



DOH-Pinellas

STRATEGIC PLAN

January 2022 – December 2024



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Mission, Vision, and Values

Public Health Accreditation Board (PHAB) 5.3.2A.a: The strategic plan must include the health department's mission, vision, and guiding principles/values for the health department.

• OUR MISSION

Why do we exist?

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

• OUR VISION

What do we want to achieve?

To be the Healthiest State in the Nation.

• OUR VALUES

What do we use to achieve our mission and vision?

I nnovation

We search for creative solutions and manage resources wisely.

C ollaboration

We use teamwork to achieve common goals and solve problems.

A ccountability

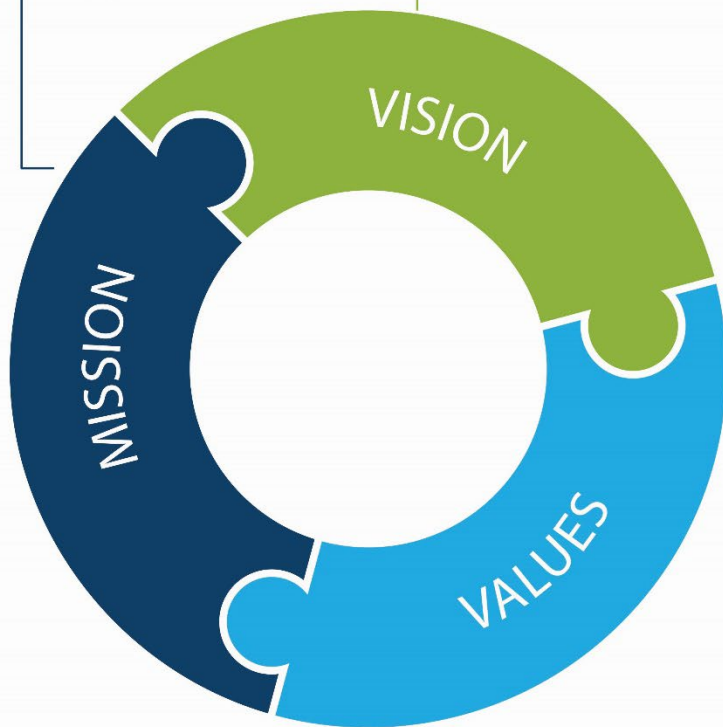
We perform with integrity and respect.

R esponsiveness

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

E xcellence

We promote quality outcomes through learning and continuous performance improvement.





Background and Overview

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

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

Demographics

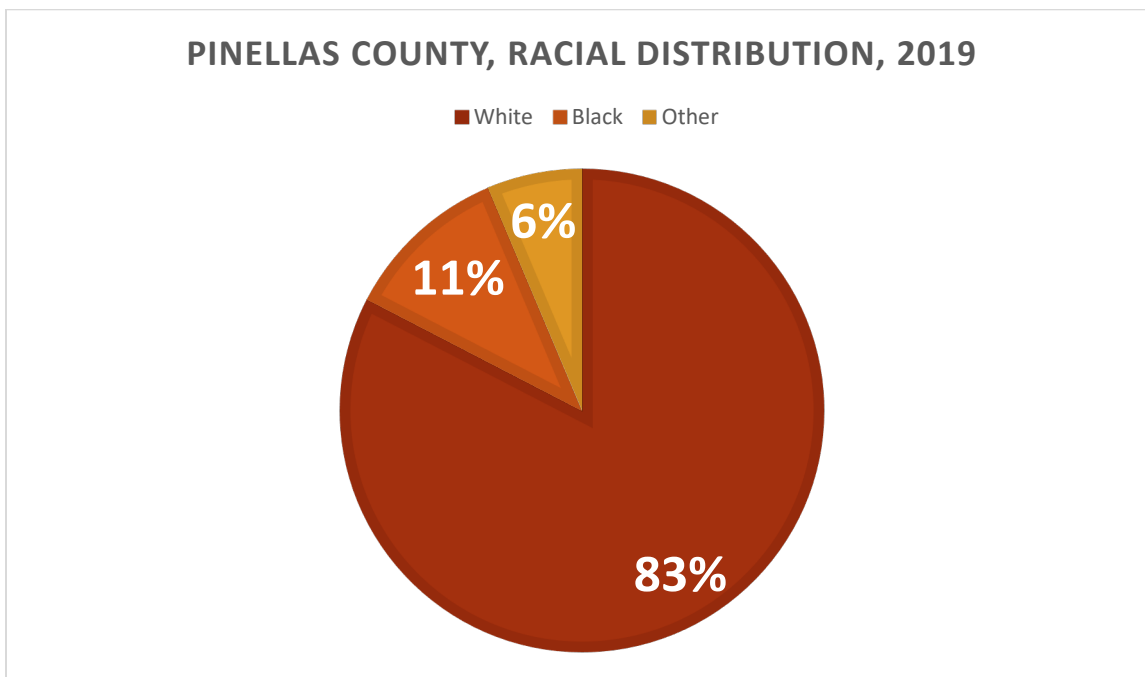
The Florida Department of Health in Pinellas County serves a population of 979,588.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Key characteristics that set Pinellas County apart are the high populations of the 45-64 years (29.4%) and 65-74 years, 29.4% and 13.3% respectively, when compared to the State. Please see the data below.

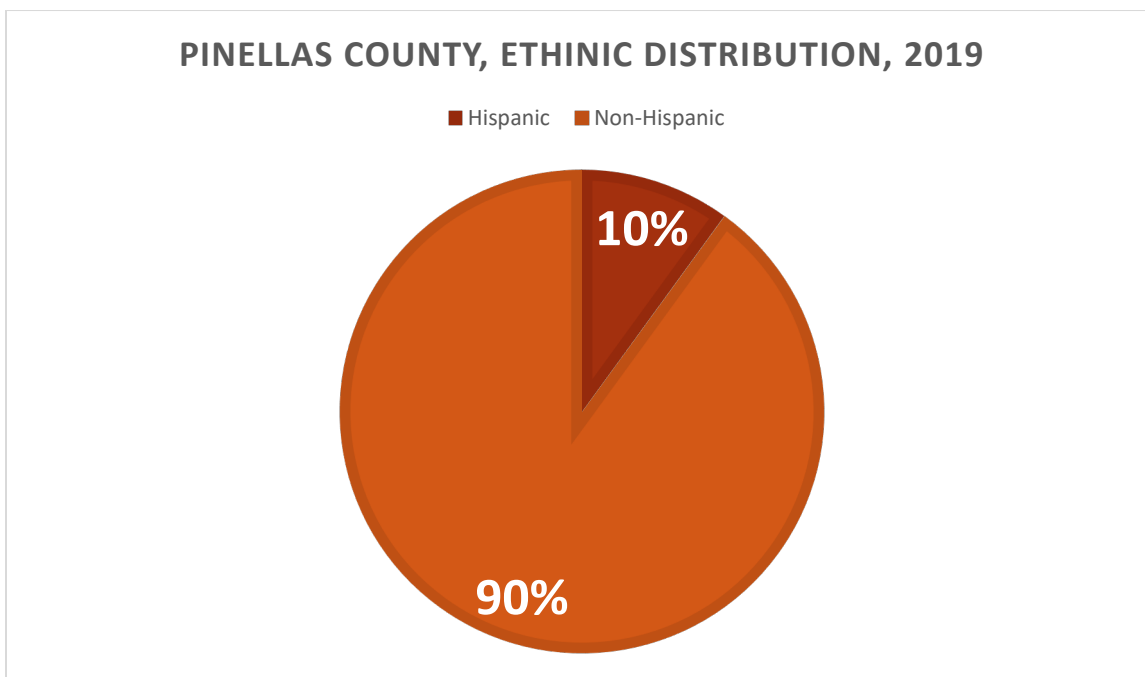
**Population by Age
Pinellas County, Florida 2019**

Age Group	County – Year		State – Year
	Total Number	Total Percentage	Total Percentage
< 5 years	42,482	4.3%	5.4%
5 - 14 years	88,265	9.0%	11.1%
15 - 24 years	92,351	9.4%	11.6%
25 - 44 years	226,168	23.1%	25.2%
Subtotal	449,266	45.8%	53.3%
45 - 64 years	287,594	29.4%	26.3%
65 - 74 years	130,324	13.3%	11.2%
> 74 years	112,374	11.5%	9.2%
Subtotal	530,292	54.2%	46.7%

Source: [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)



Source: [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)



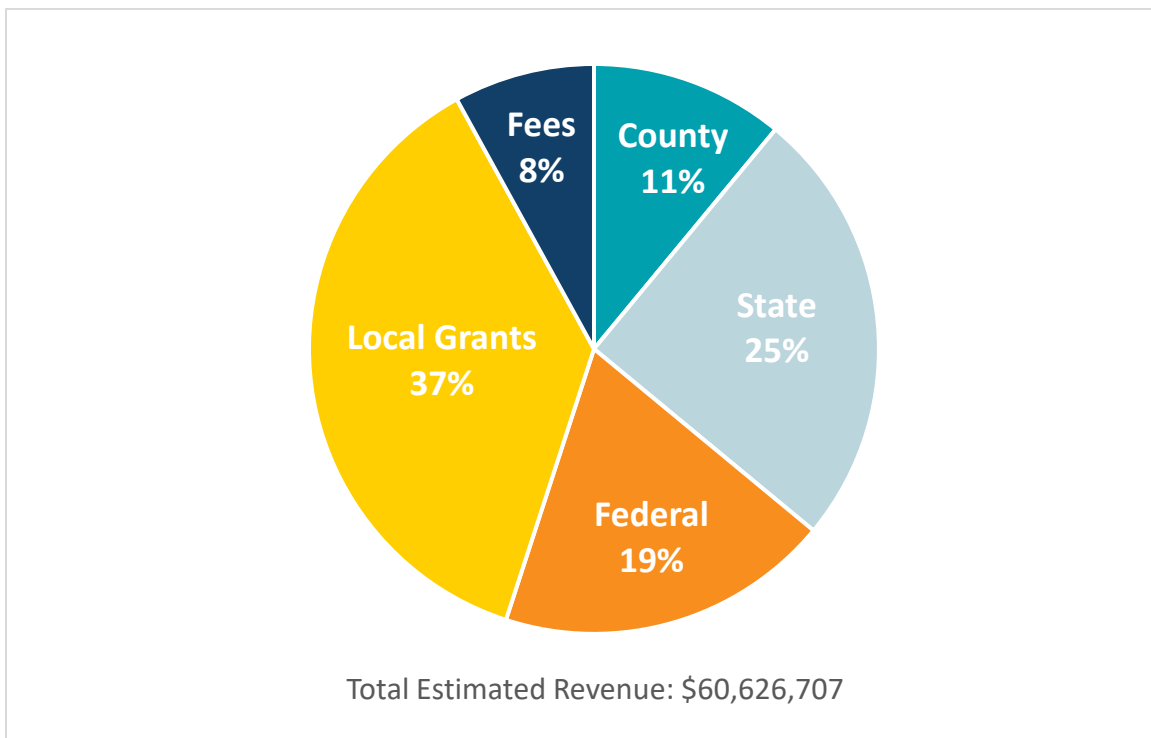
Source: [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)



Budget and Revenue

Financial resources for the Florida Department of Health in Pinellas County are provided through multiple sources. These include fees, grants, and budget allocations from the County, State, and Federal governments. Please see the data below.

**The Florida Department of Health in Pinellas County
Revenue Percentage by Source
Fiscal Year: 2020-2021**



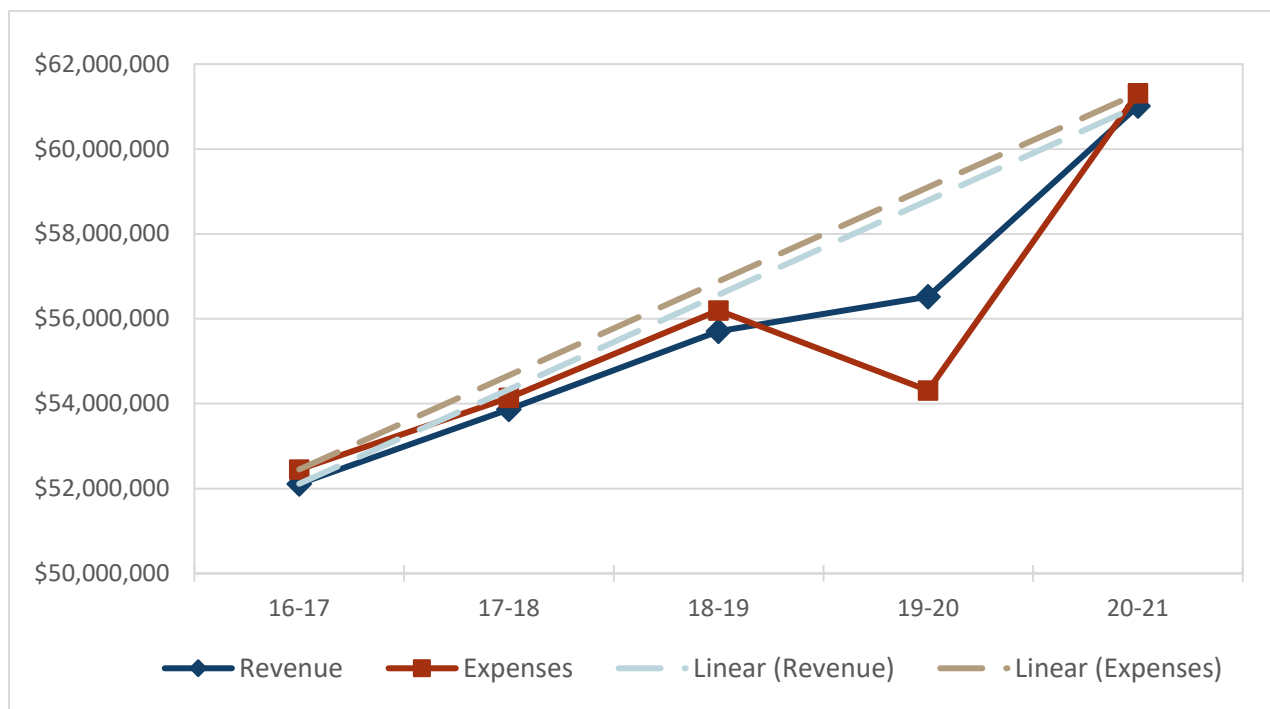
Source: 2020- 2021 FIRS Spending Plan Estimated Revenue as of 10/1/21



Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in Pinellas County include the Coronavirus Pandemic which initially caused a decrease in revenue and spending but in response was followed by increased government funding and expenditures to match. The graph below represents our revenue and expense relationship over the past five years. The corresponding dashed lines represent the moving average of these values, which smooths out fluctuations in data and shows the pattern or trend more clearly. As illustrated, the expenses are rising at a much higher rate than the revenue.

**The Florida Department of Health in Pinellas County
Revenue and Expenses 16/17 FY through 20/21 FY**



Source: Revenue/Receipt Totals and Expenditure Totals from the FIRS RTn Online RVEXCHD Report for 16/17-20/21 FYs



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 Pinellas 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, healthy beaches monitoring, child care licensing and inspections, petroleum tank inspections/cleanups as well as conducting complaint investigations and enforcing public health laws.

Communicable Disease

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, HIV/AIDS treatment and education, immunizations, Hepatitis A, B, & C control and tuberculosis (TB) control.

Public Health Preparedness

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

Community Health Promotion

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

Health Equity

We strive to reach health equity in our county. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

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 physicians, nurses, social workers, and other health care providers. Some of our programs include family planning, Women, Infants and Children (WIC), School Health, Refugee Health, and Dental Health.

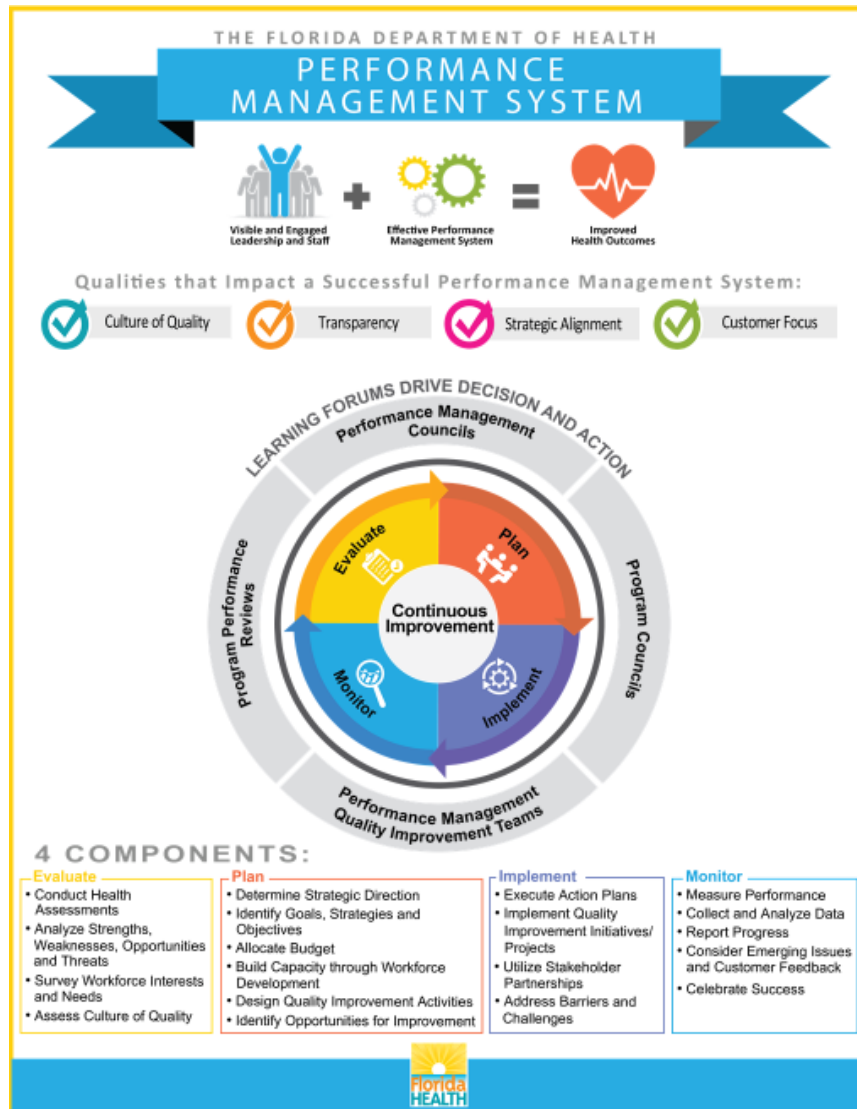
Vital Statistics

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

Planning Summary

PHAB 5.3.1.A.b: Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described. Examples of descriptions for steps include opportunities and threats analysis, environmental scanning process, stakeholder analysis, storyboarding, strengths and weaknesses analysis, and scenario development.

The performance management system is designed to ensure continuous improvement and progress toward goals. The system allows the department to track performance by systematically collecting and analyzing data. It also includes forums for routinely discussing performance to identify opportunities and targets for improvement. The strategic plan sets the direction for action for the DOH-Pinellas a 3-year cycle. As part of the performance management (PM) system, it identifies the priority focus areas for the department, and aligns with state and national priorities.





Planning Summary

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

- Sets organizational objectives by developing strategic health improvement, quality improvement, and workforce development plans at multiple levels across the department that are aligned with the overall agency goals and objectives.
- Identifies performance indicators and establishes processes to measure and report on progress toward achieving objectives on a regular basis.
- Identifies areas where achieving objectives requires focused quality improvement processes.
- Provides visible leadership for ongoing performance management.

The DOH-Pinellas Performance Management Council is the foundation of the department's performance management system. The primary functions of the Council are to:

- Advise and guide the creation, deployment, and continuous evaluation of the performance management system and its components.
- Continuously and routinely monitor and evaluate the performance in achieving strategic objectives in health improvement, agency strategic, quality improvement, and workforce development plans.
- Make recommendations to improve performance.

The DOH-Pinellas initiated a new strategic planning process in January 2021 to define the direction and course of the agency for consumers, employees, administrators, and legislators for the next 3 years. The plan will position DOH-Pinellas to operate as a sustainable integrated public health system and provide DOH-Pinellas customers with quality public health services. It is a living document that DOH-Pinellas will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the 12-month planning process during 10 meetings. Attending these meetings were numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council. DOH-Pinellas 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.

[PHAB 5.3.2.A.d: The strategic plan must consider capacity for and enhancement of information management, workforce development, communication \(including branding\), and financial sustainability.](#)

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

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

In preparation for the strengths, opportunities, aspirations, and results (SOAR) analysis, staff from DOH-Pinellas summarized and presented information from the sources listed on page 25 to the performance management council. The performance management council reviewed the findings and conducted a SOAR analysis based on the findings. The discussion included consideration of



Planning Summary

infrastructure and capacity required for efficiency and effectiveness including:

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

The SOAR analysis discussion also included the identification of external trends, events, and other factors that may impact community health or the health department. See all identified strengths, weaknesses, opportunities, and threats on page 11.

Performance management council members then used the SOAR analysis, the Agency Strategic Plan, and the agency mission, vision, and values to choose strategic priority areas and goals. Staff then worked with program managers and their staff to write and revise 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:

Meeting Date	Meeting Topic
2/9/2021	PMC
4/7/2021	Environmental Scan
5/11/2021	PMC
5/17/2021	Adding to the SOAR
7/13/2021	PMC
8/18/2021	Adding to the SOAR cont.
9/14/2021	PMC
10/20/2021	Results Gap Analysis
11/9/2021	Prioritization
12/1/2021	Writing Goals and Strategies

DOH-Pinellas 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-Pinellas Performance Management Council participants use as a reference when the strategic plan is discussed.



Strategic Planning Participants

PHAB 5.3.1.A.a: The strategic plan must include a list of individuals who participated in the strategic planning process and their titles. Participants must include various levels of staff as well as representatives of the health department's governing entity.

DOH-Pinellas Strategic Planning Participants 2021

- **Dr. Ulyee Choe,**
DOH-Pinellas Director
- **Gayle Guidash,**
Assistant DOH-Pinellas Director, Director of Disease Control and Health Protection
- **Pervinder Birk,**
Director of Administrative Services
- **Sharlene Edwards,**
Director of Disease Control Division
- **Dr. Christopher Gallucci,**
Planning Manager/Accreditation Lead
- **Jennifer Gray,**
Executive Community Health Nursing Director/Director of Community Health and Performance Management
- **Margarita Hall,**
Public Information Director
- **Ray Hensley,**
Director of Maternal and Child Health
- **Dr. Nosakhare Idehen,**
CHA/CHIP/CHAT Lead
- **Linda Kahle,**
Medical Services Manager
- **Nida Khan,**
QI Consultant/Lead
- **Heath Kirby,**
Health in All Policies (HiAP) Lead
- **JoAnne Lamb,**
Surveillance Program Manager
- **Marisa Pfalzgraf,**
Director of Information Technology
- **Barbara Sarver,**
WIC Services Manager
- **Elizabeth Smith,**
Executive Community Health Nursing Director/Director of Community Health and Performance Management
- **La Tonya Thomas,**
Training Consultant
- **Melissa Van Bruggen,**
Director of Clinical Health Services
- **Shanya Turner,**
Planner/Health Equity Team Lead
- **Rachel Pigeon,**
Strategic Planning Intern



Strengths, Opportunities, Aspirations, and Results (SOAR) Analysis

PHAB 5.3.2.A.e-f: The strategic plan must include the identification of external trends, events, or other factors that may impact community health or the health department

Strengths

We want to maintain and leverage strengths.

Agency Infrastructure:

- Communication from the top down
- Support from leadership
- Funding and financial stability
- Real time inspection/complaint completion reporting
- Grant Funding uptake

Capacity:

- Resource-rich environment
- Strong customer service skills
- Mission orientated workforce
- Annual training

Emerging Trends:

- Collaboration with community partnerships
- Access to a variety of health data

Opportunities

We want to invest in opportunities and minimize weaknesses.

Agency Infrastructure:

- Use of technology, tradition and social media
- Limited collaboration between departments

Capacity:

- Competitive pay
- Staff turnover, retention and recruitment
- Focus on skill sharpening

Emerging Trends:

- Integrated approaches to aid in data collection, delivery and marketing of services

Aspirations

Where we want to be in the future.

Agency Infrastructure:

- Ensure cross divisional work and collaboration
- Robust Cybersecurity infrastructure

Capacity:

- Maintain competent, engaged, and technologically savvy workforce

Emerging Trends:

- Focus health equity efforts in all programs
- Increased focus on data-driven activities
- Innovative and effective communications and promotions to priority groups
- Refocus on disease prevention

Other:

- Collect adequate customer service feedback
- Improved metrics for programs

Results

The measurable results we want to achieve.

Agency Infrastructure:

- Increased collaboration ensuring increased access to care

Capacity:

- Increased retention rate
- Increased exit interview survey data
- Increased grant funding

Emerging Trends:

- Increased automated systems and cloud-based servers
- Increased communications and promotions to priority groups

Other:

- Increased customer satisfaction responses and results



Objectives

Objectives

PHAB 5.3.2.A.c, g: The strategic plan must include the health department's objectives with measurable and time-framed targets (expected products or results). It must also include linkage with the health improvement plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or the quality improvement plan, but it must show where linkages are appropriate.

Priority 1: <i>Healthy, Thriving Lives</i>					
Goal 1.1: Enhance health promotion activities					
Strategy 1.1.1: Improve maternal and child health					
Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
1.1.1.1: By September 30, 2023, increase the percentage of potentially eligible WIC population served from 45.7% (2020) to 50%. Data Source: FL WiSE	45.7% (2020)	50% (9/30/23)	Maternal and Child Health (MCH)	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- MCH2 CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-
1.1.1.2: By June 30, 2023, increase the number of mothers in MCH Home Visiting who receive their post-partum check-up from 87% (2020) to 95%. Data Source: Healthy Start Coalition/Well Family System	87% (2020)	95% (6/30/23)	MCH	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- MCH2 CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-



Objectives

Priority 1: *Healthy, Thriving Lives*

Goal 1.1: Enhance health promotion activities

Strategy 1.1.2: Improve low birthweights

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
1.1.2.1: By September 30, 2023, increase the percentage of WIC clients who report breastfeeding at 6 months from 28.9% (2020) to 36%. Data Source: FL WiSE	28.9% (2020)	36% (9/30/23)	Maternal and Child Health (MCH)	On Track	Agency Plans: AEOP- APMQI- 2.1.2 ASP- AWFD- SHIP- MCH1 CHD Plans: CHIP- AC 2.3 EOP- PMQI- QI project (page 27) WFD-

Priority 1: *Healthy, Thriving Lives*

Goal 1.2: Promote Healthy Lifestyles

Strategy 1.2.1: Enhance prevention education

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
1.2.1.1: By December 31, 2022, increase the number of opioid awareness outreach events attended from 27 (2021) to 35. Data Source: HMS	27 (2021)	35 (12/31/22)	Disease Control (DCD)	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- BH3 CHD Plans: CHIP- BH 1.1 EOP- PMQI- WFD-



Objectives

Priority 1: *Healthy, Thriving Lives*

Goal 1.2: Promote Healthy Lifestyles

Strategy 1.2.1: Enhance prevention education

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
1.2.1.2: By December 31, 2024, increase the number of at-risk children ages 0-18 in Pinellas County receiving oral health education from 7,337 (2020) to 9,000. Data Source: Eaglesoft	7,337 (2020)	9,000 (12/31/24)	Dental Clinical Services	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-

Priority 1: *Healthy, Thriving Lives*

Goal 1.2: Promote Healthy Lifestyles

Strategy 1.2.2: Increase HIV prevention activities

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
1.2.2.1: By December 31, 2023, increase HIV screening in Family Planning from 61.71% (2020) to 70%. Data Source: HMS	61.71% (2020)	70% (12/31/23)	Community Health	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- ID2 CHD Plans: CHIP- EOP- PMQI- QI project (page 28) WFD-



Objectives

Priority 1: *Healthy, Thriving Lives*

Goal 1.2: Promote Healthy Lifestyles

Strategy 1.2.2: Increase HIV prevention activities

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
1.2.2.2: By December 31, 2022, increase the number of clients initiating PrEP from 105 (6/2021) to 210. Data Source: Curant Reports/HMS data/PrEP Navigator Reports and records	105 (6/2021)	210 (12/31/22)	Community Health	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- ID2 CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-

Priority 2: *Access to Equitable Care*

Goal 2.1: Improve public health in underserved communities

Strategy 2.1.1: Improve internal cancer screening rates

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
2.1.1.1: By December 31, 2024, increase breast cancer screening rate among primary care clients from 44% (2020) to 58%. Data Source: HMS	44% (2020)	58% (12/31/24)	Clinical Services	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- AC 2 EOP- PMQI- WFD-



Objectives

Priority 2: *Access to Equitable Care*

Goal 2.1: Improve public health in underserved communities

Strategy 2.1.1: Improve internal cancer screening rates

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
2.1.1.2: By December 31, 2024, increase cervical cancer screening rate among primary care clients from 55% (2020) to 59%. Data Source: HMS	55% (2020)	59% (12/31/24)	Clinical Services	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- MCH2 CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-

Priority 2: *Access to Equitable Care*

Goal 2.1: Improve public health in underserved communities

Strategy 2.1.2: Increase clinical encounters

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
2.1.2.1: By December 31, 2024, increase primary care clients with medical visits from 60% (2020) to 68%. Data Source: HMS	60% (2020)	68% (12/31/24)	Clinical Services	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- MCH2.2 CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-



Objectives

Priority 2: <i>Access to Equitable Care</i>					
Goal 2.1: Improve public health in underserved communities					
Strategy 2.1.2: Increase clinical encounters					
Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
2.1.2.2: By December 31, 2024, increase primary care clients with dental visit from 29% (2020) to 35%. Data Source: HMS	29% (2020)	35% (12/31/24)	Clinical Services	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-
2.1.2.3: By December 31, 2023, increase number of family planning clients from 17,493 (2020) to 21,000. Data Source: HMS	17,493 (2020)	21,000 (12/31/23)	Community Health	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- MCH2.2 CHD Plans: CHIP- AC 1 EOP- PMQI- WFD-



Objectives

Priority 2: *Access to Equitable Care*

Goal 2.1: Improve public health in underserved communities

Strategy 2.1.3: Promote health equity in all programs

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
2.1.3.1: By December 31, 2024, increase the number of policies reviewed by health equity liaison biannually from 0% (2021) to 100%. Data Source: Internal Data	0% (2021)	100% (12/31/24)	Office of Health Equity (OHE)	On Track	Agency Plans: AEOP- APMQI- ASP- 1.1.2 AWFD- SHIP- HE1 CHD Plans: CHIP- SDH 1.3 EOP- PMQI- WFD- 1.1

Priority 3: *Emerging Health Threats*

Goal 3.1: Reduce the transmission of communicable diseases

Strategy 3.1.1: Reduce rates of STIs

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
3.1.1.1: By December 31, 2024, decrease rate of gonorrhea infections in Black males from 4.5 persons per 1,000 population (2020) to 4.0 persons per 1,000 population. Data Source: STARS for case counts, FLCHARTS for population demographics	4.5 per 1,000 (2020)	4.0 per 1,000 (12/31/24)	DCD	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- ID3 CHD Plans: CHIP- EOP- PMQI- WFD-



Objectives

Priority 3: *Emerging Health Threats*

Goal 3.1: Reduce the transmission of communicable diseases

Strategy 3.1.1: Reduce rates of STIs

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
3.1.1.2: By December 31, 2024, decrease cases of People with HIV (PWH) infected with both HIV and syphilis from 35.7 persons per 1,000 population (2020) to 28.2 persons per 1,000 population. Data Source: 2019 and 2020 HIV Epi Profiles (STARS for % of total cases in reference table)	35.7 per 1,000 (2020)	28.2 per 1,000 (12/31/24)	DCD	On Track	Agency Plans: AEOP- APMQI- ASP- 2.1.1 AWFD- SHIP- ID1, ID2 CHD Plans: CHIP- EOP- PMQI- WFD-

Priority 3: *Emerging Health Threats*

Goal 3.1: Reduce the transmission of communicable diseases

Strategy 3.1.2: Increase vaccination rates

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
3.1.2.1: By December 31, 2024, increase COVID-19 vaccination rates among Black residents between the age of 19-34 from 25% (11/2021) to 55%. Data Source: FLSHOTs for vaccination status; FLCHARTS for demographic and population data	25% (11/2021)	55% (12/31/24)	DCD	On Track	Agency Plans: AEOP- APMQI- ASP- 1.1.3, 3.1.1 AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-



Objectives

Priority 3: *Emerging Health Threats*

Goal 3.1: Reduce the transmission of communicable diseases

Strategy 3.1.2: Increase vaccination rates

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
3.1.2.2: By December 31, 2024, increase the number of kindergarteners enrolled in public and private schools who have a completed Certificate of Immunization from 92.2% (2021) to 95%. Data Source: FLSHOTS	92.2% (2021)	95% (12/31/24)	Community Health	On Track	Agency Plans: AEOP- APMQI- ASP- 3.1.1 AWFD- SHIP- IM2 CHD Plans: CHIP- EOP- PMQI- WFD-

Priority 4: *Capacity Building*

Goal 4.1: Cultivate a diverse, competent, and engaged workforce

Strategy 4.1.1: Reduce turnover rate

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
4.1.1.1: By December 31, 2024, increase the retention rate from 75.28% (2018) to 77.28%. Data Source: Quarterly Workforce Inventory Report	75.28% (2018)	77.28% (12/31/24)	Administrative Services	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-



Objectives

Priority 4: <i>Capacity Building</i>					
Goal 4.1: Cultivate a diverse, competent, and engaged workforce					
Strategy 4.1.2: Improve capacity for workforce support					
Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
4.1.2.1: By December 31, 2023, increase the number of MRC volunteers from 232 (2021) to 255. Data Source: Internal data	232 (2021)	255 (12/31/23)	Public Health Preparedness (PHP)	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- (page 19) PMQI- WFD-
4.1.2.2: By December 31, 2024, increase the number of internships annually from 10 (2019) to 25. Data Source: Internal data	10 (2019)	25 (12/31/24)	Community Health	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-



Objectives

Priority 4: *Capacity Building*

Goal 4.2: Promote a culture for performance management and quality improvement

Strategy 4.2.1: Improve satisfaction survey data

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
4.2.1.1: By June 30, 2022, increase number of customer satisfaction survey responses from 2% (2021) to 2.6%. Data Source: Survey Monkey	2% (2021)	2.6% (6/30/22)	Community Health	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-

Priority 4: *Capacity Building*

Goal 4.2: Promote a culture for performance management and quality improvement

Strategy 4.2.2: Improve budgetary flexibility and responsiveness

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
4.2.2.1: By December 31, 2024, maintain an average annual cash balance greater than 5% during each fiscal year. Data Source: FIRS	8% (fiscal year '20)	>5% (12/31/24)	Administrative Services	On Track	Agency Plans: AEOP- APMQI- ASP- 4.1.2 AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD- 3.1



Objectives

Priority 4: *Capacity Building*

Goal 4.3: Leverage use of current and emergent technologies to enhance core agency functions

Strategy 4.3.1: Increase social media presence

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
4.3.1.1: By October 31, 2022, increase the average number of monthly Twitter impressions about agency functions and departments from 70,100 (October 2021) to 140,200. Data Source: PIO	70,100 (10/21)	140,200 (10/31/22)	Public Information Office (PIO)	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-

Priority 4: *Capacity Building*

Goal 4.3: Leverage use of current and emergent technologies to enhance core agency functions

Strategy 4.3.2: Increase cybersecurity knowledge

Objective(s)	Baseline Value (Baseline Date)	Target Value (Target Date)	Lead Entity Responsible	Objective Status	Alignment
4.3.2.1: By December 31, 2024, decrease the number of staff assigned phishing remediation from 26 (Q1 2021) to 10. Data Source: Internal data	26 (Q1 2021)	10 (12/31/24)	Information Technology (IT)	On Track	Agency Plans: AEOP- APMQI- ASP- AWFD- SHIP- CHD Plans: CHIP- EOP- PMQI- WFD-

ASP- Agency Strategic Plan

AEOP-Agency Emergency Operations Plan

APMQI-Agency Performance Management and Quality Improvement

ASP- Agency Strategic Plan

SHIP- State 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

CHIP-Community Health Improvement Plan

AWFD-Agency Workforce Development Plan

WFD-County Health Department Workforce Development Plan



Review Process

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

Summary of Revisions

*This is the first version of the plan and has not been reviewed. This section will be updated after the first plan review cycle.

On Date of Review, the DOH-Pinellas' 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 Number	Revisions to Objective	Rationale for Revisions
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision
#	Revision to objective	Rationale for revision



Environmental Scan Resources

1. [Agency Strategic Plan, 2016-2020](#)
2. [Agency Quality Improvement Plan, 2018-2020](#)
3. Behavioral Risk Factor Surveillance System (BRFSS), 2020
4. Biomedical Research Advisory Council Annual Report, 2019-2020
5. DOH-Pinellas Community Health Assessment, 2018-2022
6. DOH-Pinellas Community Health Improvement Plan, 2018-2022
7. DOH-Pinellas Quality Improvement Plan, 2017-2022
8. DOH-Pinellas Workforce Development Plan, 2020-2022
9. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
10. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
11. Florida Department of Health, Office of Inspector General Annual Report 2020-2021
12. [Florida Department of Health Workforce Development Plan, 2019-2021](#)
13. [Florida State Health Improvement Plan, 2017-2021](#)
14. Florida Middle School Health Behavior Survey Results, 2019
15. Florida Morbidity Statistics Report, 2017
16. Florida Pregnancy Risk Assessment Monitoring System Trend Report, 2015
17. [Florida Strategic Plan for Economic Development, 2018-2023](#)
18. Florida Vital Statistics Annual Report, 2019
19. Florida Youth Risk Behavior Survey Results, 2019
20. Florida Youth Tobacco Survey Results, 2020
21. Physician Workforce Annual Report, 2020
22. Volunteer Health Services Annual Report, 2019-2020



Strategic Priorities Strategy Map

PHAB 5.3.2.A.b-c: The strategic plan must include the health department's strategic priorities and goals. The health department's goals and objectives must be measurable and with time-framed targets (expected products or results).

Priority 1: Healthy Thriving Lives

Goal

1.1 Enhance health promotion activities

Strategy	1.1.1	Improve maternal and child health
OBJECTIVES	1.1.1.1	By September 30, 2023, increase the percentage of potentially eligible WIC population served from 45.7% (2020) to 50%.
	1.1.1.2	By June 30, 2023, increase the number of mothers in MCH Home Visiting who receive their post-partum check-up from 87% (2020) to 95%.
Strategy	1.1.2	Improve low birthweights
OBJECTIVES	1.1.2.1	By September 30, 2023, increase the percentage of WIC clients who report breastfeeding at 6 months from 28.9% (2020) to 36%.

Goal

1.2 Promote healthy lifestyles

Strategy	1.2.1	Enhance prevention education
OBJECTIVES	1.2.1.1	By December 31, 2022, increase the number of opioid awareness outreach events attended from 27 (2021) to 35.
OBJECTIVES	1.2.1.2	By December 31, 2024, increase the number of at-risk children ages 0-18 in Pinellas County receiving oral health education from 7,337 (2020) to 9,000.
Strategy	1.2.2	Increase HIV prevention activities
OBJECTIVES	1.2.2.1	By December 31, 2023, increase HIV screening in Family Planning from 61.71% (2020) to 70%.
OBJECTIVES	1.2.2.2	By December 31, 2022, increase the number of clients initiating PrEP from 105 (6/2021) to 210.

Priority 2: Access to Equitable Care

Goal

2.1 Improve public health in underserved communities

Strategy	2.1.1	Improve internal cancer screening rates
OBJECTIVES	2.1.1.1	By December 31, 2024, increase breast cancer screening rate among primary care clients from 44% (2020) to 58%.
	2.1.1.2	By December 31, 2024, increase cervical cancer screening rate among primary care clients from 55% (2020) to 59%.
Strategy	2.1.2	Increase clinical encounters
OBJECTIVES	2.1.2.1	By December 31, 2024, increase primary care clients with medical visits from 60% (2020) to 68%.
OBJECTIVES	2.1.2.2	By December 31, 2024, increase primary care clients with dental visit from 29% (2020) to 35%.
OBJECTIVES	2.1.2.3	By December 31, 2023, increase number of family planning clients from 17,493 (2020) to 21,000.
Strategy	2.1.3	Promote health equity in all programs
OBJECTIVES	2.1.3.1	By December 31, 2024, increase the number of policies reviewed by health equity liaison biannually from 0% (2021) to 100%.

**Priority 3: Emerging Health Threats**

Goal	3.1	Reduce the transmission of communicable diseases
Strategy	3.1.1	Reduce rates of STIs
OBJECTIVES	3.1.1.1	By December 31, 2024, decrease rate of gonorrhea infections in Black males from 4.5 persons per 1,000 population (2020) to 4.0 persons per 1,000 population.
	3.1.1.2	By December 31, 2024, decrease cases of People with HIV (PWH) infected with both HIV and syphilis from 35.7 persons per 1,000 population (2020) to 28.2 persons per 1,000 population.
Strategy	3.1.2	Increase vaccination rates
OBJECTIVES	3.1.2.1	By December 31, 2024, increase COVID-19 vaccination rates among Black residents between the age of 19-34 from 25% (11/2021) to 55%.
OBJECTIVES	3.1.2.2	By December 31, 2024, increase the number of kindergarteners enrolled in public and private schools who have a completed Certificate of Immunization from 92.2% (2021) to 95%.

Priority 4: Capacity Building

Goal	4.1	Cultivate a diverse, competent, and engaged workforce
Strategy	4.1.1	Reduce turnover rate
OBJECTIVES	4.1.1.1	By December 31, 2024, increase the retention rate from 75.28% (2018) to 77.28%.
Strategy	4.1.2	Improve capacity for workforce support
OBJECTIVES	4.1.2.1	By December 31, 2023, increase the number of MRC volunteers from 232 (2021) to 255.
OBJECTIVES	4.1.2.2	By December 31, 2024, increase the number of internships annually from 10 (2019) to 25.
Goal	4.2	Promote a culture for performance management and quality improvement
Strategy	4.2.1	Improve satisfaction survey data
OBJECTIVES	4.2.1.1	By June 30, 2022, increase number of customer satisfaction survey responses from 2% (2021) to 2.6%.
Strategy	4.2.2	Improve budgetary flexibility and responsiveness
OBJECTIVES	4.2.2.1	By December 31, 2024, maintain an average annual cash balance greater than 5% during each fiscal year.
Goal	4.3	Leverage use of current and emergent technologies to enhance core agency functions
Strategy	4.3.1	Increase social media presence
OBJECTIVES	4.3.1.1	By October 31, 2022, increase the average number of monthly Twitter impressions about agency functions and departments from 70,100 (October 2021) to 140,200.
Strategy	4.3.2	Increase cybersecurity knowledge
OBJECTIVES	4.3.2.1	By December 31, 2024, decrease the number of staff assigned phishing remediation from 26 (Q1 2021) to 10.