Strategic Plan

May 2023 – December 2027

Florida Department of Health in Highlands County

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Revised: Month and Year

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Governor

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State Surgeon General

Jennifer Roth, MSPH

DOH-Highlands Administrator

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Table of Contents

**These sections specifically address documentation requirements associated with PHAB Reaccreditation Measure 8.1.1.*

TIP: When adding new page sections, copy/paste the previous section's title (Heading 1) including underline and text. For subsequent sections, the roman numeral order associated with each Heading 2 MUST be in correct sequence BEFORE updating the table of contents!

DOH-Highlands Profile

I. Mission, Vision, and Values

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

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

Values:

- **I**nnovation: We search for creative solutions and manage resources wisely.
- **C**ollaboration: We use teamwork to achieve common goals & solve problems.
- **A**ccountability: We perform with integrity & respect.
- **R**esponsiveness: We achieve our mission by serving our customers & engaging our partners.
- **E**xcellence: We promote quality outcomes through learning & continuous performance improvement.

II. Background and Overview

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

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

Demographics

The Florida Department of Health in Highlands County serves a population of approximately 106,000 people, depending on which survey you choose.

Where we live influences our health. Demographic, socioeconomic and environmental factors create unique community health service needs. Key characteristics that set Highlands County apart include:

- Highlands is primarily a rural county, with three main city centers – Sebring, Avon Park, and Lake Placid;
- Highlands hosts the largest number of migrant labor camps in the state;
- Highlands is a designated physician shortage area; and,
- Over 36% of the population in Highlands County is 65 or older.

Population data is depicted in the table below:

Population by Age

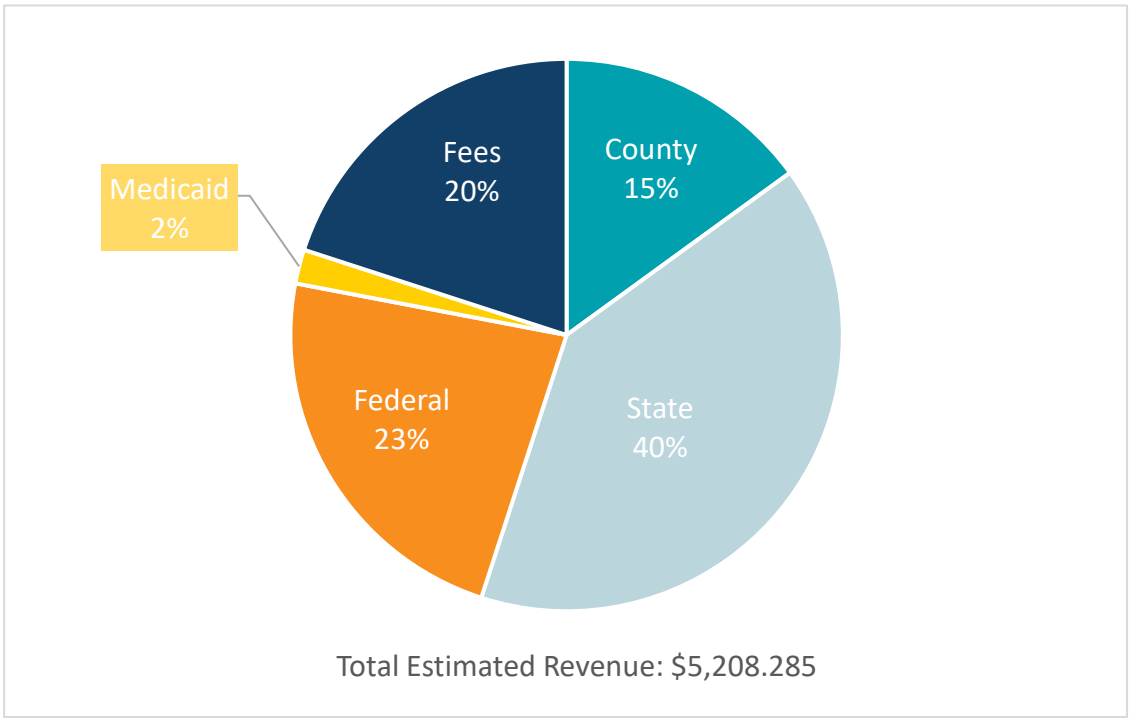
Highlands County and Florida

Age Group	Highlands – 2021		Florida – 2021
	Total Number	Total Percentage	Total Percentage
< 5 years	4,445	4.2	5.2
5 - 14 years	10,177	9.6	11.0
15 - 24 years	9,225	8.7	11.4
25 - 44 years	19,563	18.4	25.2
Subtotal	34,410		
45 - 64 years	24,008	22.6	25.9
65 - 74 years	18,148	17.1	11.7
> 74 years	20,616	19.4	9.6
Subtotal	62,772		

Source: FLHealthCHARTS

Budget and Revenue

Financial resources for the Florida Department of Health in Highlands County are provided through many sources. These sources include fees, grants, and budget allocations from county, state, and federal governments. Fiscal data is represented in the graph below:

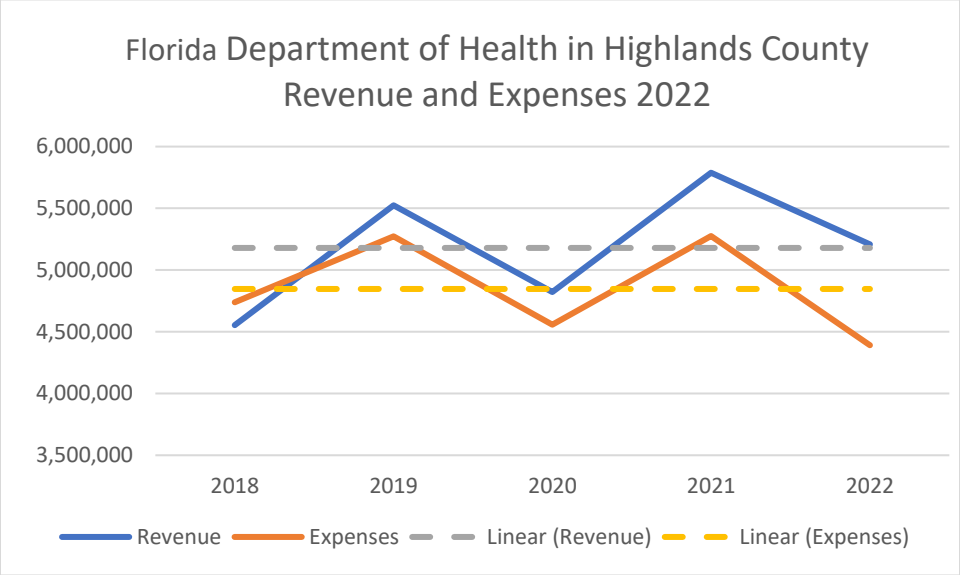


Source: FIRS

Florida Department of Health in Highlands County
Fiscal Year: 2022

Some of the budget and revenue challenges affecting our services and programs in Highlands County include the fact that DOH-Highlands became a separate entity after detaching from sister CHD DOH-DeSoto in 2021. This change required separation of some grant programs, realignment of some funding, and the loss of shared staff in critical positions. 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.

The Florida Department of Health in Highlands County
Revenue and Expenses 2022



Source: FIRS

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 the Florida Department of Health in Highlands County's commitment to providing the highest standards of public health through the following core functions and services:

Environmental Health

We protect the health of the community by monitoring and regulating environmental activities which may contribute to the occurrence or transmission of disease by ensuring safe drinking water, safe food, proper sewage disposal, clean swimming pools, as well as conducting complaint investigations and enforcing public health laws. The dedicated staff in our Environmental Health Division work to keep the public safe in the following areas:

- **Biomedical Waste:** We issue operating permits and perform inspections for all biomedical waste generators, storage facilities, and transporters in the county.

- **Body Piercing, Tattoo, and Tanning Salons:** We issue annual operating licenses and perform biannual inspections for these facilities within the county. We also monitor to make sure minors are not allowed to use services without parental consent.
- **Limited Use Water Systems:** We perform plan reviews and permitting services for new limited use water systems, issue annual permits to existing systems, and perform inspections. All systems under our jurisdiction must comply with quarterly bacteriological testing requirements.
- **Food Hygiene:** We provide plan reviews and quarterly inspections for regulated facilities, and issue annual sanitation certificates to certain food service establishments within the county, including schools, bars/lounges, detention facilities, and theaters.
- **Group Care:** We conduct annual sanitation and safety inspections on all schools and community-based residential facilities.
- **Mobile Home/RV Parks:** We provide plan reviews, issue annual operating permits, and perform biannual sanitation and safety inspections for these parks in the county.
- **On-Site Sewage Treatment and Disposal Systems (OSTDS):** In collaboration with the Department of Environmental Protection, we ensure proper installation and operation of septic tanks within Highlands County. We issue annual operating permits and conduct annual sanitation and safety inspections on all systems.
- **SUPER Act/Well Surveillance:** We provide testing for drinking water wells within ¼ mile of petroleum storage tanks and dry-cleaning facilities.
- **Public Swimming Pools and Spas:** We ensure public pools and spas are built to conform to health codes, issue annual operating permits, and conduct biannual inspections.
- **Environmental Complaints:** We investigate complaints regarding sanitary nuisances, animal bites, and all food and waterborne disease outbreaks.
- **Migrant Labor Housing:** We perform inspections and issue operating permits for local migrant labor camps and housing units within Highlands County.

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. DOH-Highlands provides the following services:

- Monitoring and reporting of communicable diseases and conditions
- Field investigation of potential cases and outbreaks
- Lead poisoning prevention services and screening
- Tuberculosis prevention and control
- Confidential testing and treatment for HIV/AIDS and STIs

Public Health Emergency Preparedness

We partner with the local healthcare system, emergency management, governmental organizations, 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. DOH-Highlands is responsible for staffing and management of the Special Needs Shelter during emergency events. The DOH-Highlands Preparedness Planner manages all emergency operations plans, facilitates emergency drills and exercises, reviews and approves all Comprehensive Emergency Management Plans submitted by certain home health agencies, medical device companies, and hospice providers who only serve clients in Highlands County.

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. Programs that fall under this area include Closing the Gap Diabetes Wellness, Healthy Communities, Health Education and Outreach, and all the foundational plans for DOH-Highlands, such as the agency Strategic Plan, Workforce Development Plan, Performance Management/Quality Improvement Plan, and the Community Health Improvement Plan.

Health Equity

We strive to achieve health equity in our county. Health equity requires valuing everyone equally, with focused and ongoing societal efforts to address avoidable inequalities, historic and contemporary injustices, and the elimination of health and health care disparities. DOH-Highlands is part of the state Health Equity Team, working to build equity and diversity into all our programs and products. Towards that end, we have a Health Equity Liaison who works to educate staff and the public on health equity, incorporate health equity principles in all local

programs, and serve as a resource for community partners in building health equity throughout all programs.

Clinical Services

We have a variety of services for expecting moms, newborn babies, infants and toddlers, school-aged children, adolescents, and adults. Our services are provided by highly qualified nurses and other health care providers. The clinical services provided at DOH-Highlands include Adult Primary Care, referrals to the Breast and Cervical Cancer Program, Family Planning services for both men and women, and a complete array of immunizations, including Vaccines for Children and travel vaccines.

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 assist the state with tracking causes of morbidity and mortality, two main indicators of health status. The public can obtain certificates daily during normal business hours by coming to the Sebring office, filling out the application, and paying the required fee.

WIC Services: Women, Infants, and Children

This program provides nutrition education and breastfeeding peer counseling to women in Highlands County who are pregnant or have children up to the age of 5 who qualify for assistance in obtaining healthy foods and baby formula, along with referrals to other community resources for assistance.

III. Planning Summary

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

The strategic plan sets the direction for action for the DOH-Highlands for a three-to-five-year period. As part of the performance management (PM) system, the strategic plan identifies the priority focus areas for the department and aligns with state and national priorities.

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

The performance management system is integrated into all 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.

The DOH-Highlands 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 performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

In September 2022, the DOH-Highlands initiated a new strategic planning process to define the direction and course of the DOH-Highlands for consumers, employees, administrators, and legislators for the next three-to-five years. This plan will position the DOH-Highlands to operate as a sustainable integrated public health system and provide the DOH-Highlands' customers with quality public health services. It is a living document that will be evaluated and updated annually to address new challenges posed by the changing public health environment.

Senior leadership championed the planning process during three main meetings. Attending these meetings were numerous internal stakeholders, including the senior leadership, program managers, and a dedicated performance management council. The DOH-Highlands 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.

The strategic plan considers capacity for and enhancement of information management, workforce development, communication (such as branding) and financial sustainability.

The DOH-Highlands approached the strategic planning process with the following guiding principles in mind:

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

In preparation for the strengths, weaknesses, opportunities, and threats (SWOT) analysis, staff from the DOH-Highlands presented information from the sources listed on page 14 to the senior leadership team and 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. The identified strengths, weaknesses, opportunities, and threats are outlined on page 15.

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 worked with program managers and their staff to write and revise strategies and objectives for each goal area. The strategies and objectives were then routed back to the performance management council for comment and approval.

The following is the strategic planning schedule of meetings:

Table 1: Strategic Planning Meetings

Meeting Date	Topic
3/2/2023	General overview and instructions on Strategic Plan process and review
3/24/2023	Review Strategic Plan; finalize objectives
3/30/2023	Final review of Strategic Plan

The DOH-Highlands staff monitor 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 the DOH-Highlands Performance Management Council participants use as a reference when the strategic plan is discussed.

IV. Strategic Planning Participants

DOH-Highlands Strategic Planning Participants 2022

Jennifer Roth
DOH-Highlands Administrator

Pamela Crain
Community Programs Director

Tessa Hickey
Director of Nursing

Patrick Hickey
Division Director, EPI/EH

Angela Robles
Administrative Services Director

Lorie Jackson
Emergency Preparedness Planner

Ahylia Ramnarain
Human Resources Liaison

Austin Foster
IT Supervisor

Brittany Kozak
PH Nutrition Program Director

Machele Albritton,
Biological Scientist, EPI

Thomas Arcati
WIC

V. Environmental Scan Resources

1. Agency Strategic Plan, 2016-2020
2. Agency Quality Improvement Plan, 2018-2020
3. Behavioral Risk Factor Surveillance System (BRFSS), various
4. Biomedical Research Advisory Council Annual Report, 2021-2022
5. Highlands Community Health Assessment, 2022
6. Highlands Community Health Improvement Plan, 2022
7. DOH-Highlands Quality Improvement Plan, 2023-2025
8. DOH-Highlands Workforce Development Plan, 2023-2025
9. Employee Satisfaction Survey 2021
10. Florida Community Health Assessment Resource Tool Set (CHARTS)
11. Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023
12. Florida Department of Health, Office of Inspector General Annual Report, 2022
13. Florida Department of Health Workforce Development Plan
14. Florida State Health Improvement Plan, 2022-2026
15. Florida Middle School Health Behavior Survey Results, 2021
16. Florida Morbidity Statistics Report, 2018
17. Florida Pregnancy Risk Assessment Monitoring System Trend Report
18. Florida Strategic Plan for Economic Development, 2018-2023
19. Florida Vital Statistics Annual Report, 2021
20. Florida Youth Risk Behavior Survey Results, 2021
21. Florida Youth Tobacco Survey Results, 2021
22. Physician Workforce Annual Report, 2022
23. Tuberculosis Control Section Report, 2021
24. Volunteer Health Services Annual Report, 2021-2022

VI. Strengths, Weaknesses, Opportunities and Threats (SWOT)

Strengths (Internal)

We want to maintain and leverage strengths.

Agency Infrastructure:
- Programs and staff already in place
- We are a trusted community partner

Capacity:
- Primary Care
- WIC
- CTG

Emerging Trends:
- Coming out of COVID-19 pandemic
- Rebuilding teams

Other:
- Dedicated staff

Weaknesses (Internal)

We want to minimize weaknesses.

Agency Infrastructure:
- Hiring challenges
- Funding challenges
- Staff buy-in
- Technology

Capacity:
- Promotion and outreach
- Location of main site
- Lack of mental health services
- Staff training

Emerging Trends:
- Staff recognition

Other:
- Staff morale

Opportunities (External)

We want to invest in opportunities.

Agency Infrastructure:
- Potential relocation/expansion of services for better client access
- Marketing and promotion
- Better technology

Capacity:
- Partner with county on mobile integrated health unit
- Partner with mental health provider(s)
- Telehealth
- Help clients find/apply for needed services

Emerging Trends:
- Increasing partnerships with other organizations

Other:
- Rural county with lots of farms

Threats or Challenges (External)

We want to identify threats or challenges that need to be addressed and understand their potential impact.

Agency Infrastructure:
- Hiring challenges
- Lack of pediatric services

Capacity:
- Retaining staff
- Most outside providers require insurance and don't offer sliding scale fees

Emerging Trends:
- FQHC expanding services
- Lack of mental health services
- Lack of dental services
- Lack of transportation to services
- Increasing costs for everything
- Climate change

Other:
- Cost increases overall
- Other options for health care
- Lack of technology and/or technical skills in populations of concern

VII. Strategic Priorities Strategy Map

PRIORITY AREA 1: HEALTH CARE RESILIENCY (ACCESS TO QUALITY HEALTH CARE)

Goal	**1.1**	**Improve access to quality health care for all people in Highlands County**
OBJECTIVES	**1.1.1**	By December 31, 2025, work with the Heartland Regional Transportation Planning Organization to increase medical trips/routes for Heartland Rides and the Transportation Disadvantaged Program that serve vulnerable populations within Highlands County. Baseline is 2,437 (2022) trips monthly. Target is 2,500 trips monthly.
	1.1.2	By December 31, 2025, partner with Highlands County to increase emergency medical services provided to rural residents by establishing a locally based mobile integrated health program. Baseline is 0 programs (2022), with a target of 1 program.
	1.1.3	By December 31, 2024, increase assistance for clients who may qualify with applying for Medicaid and/or other assistance programs. Baseline is 0 clients served (2022) and target is 10 clients.
	1.1.4	By December 31, 2025, increase telehealth options for clients. Baseline is 0 clients (2022). Target is 30 clients.

PRIORITY AREA 2: ACCESS TO HEALTHY FOODS (including Diabetes)

Goal	**2.1**	**Reduce prevalence of diabetes in Highlands County**
OBJECTIVES	**2.1.1**	By January 31, 2024, increase average participation in our CTG Diabetes Wellness program from 17 clients per month (2022) to 20 clients per month.
	2.1.2	By December 31, 2025, reduce the number of adults in Highlands County who have ever been told they have diabetes from 18.0% (2019) to 16.0%.
Goal	**2.2**	**Increase access to healthy foods**
OBJECTIVES	**2.2.1**	By June 30, 2024, partner with Highlands Food Reservoir to increase children's access to food for the summer by provide summer break snack packs for all students in Highlands County, including college-level. Baseline is 0 students (2022), target is 1000.
	2.2.2	By December 31, 2025, increase staff community outreach participation by at least 1 food pantry event in each Highlands County zip code identified as food insecure: 33870 in Sebring, 33875 in Lorida, and 33825 in Avon Park. Baseline is 0 events (2022). Target is 3 events annually.

PRIORITY AREA 3: BEHAVIORAL HEALTH (including Mental Health and Substance Use)

Goal	**3.1**	**Improve access to quality mental health care**
OBJECTIVES	**3.1.1**	By December 31, 2024, increase access to mental health services in Highlands County by identifying and partnering with at least 1 mental health service provider who will offer services to our clients upon referral. Baseline is 0 providers (2022). Target is 1 provider.

	3.1.3	By December 31, 2024, increase the number of DOH-Highlands staff who are trained in Mental Health First Aid from 1 to 10. Baseline is 1 staff member (2023). Target is 10 staff.

PRIORITY AREA 4: HEALTHY, THRIVING LIVES

Goal 4.1 Increase vaccination rates

OBJECTIVES	**4.1.1**	By December 31, 2025, increase the percentage of adults who have ever received a pneumonia vaccine from 43.6% (2019) to 50%.
	4.1.2	By December 31, 2025, increase the percentage of adults who have received a flu shot in the past year from 32.6% (2019) to 40.0%

Goal 4.2 Reduce Chronic Disease Incidence

OBJECTIVES	**4.2.1**	By December 31, 2025, reduce the rate of adults who have ever been told they had coronary heart disease, heart attack or stroke from 17.9% (2019) to 16.0%.
	4.2.2	By December 31, 2025, reduce the rate of adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis from 13.4% (2019) to 12.0%.
	4.2.3	By December 31, 2025, decrease the incidence of breast cancer from 118.1 per 100,000 female population (2019) to 115.0 per 100,000
	4.2.4	By December 31, 2025, decrease the incidence of cervical cancer from 17.0 per 100,000 female population (2019) to 15.0.
	4.2.5	By December 31, 2025, increase the percentage of WIC participants who initiate breastfeeding from 74.2% (2021) to 81.9%.

Goal 4.3 Decrease inhaled nicotine use among children and adults

OBJECTIVES	**4.3.1**	By December 31, 2025, decrease the rate of adults who are current smokers from 16.5% (2019) to 15.0%.
	4.3.2	By December 31, 2025, decrease the rate of students who used cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products in the past 30 days from 21.1% (2022) to 20.0%.
	4.3.3	By December 31, 2025, reduce the percentage of women who smoke during pregnancy from 6.9% (2021) to 5.9%.

Goal 4.4 Decrease the number of fatal drug overdoses in Highlands County

OBJECTIVES	**4.4.1**	By December 31, 2025, decrease the annual number of fatal drug overdoses in Highlands County from 36 (2021) [1]to 25 per 100,00 population.

[1]

PRIORITY AREA 5: CAPACITY BUILDING

Goal	**5.1**	**Adopt a system of ongoing agency capacity building for quality-of-life initiatives**

OBJECTIVES	**5.1.1**	By February 28, 2024, increase staff knowledge of quality-of-life topics bv initiating in-service speakers on quality-of-life topics. Baseline is 0 sessions (2022). Target is 1 session.
	5.1.2	By December 31, 2025, increase staff community engagement by hosting a Minority Health Month event each April. Baseline is 1 event (2022). Target is 4 events.
	5.1.3	By December 31, 2024, increase community partner engagement by launching a local public health data sharing page. Baseline is 0 pages (2022). Target is 1 page.
	5.1.4	By June 30, 2025, increase agency capacity by implementing fiscal priorities to bring expenditures in line with revenue and reduce the trust fund balance. Baseline is trust fund balance of 29.9% (2022) target is 20.0%.
	5.1.5	By December 31, 2024, purchase and install new customer service system that allows interactive response during CHD visits in all customer areas. Baseline is 0 systems (2023). Target is 1 system.

VIII. Strategies and Actions to Achieve Objectives

Measurable outcomes of objectives are created through the execution of specific data-driven initiatives. The table below lists objectives, responsible entities, and strategic initiatives that will be implemented to achieve them.

Objective: 1.1.1

By December 31, 2025, work with the Heartland Regional Transportation Planning Organization to increase medical trips/routes for Heartland Rides and the Transportation Disadvantaged Program that serve vulnerable populations in Highlands County from 2,437 monthly (2022) to 2,500 monthly.

Strategies/Actions:	**Entities Responsible:**
Strategy 1: By December 31, 2023, gather data on additional medical rides needed from partner agencies and the public	Pam Crain
Strategy 2: By June 30, 2024, submit proposal for additional medical rides to HRTPO TDA Board	Heartland Regional Transportation Planning Organization (HRTPO)
Strategy 3: By July 31, 2024, rework proposal, as needed; identify approved trips and areas	Highlands County Transportation Disadvantaged Program
Strategy 4: By September 30, 2024, publicize additional trips created to those who may use them.	
Strategy 5: By December 31, 2024, monitor use of additional trips to ensure compliance/need; reevaluate bi-annually	Heartland Rides

Objective: 1.1.2 By December 31, 2025, partner with Highlands County to increase emergency medical services provided to rural residents by establishing a locally based mobile integrated health program. Baseline is 0 programs (2022), with a target of 1 program.	
Strategies/Actions: Strategy 1: By September 30, 2023, initiate discussions with Highlands County partners on proposed project; establish meeting schedule for project development; bring in SMEs to help facilitate discussion and planning objectives Strategy 2: By December 31, 2023, have initial outline of project set; establish project team Strategy 3: By March 31, 2024, finalize project; set hiring standards and begin recruitment process; determine fiscal process; determine equipment needs; begin process to implement plan. Strategy 4: By July 31, 2024, begin team training. Strategy 5: By September 30, 2024, launch program to the public.	**Entities Responsible:** Jennifer Roth Mark Ellis - County Laurie Hurner – County Pam Crain ASP 2.3.1
Objective: 1.1.3 By December 31, 2024, offer assistance for clients who may qualify with applying for Medicaid and/or other assistance programs. Baseline is 0 clients served (2022) and target is 10 clients.	
Strategies/Actions: Strategy 1: By October 31, 2023, hire a Senior Health Educator. Strategy 2: By March 31, 2024, design and implement a program of care to assist clients who may qualify for services other than those offered at DOH-Highlands. Strategy 3: By December 31, 2024, gather and analyze data on clients assisted and the outcomes; review for continuation of program throughout the duration of this plan cycle.	**Entities Responsible:** Pam Crain Sr. Health Educator Clinical team
Objective: 1.1.4 By December 31, 2025, implement telehealth options for clients. Baseline is 0 clients (2022). Target is 30 clients.	
Strategies/Actions: Strategy 1: By October 31, 2024, review IOPs to determine feasibility of telehealth program.	**Entities Responsible:** Clinical Team SLT

Strategy 2: By December 31, 2024, convene workgroup to guide telehealth implementation. Strategy 3: By December 31, 2025, establish telehealth program and monitor progress to gauge effectiveness; reconvene workgroup quarterly to review project and make any recommended adjustments.	IT
Objective: 2.1.1 By January 31, 2024, increase participation in our Closing the Gap Diabetes Wellness Program by adding evidence-based components that encompass other chronic health issues, e.g. heart disease.	
Strategies/Actions: Strategy 1: Design and implement an information campaign to encourage local providers to refer clients to our program. Strategy 2: Work with DOH-Highlands clinical program to increase referrals. Strategy 3: Review the CTG class materials and tools to see where improvements can be made. Launch revised program and monitor client response to gauge effectiveness. Include nutrition as a component. Strategy 4: Increase outreach opportunities to inform the public about our services.	**Entities Responsible:** Pam Crain Wendy Torres Andrea DeSantiago James Folkner
Objective: 2.1.2 By December 31, 2025, decrease the number of adults in Highlands County who have ever been told they have diabetes from 18.0% (2019) to 16.0%.	
Strategies/Actions: Strategy 1: Design and launch a media campaign on diabetes and healthy living Strategy 2: Host quarterly lunch-and-learn sessions for the public on diabetes/wellness/healthy living topics. Use sign-in sheets to document attendance. Do pre- and post-tests to gauge session effectiveness. Strategy 3: Monitor data and target zip codes of greatest concern with informational campaigns.	**Entities Responsible:** Pam Crain Wendy Torres (CTG) Sr. Health Educator
Objective: 2.2.1 By June 30, 2024, partner with Highlands Food Reservoir to increase children's access to food for the summer by providing summer break snack packs for all students in Highlands County, including college-level. Baseline is 0 students (2022), target is 1000.	
Strategies/Actions: Strategy 1: By October 15, 2023, meet with Highlands Food Reservoir to discuss project and establish timelines, select target areas to be included, determine number of bags to be distributed Strategy 2: By January 15, 2024, determine needed resources; initiate purchase of products; set project timeline; recruit teams for filling snack bags	**Entities Responsible:** Pam Crain Bob McNeilley - HFR Health Ed Team

Strategy 3: By April 30, 2024, set date(s) and location(s) for distribution; determine distribution schedule; recruit partners Strategy 4: By May 30, 2024, fill bags and deliver to distribution point(s) for first week; establish pattern for filling and distribution weekly/monthly.	
Objective: 2.2.2 By December 31, 2025, increase staff community outreach by participation in at least 1 food pantry event annually in each Highlands County zip code identified as food insecure: 33870 in Sebring, 33875 in Lorida, and 33825 in Avon Park. Baseline is 0 events (2022). Target is 3 events.	
Strategies/Actions: Strategy 1: By August 1, 2023, and quarterly thereafter for the duration of this plan cycle, obtain food pantry event calendar for identified food insecure zip codes in Highlands County Strategy 2: By September 30, 2023, promote participation in food pantry events with all DOH-Highlands staff and partners Strategy 3: By April 30, 2024, document participation in at least 1 food pantry event in each targeted zip code; analyze data from our food bank partner for project continuation.	**Entities Responsible:** Pam Crain Bob McNeilly - HFR Health Ed Team
Objective: 3.1.1 By December 31, 2024, increase access to mental health services in Highlands County by identifying and partnering with at least 1 mental health service provider who will offer services to our clients upon referral. Baseline is 0 providers (2022). Target is 1 provider.	
Strategies/Actions: Strategy 1: By January 31, 2024, identify populations and services of focus. Strategy 2: By June 30, 2024, recruit community partners for areas we do not cover. Strategy 3: By August 31, 2024, build service directory for referrals, resources; publicize and begin monitoring results. Strategy 4: By December 31, 2024, and annually thereafter for the duration of this plan cycle, review all programs and analyze effectiveness; recruit new partners; adapt program	**Entities Responsible:** Sr. Health Educator Clinical Team PIO
Objective: 3.1.2 By June 30, 2024, increase promotion of services of identified mental health provider(s) in Highlands County to all clients and through outreach events. Baseline is 0 events. Target is 2.	

Strategies/Actions:	Entities Responsible:
Strategy 1: Create an informational campaign for mental health providers that are part of the new network Strategy 2: Distribute information at all events and with our partners, in our lobbies, through our other services Strategy 3: Review campaign and revise, as needed	PIO Clinical team Health Ed Team Media partners
Objective: 3.1.3 By December 31, 2024, increase the number of DOH-Highlands staff who are trained in Mental Health First Aid from 1 to 10.	
Strategies/Actions:	**Entities Responsible:**
Strategy 1: Identify Mental Health First Aid training opportunities Strategy 2: Assign staff who would like training to attend a class Strategy 3: Have trained staff share what they learned; establish a DOH-Highlands Mental Health First Aid team Strategy 4: Continue trainings; host annual refreshers/discussions prior to hurricanes/declared emergencies/all staff meetings.	Preparedness HR/TRAIN Admin
Objective: 4.1.1 By December 31, 2025, increase the percentage of adults who have ever received a pneumonia vaccine from 43.6% (2019) to 50.0%.	
Strategies/Actions:	**Entities Responsible:**
Strategy 1: Design and implement an informational campaign about pneumonia vaccines. Strategy 2: Share campaign materials with our providers and all partners, media Strategy 3: Promote annual pneumonia vaccines in DOH-Highlands' clinic Strategy 4: Monitor data	PIO Clinical team Media partners
Objective: 4.1.2 By December 31, 2025, increase the percentage of adults who received a flu shot in the past year from 32.6% (2019) to 40.0%.	
Strategies/Actions:	**Entities Responsible:**
Strategy 1: Design and implement an informational campaign about pneumonia vaccines Strategy 2: Share campaign materials with our providers and all partners, media	PIO Clinical team Media partners

Strategy 3: Promote annual flu vaccines in DOH-Highlands' clinic Strategy 4: Monitor data	
Objective: 4.2.1 By December 31, 2025, reduce the rate of adults who have ever been told they had coronary heart disease, heart attack, or stroke from 17.9% (2019) to 16.0%.	
Strategies/Actions: Strategy 1: Design and implement an informational campaign about heart health. Strategy 2: Share campaign materials with our providers and all partners, media Strategy 3: Monitor data	**Entities Responsible:** PIO Clinical team Media partners
Objective: 4.2.2 By December 31, 2025, reduce the rate of adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis from 13.4% (2019) to 12.0%.	
Strategies/Actions: Strategy 1: Design and implement an informational campaign about respiratory health. Strategy 2: Share campaign materials with our providers and all partners, media Strategy 3: Monitor data	**Entities Responsible:** PIO Clinical team Media partners
Objective: 4.2.3 By December 31, 2025, decrease the incidence of breast cancer from 118.1 (2019) per 100,000 female population to 115.0.	
Strategies/Actions: Strategy 1: Design and implement an informational campaign about breast cancer and available services; promote the use of the Breast and Cervical Cancer Referral Program Strategy 2: Share campaign materials with our providers and all partners, media Strategy 3: Monitor data	**Entities Responsible:** PIO Clinical team Media partners
Objective: 4.2.4 By December 31, 2025, decrease the incidence of cervical cancer from 17.0 per 100,000 female population (2019) to 15.0.	

Strategies/Actions:	Entities Responsible:
Strategy 1: Design and implement an informational campaign about cervical cancer and available services: promote the use of the Breast and Cervical Cancer Referral Program. Strategy 2: Share campaign materials with our providers and all partners, media Strategy 3: Monitor data	PIO Clinical team Media partners
Objective: 4.2.5 By December 31, 2025, increase the percentage of WIC women who initiate breastfeeding from 74.2% (2021) to 81.9%.	
Strategies/Actions:	**Entities Responsible:**
Strategy 1: Design and implement an informational and incentive campaign about breastfeeding benefits and resources. Strategy 2: Share campaign materials with our providers, clients, and all partners, media Strategy 3: Monitor data (County Health Department Performance Snapshot)	PIO WIC Health Ed Team Clinical Team Media partners
Objective: 4.3.1 By December 31, 2025, decrease the rate of adults who are current smokers from 16.5% (2019) to 15.0%.	
Strategies/Actions:	Entities Responsible:
Strategy 1: Share all QuitDoc materials with clients, during outreach events, and in public lobbies Strategy 2: Offer quit resources to appropriate clients during all appointments Strategy 3: Include smoking cessation in informational campaign design and implementation	PIO Clinical Team Health Ed Team
Objective: 4.3.2 By December 31, 2025, decrease the rate of students who used cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products in the past 30 days from 21.1% (2022) to 20.0%.	
Strategies/Actions:	**Entities Responsible:**
Strategy 1: Include teen vaping/smoking in informational campaign design and implementation Strategy 2: Share all QuitDoc materials with clients, during outreach events, and in public lobbies Strategy 3: Offer quit resources to appropriate clients during appointments Strategy 4: Continue active participation in Tobacco Free Highlands Partnership	PIO Clinical Team Health Ed Team

Objective: 4.3.3

By December 31, 2025, reduce the percentage of women who smoke during pregnancy from 6.9% (2021) to 5.9%.

Strategies/Actions:	**Entities Responsible:**
Strategy 1: Offer quit resources to appropriate clients during DOH-Highlands' clinic appointments Strategy 2: Share all QuitDoc materials with clients, during outreach events, and in public lobbies	PIO WIC Team Clinical Team Health Ed Team

Objective: 4.4.1

By December 31, 2025, decrease the number of fatal drug overdoses in Highlands County from 36 (2021) to 25.

Strategies/Actions:	**Entities Responsible:**
Strategy 1: Continue to dispense free, anonymous Narcan kits to the public if they are available. Strategy 2: Take Narcan kits to all community outreach events to give out Strategy 3: Include substance use disorder resources in all media campaigns	PIO Health Education Team Clinical Team

Objective: 5.1.1

By February 28, 2024, increase staff knowledge of quality-of-life issues bv offering in-services or online programs on quality-of-life topics, e.g. Trauma-informed Care. Baseline is 0 sessions (2022). Target is 1 session.

Strategies/Actions:	**Entities Responsible:**
Strategy 1: By December 31, 2023, identify speakers/programs on relevant topics Strategy 2: By January 31, 2024, establish a schedule for sessions Strategy 3: By February 28, 2024, invite staff and other community partners to attend sessions Strategy 4: By December 31, 2024, analyze participant satisfaction data via post-event surveys; publish results	Pam Crain Health Ed Team

Objective: 5.1.2

By December 31, 2025, increase staff community engagement by hosting a Minority Health Month event each April. Baseline is 1 event (2022). Target is 4 events.

Strategies/Actions:	**Entities Responsible:**
Strategy 1: By January 31st annually, form a team to plan the event. Strategy 2: By March 15, 2023, select a date, choose a theme, and design the activities to be offered.	Health Ed Team

Strategy 3: By March 31, 2023, advertise the event via newspaper, flyers, and email campaigns; purchase and receive promotional items. Strategy 4: By April 30, 2023, and annually thereafter for the duration of this plan cycle, host the event and provide a summary with photos to the state office and on Florida Health Performs.	
Objective: 5.1.3 By December 31, 2024, increase community partner engagement by launching a local public health data sharing page. Baseline is 0 pages (2022). Target is 1 page.	
Strategies/Actions: Strategy 1: By September 30, 2023, purchase MySidewalk program for data reporting. Strategy 2: By June 30, 2024, create and launch local data sharing page on DOH-Highlands' website. Strategy 3: By December 31, 2024, survey community partners about data sharing page to evaluate effectiveness and decide on renewal. Use data analytics to gauge usage and success of the page.	**Entities Responsible:** Pam Crain Austin Foster IT
Objective: 5.1.4 By June 30, 2025, increase agency capacity by implementing fiscal priorities to bring expenditures in line with revenue and reduce the trust fund balance. Baseline is trust fund balance of 29.9% (2022) reduced to 20.0%.	
Strategies/Actions: Strategy 1: Create working group to design and implement fiscal responsibility plan to reach strategies 2-4. Strategy 2: Make sure expenditures are within 5% of total revenue annually Strategy 3: Make sure cash balance is between 3-11% (state goal for medium counties Strategy 4: Make sure trust fund is reduced from 29.9% to 20.0%	**Entities Responsible:** Jennifer Roth Angela Robles SLT
Objective: 5.1.5 By December 31, 2024, purchase and install new customer survey system that allows interactive response during CHD visits in all customer areas. Baseline is 0 systems (2023). Target is 1 system installed and operational (2024).	
Strategies/Actions: Strategy 1: Create working group to design and implement fiscal responsibility plan to reach strategies 2-4. Strategy 2: Make sure expenditures are within 5% of total revenue annually	**Entities Responsible:** Jennifer Roth Angela Robles SLT

Strategy 3: Make sure cash balance is between 3-11% (state goal for medium counties Strategy 4: Make sure trust fund is reduced from 29.9% to 20.0%	
Objective: 5.1.6 By December 31, 2024, increase the number of senior leaders who have completed Lean Six Sigma Yellow Belt training from 1 (2023) to 6. Baseline is 1 senior leader. Target is 6.	
Strategies/Actions: Strategy 1: Find trainer and schedule courses Strategy 2: Register staff Strategy 3: Complete training Strategy 4: Perform pre- and post-course surveys to document attendance and learning	**Entities Responsible:** Pam Crain SLT

IX. Alignment

Objective	Baseline value	Target value	Objective status	Alignment
Objective 1.1.1: By December 31, 2025, work with the Heartland Rides program to increase medical trips/routes for vulnerable populations in Highlands County. Baseline is 2,437 (2022) trips monthly. Target is 2,500 trips monthly. **Data Source:** HRTPO Quarterly/Annual Reports	2,437 trips 2022	2,500 trips 2025	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 2.1;2.2 AWFD- N/A SHIP- CD7.3 **CHD Plans:** CHIP- 2.1 EOP- N/A PMQI- N/A WFD- N/A
Objective 1.1.2: By December 31, 2025, partner with Highlands County to increase emergency medical services provided to rural residents by establishing a locally based mobile integrated health program. Baseline is 0 programs (2022), with a target of 1 program. **Data Source:** Meeting sign-in sheets/agendas/notes	0 2023	1 2025	Not on track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 2.1.2; 2.3.1 AWFD- N/A SHIP- CD4.2; ISV2.2; MCH3.1; MCH3.2; MW3.3; MW3.4 **CHD Plans:** CHIP- 2.2 EOP- N/A PMQI- N/A WFD- N/A
Objective 1.1.3: By December 31, 2024, increase assistance for clients who may qualify with applying for Medicaid and/or other assistance programs. Baseline is 0 clients served (2022) and target is 10 clients. **Data Source:** Client roster	0 2023	10 2024	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1.1 AWFD- N/A SHIP- MCH 1; SEC 2 **CHD Plans:** CHIP- 2.3 EOP- N/A PMQI- N/A WFD- N/A

Objective 1.1.4: By December 31, 2025, implement telehealth options for clients. Baseline is 0 clients (2023). Target is 30 clients. **Data Source:** Client roster	0 clients 2023	30 clients 2025	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1.1 AWFD- N/A SHIP- MCH 1; SEC 2 CHD Plans: CHIP- 2.4 EOP- N/A PMQI- N/A WFD- N/A
Objective 2.1.1: By January 31, 2024, increase average participation in our CTG Diabetes Wellness program from 17 clients per month (2023) to 20 clients per month. **Data Source:** CTG Monthly/Quarterly/Annual Reports	7 2023	10 2024	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 2.1 AWFD- N/A SHIP- CD 4; CD 6 **CHD Plans:** CHIP- 1.3 EOP- N/A PMQI- N/A WFD- N/A
Objective 2.1.2: By December 31, 2025, reduce the number of adults in Highlands County who have ever been told they have diabetes from 18.0% (2019) to 16.0%. **Data Source:** FLHealthCharts	18.0%	16.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 2.1 AWFD- N/A SHIP- CD 4; CD 6 **CHD Plans:** CHIP- 1.1 EOP- N/A PMQI- N/A WFD- N/A
Objective 2.2.1: By June 30, 2024, partner with Highlands Food Reservoir to increase children's access to food for the summer by provide summer break snack packs for all students in Highlands County, including college-level. Baseline is 0 students (2023), target is 3000. **Data Source:** Meeting notes; event data	0 2023	3000 2024	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;1.3; 2.1;2.2;4.1 AWFD- N/A SHIP- SEC3.3 **CHD Plans:** CHIP- 1.2 EOP- N/A PMQI- N/A WFD- N/A

Objective 2.2.2: By December 31, 2025, increase staff community outreach participation by at least 1 food pantry event in each Highlands County zip code identified as food insecure: 33870 in Sebring, 33875 in Lorida, and 33825 in Avon Park. Baseline is 0 events (2023). Target is 3 events. **Data Source** Staff sign-in sheets	0 2023	3 2025	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;1.3; 2.1;2.2;4.1 AWFD- N/A SHIP- SEC3.3 **CHD Plans:** CHIP- 1.2 EOP- N/A PMQI- N/A WFD- 2.1.3
Objective 3.1.1: By December 31, 2024, increase access to mental health services in Highlands County by identifying and partnering with at least 1 mental health service provider who will offer services to Highlands County residents at reduced or sliding scale fees. Baseline is 0 providers (2023). Target is 1 provider. **Data Source:** MOU; client referrals	0 2023	1 2024	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2;2.3;4.1 AWFD- N/A SHIP- MCH1.3; MW1.1; MW1.2 **CHD Plans:** CHIP- 3.5 EOP- N/A PMQI- N/A WFD- N/A
Objective 3.1.2: By June 30, 2024, increase promotion of services of identified mental health provider(s) in Highlands County to all clients and through outreach events. Baseline is 0 events. Target is 2. **Data Source:** Campaign materials Event materials	0 2023	2 2024	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 4.1 AWFD- N/A SHIP- MCH1.3; MW1.1; MW1.2 **CHD Plans:** CHIP- 3.5 EOP- N/A PMQI- N/A WFD- N/A
Objective 3.1.3: By December 31, 2024, increase the number of DOH-Highlands staff who are trained in Mental Health First Aid from 1 to 10. **Data Source:** Course completion certificates	1 2023	10 2024	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.2;5.1 AWFD- N/A SHIP- N/A **CHD Plans:** CHIP- N/A EOP- N/A PMQI- N/A WFD- 1.1.1

Objective 4.1.1: By December 31, 2025, increase the percentage of adults who have ever received a pneumonia vaccine from 43.6% (2019) to 50.0%. **Data Source:** FLHealthCHARTS	43.6%	50.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 4.1 AWFD- N/A SHIP- N/A **CHD Plans:** CHIP- 2.1; 2.2 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.1.2: By December 31, 2025, increase the percentage of adults who have received a flu shot in the past year from 32.6% (2019) to 40.0% **Data Source:** FLHealthCHARTS	32.6%	40.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 4.1 AWFD- N/A SHIP- TED3.2 **CHD Plans:** CHIP- 2.1; 2.2 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.2.1: By December 31, 2025, reduce the rate of adults who have ever been told they had coronary heart disease, heart attack, or stroke from 17.9% (2019) to 16.0%. **Data Source:** FLHealthCHARTS	17.9%	16.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1 AWFD- N/A SHIP- CD 2 **CHD Plans:** CHIP- SP2 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.2.2: By December 31, 2025, reduce the rate of adults who have ever been told they had chronic obstructive pulmonary disease, emphysema, or chronic bronchitis from 13.4% (2019) to 12.0%. **Data Source:** FLHealthCHARTS	13.4%	12.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1 AWFD- N/A SHIP- CD 3; CD 5 **CHD Plans:** CHIP- SP2 EOP- N/A PMQI- N/A WFD- N/A

Objective 4.2.3: By December 31, 2025, decrease the incidence of breast cancer from 118.1 per 100,000 female population (2019) to 115.0. **Data Source:** FLHealthCHARTS	118.1	115.0	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2 AWFD- N/A SHIP- CD1.2 **CHD Plans:** CHIP- SP2 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.2.4: By December 31, 2025, decrease the incidence of cervical cancer from 17.0 per 100,000 female population (2019) to 15.0. **Data Source:** FLHealthCHARTS	17.0 per 100,000 female population	15.0 per 100,000 female population	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP-1.1;1.2;2.1; 2.2 AWFD- N/A SHIP- CD 1 **CHD Plans:** CHIP- SP 2 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.2.5: By December 31, 2025, increase the percentage of WIC moms who initiate breastfeeding from 84.2% (2023) to 90.0% **Data Source:** CHD Performance Snapshot	84.2%	90.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2;4.1 AWFD- N/A SHIP- MCH2.4 **CHD Plans:** CHIP- 1.4 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.3.1: By December 31, 2025, decrease the rate of adults who are current smokers from 16.5% (2019) to 15.0%. **Data Source:** FLHealthCHARTS	16.5%	15.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2;4.1 AWFD- N/A SHIP- CD1.1; MW3.2 **CHD Plans:** CHIP- 3.1 EOP- N/A PMQI- N/A WFD- N/A

Objective 4.3.2: By December 31, 2025, decrease the rate of students who used cigarettes, cigars, smokeless tobacco, hookah, or electronic vapor products in the past 30 days from 21.1% (2022) to 20.0%. **Data Source:** FLHealth CHARTS	21.1%	20.0%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 4.1 AWFD- N/A SHIP- MW3.1 **CHD Plans:** CHIP- 3.2 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.3.3: By December 31, 2025, reduce the percentage of women who smoke during pregnancy from 6.9% (2021) to 5.9%. **Data Source:** FLHealth CHARTS	6.9%	5.9%	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2;4.1 AWFD- N/A SHIP- CD 5 **CHD Plans:** CHIP- 3.3 EOP- N/A PMQI- N/A WFD- N/A
Objective 4.4.1: By December 31, 2025, decrease the number of fatal drug overdoses in Highlands County from 36 (2020) to 25. **Data Source:** FLHealth CHARTS	36	25	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.2;1.3;2.1 AWFD- N/A SHIP- MW3.4; ISV2.1 **CHD Plans:** CHIP- 3.4 EOP- N/A PMQI- N/A WFD- N/A
Objective 5.1.1: By June 30, 2024, increase staff knowledge of and ability to respond to emerging health threats by offering 6 scheduled and just-in-time trainings on known potential threats. Sign-in sheets and course rosters will be used to document attendance. **Data Source:** Course completion records	0 trainings 2023	6 trainings 2024	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP-1.1;1.2;2.1; 4.1; 5.1; 5.2 AWFD- N/A SHIP- TED 4 **CHD Plans:** CHIP- N/A EOP- N/A PMQI- N/A WFD- 3.1.1; 3.1.2

Objective 5.1.2: By December 31, 2025, increase the number of DOH-Highlands staff who have attended voluntary Trauma-informed Care training from 1 (2023) to 20. **Data Source:** Session sign-in sheets	1 2023	20 2025	Not started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2;5.1;5.2 AWFD- N/A SHIP- N/A **CHD Plans:** CHIP- N/A EOP- N/A PMQI- N/A WFD- 1.1.2
Objective 5.1.3: By December 31, 2025, increase staff community engagement opportunities by hosting a Minority Health Month event each April. Baseline is 1 event (2023). Target is 4 events. **Data Source:** Event flyers; staff sign-in sheets	1 2023	4 2025	On track	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.1;1.2;2.1; 2.2;4.1;5.1 AWFD- N/A SHIP- N/A **CHD Plans:** CHIP- N/A EOP- N/A PMQI- N/A WFD- 2.1.3
Objective 5.1.4: By December 31, 2024, increase community partner engagement by launching a local public health data sharing page. Baseline is 0 pages (2023). Target is 1 web page. **Data Source:** MySidewalk program; data analytics; user logins	0 2023	1 2024	Not yet started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 1.3;2.1;2.2; 3.2; 5.2;5.3 AWFD- N/A SHIP- SEC3.4 **CHD Plans:** CHIP- N/A EOP- N/A PMQI- N/A WFD- 2.1.2
Objective 5.1.5: By June 30, 2025, increase agency capacity by implementing fiscal priorities to bring expenditures in line with revenue and reduce the trust fund balance. Baseline is trust fund balance of 29.9% (2023) reduced to 20.0%. **Data Source:** FIRS	29.9% 2023	20.0% 2025	Not yet started	**Agency Plans:** AEOP- N/A APMQI- N/A ASP- 5.2;5.4;6.1 AWFD- N/A SHIP- N/A **CHD Plans:** CHIP- N/A EOP- N/A PMQI- 3A WFD- 6.1.1

List of Acronyms

AEOP- Agency Emergency Operations Plan

APMQI- Agency Performance Management and Quality Improvement

ASP- Agency Strategic Plan

AWFD- Agency Workforce Development Plan

SHIP- State Health Improvement Plan

CHIP- Community Health Improvement Plan

EOP- County Health Department Emergency Operations Plan

PMQI- County Health Department Performance Management and Quality Improvement Plan

SP- County Health Department Strategic Plan

WFD- County Health Department Workforce Development Plan

X. Monitoring Progress and Reviews

Reviews of the strategic plan take place during the DOH-Highlands Performance Management Council meetings, or as needed.

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. Additionally, operational policies and procedures, including human resource policies and procedures, are reviewed and revised on a routine basis.

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

XI. Summary of Revisions

On Date of Review, the DOH-Highlands Performance Management Council conducted an annual review of the strategic plan. The council discussed progress achieved and obstacles encountered for each objective.

The table below depicts revisions to objectives from the Date of Review review. Strikethrough indicates deleted text and underline indicates added text.

Date of Review Revisions		
Objective	**Revisions to Objective**	**Rationale for Revision(s)**
Objective	**Revision to objective**	**Rationale for revision**
Objective	**Revision to objective**	**Rationale for revision**
Objective	**Revision to objective**	**Rationale for revision**

Appendices

Use the appendices for additional items and information that you want to include in your plan.