	IT PMQI Lead	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – Goal 2.1
Objective 1.3.9: By December 31, 2027, managers and supervisors will be responsible for implementing desk manuals and process mapping for each position from 0% in 2022 to 100% and/or duty within the CHD and will be responsible for annual review and updates.	0%	100%	DOH-Baker Managers and Supervisors	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A WFP – Goal 1
Objective 1.3.10: By December 31, 2027 implement the VitalCheck internet processor (1) system to provide customers the ability to order vital records virtually from 0 in 2022. These records include birth, death, marriage & divorce certificates.	0	1	DOH-Baker Business Manager	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A

Strategic Priority 2: Long, Healthy, Thriving Life

Goal 1: Increase and expand utilization of current services available and identify new opportunities to bring needed services to improve health and wellbeing for our community

Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 2.1.1: By December 31, 2027, increase the number of specialty providers providing services at DOH-Baker from 1 in 2022 to 3.	1	3	DOH-Baker Director of Nursing/ Administrative Staff	Not Started	Agency Plans: ASP – 1.1 SHIP – Priority 2 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.2: By December 31, 2027, increase the number of mobile health screenings conducted annually by DOH-Baker from 0 in 2022 to 4 per year.	0 per year	4 per year	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – 1.1 CHD Plans: CHIP – N/A PMQI – N/A



Objectives

Objective 2.1.3: By December 31, 2027, increase the percentage of 2-year-old CHD clients fully immunized from 50% in 2021 to 90%	50%	90%	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 4 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.4: By December 31, 2027, increase the number of administered flu immunizations by 5% annually (262 in 2022 to 334 by 2027).	262 flu shots in 2022	275 in 2023 289 in 2024 303 in 2025 319 in 2026 334 in 2027	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.5: By December 31, 2027, increase the rates for administered HPV immunizations series for adolescents ages 11-18 by 5% annually (from 47 doses in 2022 to 60 doses by 2027).	47 doses in 2022	49 in 2023 52 in 2024 54 in 2025 57 in 2026 60 in 2027	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 2, 4, 6 CHD Plans: CHIP – N/A PMQI – Goal 3.1
Objective 2.1.6: By December 31, 2027, increase the rates for completed Hepatitis A immunization series by 5% annually (from 53 in 2022 to 68 by 2027).	53 in 2022	56 in 2023 58 in 2024 61 in 2025 64 in 2026 68 in 2027	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.7: By December 31, 2027, increase the number of CHD family planning clients utilizing long-acting reversible contraceptives by 10% annually (from 20 in 2022 to 33 by 2027).	20 in 2022	22 in 2023 24 in 2024 27 in 2025 30 in 2026 33 in 2027	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – N/A SHIP – Priority 4 CHD Plans: CHIP – N/A PMQI – Goal 4.1
Objective 2.1.8: By December 31, 2027, increase the percentage of teen CHD family planning clients (57.8%) adopting an effective or higher method of birth control to 80%.	57.8%	80%	DOH-Baker Director of Nursing/ Community Programs	Not Started	Agency Plans: ASP – N/A SHIP – Priority 4 CHD Plans: CHIP – N/A PMQI – Goal 4.1



Objectives

Objective 2.1.9: By December 31, 2027, increase the usage of silver diamine fluoride for children with untreated dental decay from 0% in 2022 to 20% annually.	0	20% annually	DOH-Baker Dental Program	Not Started	Agency Plans: ASP – N/A SHIP – Priority 2 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.10: By December 31, 2027, increase the number of schools and other child focused entities participating in the SBSP and other preventive outreach events from 17 in 2022 by 10% (2) annually.	17	10% annually	DOH-Baker Dental Program	Not Started	Agency Plans: ASP – N/A SHIP – Priority 2 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.11: By December 31, 2027, increase the utilization of teledentistry for improved client care by 10% (28) annually from 276 in 2022. To be measured annually through service code reports vis HMS and Eaglesoft.	276	10% annually	DOH-Baker Dental Program	Not Started	Agency Plans: ASP – 1.1, 3.1, 4.1 SHIP – Priority 2 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.12: By December 31, 2027, increase participation in the school-based fluoride varnish program from 340 in 2022 by 20% (68) annually. Measured by service reports captured in HMS and Eaglesoft.	340	20%	DOH-Baker Dental Program	Not Started	Agency Plans: ASP – 1.1 SHIP – Priority 2 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.1.13: By December 31, 2025, initiate utilization of telehealth services for acute care and referral to specialty care from 0 in 2022 to 1. Increase utilization by 5% annually after initiation. To be measured via service reports captured in HMS.	0	1 telehealth service 5% client utilization increase annually	DOH-Baker Director of Nursing/IT	Not Started	Agency Plans: ASP – 1.1, 4.1 SHIP – Priority 6 CHD Plans: CHIP – N/A PMQI – N/A
Goal 2: Increase and strengthen current community programs to expand community outreach and increase education in the community					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 2.2.1: By December 31, 2027, increase the number of entities supporting Sexual Risk Avoidance presentations from 1 entity per year in 2022 to 3 entities per year.	1	3	DOH-Baker Community Health Promotion	Not Started	Agency Plans: ASP – 1.1 CHD Plans: CHIP – N/A PMQI – N/A



Objectives

Objective 2.2.2: By December 31, 2027, increase the number of community nutrition education workshops from 1 per year in 2022 to 4 per year.	1 per year	4 per year	DOH-Baker Community Programs	Not Started	Agency Plans: ASP – 1.1 CHD Plans: CHIP – CD Goal 2.2 PMQI – N/A
Objective 2.2.3: By December 31, 2027, increase the number of vaccination outreaches provided by DOH-Baker from 2 per year in 2022 to 4 per year.	2 per year	4 per year	DOH-Baker Director of Nursing/ Clinic Staff/ Community Programs	Not Started	Agency Plans: ASP – 2.1, 4.1 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.2.4: By December 31, 2027, increase the number of prenatal support classes from 0 per quarter in 2022 to 2 per quarter.	0 quarterly	2 quarterly	DOH-Baker WIC/ Healthy Start/ Community Programs	Not Started	Agency Plans: ASP – 2.1 SHIP – Priority 4 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.2.5: By December 31, 2027, ensure a minimum of 2 DOH-Baker staff members are trained and certified as community health workers from 0 in 2022.	0	2	DOH-Baker Community Programs/ Administrative Staff	Not Started	Agency Plans: ASP – 1.1, 2.1, 4.1 CHD Plans: CHIP – Goal CD 1.1 PMQI – N/A
Objective 2.2.6: By December 31, 2027, partner with Baker County Fire Rescue to train and certify a minimum of 3 community paramedics and/or community health workers from 0 in 2022 to provide and/or assist with community paramedicine.	0	3	DOH-Baker Administrator/ Community Programs	Not Started	Agency Plans: ASP – 1.1, 2.1, 4.1 CHD Plans: CHIP – Goal CD 1.2 PMQI – N/A

Goal 3: Increase community education improving the health and wellness of the community

Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 2.3.1: By December 31, 2027, increase community wide outreach events from 2 in 2022 to 4 per year targeting chronic disease education and prevention.	2 per year	4 per year	DOH-Baker Community Programs/Clinic Staff	Not Started	Agency Plans: ASP – 1.1, 2.1 SHIP – Priority 2 CHD Plans: CHIP – Goal CD 2.1 PMQI – N/A



Objectives

Objective 2.3.2: By December 31, 2027, increase the number of workplace wellness initiatives in Baker County from 1 per year in 2022 to 4 per year.	1 per year	4 per year	DOH-Baker Community Programs/Healthy Baker	Not Started	Agency Plans: ASP – N/A CHD Plans: CHIP – Goal CD 2.3 PMQI – N/A
Objective 2.3.3: By December 31, 2027, ensure the external DOH-Baker website is updated on a quarterly basis and a minimum of one local featured story is posted per month from 0 in 2022.	0 per month	1 per month	DOH-Baker Community Programs/PIO	Not Started	Agency Plans: ASP – 4.1 CHD Plans: CHIP – N/A PMQI – N/A
Objective 2.3.4: By December 31, 2027, provide a minimum of 4 public health media campaigns per year from 0 in 2022.	0 per year	4 per year	DOH-Baker Community Programs/PIO	Not Started	Agency Plans: ASP – 4.1 SHIP – Priority 2 CHD Plans: CHIP – Goal CD 2 PMQI – N/A
Objective 2.3.5: By December 31, 2024, provide a minimum of one public presentation per month to provide community education and awareness of CHD services, community resources available, and promotion of health and wellness from 0 in 2022. This measurement will be required annually through December 31, 2027.	0 per month	1 per month	DOH-Baker Community Programs/PIO	Not Started	Agency Plans: ASP – 1.1, 4.1 SHIP – Priority 2, 4 CHD Plans: CHIP – Goal CD 2 PMQI – N/A
Objective 2.3.6: By December 31, 2024, ensure a minimum of one media imprint per month from 0 in 2022 to increase community awareness of CHD services, health and wellness topics, and CHIP activities. This measurement will be required annually through December 31, 2027.	0 per month	1 per month	DOH-Baker Community Programs/PIO	Not Started	Agency Plans: ASP – 1.1, 2.1, 4.1 SHIP – Priority 2, 4 CHD Plans: CHIP – Goal CD 2 PMQI – N/A



Objectives

Strategic Priority 3: Health Equity					
Goal 1: Improve the agency's internal understanding of Health Equity					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 3.1.1: By December 31, 2027, increase internal in-person training opportunities to DOH-Baker employees from 1 per year in 2022 to 4 times per year.	1	4	DOH-Baker Minority Health Liaison	Not Started	Agency Plans: ASP – 1.1.2 CHD Plans: CHIP – N/A PMQI – N/A HEP – 2022
Objective 3.1.2: By December 31, 2024, 100% of DOH-Baker staff will complete a minimum of 1 health equity training from 0 in 2022. This measurement will be required annually through December 31, 2027.	0	1	DOH-Baker Minority Health Liaison/TRAIN Administrator	Not Started	Agency Plans: ASP – 1.1.2 CHD Plans: CHIP – N/A PMQI – N/A WFD – Goal 1 HEP – 2022
Goal 2: Improve community awareness, understanding, and strategies for Health Equity					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 3.2.1: By December 31, 2027, increase number of Health Equity presentations to community organizations in Baker County from 1 per year in 2022 to 4 times per year.	1	4	DOH-Baker Minority Health Liaison	Not Started	Agency Plans: ASP – 1.1 CHD Plans: CHIP – N/A PMQI – N/A HEP – 2022
Objective 3.2.2: By December 31, 2027, increase the number of community initiatives led through Healthy Baker from 5 in 2022 to 8 to increase cross-sectional collaboration and community ownership to decrease health disparities and inequities.	5	8	DOH-Baker Minority Health Liaison	Not Started	Agency Plans: ASP – 1.1, 4.1 SHIP – Priority 6 CHD Plans: CHIP – Goal MH1 PMQI – N/A HEP – 2022



Objectives

Strategic Priority 4: Readiness for Emerging Threats					
Goal 1: Improve agency readiness for rapid response to emerging threats, emergencies, and disasters.					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 4.1.1: By December 31, 2027, increase preparedness related trainings for staff from 2 in 2022 to 4 per year.	2	4	DOH-Baker Preparedness Coordinator	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022
Objective 4.1.2: By December 31, 2024, improve readiness for agency deployment through increased agency participation in PHP exercises from 1 in 2022 to 2 exercises per year.	1	2	DOH-Baker Preparedness Coordinator	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022
Objective 4.1.3: By December 31, 2024, increase the number of times per year emergency plans and equipment (including COOP and SpNS boxes, POD equipment, etc.) are reviewed by IMT and emergency leads from once per year in 2022 to twice per year.	1	2	DOH-Baker Preparedness Coordinator	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022
Objective 4.1.4: By December 31, 2027, implement a network of registered volunteers and functional MRC from 0 in 2022 and increase number of volunteer and MRC members by 5% annually thereafter.	0	5% annually	DOH-Baker Administrator/ Preparedness Coordinator	Not Started	Agency Plans: ASP – 1.1, 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022



Objectives

Goal 2: Strengthen relationships with partners for effective preparedness and response efforts.					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 4.2.1: By December 31, 2027, increase the number of community partners involved in internal and external PHP trainings from 1 in 2022 to 5.	1	5	PHP Planner	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022
Objective 4.2.2: By December 31, 2024, increase the number of partners with COOP relocation agreements from 0 in 2022 to 3.	0	3	PHP Planner	Not Started	Agency Plans: ASP – N/A CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022
Objective 4.2.3: By December 31, 2027, increase the number of engagements and/or education opportunities with community partners and other entities per year for improved preparedness, coordination, and response efforts during emergency and disaster events from 0 in 2022 to 10 per year.	0 per year	10 per year	PHP Planner	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022
Goal 3: Improve community awareness and readiness for disaster and emergency scenarios.					
Objectives:	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
Objective 4.3.1: By December 31, 2027, increase the number of public education and awareness campaigns for improved disaster readiness from 1 in 2022 to 4 per year.	1 per year	4 per year	PIO PHP Planner	Not Started	Agency Plans: ASP – 3.1 SHIP – Priority 7 CHD Plans: CHIP – N/A PMQI – N/A EOP – 2022



Objectives

Objective 4.3.2: By December 31, 2027, provide a minimum of 5 community presentations per year on PHP readiness from an all-hazards perspective from 0 per year in 2022.	0 per year	5 per year	PIO PHP Planner	Not Started	<u>Agency Plans:</u> ASP – 3.1 <u>CHD Plans:</u> CHIP – N/A PMQI – N/A EOP – 2022
Objective 4.3.3: By December 31, 2027, provide a minimum of 4 community outreaches per year to increase community awareness and readiness from 0 in 2022.	0 per year	4 per year	PHP Planner	Not Started	<u>Agency Plans:</u> ASP – 3.1 <u>CHD Plans:</u> CHIP – N/A PMQI – N/A EOP – 2022

ASP: Agency Strategic Plan, **SHIP:** State Health Improvement Plan, **CHIP:** Community Health Improvement Plan, **PMQI:** Performance Management Quality Improvement Plan, **WFD:** Workforce Development Plan, **HEP:** Health Equity Plan, **EOP:** Emergency Operations Plan



Review Process

Reviews of the strategic plan take place during DOH-Baker’s Performance Management Council meetings. Quarterly, the lead entity for each objective provides updates on objectives that are not on track, not completed, or require a decision. Annually, the leads report progress and status for all objectives.

Summary of Revisions

This is the launch of this plan, therefore, there is no annual review of this plan. At the end of December 2023, DOH-Baker’s Performance Management Council will conduct an annual review of the strategic plan. The council will discuss progress achieved and obstacles encountered for each objective.

The table below will depict any revisions to objectives from the 2023 review. Strikethrough indicates deleted text and underline indicates added text.

Date of Review Revisions		
Objective Number	Revisions to Objective	Rationale for Revisions
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision



Environmental Scan Resources

1. Agency Strategic Plan, 2016-2021
2. Agency Quality Improvement Plan, 2018-2022
3. Behavioral Risk Factor Surveillance System (BRFSS), 2021
4. Biomedical Research Advisory Council Annual Report, 2020-2021
5. Baker County Community Health Assessment, 2019 with 2022 updated data
6. Baker County Community Health Improvement Plan, 2020
7. DOH-Baker Quality Improvement Plan, 2020
8. DOH-Baker Workforce Development Plan, 2021
9. Employee Satisfaction Survey
10. Florida Morbidity Statistics Report, 2018
11. Florida Department of Health, Office of Inspector General Annual Report, 2022
12. Florida Community Health Assessment Resource Tool Set (CHARTS)
13. Florida Department of Health Long Range Program Plan, Fiscal Years 2023-2027
14. Florida Department of Health Workforce Development Plan, 2019
15. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2011
16. Florida Strategic Plan for Economic Development, 2018
17. Florida State Health Improvement Plan, 2022-2026
18. Florida Vital Statistics Annual Report, 2021
19. Florida Youth Risk Behavior Survey Results, 2019
20. Florida Youth Tobacco Survey Results, 2016-2022
21. Florida Middle School Health Behavior Survey
22. Client Satisfaction Surveys, 2022
23. DOH-Baker Clinical Reports, 2022
24. County Health Rankings 2021, Robert Wood Johnson Foundation
25. DOH-Baker Health Equity Analysis, 2021
26. DOH-Baker Health Equity Plan, 2022
27. Community Resource List, Healthy Baker, 2022
28. Health Planning Council of Northeast Florida's Baker County Health Profile, 2022
29. Physician Workforce Annual Report, 2021
30. Tuberculosis Control Section Report, 2021
31. Public Health Workforce Interests and Needs Survey (PHWINS)
32. Public Health Center for Innovation, Foundational Public Health Services, 2022
33. Volunteer Health Services Annual Report, 2020-2021