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## INTRODUCTION

### Foreword



The 2011-2016 Strategic Plan outlines our purpose, the priorities for the year and how we will deliver them for the benefit of the public. This Plan is a living document that builds on what we have learned and experienced as an agency over the years. The Plan will continue to be refined and perfected as we deliver health services to the public and continue to be the medical home for many individuals and families in this community.

The continuing economic downturn has presented many challenges for the Health Department as it has for government and private sector partners. While the demand for our services is increasing, the revenue streams we rely on have been steadily decreasing. Despite these challenges, we strive to maintain quality, high service levels, live up to the expectations of our community and continue to prepare for a changing landscape. This necessitates that we continually assess the value and impact of services, find new approaches for carrying out our work, identify new resources, strengthen our collaborations and maximize efficiencies.

The Baker County Health Department provides a wide range of services to the community, from promoting healthy lifestyles and ensuring the health of our residents through immunizations, disease investigation, environmental inspection and regulations to serving as a vital provider of social, medical, nutritional, and dental services of our constituents.

I am proud to lead this agency that plays such a significant role in the health and wellbeing of Baker County. Staffed with highly trained and dedicated public health workers this organization will continue to strive to be the best at contributing and improving the quality of life in our county through sustainable and systemic activities that are strategically aligned with the needs of our residents.

This Strategic Plan represents a challenging work program for the upcoming implementation period, one that will deliver tangible benefits, offer the highest quality services to our community and fulfill our role in the coordination of local public health functions.

Sincerely,

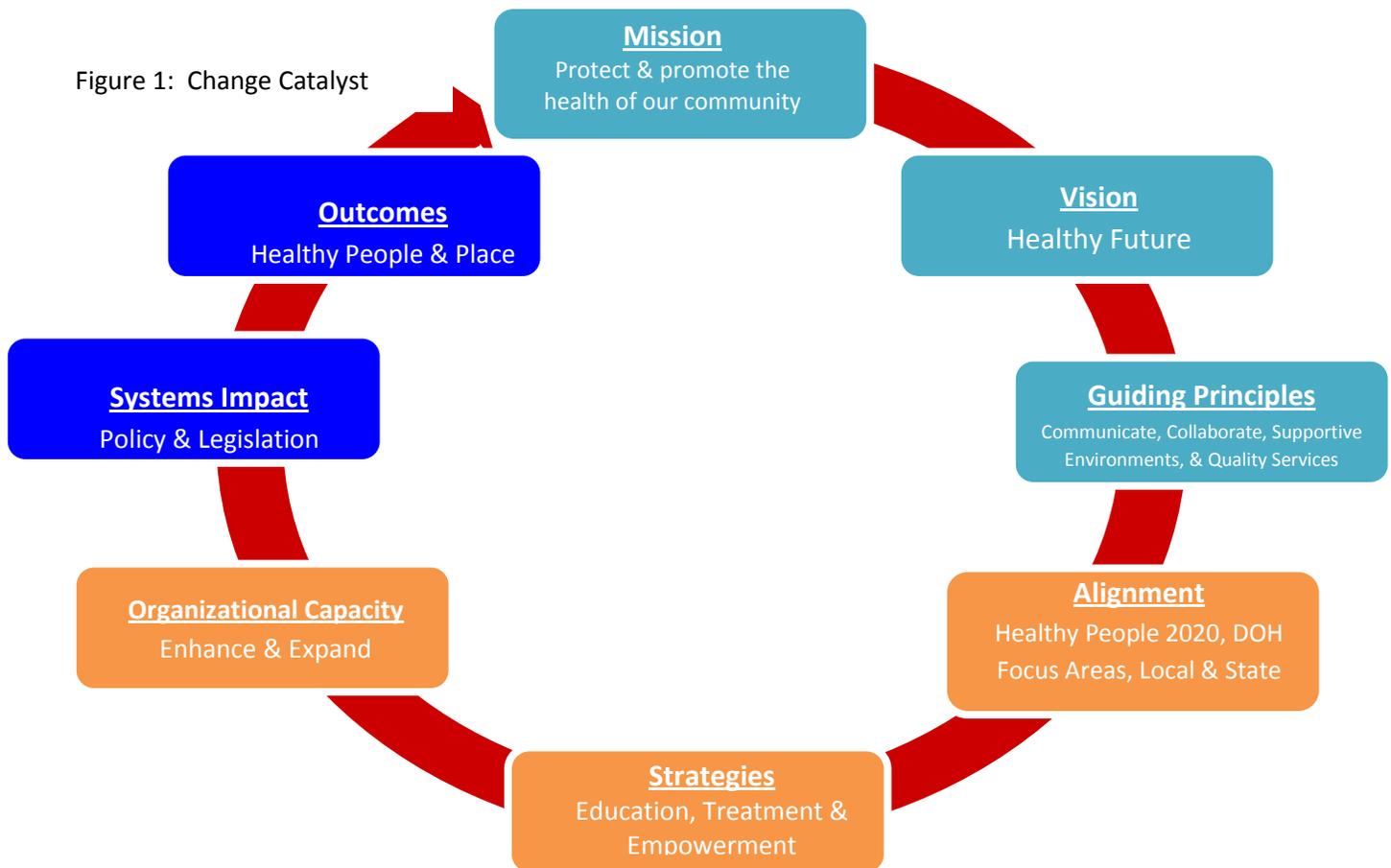
Kerry Dunlavey, RN, MSHA, MPH  
Administrator  
Baker County Health Department

# INTRODUCTION

## Purpose

This Strategic Plan is intended to be used internally to manage our work and resources while presenting our purpose and commitments to external customers and stakeholders. Baker County Health Department is driven by local needs, local resources, and state and federal requirements. This Plan is designed to be a catalyst for communicating progress, leveraging resources, and establishing buy-in at all levels to sustain change and meet the needs of our constituents. The Strategic Plan shows how the Baker County Health Department will use its

Figure 1: Change Catalyst



people and financial resources to deliver a structured program of work to achieve our mission and respond to community needs and expectations.

Our Strategic Plan aligns with an outcome-oriented public health delivery model (above) which focuses on improving the quality of life at the community level. This Strategic Plan is not intended to serve as a policy or discussion document but as a practical, descriptive document designed to provide managers the flexibility to make decisions about resources and changing priorities. It is designed to allow partners to connect strategies to maximize impact through

## INTRODUCTION

collaborative efforts. And lastly, it provides staff a quick view of priorities and targeted strategies that will allow opportunities as an organization and an individual to grow and change.

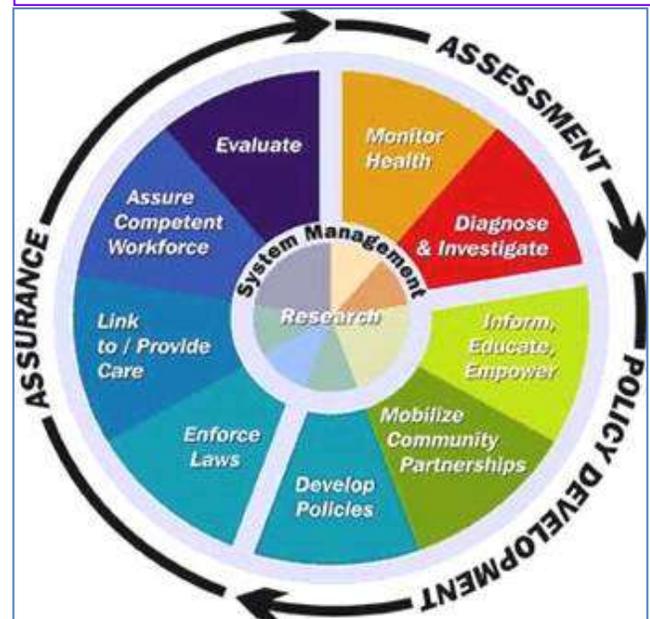
### Functions of a Local Health Department

Another essential element to the Strategic Plan is to further nurture a deep understanding and commitment with the public. It is a key priority in the coming implementation period to provide timely-easy-to-understand communication around what we do, how we do it, why we do it, and how our constituents can contribute and or participate in the Health Department's effort to promote a **Healthy Baker** community. Public health encompasses three core functions: 1) *assessment* of information on the health of the community; 2) comprehensive public health *policy development*; and 3) *assurance* that public health services are provided to the community.

How does this happen? Public health serves communities by providing an array of essential services. Adopted in 1994, the *Ten Essential Public Health Services*<sup>1</sup> provide a common framework for public health and medical professionals, as well as grassroots workers and non-public health civic leaders, to allow them to work collaboratively towards fulfilling the vital mission of public health—to *promote physical and mental health, and prevent disease, injury, and disability*.

At the local level, each community has a unique “public health system” comprised of individuals and public/private entities that are engaged in activities that affect the public’s health. Public health is most successful when communities are working together and partnerships are strong. Local health departments play a pivotal role in assuring the health of communities, and the community should reasonably expect the local health department to fulfill these functions. It is with honor that Baker County Health Department accepts this charge to provide these ten functions to our community and therefore integrates these strategies within this Plan.

Figure 2: Ten Essential Public Health Services



<sup>1</sup>Center for Disease Control National Public Health Performance Standards

## INTRODUCTION

### Expectations of a Local Health Department<sup>2</sup>

- Understands the specific health issues confronting the community, and how physical, behavioral, environmental, social and economic conditions affect them.
- Investigates health problems and health threats.
- Prevents, minimizes and contains adverse health effects from communicable diseases, disease outbreaks from unsafe food and water, chronic diseases, environmental hazards, injuries and risky health behaviors.
- Leads planning and response activities for public health emergencies.
- Collaborates with other local responders and with state and federal agencies to intervene in other emergencies with public health significance (e.g., natural disasters).
- Implements health promotion programs.
- Engages the community to address public health issues.
- Develops partnerships with public and private healthcare providers and institutions, community-based organizations and other government agencies (e.g., housing authority, criminal justice, education) engaged in services that affect health to collectively identify, alleviate and act on the sources of public health problems.
- Coordinates the public health system's efforts in an intentional, non-competitive and non-duplicative manner.
- Addresses health disparities.
- Serves as an essential resource for local governing bodies and policymakers on up-to-date public health laws and policies.
- Provides science-based, timely and culturally competent health information and health alerts to the media and to the community.
- Provides its expertise to others who treat or address issues of public health significance.
- Ensures compliance with public health laws and ordinances, using enforcement authority when appropriate.
- Employs well-trained staff members who have the necessary resources to implement best practices and evidence-based programs and interventions.
- Facilitates research efforts, when approached by researchers that benefit the community.
- Uses and contributes to the evidence base of public health.
- Strategically plans its services and activities, evaluates performance and outcomes and makes adjustments as needed to continually improve its effectiveness, enhance the community's health status and meet the community's expectations.

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<sup>2</sup> *National Association of County and City Health Officials, Operational Definition of a Functional Local Health Department*

## EXECUTIVE SUMMARY

Before looking forward, and in deciding the focus and priorities of the upcoming strategic planning period, we first looked at the strategies and initiatives that were implemented to address the needs and issues in 2006 through 2011. We then looked at our prior accomplishments and identified existing progress and next steps in meeting, tweaking or abandoning the goals and objectives based on current trends. The following summarizes our Journey.

### Our Journey

The 2006-10 Strategic Plan was comprised of six goals; each supported by a number of objectives. The purpose of this review is to look at where we have been and where we are going.

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### Goal 1: Community wide shared vision of healthy people in a healthy County.

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#### Where we have been...

**Description:** The focus of Goal 1 was to: 1) create community awareness of the vital components of a healthy community; 2) change the perception of the purpose of public health and awareness of programs and services; 3) facilitate collaboration; and 4) collect, analyze and share health related data with the public.

#### Key Initiatives & Actions:

National Children's Study

Community Health Assessment Surveys

Internal & External Threat Assessment and Opportunity Identification

Healthy Baker, Inc.

**Accomplishments:** Integration on Northeast Florida Counts Website-[www.nefloridacounts.org](http://www.nefloridacounts.org)

#### Where we are going...

**In Progress:** Development of strategic communication tools tailored to target markets:

1. Healthy Baker--[healthybaker.org](http://healthybaker.org): designed to provide public health information to the local community.
2. Outspok'n--[outspokn.com](http://outspokn.com): a strategic communication and public relations campaign designed to target-*Kids*, *Teens*, and *Parents* around healthy lifestyle choices for young adults, children and adolescents.
3. National Children's Study--[nationalchildrensstudy.gov](http://nationalchildrensstudy.gov): improving the health and wellbeing of children and contribute to understanding the role of various factors have on health and disease.
4. Baker County Health Department--[doh.state.fl.us/chdbaker](http://doh.state.fl.us/chdbaker): working towards wellness.

## EXECUTIVE SUMMARY

### Next Steps:

- 1) Promote Baker County's Health Status via Northeast Florida Counts Website;
- 2) Convert Community Health Assessment Surveys online-- internal & external;
- 3) Integrate Vital Components between all four websites; and
- 4) Launch Resource Development Plan-Website Sponsor Revenue Stream

*Community Wide Shared  
Vision of Healthy People in a  
Healthy County*

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### Goal 2: Healthy lifestyles prevent chronic disease and other health problems and contribute to a healthy community.

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#### Where we have been...

**Description:** The Focus of Goal 2 was to: 1) emphasize prevention, early intervention, communication, education and promotion to improve individual, community and family health; 2) facilitate collaboration to extend services and organize strategies with other service providers; and 3) focus on leveraging communication and public relations as a means to ensure the public had direct access to important health information.

#### Key Initiatives & Actions

Launch of Healthy Baker website for the community population  
Education and prevention for chronic diseases  
Infant Mortality Task Force  
Low Income Pool Program (LIP)  
Diabetic Program  
Be a Better Man--Family Planning Special Initiative  
Teen Birth Prevention Task Force  
Tobacco Prevention Task Force  
SWAT: Students Working Against Tobacco  
Babysitting Certification  
Car Safety Seat Program  
Farmers Market  
Obesity Prevention  
CPR Certification

#### Accomplishments:

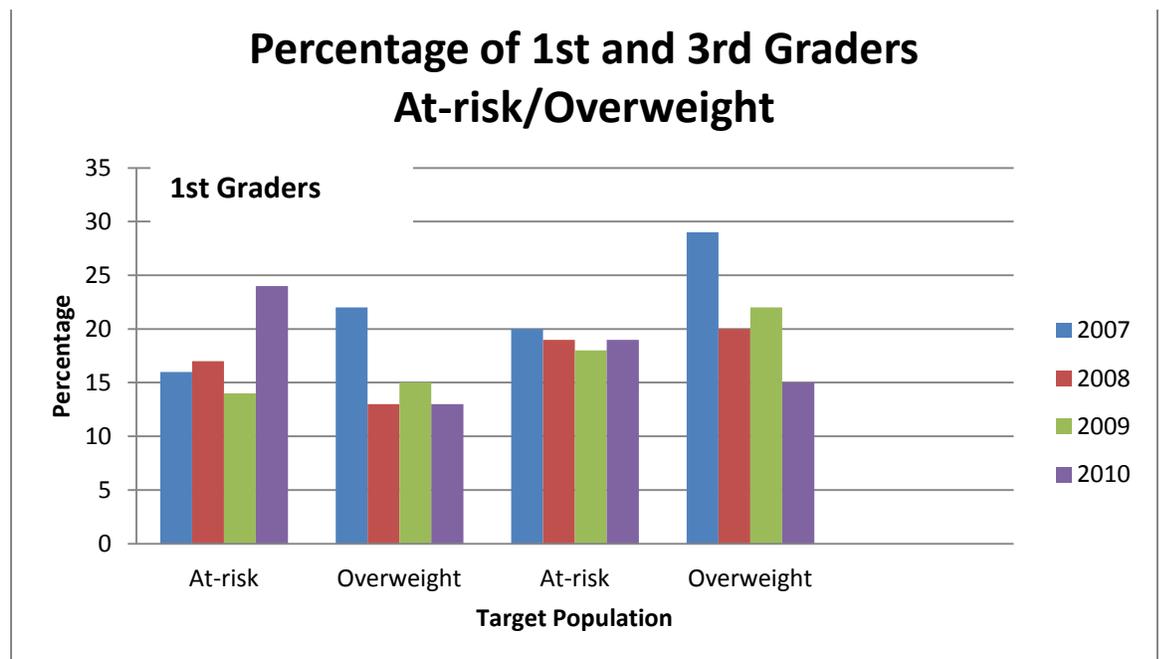
- ADA Certified (Diabetic Self-Management)
- Multi-State Learning Collaborative (Department of Health & Robert Wood Johnson) focus on Childhood Obesity
- Healthy Choice Restaurant Initiative
- Community Gardens
  - 16 community partners

## EXECUTIVE SUMMARY

- Over 50 volunteers
- Low income family home gardens and vegetables for local food banks
- School Gardens
  - 5 elementary classrooms
  - 2009 to 2011 vegetable consumption rose from 27% to 64%
  - BMI has decreased slightly, further research and data collection is needed to scientifically attribute progress to project
  - Decrease in percentage overweight (see chart below)

*Healthy Lifestyles prevent chronic disease and other health problems and contribute to a healthy community*

Figure 3: At-risk Overweight 1st and 3rd Grade Students



- Increase in Clinic services: 08-09 by 30% and 09-10 by 22%
- Decrease in Skin Cancer, Lung Cancer and Stroke

### Where we are going...

**In Progress:** 1) Launch of Outspok'n-[www.Outspok'n.com](http://www.Outspok'n.com); and 2) Develop programming, infrastructure, partners, resources and funding to replace Healthy Families outreach.

**Next Steps:** 1) Develop strategic direction to address Cervical Cancer, Colorectal Cancer, and Heart Disease; 2) Develop and launch Resource Development Plan: Kresge in 2012 and Outspok'n Sponsor Revenue Stream to target \$150,000 annually to enhance Obesity Initiative;

## EXECUTIVE SUMMARY

- 3) Develop and launch a comprehensive county-wide Health & Nutrition initiative; and
- 4) **Asthma Initiative** for Adult-respiratory assistance and breathing techniques and Children-Open Airways in School-focus on triggers and healthy breathing habits.

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### Goal 3: Community resources-collaborate to ensure quality health service access.

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#### Where we have been...

**Description:** The focus of Goal 3 was to: 1) provide needed services that are severely limited or not currently offered through collaborative resource leveraging; 2) establish and maintain public and private partnerships to obtain economies of scale; and 3) develop and implement a plan for collaboration, networking and collective decision making.

#### Key Initiatives & Actions

Wrap around collaborative delivery system  
In house social worker available for situational issues  
Memorandum of Understanding- local substance abuse & community mental health agencies  
Multiple initiatives with schools  
Partner with Food Bank  
Healthy Baker Partnership  
Ministerial Alliance  
HIV/AIDS Coalition  
Social Service Case Worker

*Community resources-  
collaborate to ensure  
access to quality health  
services*

#### Accomplishments

DCF worker housed at BCHD for eligibility  
Clay Fixed Dental Site  
Three (3) Mobile Dental Sites-Bradford, Union, and Clay  
Extended Medical Service Hours  
WIC Expansion required relocation to larger facility

#### Where we are going...

##### In Progress

Expanding Dental Capacity

**Next Steps:** 1) Comprehensive communication and public relations campaign around DCF worker to get locals to leverage resources in order to establish eligibility and obtain coverage; 2) Launch Resource Development Plan for an additional Case Worker resource needed. Three years at \$50,000 each year=\$150,000; and 3) develop systemic eligibility infrastructure.

## EXECUTIVE SUMMARY

### Goal 4: Protection from health threats.

#### Where we have been...

**Description:** The purpose of Goal 4 was to: 1) identify, investigate, control and prevent communicable and infectious diseases; 2) collaborate with partners to coordinate emergency planning and response; 3) increase ability to provide rapid and continuous communication of urgent public health information; and 4) advocate for development/enforcement of laws/regulations that protect the community from health threats.

#### Key Initiatives & Actions:

National Accreditation-Project Public Health Ready  
National Accreditation of Public Health Department  
(NACHO)-in initial stages with Florida Department of Health and Miami-Dade County Health Department pilot

*Protection from health threats.*

**Accomplishments:** Public Health Ready is currently 50% through the Accreditation for emergency preparedness that leads to a national certification. The goal is to complete 14 different scenarios and develop comprehensive plans to address them. Following are the components that have been completed: 1) Disaster Behavioral Health Plan; 2) Mass Fatality; 3) Epidemiology Outbreak Plan; 4) Environmental Plan; 5) Communications Plan; and 6) Quarantine and Isolation Plan.

#### Where we are going...

**In Progress:** Following are the components that are left to complete the Project Public Health Ready certification: 1) Pandemic Influenza Plan; 2) Mass Patient Care; 3) Strategic National Stockpile; 4) Special Needs Shelter; 5) Continuity of Operations Plan; 6) Training Plan; 7) Future Exercise Plan; and 8) education to decrease vehicle accidents.

**Next Steps:** 1) Complete all scenarios and plans for accreditation; 2) Launch resource development plan to conduct a mock campaign. Resources needed: School district and community stakeholder cooperation, supplies, materials etc; 3) Explore partnership for Response & Emergency Preparedness Systems (REMS) funding; and 4) Pursue State Farm safe driver initiative to decrease accidents related to vehicle crashes.

## EXECUTIVE SUMMARY

### Goal 5: Organizational capacity and competency to perform core public health functions and assure delivery of essential services

#### Where we have been...

**Description:** The focus of Goal 5 was to: 1) develop a strong leadership group to balance short-term operational goals with long-term strategic goals; 2) develop and retain highly qualified workforce; 3) create a technology rich culture; 4) provide training in health competencies; 5) implement action teams/plans; and 6) meet the National Public Health Performance Standards.

**Key Initiatives & Actions:** Health Care Access and Health Equity

#### Accomplishments:

Medical and Dental Capacity Building-additional Physicians, Pediatricians, ARNP/Nurse Practitioners, and Dentists  
Additional Primary Care Access through Extended Hours (Tuesday & Thursday, every other Saturday)  
Low Income Pool-Diabetic Management  
American Diabetes Association (ADA Certified -one of two in the state of Florida)  
Dental Mobile Bus-Clay, Bradford, and Union  
Fixed Dental site established in Clay County

#### Where we are going...

**In Progress:** 1) Federally Qualified Health Center Look Alike and Federally Qualified Health Center

**Next Steps:** 1) Integrated workforce development plan; and 2) Launch Resource Development Plan. Approximately \$1.2 million dollars annually:

- HRSA Service Area
- Dental Expansion Grant
- HRSA Diabetic Grant
- Blue Foundation
- Healthcare Education Grant

*Organizational capacity and competency to perform core public health functions and assure delivery of essential services.*

## EXECUTIVE SUMMARY

### Goal 6: Financial sustainability that is not dependent on government/grants.

#### Where we have been...

**Description:** The focus of Goal 6 was to: 1) increase revenue levels, diversify revenue sources, contain cost; 2) develop and implement financial and management information systems; 3) become a FQHC or a FQHCLA; 4) develop a business and marketing plan for becoming a premier primary care provider for insured/noninsured/underserved in Baker County; 5) rebrand BCHD; 6) explore new lines of business for potential; and 7) participate in the Financial Sustainability Medicaid Reform Group.

*Financial sustainability that is not dependent on government and grant funding.*

**Key Initiatives & Actions:** Medicaid Reform—one of five counties selected by elected officials—engaged to transition to a different healthcare model for Florida residents

**Accomplishments:** Kresge Foundation provided operational support to deliver primary care and dental services to the community. Blue Foundation provided expansion of service delivery through evening and weekend access.

#### Where we are going...

**In Progress:** Healthy Baker clarification of roles, responsibility and strategic direction, leverage resources and funding, diversify funding, resource allocation and efficiency audit to contain cost, technology to improve effectiveness. Recent budget cuts over the past couple of years resulted in approximately 27% reduction of Baker County Health Department's funding. That is the equivalent of \$1,080,000 annually.

**Next Steps:** 1) Donor cultivation; 2) Resource Development Plan; and 3) Diversify funding.

#### Community Needs and Expectations

The Baker County Health Department strives not just to meet, but exceed, the standards of a functional health department, as established by the National Association of County and City Health Officials. The organization must be able to respond to needs and expectations which are specific to our community.

On a regular basis, the health department makes a commitment to evaluate community health needs. Central to this process is the Community Health Needs Assessment, which is analogous to a Business Market Analysis.

## EXECUTIVE SUMMARY

Community health surveys, Florida Community Health Resource Tool Set (Florida CHARTS – <http://www.floridacharts.com>), community provider data, and client utilization and outcome data from Baker County Health Department form this process. This process relies on community input for determining needs, and has established strategies for gaining community input accessed through Healthy Baker, the 501C3, nonprofit health advisory organization ([www.healthybaker.org](http://www.healthybaker.org)). Also considered are the County Health Rankings Conducted by the University of Wisconsin and Robert Wood Johnson Foundation.

The 2010 Community Assessment identified the following as priority needs:

- Unemployment/Uninsured
- Overweight/Obesity; Diabetes
- Unsafe Sex & Infant Mortality; Heart Disease/Stroke; and Lung Disease Mortality
- Substance Abuse/Misuse (alcohol/tobacco/illegal and prescription drugs)
- Medical, Dental & Specialty Care including Mental Health & Substance Abuse service

### **Community Recommended Goals & Strategies**

After extensive feedback from local constituents, Baker County listened to its stakeholders and is integrating and responding to goals, objectives and strategies that were recommended by local residents, organizations, and businesses. The following two goals were recommended:

- **Goal 1:** Increase community knowledge and awareness surrounding specific priority health topics and available resources.

**Healthy Baker's Response:** 1) Advocacy; 2) Partnerships; and Promotion.

**Baker County Health Department's Response:** 1) Prevent; 2) Protect; and 3) Promote.

- **Goal 2:** Monitor and assess impact.

The strategies and activities identified are covered by Healthy Baker's three strategic priorities: 1) engagement; 2) education; and 3) empowerment as well as its strategic goals listed above.

The Team at Baker County Health Department appreciates the time, effort and interest that our stakeholders invested to help us on our journey to a healthier community. Your feedback is essential in helping us determine the appropriate priorities and in helping us continue to bring the highest quality of services to our community. We look forward to continuing this journey.

As stated at the beginning of this document, it is meant to be a living breathing document, so as we embark on this journey together, we will strive for constant improvement. Over the next twelve months we would appreciate continued feedback to ensure that priorities and services are meeting the needs of our constituents we will work with our community to tweak the strategic plan to ensure success by 2016.

## STRATEGIC PLANNING METHODOLOGY

Strategic planning is a management tool used to determine where an organization is going over a specified number of years. Baker County Health Department recently completed the five year methodology for the 2006-2011 planning and implementation period. The 2011-2016 planning process looked at where the organization has been and is going, how it's going to get there, and how it will determine its success. It created a process to define direction and make decisions about resource allocation--including physical capital and human capital. It provided a step-by-step process with definite objectives and end products that will be implemented and evaluated. This process looked into the future and painted a picture of what that future holds based on trends over the past five years. The final product of this process is a comprehensive plan to meet the challenges and opportunities that will affect the Baker community in the upcoming planning and implementation cycle.

After a month long literature review and initial data analysis, an executive team was assembled to establish a framework to review, reflect and revise the 2006-2010 Strategic Plan and develop a new plan in 2011. Three face-to-face meetings were facilitated by an external community integrator to insure input and buy-in from each group member. The first meeting focused on the following key strategies: 1) determine key factors to be included; 2) outline and establish format; 3) identify data that needs to be collected and reviewed; and 4) identify key people that need to be engaged and actions that need to be taken. The second meeting involved: 1) a review of the data synthesis and analysis; 2) a review of the latest and greatest internal assessment; 3) a discussion around alignment of the Health Care Plan, the Strategic Plan, and the Business Plan; 4) discussions around the community recommended goals and strategies; 5) a consensus of the Healthy People 2020 Goals; and 6) review and feedback of progress and identification of next steps. The third and final meeting involved a review of the last draft and final feedback to complete the strategic planning process.

In between meetings, the team engaged constituents, in and outside of the Health Department, to obtain buy-in and feedback regarding existing conditions and future trends of the organization. This document is the end result that provides a road map to guide organizational strategies from 2011 through 2016. The questions asked: 1) Were notes and conversations accurately depicted?; 2) Which key topics from previous strategic plan are to be updated?; 3) What key data should be collected and reviewed?; 4) Are visions, missions, values and goals current or do they need to be updated?; 5) Is the Northeast Florida Demographics taken from the 2010 Census data? If so, should we use this information and/or conduct additional data collection and analysis?; 6) Are there any Florida Department of Health Evaluation and Justification Review Implications/integration?; 7) Are there any other resources (e.g. data or literature) that should be included in the synthesis that have not been discussed and/or acquired?; 8) Has the organization already identified and established its Healthy People 2020 Goals?; and 9) Does the organization have annual reports available?

## STRATEGIC PLANNING METHODOLOGY

The Strategic Plan started with a focus on the organization's mission, vision, and values. It then determined critical goals and achievements linked to mission. Next, the plan identified four priority areas to strengthen organizational capacity. Finally, it outlined specific objectives that enable the Health Department to realize these priorities and goals. In order to develop and update this plan, the executive team identified three key driving questions for the organization: 1) What do we do?; 2) For whom do we do it?; and 3) How do we excel?

This Strategic Plan is based data trends and projections for the public health environment that will be reviewed and revised regularly during the next five years. Assessments include economic factors, government policies, census demographics, health status indicators, health environments, and technological advances. In the planning process, the executive team examined alternatives and formulated strategies to meet these challenges so that the Baker County Health Department can use its energy and resources more effectively and operate more efficiently, regardless of changes impacting health care.

For the 2011-2016 Strategic Plan, the organization implemented several improvements that include: 1) Streamlining the Strategic Plan process by reducing hierarchy; 2) Creating measurable and attainable objectives and increase accountability; 3) Leveraging existing feedback tools and input surveys to inform strategies; and 4) Clarifying the missions and goals between the **Baker County Health Department** and the **Healthy Baker**. Goals and objectives are monitored and managed through an online dash board to allow constituent participation and contribution from within and outside of the organization.

To be effective, the Department's strategic plan will be integrated into operational and fiscal initiatives and communicated to all employees and external stakeholders. As a result, the Baker County Health Department's Strategic Plan will be able to:

- Achieve clarity of Baker County Health Department and Healthy Baker's organizational purposes and directions;
- Develop a positive organizational change climate;
- Identify and align with the "critical" strategic public health priorities;
- Allocate the Department's personnel and fiscal resources to address the most critical issues facing our community;
- Align local, state, regional and national priorities and strategies;
- Use data to drive decisions; and
- Determine how the organization can best address/measure these strategic priorities.

## STRATEGIC PLANNING METHODOLOGY

Key changes for the new strategic planning cycle included the use of Impact and Target Data Analysis and Dashboards to prioritize strategic activities. Goals, objectives, strategies and priorities were formed by integrating feedback from constituents, components of the Business Plan, the Health Plan, and the Strategic Plan in order to develop one cohesive blueprint for success to:

- Facilitate and influence open communication with constituents regarding needs;
- Target resource leveraging opportunities;
- Align workforce capability and resources to needs and operational capacity;
- Augment operational capacity with internships and service projects; and
- Enhance staff coordination

### Key Considerations

By design, the county health department is bound by local, regional and national compliance and is directed by a multitude of planning tools. In order to streamline these requirements and ensure integration into the organization's operational framework, the team reviewed several Key Considerations in developing the strategic plan. These include the following:

- Healthy People 2020 Goals & Objectives
- Healthy Baker Mission, Vision, Goals, Objectives, and Purpose
- Baker County Health Department Mission, Vision, Goals, Objectives and Purpose
- Health Care Plan 2009
- Community Health Assessment Surveys from 2003-2010
- Health Planning Council of Northeast Florida 2010 Health Needs Assessment
- Strategic Environmental Health Priorities
- Community Recommended Goals and Objectives
- Baker County Health Department 2011 Strategic Plan
- Northeast Florida Counts Community Dashboard
- Public Health Mandates & Census Bureau Data 2010
- Florida Department of Health Evaluation and Justification Review
- University of Wisconsin, 2010 County Health Rankings
- Baker County Health Department 2011 Business Plan

### Broader Strategic Concerns

**Who are we?** In order to address this question the team reflected on the mission, goals, and objectives of both Baker County Health Department and Healthy Baker, a nonprofit 501C3 that was established to leverage resources and maximize efficiencies of health services in Baker County. In doing so the team explored and clarified the role and purpose of each organization to set a strategic direction that did not duplicate strategies. Figure 10 on page 36 provides the Timeline and History and answers the next question, **Where are we now?** Table 1 below addresses the next three questions.

## STRATEGIC PLANNING METHODOLOGY

**Table 1: Strategic Concerns**

Where do we want to go/not go?	How do we get there?	How do we know we arrived?
-Premier accessible and affordable personalized care -FQHC/Look Alike	-Data-based and collaborative decision making -Assurance of public health services -Adapt to changing landscape	-Sustained Quality of Life & Healthy Community -Health Equity

### Strategic Challenges

Strategic Challenges influence the likelihood of future success. In 2011, Baker County Health Department and its strategic partners identified the Strategic Challenges and Advantages listed below. These challenges and advantages were used to help identify Priorities, Goals and Objectives. The fourth column represents that potential solutions that have been/will be launched to address these challenges while continuing to cultivate the strategic advantages and develop future solutions along the way.

**Table 2: Strategic Challenges, Advantages and Solutions**

TYPE	CHALLENGES	ADVANTAGES	Solutions
ORGANIZATIONAL	<ul style="list-style-type: none"> <li>• Marketing</li> <li>• Introduction of new technology</li> <li>• Legislative mandates</li> <li>• Health care reform</li> <li>• Funding reductions</li> <li>• Local/national economic downturn</li> <li>• Organizational model not flexible</li> </ul>	<ul style="list-style-type: none"> <li>• Visionary leadership</li> <li>• Financial management</li> <li>• Technology</li> </ul>	<ul style="list-style-type: none"> <li>• Leverage Healthy Baker as Flexible Model</li> <li>• Diversify Funding</li> <li>• Outspok'n</li> <li>• Healthy Baker</li> <li>• Baker County Health Department <a href="http://www.doh.state.fl.us/chdbaker">www.doh.state.fl.us/chdbaker</a></li> </ul>
OPERATIONAL	<ul style="list-style-type: none"> <li>• External communication</li> <li>• External engagement &amp; participation</li> </ul>	<ul style="list-style-type: none"> <li>• Disaster preparedness</li> <li>• Public health expertise</li> <li>• Client access</li> </ul>	<ul style="list-style-type: none"> <li>• Outspok'n and engagement events</li> <li>• Nutrition &amp; Fitness Campaign</li> </ul>

## STRATEGIC PLANNING METHODOLOGY

TYPE	CHALLENGES	ADVANTAGES	Solutions
HUMAN RESOURCE	<ul style="list-style-type: none"> <li>• Diverse workforce</li> <li>• Specialty workforce</li> <li>• Limited opportunities for raises and rewards</li> <li>• Limited training opportunities and travel</li> <li>• Specialized training/internship</li> </ul>	<ul style="list-style-type: none"> <li>• Retention</li> <li>• Loyalty</li> <li>• Dedication</li> <li>• Skilled</li> </ul>	<ul style="list-style-type: none"> <li>• Develop internship and service project model</li> </ul>
COMMUNITY RELATED	<ul style="list-style-type: none"> <li>• Emerging public health issues</li> <li>• Comprehensive community</li> <li>• Health improvement</li> <li>• Community development/livability</li> <li>• Advocacy and public health policy</li> <li>• Advancing education for public health professionals</li> </ul>	<ul style="list-style-type: none"> <li>• Alternative approaches to health care access</li> <li>• Population growth</li> <li>• Evidence-based practice in clinical or community settings</li> <li>• Community partnerships and linkages</li> </ul>	<ul style="list-style-type: none"> <li>• Diversify payer sources</li> <li>• Establish Community Education</li> </ul>
SUSTAINABILITY	<ul style="list-style-type: none"> <li>• Workforce shortages</li> <li>• Unfunded mandates and changes in funding streams</li> <li>• Tax reforms/legislation</li> <li>• Political environment</li> <li>• Competition for limited resources</li> </ul>	<ul style="list-style-type: none"> <li>• Clear articulation and implementation of agency priorities</li> <li>• Strategic and data-driven planning</li> <li>• Infrastructure base</li> </ul>	<ul style="list-style-type: none"> <li>• Integration of Communication Plan through Healthy Baker to facilitate strategic planning &amp; participation</li> <li>• Leveraging of strategic partnerships for long-term sustainability</li> </ul>

Figure 4: Strategic Planning Process Map



## CURRENT SITUATION & FUTURE DIRECTION

### Founding Principle

The founding principle of Department of Health is to promote and protect the health and safety of all Floridians. Our goals are attained by preventing and controlling the spread of acute, chronic and infectious disease; providing basic family health care and dental to persons unable to access care from the private sector; and monitoring the sanitary status of water and sewage systems, and other situations that have the potential to threaten the public's health. The department also provides early intervention and medical services to children with special health care needs. The strategic priority of the Health Department is to support the health and wellbeing of its people, its place, and prosperity through three strategic goals: 1) prevent; 2) promote; and 3) protect.



#### People



#### Place



#### Prosperity



### Vision

*A healthier future for the people of Baker County, Florida.*

### Mission

*To protect and promote the health of all residents and visitors in Baker County through organized federal, state, regional, and community efforts, including cooperative agreements with counties.*

### Values

**Excellence:** Achieve and maintain quality results and outcomes through continuous performance improvement and learning.

**Commitment of Service:** Dedicate ourselves to provide services unconditionally and without partiality.

**Accountability:** Take full responsibility for our behavior and performance.

**Empowerment:** Create a culture that encourages people to exercise their judgment and initiative in pursuit of organizational goals.

**Integrity:** our guide for actions-which incorporates our commitment to honesty, fairness, loyalty, and trustworthiness for our customers and employees.

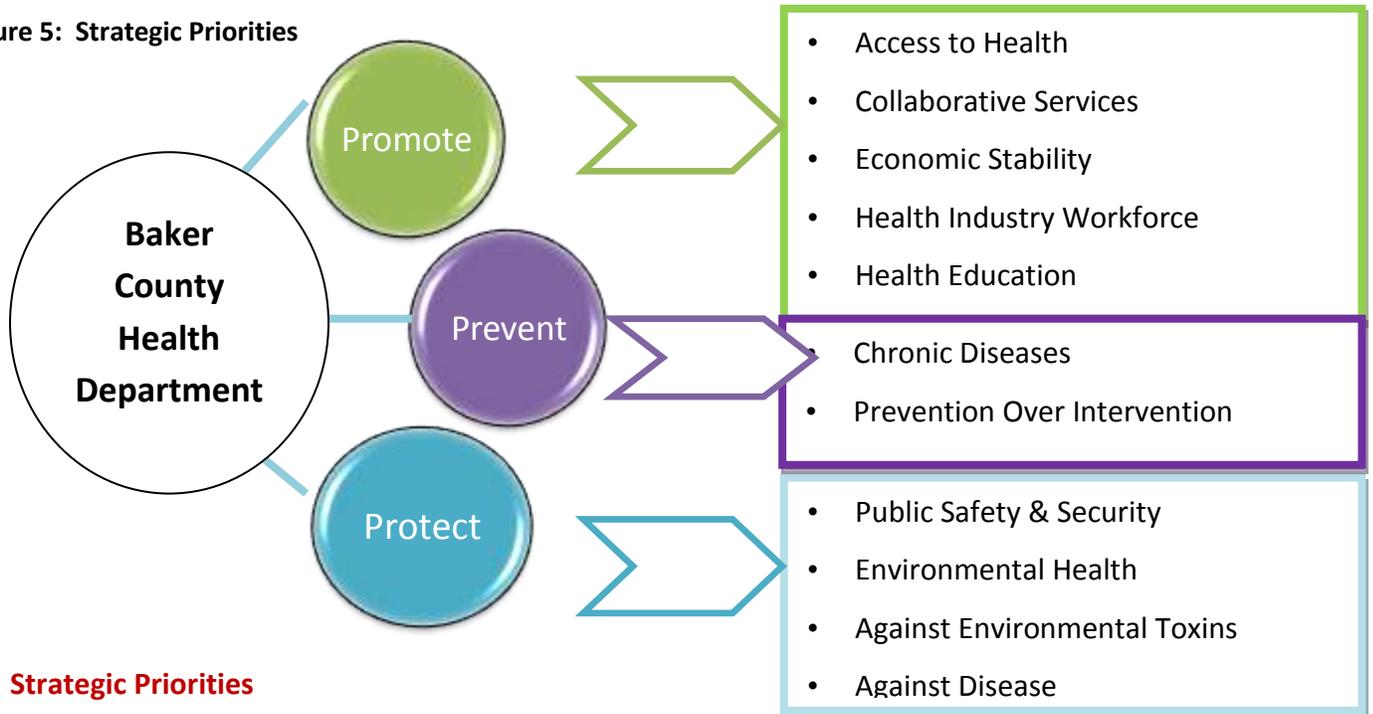
**Respect:** Recognize and honor the contributions of one another in our daily activities and create an environment where diversity is appreciated and encouraged.

**Teamwork:** Encourage active collaboration to solve problems, make decisions, and achieve common goals.

Prevent. Promote. Protect.  
Prevent. Promote. Protect.

## CURRENT SITUATION & FUTURE DIRECTION

Figure 5: Strategic Priorities



### Strategic Priorities

#### 1. Promote Health & Prosperity

- Decrease service gaps and ensure health equity and health access
- Enhance and expand collaborative services to establish wrap-around programming
- Enhance health industry workforce development to increase capacity
- Plan, develop and influence individual and community health policy to ensure economic stability
- Provide education to improve individual and community health

#### 2. Prevent Disease & Disability

- Monitor and prevent the spread of communicable and vaccine preventable diseases
- Focus on prevention and intervention for maximum impact

#### 3. Protect Health & Encourage Healthy Environments

- Ensure public safety through emergency preparedness
- Improve Environmental Health conditions through monitoring and compliance
- Improve quality of life through healthy environments free of toxins and pollutants
- Provide immunization to prevent disease

Prevent. Protect. Promote.

## CURRENT SITUATION & FUTURE DIRECTION

Healthy Baker, Inc. is a 501C3 nonprofit organization that began in 2004 as a collaborative project between the Baker County Health Advisory Council, the Baker County Health Department and the Health Planning Council of Northeast Florida. The purpose of this initiative was to establish a mechanism to discover the community's view on its health and health services through surveys and focus groups to use data to drive decisions. The views of the community are used to focus key issues for Healthy Baker, Inc. and to build information and resources to empower residents to improve their health and wellbeing.

### **Healthy Baker Vision**

*Eliminate health disparities and ensure optimal quality of life for the people of Baker County*

### **Healthy Baker Mission**

*Improve the health of Baker County residents by focusing efforts on multigenerational prevention and health promotion activities that identify, coordinate and promote health resources within the community*



With the population explosion and the changing landscape of the health industry it became apparent that there was a need to clarify and define more tightly the goals, missions and roles of Baker County Health Department (BCHD) and Healthy Baker (HB). Rising health care needs and dwindling capacity issues forced the Health Department to look at the potential opportunities for establishing a Federally Qualified Health Care Center (FQHC). Feedback solicited by Healthy Baker focus groups led to a favorable consideration of becoming a co-managing entity with the Health Department. Likewise, the Board of Directors was already established as a Community Advisory Board model, a key component of an FQHC. It is closely tied to BCHD and right now, a clearing house for information and feedback as to what is happening in community, in agencies, and in healthcare. It looks at social concerns, and rising needs for establishing wrap around services that promotes healthy individuals and healthy communities. It is through a combination of BCHD and HB that adequate resources and capacity have been sustained through the economic upset.

By aligning the missions, goals and objectives and clarifying the roles of each entity, both organizations can more effectively address critical health care issues, and develop as a full fledged social service agency-by acting as a gathering place of information. The mutual partnership now becomes a pipeline for connecting the workforce development in the health and social service industry which becomes a research and development arm to ensure best practices and accountability through three strategic priorities...

Engage. Educate. Empower.  
**Engage. Educate. Empower.**

## CURRENT SITUATION & FUTURE DIRECTION

Healthy Baker was created to act as a communication and education channel for local constituents. It educates the community around key health issues in order to support the Baker County Health Department's vision of a healthier community and to empower residents through information and ownership. It engages stakeholders throughout the county to solicit feedback regarding needs and interests which brings vital information to the Health Department to guide decisions regarding the future direction of Baker County health services. It forms strong partnerships and alliances to provide non-duplicative health and human priorities.

As the team deliberated on the roles and responsibilities of the Health Department versus Healthy Baker, three strategic goals surfaced. This organization would focus on **Advocacy**, **Promotion**, and **Partnerships**. It would promote efforts of the Department and its partners that focus on prevention strategies to bring about systemic change-those strategies that would try to mitigate negative effects that hinder the quality of life and wellbeing of Baker County Residents. Healthy Baker 2011-2016 Strategic Goals:

### 1. Health Advocacy

- Conduct and maintain up-to-date research
- Provide communication and public media attention around health issues and trends
- Establish common language & promote involvement
- Understand local, regional, and national health issues and trends
- Measure effectiveness and monitor constant improvement
- Educate regarding local health issues and public safety-i.e. community health versus the Health Department's role of providing health education around policy and reform
- Improve the quality of life through education, outreach and advocacy

### 2. Promotion

- Promote healthy living by improving nutrition/physical fitness to combat chronic disease and illness
- Promote an understanding of the health care landscape/ health department expectations
- Promote environmental safety through educational campaigns e.g.-wildfires, vehicle safety, asthma

### 3. Strategic Partnerships

- Coordinate non-duplicative health services and facilitate collaboration among health care providers
- Improve efficiencies through collaborative delivery systems
- Garner resources and leverage support through collective action

#### Advocacy



#### Promotion



#### Partnerships



## CURRENT SITUATION & FUTURE DIRECTION

### Current State of the County

In order to look at where we are going, we have to look at where we have been. The team reviewed data related to the Leading Causes of Death from 2005 through 2009. The top five causes include: 1) Cancer; 2) Heart Disease; 3) Chronic Lower Respiratory Disease (CLRD); 4) Stroke; and 5) Diabetes. However, since 2007 there has been a rise in vehicle crashes. Therefore, a key strategy in the coming implementation cycle will include efforts to promote vehicle safety.

**Table 3: Leading Causes of Death**

2005	2006	2007	2008	2009
Cancer	Cancer	Cancer	Cancer	Cancer
Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
CLRD	Unintentional Injury	CLRD	CLRD	CLRD
Unintentional Injury	CLRD	Stroke	Stroke	Stroke
Stroke	Diabetes	Vehicle Crashes	Vehicle Crashes	Vehicle Crashes
Diabetes	Stroke	Diabetes	Diabetes	Diabetes
Alzheimer's	Pneumonia/ Influenza	Pneumonia/ Influenza	Pneumonia/ Influenza	Pneumonia/ Influenza
Perinatal Conditions	Specicemia	Cirrhosis	Cirrhosis	Cirrhosis

Source: Florida Charts

Table 4 below provides a view of major diseases and depicts the trend over a six year period. The lower the number the better the indicator. The top four diseases in Baker County are: 1) Colorectal Cancer; 2) Cervical Cancer; 3) Heart Disease; and 4) Breast Cancer.

**Table 4: Disease Comparison Rates 2002-2008**

DISEASE	2002	2005	2008	TREND
COPD (includes asthma)	1	8	2	↑
Lung Cancer	2	29	13	↑
<b>Colorectal Cancer</b>	<b>3</b>	<b>15</b>	<b>48</b>	<b>↓</b>
All Cancer	4	15	3	↑
Cardiovascular Disease	4	6	7	↓
Diabetes	4	1	7	↓
Stroke	4	5	3	↑
<b>Heart Disease</b>	<b>5</b>	<b>11</b>	<b>26</b>	<b>↓</b>
Hypertension	9	7	9	↓
<b>Cervical Cancer</b>	<b>8</b>	<b>6</b>	<b>24</b>	<b>↓</b>
Skin Cancer (Melanoma)	8	12	7	↑
<b>Breast Cancer</b>	<b>11</b>	<b>20</b>	<b>23</b>	<b>↓</b>

Source: Florida Charts, 2002-2008 Baker County Disease Comparison Rates, the Lower the Better-  
www.floridacharts.com

## CURRENT SITUATION & FUTURE DIRECTION

### Individual Health Needs

Cancer, heart disease and stroke top the list for leading causes of death. To target strategies even further, data indicates a need to focus cancer and heart disease prevention strategies with the white population and diabetes prevention with the African American population. However prostate cancer and breast cancer in particular requires targeting non-white populations. Chronic lower respiratory disease and motor vehicle accidents have continued to rise and fall between 2000 and 2008 therefore warrants time and energy to integrate strategies to move to a downward trend. Stroke rates, liver disease and influenza have been consistently falling therefore sustaining existing strategies will be pivotal.

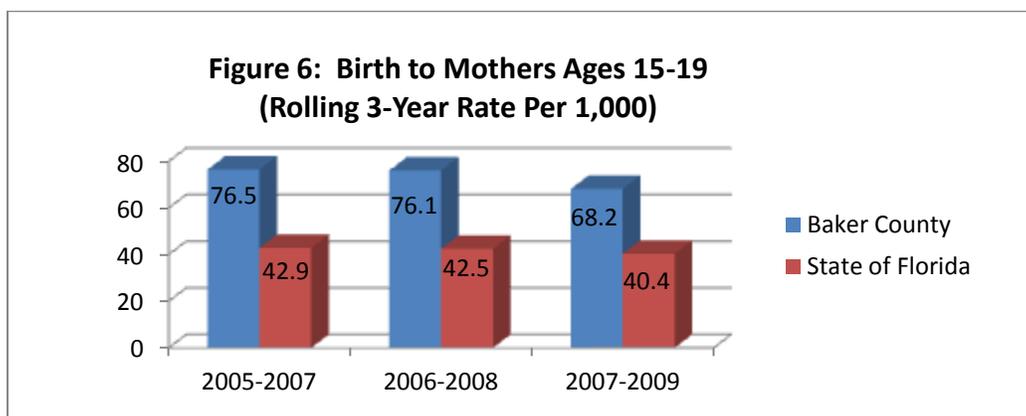


One area of extreme interest is unintentional injury mortality rates. Florida trends have continued to almost flat-line, where as Baker County rates have almost doubled between 2000 and 2008 from 48.4% to 82.9% respectively.

In the area of sexually transmitted diseases there seems to be a trend regarding Chlamydia cases with a spike and fall trend line. If it continues to replicate the existing pattern, 2011 could result in increased cases if prevention strategies are not continued.

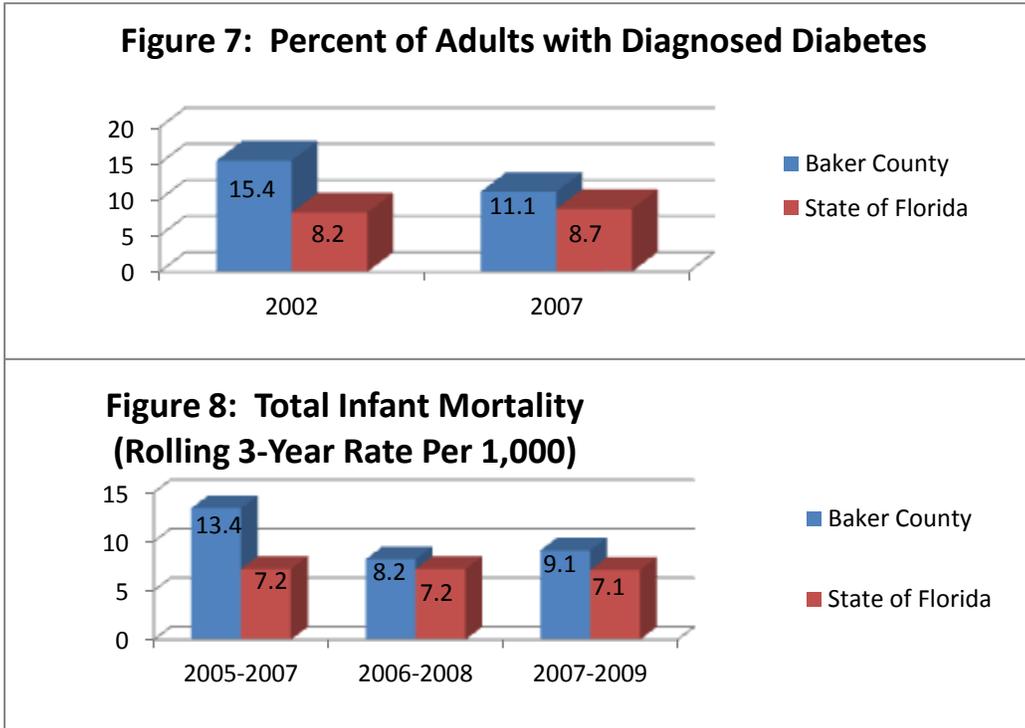
Lastly, when focusing strategies and allocating resources geographically attention should be placed on zip code area 32063 which has the highest population, number of patients discharged from local hospitals, and the highest percentage of Medicare, Medicaid and Commercial health insurance. Zip code 32087 should have resources allocated to improve access to care through alternative payment source as the uninsured rate from that area almost doubles the other two zip code area.

### Outcomes Related to Identified Community Needs



## CURRENT SITUATION & FUTURE DIRECTION

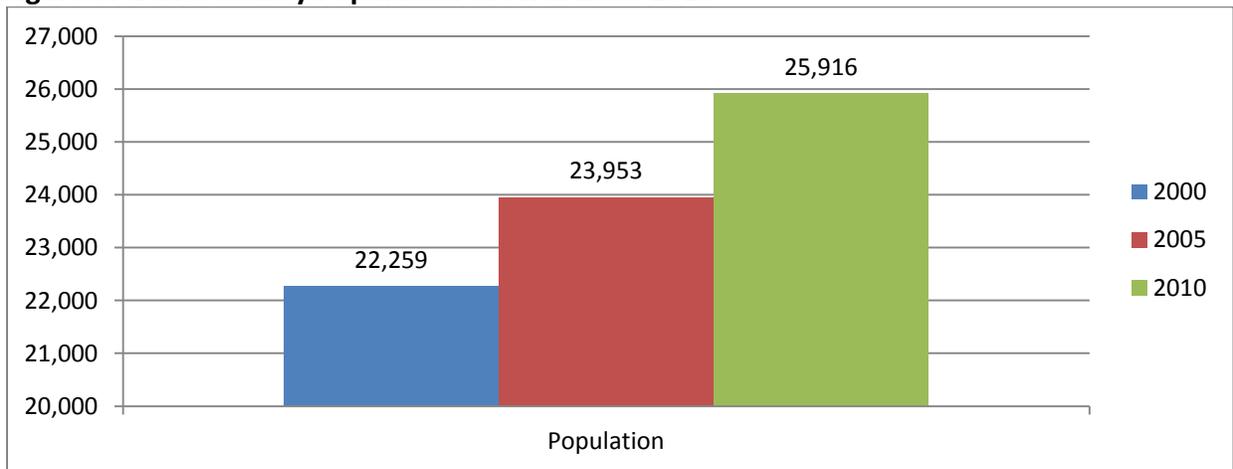
### Outcomes Related to Identified Community Needs (Continued)



### Population Growth

Baker County has experienced a population explosion since 2000 at a growth rate of 18.3% compared to the state at 16%. Figure 9 below depicts the three year population growth trend.

**Figure 9: Baker County Population Growth 2000-2010**



Source: Florida Legislature, office of Economic and Demographic Research, 2010

## CURRENT SITUATION & FUTURE DIRECTION

If the trend continues over the next ten years Baker County is expected to have 29,622 persons at a rate of 14.5% increase<sup>3</sup>. This fact is driving the strategic direction to expand existing service capacity related to health services through both collaborative and additional lines of business.

### Age, Gender & Ethnicity

The most significant factor driving the decision to evoke preventive strategies is the Baker County population age. Birth through age 54 exceeds the number of total persons in Baker County compared to the state. This provides ample opportunity to impact a Healthy Community by promoting healthy life-style choices, preventive care, and screening at an earlier age. Particular attention should be placed on males ages 15 to 44 and all genders ages 5 through 34. Ethnicity considerations are most important in Sanderson as it is the most racially diverse.

### Socio-Economic

The key indicator driving new lines of business and the strategic direction to provide education, outreach and advocacy is three-fold: 1) per capita income in Baker is \$20,034<sup>4</sup> compared to Florida at \$27,128; 2) the percentage living at or below federal poverty in Baker is 15.3% compared to Florida at 13.3%<sup>5</sup>; and 3) unemployment rate in Baker is 12% compared to Florida at 10.8%<sup>6</sup>. Therefore access to care will be critical to help those who would not normally qualify for Medicare or Medicaid. Key strategies will include awareness, eligibility, qualification and retention services.

### Approach/Rationale

The final indicator that is the driving force for the 2011 Strategic Planning Process is related to the County **Health Rankings** 2010<sup>7</sup>. Out of the four indicators: 1) Health Behaviors; 2) Clinical Care; 3) Socio-economic; and 4) Physical Environment, the two that Baker ranked lowest were **Health Behaviors**-i.e. tobacco, diet and exercise, alcohol use, high-risk sex; and **Physical Environment**-i.e. air quality, access to healthy foods and fitness. Consequently, these two indicators have a strong correlation to each other and therefore a unique opportunity to leverage resources for multiple purposes. Air quality is beyond the scope as incidents such as wildfires make this risk factor an impossible indicator for the Health Department to affect. Therefore a focus on water quality, environmental compliance etc. will be the focus. However, producing a campaign around wildfire safety will be developed to help mitigate this hazard.

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<sup>3</sup> US Census Bureau, 2010

<sup>4</sup> ESRI Business Solutions Population Data 2009

<sup>5</sup> US Census Bureau, Small Area Income and Poverty Estimates 2008

<sup>6</sup> Florida Agency for Workforce Innovation, Labor Market Statistics, 2008

<sup>7</sup> University of Wisconsin Research under funding from Robert Wood Johnson Foundation

## CURRENT SITUATION & FUTURE DIRECTION

### Strategic Priority, Goal, and Strategy Alignment-Environmental Health & Healthy People 2020

**Table 5: Environmental Health**

Environmental Health	Department of Health Strategies & Activities	Baker Health Department	Healthy Baker
Increase Policy Impact	Disseminate health policy and position statement to stakeholders-i.e. EPA, housing, education, planning	Promote People	Health Advocacy Educate
Strengthen Core Environmental Health Infrastructure	All-hazard approach to emergency preparedness; environmental exposure prevention; environmental health workforce development; advance health information technology; collection and analysis of environmental health data	Prevent Protect Place People	Promote Healthy Living
Strengthen Partnerships	Establish wrap-around service through a collaborative delivery system	People Place Prosperity Prevent Promote Protect	Partnerships Advocacy Promotion Engage Educate Empower
Influence Resource Allocation Decisions	Educate local, regional and national the affects of reduced funding; demonstrate accountability; market environmental health services.	Promote Prosperity	Engage Educate Empower
Enhance Organizational Effectiveness	Diversify funding; strengthen staff development; facilitate collective decision making	Promote People Prosperity	Empower Educate Promotion

**Table 6: Healthy People 2020**

Health 2020	Objectives, Strategies, & Activities	Baker Health Department	Healthy Baker
Strokes	<ul style="list-style-type: none"> <li>• Reduce stroke deaths</li> </ul>	Promote People Place	Empower Partnerships Educate
Heart Disease	<ul style="list-style-type: none"> <li>• Reduce coronary heart disease deaths</li> </ul>	Prevent Promote	Educate Empower Promotion
Diabetes	<ul style="list-style-type: none"> <li>• Reduce the proportion of persons with chronic kidney disease who have elevated blood pressure</li> <li>• Increase the proportion of persons with diabetes and chronic kidney disease who receive recommended medical evaluation</li> <li>• Increase the proportion of older adults who receive Diabetes Self-Management Benefits</li> </ul>	Prevent Promote People	Educate Empower Promotion Engage Prevention Advocacy

## CURRENT SITUATION & FUTURE DIRECTION

Health 2020	Objectives, Strategies, & Activities	Baker Health Department	Healthy Baker
Body mass index (BMI), Saturated Fat Consumption, Physical Activity, Vegetable Consumption, Weight Control	<ul style="list-style-type: none"> <li>• Increase the proportion of physician office visits made by patients with a diagnosis of cardiovascular disease, diabetes, or hyperlipidemia that include counseling or education related to diet and nutrition</li> <li>• Increase the proportion of adults with hypertension who are taking the prescribed medications to lower their blood pressure</li> <li>• Increase the proportion of adults with hypertension whose blood pressure is under control</li> </ul>	Prevent Promote People	Educate Empower Promotion Engage Prevention Advocacy
Cancer	<ul style="list-style-type: none"> <li>• Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines</li> <li>• Increase the proportion of women with a family history of breast and/or ovarian cancer who receive genetic counseling</li> <li>• Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines</li> <li>• Reduce the overall cancer death rate</li> <li>• Reduce the female breast cancer death rate</li> <li>• Reduce the colorectal cancer death rate</li> <li>• Reduce invasive colorectal cancer</li> <li>• Reduce invasive uterine cervical cancer</li> <li>• Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year</li> <li>• Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines</li> </ul>	Prevent Promote People	Educate Empower Promotion Engage Prevention Advocacy
Unintentional Death	<ul style="list-style-type: none"> <li>• Reduce motor vehicle crash-related injury</li> </ul>	Prevent Protect	Educate Empower

The next step to complete the alignment between local, regional and national priorities involves the establishment of benchmarks, measurable objectives, timelines and management plans, and resource allocation and development. Please see the appendix for a template of the action plan that will be developed upon launch of this strategic plan.

## TARGET END STATE

**Position Statement:** Public Health Impacts the Quality of Life in Baker County

**Response:** Focus on Prevention, Protection, Promotion

### Organizational Resolution

To exceed community expectations while meeting the standards of a functional local health department. Baker County Health Department staff are here to serve in a variety of roles including advisor, convener, collaborator, connector, consultant, analyst, developer, innovator, regulator, educator, and provider.

### Mission Critical Activities

Mission critical activities are determined through a level of service analysis and are administered within a framework that promotes excellence with rigorous measurement in order to guide the direction of our work. Our efforts are guided by the following principles:

- Assure effective & efficient practices
- Ensure timely, confidential, quality service delivery
- Produce a nurturing and supportive work environment
- Provide services regardless of race, gender, ethnicity, income or disability
- Offer quality services without regard of ability to pay

### How will we know when we get there?

We envision a community where good health and wellness are priorities for its people. A place where medical, dental, social, mental health, and substance abuse services are accessible and affordable and where public and private entities work hand-in-hand with the community.

**What do we do?** Provide optimal health and social services.

**For whom do we do it?** For people-residents and place-Baker County.

**How do we excel?** Assure that sustainable, cost effective services are available and leveraged to continually improve health outcomes for all.

### Our Strategic Alignment

The focus of the upcoming 2011 to 2016 strategic direction is to assure optimal health for Baker County residents by aligning activities under the following strategic focus areas. The focus areas are stable and help us chart a path for the work that we do every day. However, we must also be prepared for developments happening at the local, state and national levels. Health care reform, natural disasters and the economy will impact our work and will require us to respond as a public health organization. It is imperative that our agency has capacity to adapt to changing circumstances and respond effectively. To address these focus areas we employ **prevention, promotion and treatment** strategies using the following philosophies and methodologies:

## TARGET END STATE

### Philosophy & Methodologies

- Prevent the spread of communicable disease through monitoring & advocacy.
- Protect environmental health by preparing and responding to emergencies affecting the public's health (hurricanes, wild fires, disease outbreaks, water quality etc.)
- Cultivate Strategic Partnerships by facilitating coordination among community providers.
- Assure access to care for Baker County residents, providing care as a last resort.
- Advocate in support of community and individual health through planning, policy development, engagement & education.
- Promote healthy activities and lifestyles to prevent disease and improve the quality of life.

*"We envision a community where good health and wellness are priorities for its people. a place where medical, dental, social, mental health, and substance abuse services are accessible and affordable. A place where public and private entities work together with the community to assure that sustainable, cost effective services are available and utilized to continually improve health outcomes for all."*



## TARGET END STATE

**Table 7: Anticipated Outcomes**

Strategic Focus Areas	Community Needs	Actions to Address Need	Anticipated Outcomes
Assure health access and health equity for Baker County residents	<ul style="list-style-type: none"> <li>▪ Unemployment</li> <li>▪ Children w/o insurance</li> <li>▪ Inadequate Social Support</li> <li>▪ Morbidity</li> <li>▪ Access to Care (Medical, Dental, Specialty; Mental &amp; Substance Abuse)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination with providers of care to low income residents</li> <li>▪ Increase Healthy Kids and Medicaid enrollment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased Availability of Medical, Dental, Behavioral Health Care, and Substance Abuse Treatment</li> </ul>
Prevent disease and disability-protect health	<ul style="list-style-type: none"> <li>▪ Tobacco/Substance Abuse</li> <li>▪ Adult/Childhood Obesity</li> <li>▪ Binge Drinking</li> <li>▪ Unsafe Sex</li> <li>▪ Prevention Health Care</li> <li>▪ Public health emergency response &amp; preparedness</li> <li>▪ Interrupt disease transmission</li> <li>▪ Aging Issues</li> </ul>	<ul style="list-style-type: none"> <li>▪ Partner Collaborate</li> <li>▪ Educate policy makers, providers, citizens</li> <li>▪ Participate in regional planning efforts</li> <li>▪ Investigate, treat and follow-up of communicable diseases</li> <li>▪ Target efforts to disparately affected populations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased Knowledge of Prevention and Treatment of Disease</li> <li>▪ Limited/no transmission of communicable disease</li> <li>▪ Reduction in teen births</li> <li>▪ Minimized impact of natural and man-made disasters</li> </ul>
Encourage a healthy living environment	<ul style="list-style-type: none"> <li>▪ Air quality/tobacco smoke</li> <li>▪ Motor vehicle deaths</li> <li>▪ Transportation issues</li> <li>▪ Drinking Water</li> </ul>	<ul style="list-style-type: none"> <li>▪ Address identified issues</li> <li>▪ Community planning</li> <li>▪ Supply educational materials</li> <li>▪ Environmental health inspections to assure safety of food and water</li> </ul>	<ul style="list-style-type: none"> <li>▪ A Safe and Healthy Environment for Baker County Residents/Visitors</li> </ul>
Promote healthy lifestyles	<ul style="list-style-type: none"> <li>▪ Access to affordable healthy foods</li> <li>▪ Opportunities for exercise and good nutrition</li> <li>▪ Safe sexual practices</li> <li>▪ Access to health care &amp; educational health (pre-birth to elder)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Participate in community planning</li> <li>▪ Educate citizens</li> <li>▪ Collaborate with business sector &amp; community partners</li> <li>▪ Engage faith community, employers and other partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increased Awareness of Healthy Lifestyle</li> <li>▪ Reduction in Obesity</li> <li>▪ Reduction in STD</li> <li>▪ Reduction in Teen Births</li> <li>▪ Reduction in Infant Mortality</li> </ul>

## REQUIREMENTS

To identify the requirements for facilities, funding, human capital, expertise, resources etc. the team reviewed the financial status of the organization. The following pages highlight organizational requirements related to funding, resources, programming and human capital. Funding landscape overview includes the following:

- State and federal allocations are shrinking
- Local allocations are holding steady
- Non-categorical funding is shrinking and categorical funding is rising steady
- Title X, Family Planning and School Supplemental are the top three funded programs
- Medicaid and Fee-for-Services are the highest revenue streams
- Revenue fees account for 60% of total funding
- Client visits and services show a steady increase of unduplicated clients from 2006 to 2010: in particular a rise in adult health, dental health, and vital statistic services
- Medicaid funding is changing-anticipated funding decrease

One of the key strategies related to improving organizational efficiencies will include a continuing cycle of review and constant improvement. In the area of funding the focus will revolve around funding stream analysis and resource alignment.

- In order to improve the return on payer source there needs to be a concentrated effort to bring resources to the county to identify potential recipients and facilitate eligibility processing.
- To decrease dependency on governmental funding the organization is going to explore alternative methods such as fundraising, donor management, and online funding streams for partners such as Healthy Baker.
- Collaborative grants will be explored to expand access to local, regional and national foundations.
- FQHC/LA status-Federal Funding support

The key areas of human capital that are needed to help facilitate improved efficiencies and increased service capacity include the following:

- Expertise- resource development, fundraising, communications and public relations
- Counseling and case management to support mental health and substance abuse issues
- Medicaid and Medicare liaison to improve enrollment and retention
- Community integration expertise to cultivate deeper government and business relations
- Dental and specialty experts to increase health access and decrease inequities

The following pages depict Baker County Health Department's fiscal management and stability.

# REQUIREMENTS

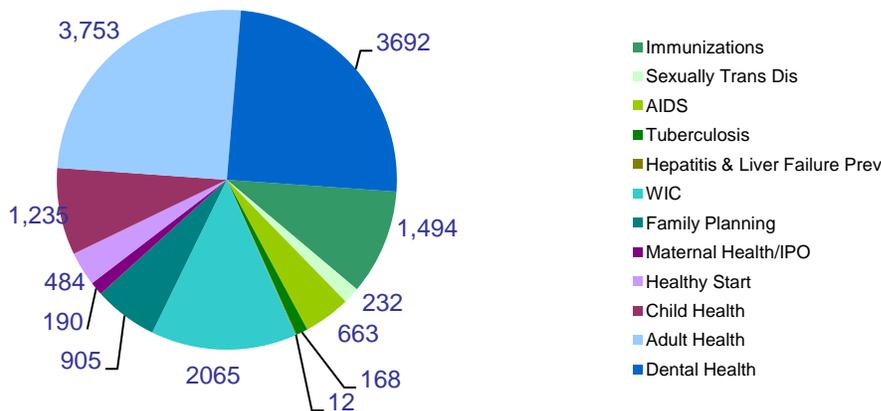
## Clients, Visits and Services

The Baker County Health Department provides essential public health services throughout the county. In a rural county, the health department serves as a major provider for Medicaid, Medicare, the un-insured and the under-insured.

**Clients  
Visits  
Services**

**Table 8: Unduplicated Clients By Program**

	<b>FY06-07</b>	<b>FY07-08</b>	<b>FY08-09</b>	<b>FY09-10</b>
Immunizations	1,370	1,572	1,445	1,494
Sexually Trans. Disease	241	221	284	232
AIDS	619	521	704	663
Tuberculosis	129	167	189	168
Hepatitis & Liver Failure Prev	4	10	15	12
WIC	1,090	1,829	2,065	2,065
Family Planning	823	785	873	905
Maternal Health/IPO	196	161	176	190
Healthy Start	408	401	451	484
Child Health	1,196	1,251	1,290	1,235
Adult Health	4,131	3,262	3,404	3,753
Dental Health	1,670	2,595	2,971	3,692
<b>Total</b>	<b><u>11,877</u></b>	<b><u>12,775</u></b>	<b><u>13,867</u></b>	<b><u>14,893</u></b>



It is estimated that each client results in 2.7 visits per year. Therefore, 14,893 clients resulted in over 40,211 visits in 2009-10.

**Other Health Department Services**

	<b>FY06-07</b>	<b>FY07-08</b>	<b>FY08-09</b>	<b>FY09-10</b>
Health Education	*	2,978	977	1,210
School Health	95,100	115,290	101,574	103,623
Environmental Health Services	752	570	461	486
Vital Statistics Services	*	6,997	10,909	16,223
<b>Total Services</b>	<b>95,852</b>	<b>125,835</b>	<b>113,921</b>	<b>121,542</b>

\* Data Unavailable

# REQUIREMENTS

As a health department, we have identified opportunities and challenges that help us think strategically about our work and how we can meet community needs and expectations.

**Table 9: Community Opportunities and Challenges**

Opportunities	Challenges
<ul style="list-style-type: none"> <li>▪ Technology</li> <li>▪ Partnerships</li> <li>▪ Influences</li> <li>▪ Leveraging Opportunities</li> <li>▪ National Accreditation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Economic Downturn</li> <li>▪ Increasing Demands</li> <li>▪ Shrinking Resources</li> <li>▪ Medicaid Reform</li> </ul>

### Lessons Learned

One of the most significant lessons learned was the value of participating as a forerunner in Medicaid Reform. The project was too complicated and did not impact the community as anticipated as there were several issues that could not be wrestled within the constraints of the project. For example, although Choice Counseling personnel was available to provide network eligibility support, staff are not resident of Baker County therefore not readily received by local residents. Networks were confusing to the clients; as was eligibility determination. Other features that affected success include: 1) restricted clients' choices of plans; 2) constant changes and inconsistent provider panels; 3) out-of-area networks; 4) payment issues-long turnaround or no Medicaid payment; 5) nonexistent specialists; and 6) phased implementation-not all counties entered Medicaid Reform at the same time. The bottom line was that clients were not being served appropriately under this model yet Baker County Health Department continued to provide services to individuals until the issues could be rectified.

Additionally, it is anticipated that funding is going to be continually cut. Therefore, the organization needs a reliable funding/resource/independently to achieve the priorities, goals, and objectives outlined in this document. In particular with regard to medical and dental fees, the organization needs to develop a self-sufficient plan with diversified funding streams and a rounded payor mix.

### Strengths

One area of extreme pride is in the area of **workforce and staff development**. BCHD has been tremendously successful with maintaining staff, leadership, medical, dental and social services. The same staff has been retained with an average of 20 years or more continuity of operations and strategic goals. Staff is familiar with and on board with the strategic direction and has had minimal capacity development or turnover issues. Likewise, the internal team is aware that funding is tied to clients and the community and therefore provide the highest service quality. They understand the need to ensure a good reputation and good word of mouth to get clients to come to and to return to BCHD. They understand that partnerships are extremely important and that engaging and educating stakeholders is the key to long-term change and success.

# IMPLEMENTATION

## Phasing and Milestones

Figure 10: Baker County Health Department: A Decade of Innovative Strategies & Milestones



# IMPLEMENTATION

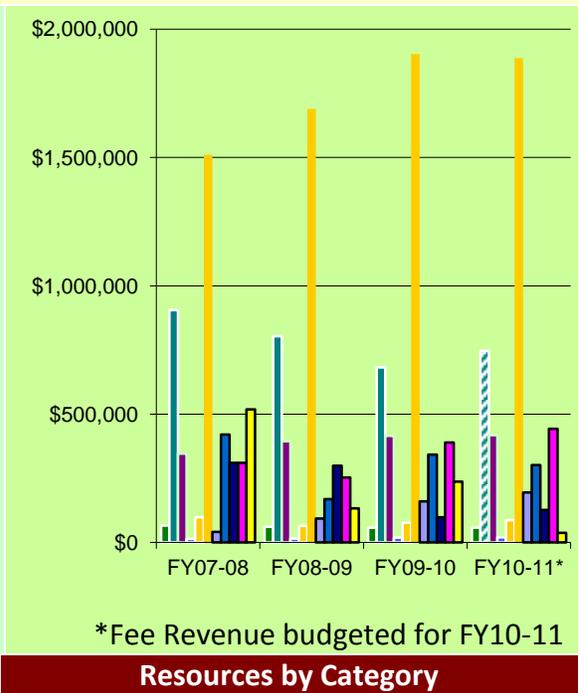
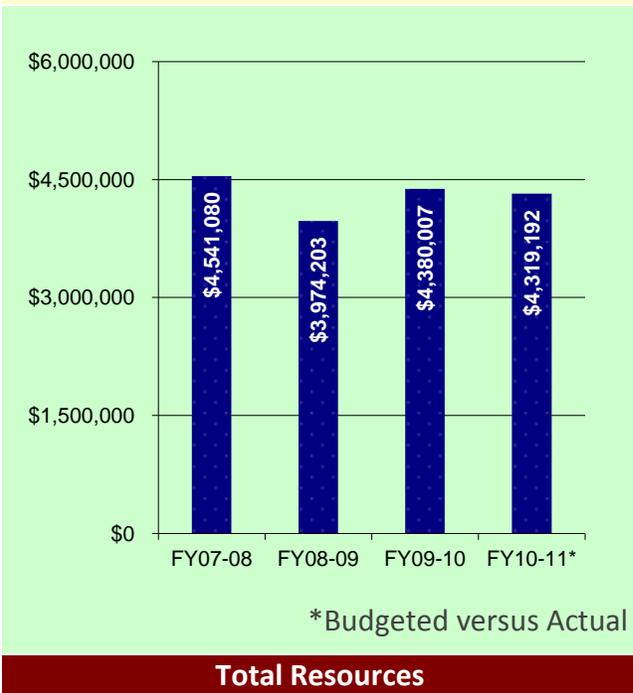
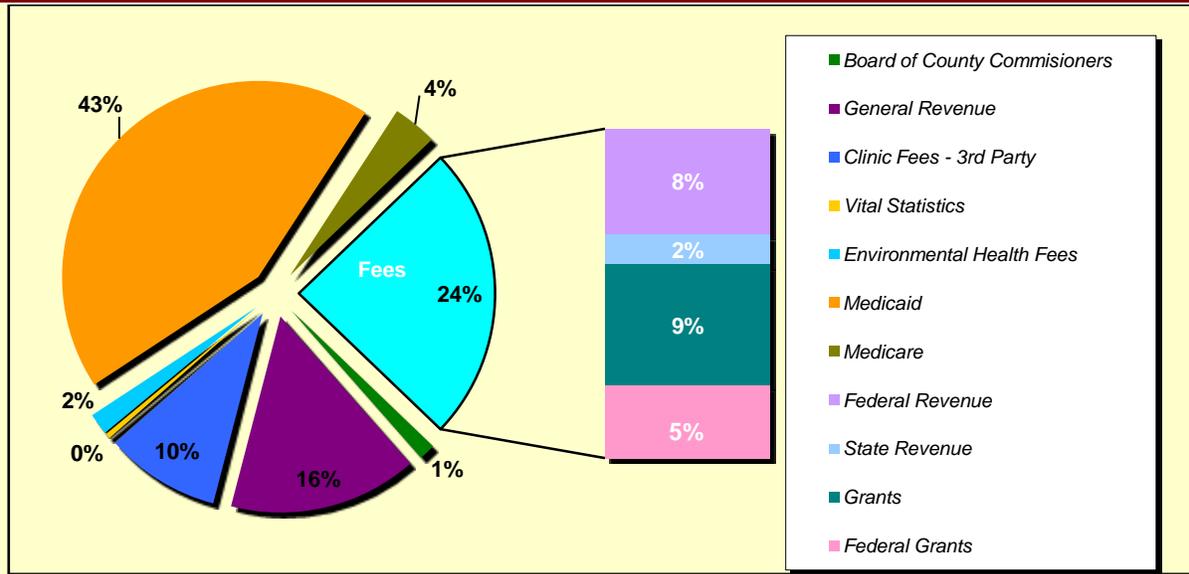
## Budgeting

### Financial Resources

Financial Investment

Baker County Health Department financial resources are provided through multiple sources. These include fees, grants and budget allocations from the County, State and Federal governments, the business sector and foundations. Historically, State and Federal support had been the largest parts of the budget;

Figure 11: Fiscal Year 2009-2010\* FINANCIAL INVESTMENTS

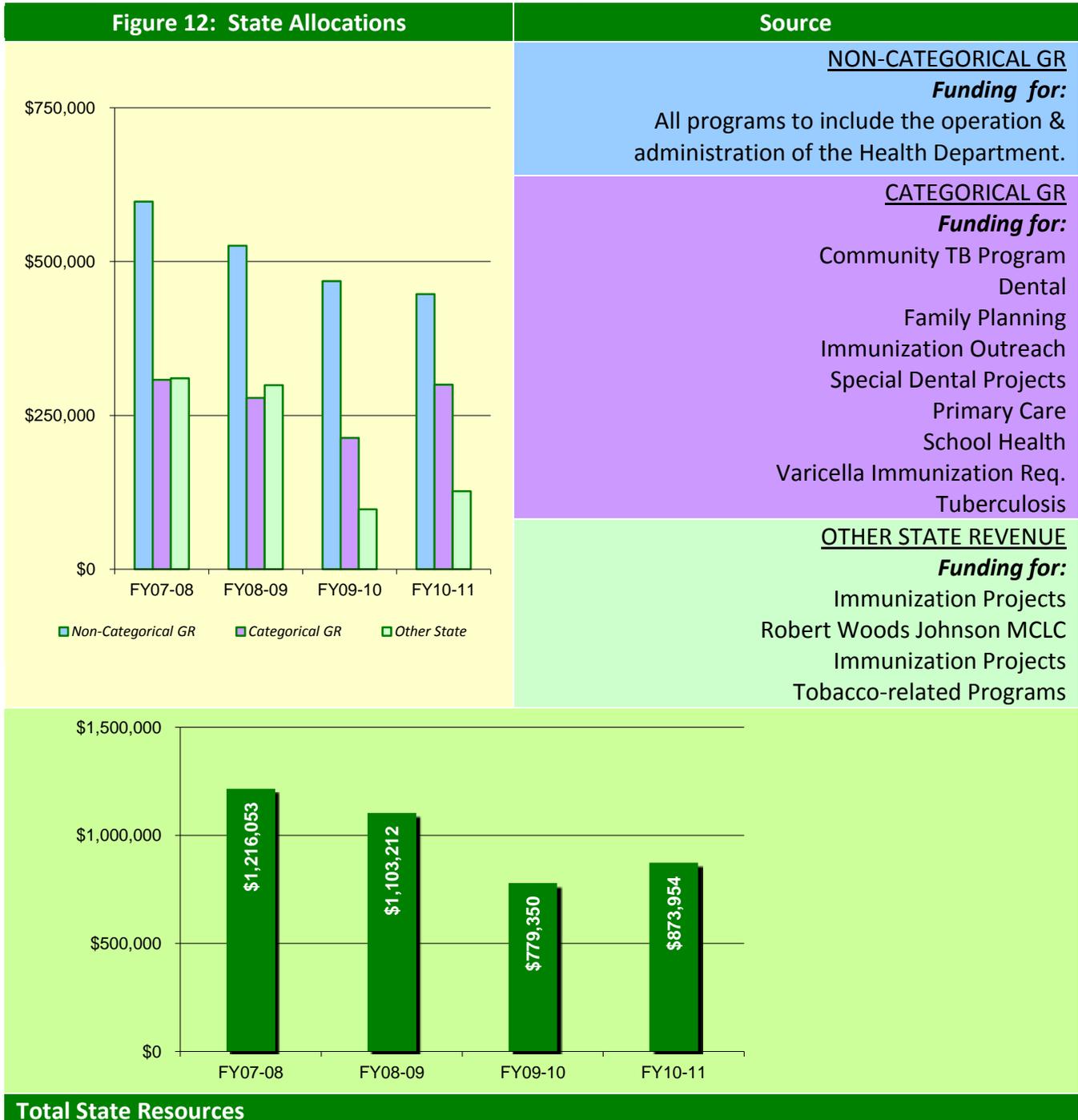


# IMPLEMENTATION

## State Resources

State resources comprise 18% of the Baker County Health Department’s budget. These resources are allocated from State General Revenue (GR) or other State appropriated revenue. GR is distributed as either Categorical or Non-Categorical. Resources from Categorical GR or other State appropriated revenue must be used for specific programs as identified on the Health Department’s Schedule “C”.

**18%  
Of  
Total Budget**

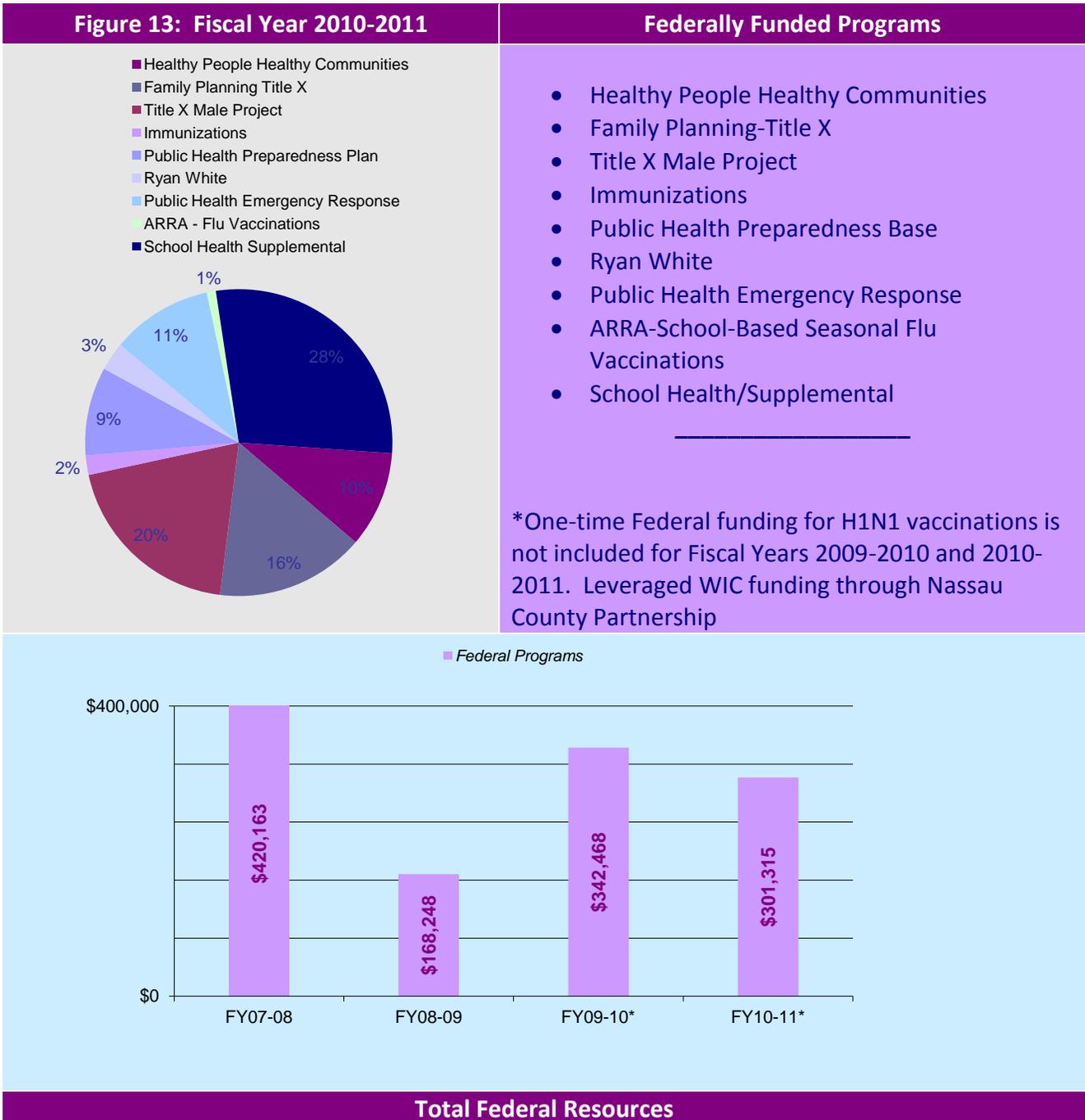


# IMPLEMENTATION

## Federal Resources

The Baker County Health Department receives Federal resources through allocation on the Schedule "C". The amount allocated to individual programs may vary from year to year as well as the specific programs funded. The School Health Supplemental Program currently accounts for 16% of the Health Department's total Federal resources.

**8%  
Of  
Total Budget**



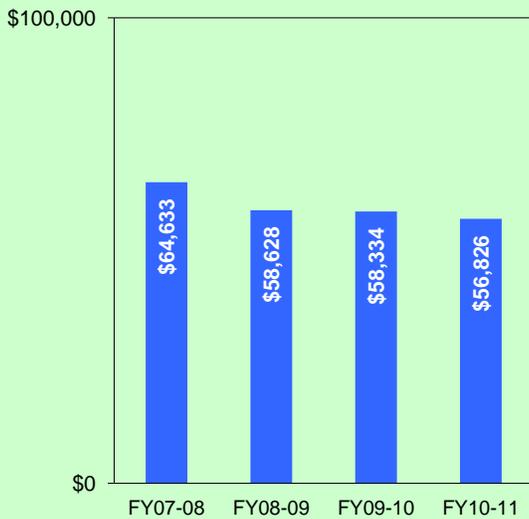
# IMPLEMENTATION

## County Resources

Resources are provided by the Baker County Board of County Commissioners (BCC) for programs approved in the annual County budget through a document called a “core contract”. Since FY 2007-2008 the County Contribution has declined by 12%.

1%  
Of  
Total Budget

Figure 14: Fiscal Year 2010-2011 • Board of County Commissioners (BCC)



### BCC Program Priorities

- Core Contract funding supports the following services-additional support from federal, state, and local funds, & fees for service where applicable (Section 154.01(2) FL statues
- **Communicable Disease Control:** Services which protect the general public health-detection, control and eradication of diseases (e.g. epidemiology; STD/detection/control; AIDS/HIV; immunizations; TB; vital statistics).
- **Health Care Services:** Acute care/preventive services made available to well and sick persons unable to obtain services due to lack of income/other barriers beyond their control (e.g. acute care services, chronic disease detection/treatment; family planning; school health; maternal/child health; dental).
- **Environmental Health:** Services to protect the health of the general public by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease (e.g. safe drinking water; sewage disposal; swimming pools).

### Total County Resources

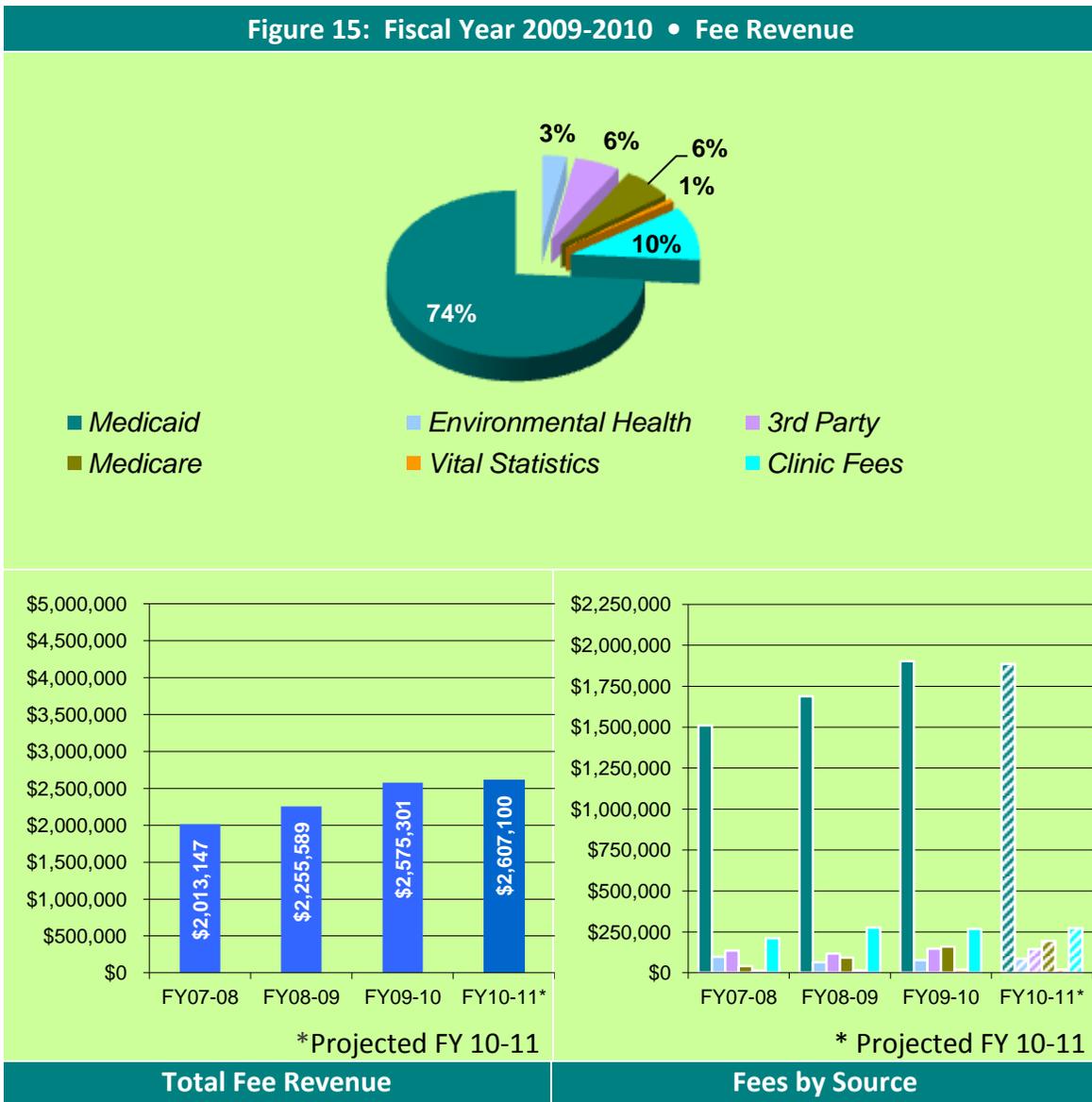
Quarterly reports are made to the BCC to advise local elected officials of information pertaining to all services provided by Baker County Health Department-regardless of funding stream. The amount contributed by BCC in 2011 was \$56,826 which covered a portion of the \$111,000 annual building expense-electrical, water, etc.

# IMPLEMENTATION

## Fee Revenue

**60%  
Of  
Total Budget**

The Health Department charges fees or is reimbursed for some services provided to clients and patients. Non-medical fees are charged for permits or inspections obtained through the Environmental Health Department. The Vital Statistics office charges fees for certified copies of birth or death certificates. Medically-related fees are based on eligibility utilizing a sliding fee for patients without insurance. Third Party reimbursement is obtained if available. Medicaid reimburses the allowable unless visits are billed on a cost-based reimbursement (CBR) fee calculated annually. Baker County Health Department is one of the pilot counties for Medicaid Reform although still operating on cost-based reimbursement (CBR) fee calculated annually this is due to change in September 2011. The impact on Medicaid revenue will be significant.

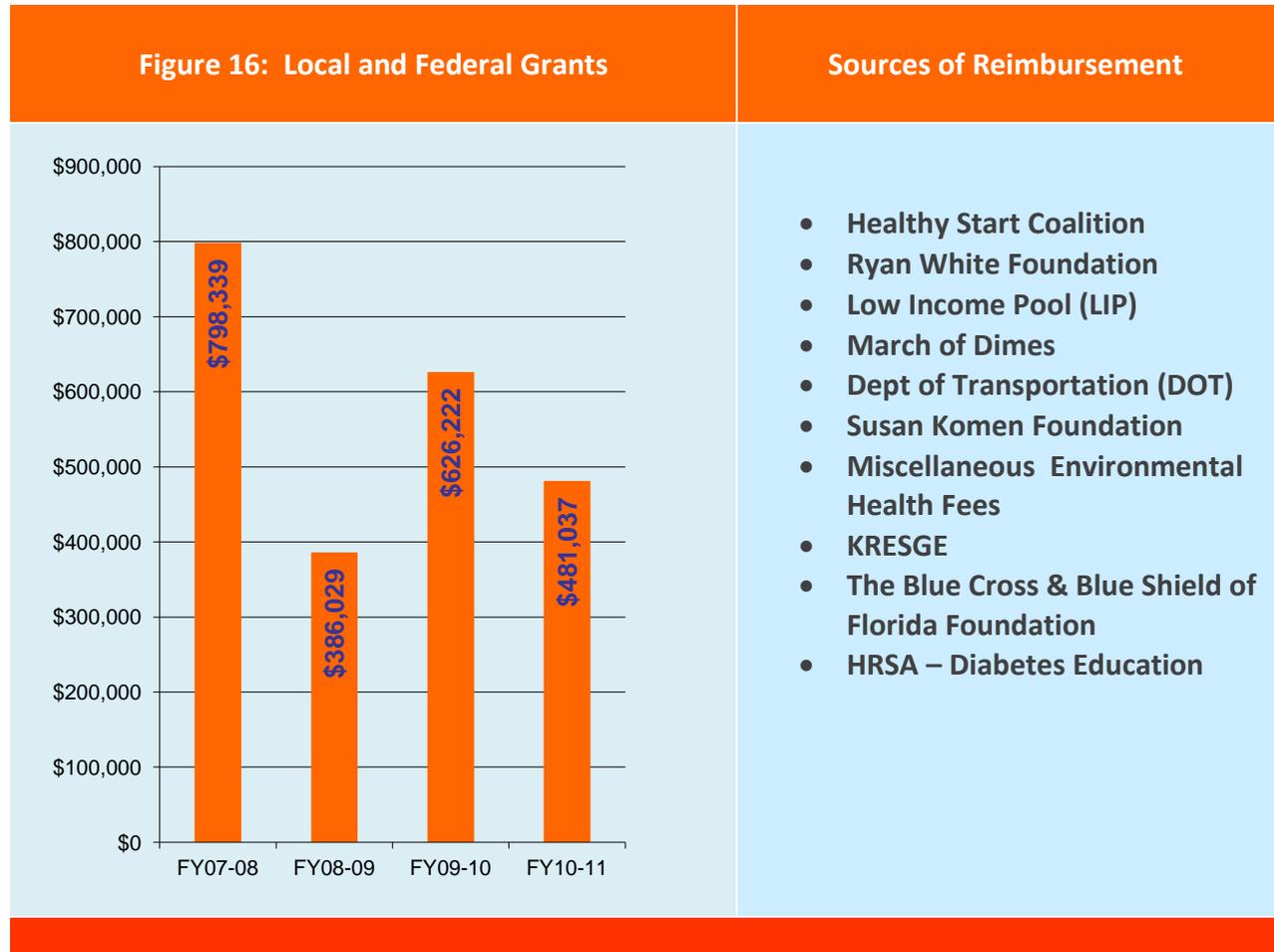


# IMPLEMENTATION

## Local and Federal Grants

**14%  
Of  
Total Budget**

This section includes resources provided by local and federal grants. The sources of funding in this category are listed in the table below.



## Measuring Organizational Performances & Effectiveness

Our performance is measured by using a variety of tools, including Performance Benchmarking, Administrative Dash Boards, Customer and Employee Satisfaction Surveys, Efficiency Standards, and Client Health Outcome Measures. Performance tools are monitored annually and additionally as needed. These tools are monitored periodically to evaluate the efficiency and effectiveness of operation and client satisfaction. The next step in the strategic planning process is to share the plan with key constituents, identify bench marks for the objectives, establish teams, and develop action plans and activities for each goal and objective. A template is provided in the attachments. The Figure 17 on page 44 provides the overarching plan.

# IMPLEMENTATION

## Community Partnerships and Alliances

To meet community expectations and the standards of a functional local health department, the Baker County Health Department staff must convene or participate in community partnerships. By coordinating and communicating with our partners, comprehensive interventions, community-based activities and policy influence can occur. Individual and combined efforts can enhance the impact on the quality of life for our residents and visitors and thus the rationale for establishing Strategic Partnerships as a goal for the upcoming implementation period. Several examples of existing partnerships include:

### Local Community Partnerships

- Healthy Baker, Inc. 501C3
- Prevention Coalition BCCS
- Baker County Health Needs Assessment
- Infant Mortality Task Force
- Teen Birth/Pregnancy Coalition – Healthy Start
- Baker Tobacco Prevention Coalition
- School Health Advisory Committee
- Baker Hospital Authority
- Baker Chamber of Commerce
- Baker County YMCA
- Rotary/Kiwanis
- Episcopal Children’s Services
- NEFSH Community Behavioral Health Advisory Board

- First Coast Child Abuse Death Review Committee
- First Coast Vision/Regional Community Institute
- Northeast Florida Health Informatics Consortium
- Northeast Florida Healthy Start Coalition
- Public Health Practice Research Network
- Regional Domestic Security Task Force
- St. Johns River Rural Health Network
- Teen Pregnancy Task Force
- NE Florida Health Planning Council
- NE Florida Regional Health Planning Council
- AHEC
- Metropolitan Jacksonville Area HIV Health Services Planning Council
- NE Florida Consortium – Public Health
- Multi State Learning Collaborative
- ERCEGI

### Regional Partnerships

- Fetal Infant Mortality Review (FIMR)
- Medical and Dental Societies

### State and National Partnerships

- National Children's Study
- NACCHO
- FPHA
- FACHO

### Academic Partnerships

- University of North Florida
- University of South Florida
- University of Florida
- Miami University
- Florida State University

**FIGURE 17: STRATEGIC PLAN FACT SHEET 2011-2016**

**Vision:** A healthier future for Baker County.

**Mission:** To Protect and promote the health of all residents and visitors through organized federal, regional, state and community efforts.

**Values:** Excellence, Service Commitment, Accountability, Empowerment, Integrity, Respect, and Teamwork.

**Guiding Principles:**

- Communicate and collaborate
- Assure effective & efficient practices
- Ensure timely, confidential, quality service delivery
- Provide a nurturing and supportive work environment
- Provide services regardless of race, gender, ethnicity, income or disability

**Strategic Priorities & Goals**

**PREVENT**

**Chronic Disease**

**PROTECT**

**People Place**

**PROMOTE**

**Health & Prosperity**

1. Chronic Diseases
2. Prevention & Intervention Strategies

1. Environmental Health
2. Safety & Security

1. Access to Health
2. Collaborative Services
3. Economic Stability
4. Health Industry Workforce

**Objectives**

1. To monitor and prevent the spread of communicable disease.
2. To focus on prevention and intervention for maximum impact.

1. To ensure public safety through emergency preparedness.
2. To improve Environmental Health conditions through monitoring and compliance.
3. To improve quality of life through healthy environments free of toxins & pollutants.
4. To preserve environmental sustainability through agriculture and life-sustaining resources.

1. To decrease Service Gaps and ensure health equity & access
2. To enhance and expand collaborative services for wrap-around programming.
3. To enhance health industry workforce development to increase capacity.
4. To ensure economic stability, by developing and influencing individual and community health policy.

**Strategies**

- Education
- Mental Health
- Substance Abuse
- Fitness/Nutrition
- Teen Births

- Tobacco Free
- Gardens
- Fitness/Nutrition
- Farmers Market
- Environmental Health
- Health Literacy

- FQHC/LA
- Strategic Partnerships
- Internships
- Service Projects
- Eligibility

## Appendices

This worksheet is designed to stimulate conversation and action with partners, staff, and consultants in an effort to develop action plans that are connected to this strategic plan. Examples are provided in the objectives' columns to encourage thought and are meant to be edited to meet organizational goals and community needs.

**Table 10: Action Plans & Activities (to be developed with benchmarks and measurable objectives after the launch of the strategic plan, to facilitate discussions among partners)**

<b>GOAL 1: Prevent chronic diseases through prevention and intervention strategies.</b>					
<i>Objective</i>	<i>Strategies &amp; Activities</i>	<i>Timeline</i>	<i>Lead</i>	<i>Measure</i>	<i>Resources Needed</i>
By 2016 the # of teens using tobacco will decrease by 5%.					
By 2016 the # of at risk clients will receive preventive diabetes services by 10%					
Dental etc...align these with benchmarks and Healthy 2020					
<b>GOAL 2: Protect our people and our place.</b>					
<i>Objective</i>	<i>Strategies &amp; Activities</i>	<i>Timeline</i>	<i>Lead</i>	<i>Measure</i>	<i>Resources Needed</i>
Improve environmental health through increased green spaces- community, school, family gardens; water quality					
Improve safety and security of its residents by decreasing auto crashes/unintentional injury					
<b>GOAL 3: Promote health and prosperity.</b>					
<i>Objective</i>	<i>Strategies &amp; Activities</i>	<i>Timeline</i>	<i>Lead</i>	<i>Measure</i>	<i>Resources Needed</i>
By 2016 the # of Medicaid/Medicare increase by 10%.					
Increase access to health & decrease health disparities					
Enhance collaborative services to expand capacity					
Enhance services/capacity through health industry workforce development.					

## Acknowledgments



*Working Toward Wellness*

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 <p>HEALTHY BAKER Taking the Pulse of the Community</p> <p><a href="http://www.healthybaker.org">www.healthybaker.org</a></p>	 <p>ERCEGI</p> <p><a href="http://www.ercegi.org">www.ercegi.org</a></p>	 <p>BAKER COUNTY PRESERVING OUR FUTURE - PRESERVING OUR PAST</p> <p><a href="http://www.bakercountyfl.org">www.bakercountyfl.org</a></p>
 <p>Public Health Prevent. Promote. Protect.</p>	 <p>HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA</p> <p><a href="http://www.nefloridacounts.org">www.nefloridacounts.org</a></p>	 <p>Rural Health Network Support Connect Improve</p> <p><a href="http://www.stjohnsriverrh.org">www.stjohnsriverrh.org</a></p>

**The DOH Baker County Health Department is an EEO/AA employer and service provider.** If you need an accommodation in order to participate in our programs, please notify the Baker County Health Department in advance. Telephone (904) 259-6291 Fax (904) 259-4761 and [www.doh.state.fl.us/chdbaker](http://www.doh.state.fl.us/chdbaker)