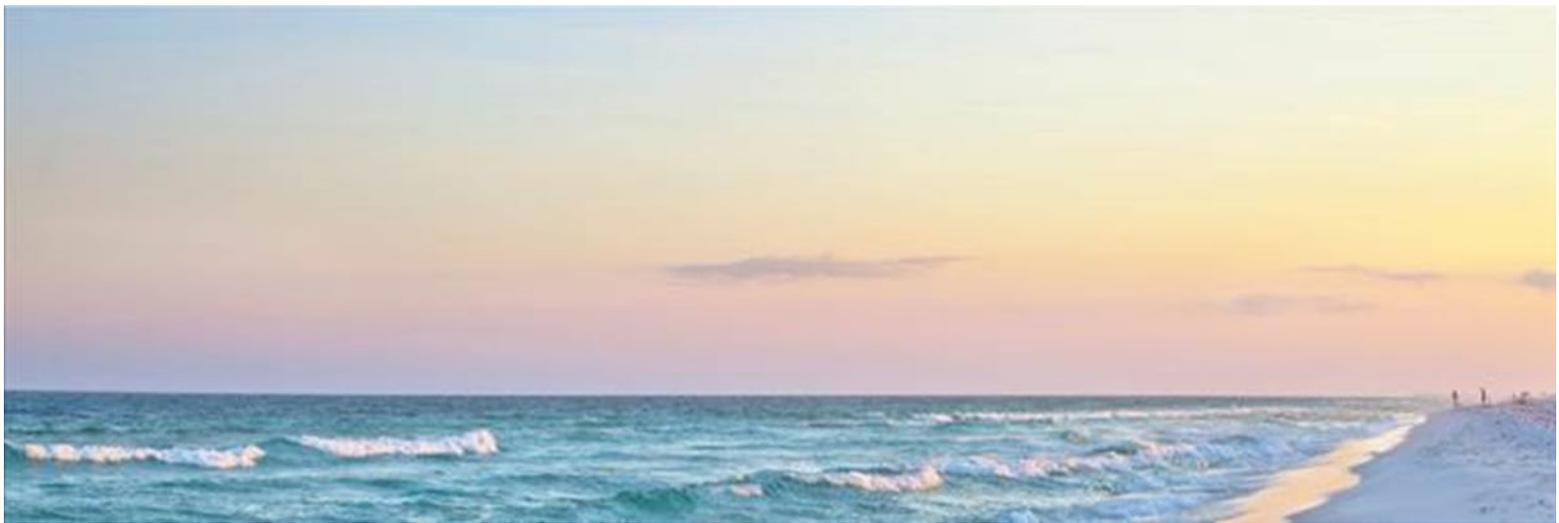




Taylor and Wakulla County

STRATEGIC PLAN

January 2023-December 2025



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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?

Innovation

We search for creative solutions and manage resources wisely.

Collaboration

We use teamwork to achieve common goals and solve problems.

Accountability

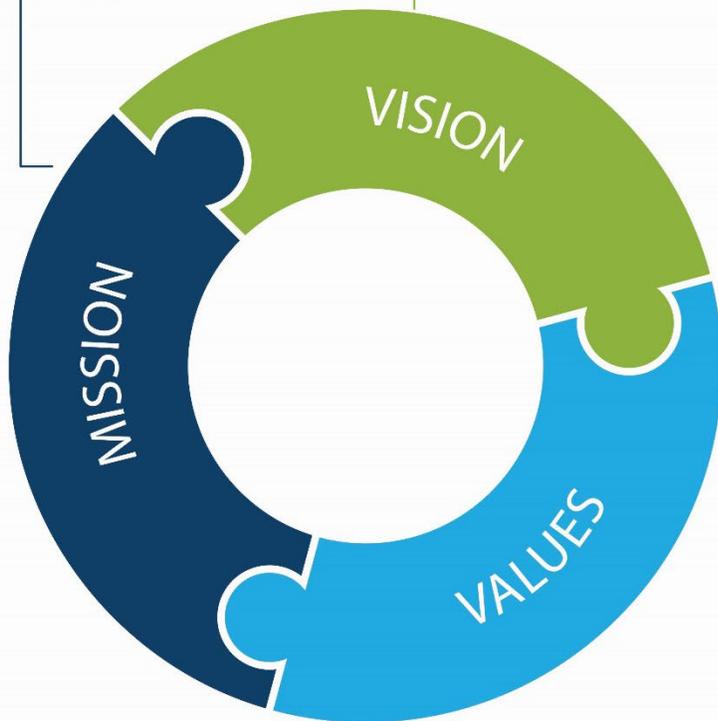
We perform with integrity and respect.

Responsiveness

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

Excellence

We promote quality outcomes through learning and continuous performance improvement.





Background and Overview

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

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

Demographics

The Florida Department of Health in Taylor and Wakulla Counties serve a combined population of over 56,000 residents.

Where we live influences our health. Demographic, socioeconomic, and environmental factors create unique community health service needs. Key characteristics that set our counties apart include our coastal geography, which makes our areas vulnerable to natural disasters from the Gulf of Mexico. Both of our counties are limited in our specialty healthcare resources and mental health resources. Our counties are both limited infrastructural communities with an aging population. Please see the data below.

**Population by Age
Taylor and Wakulla Counties and Florida**

Age Group	Taylor County - 2020		Wakulla County – 2020		State – 2020
	Total Number	Total Percentage	Total Number	Total Percentage	Total Percentage
< 5 years	1,224	5.4 %	1,741	5.2%	5.3%
5 - 14	2,539	11.2%	3,912	11.7%	11.1%
15 - 24	2,353	10.4%	3,577	10.7%	11.5%
25 - 44	5,971	26.4%	9,296	27.8%	25.2%
Subtotal	12,087	53.4%	18,526	55.4%	53.1%
45 - 64	5,815	25.7%	9,557	28.6%	26.1%
65 - 74	2,758	12.2%	3,433	10.3%	11.4%
> 74 years	1,994	8.8%	1,878	5.6%	9.4%
Subtotal	10,567	46.7%	14,868	44.5%	46.9%
Population	22,654	100.1%	33,394	99.9%	100.0%

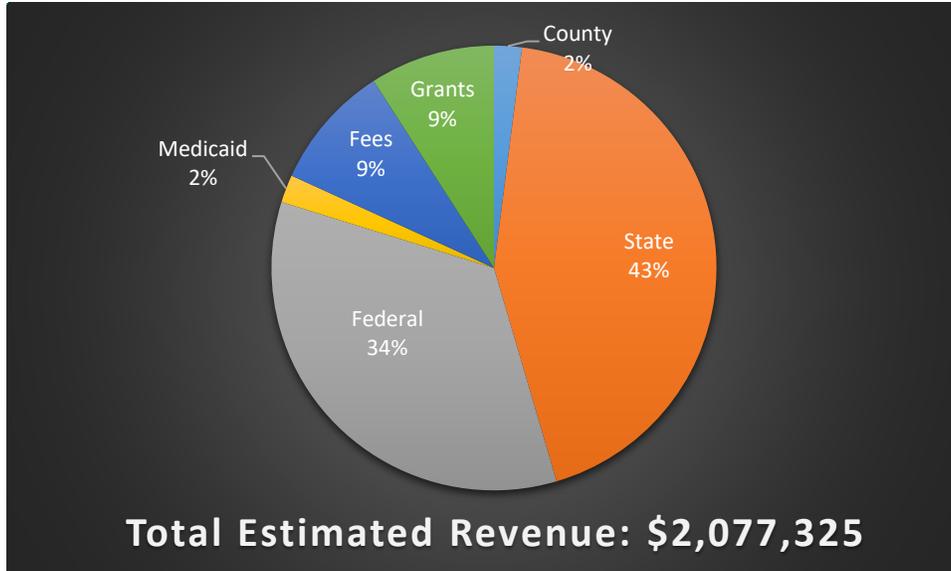
Source: Florida CHARTS, Population Dashboard, 2020



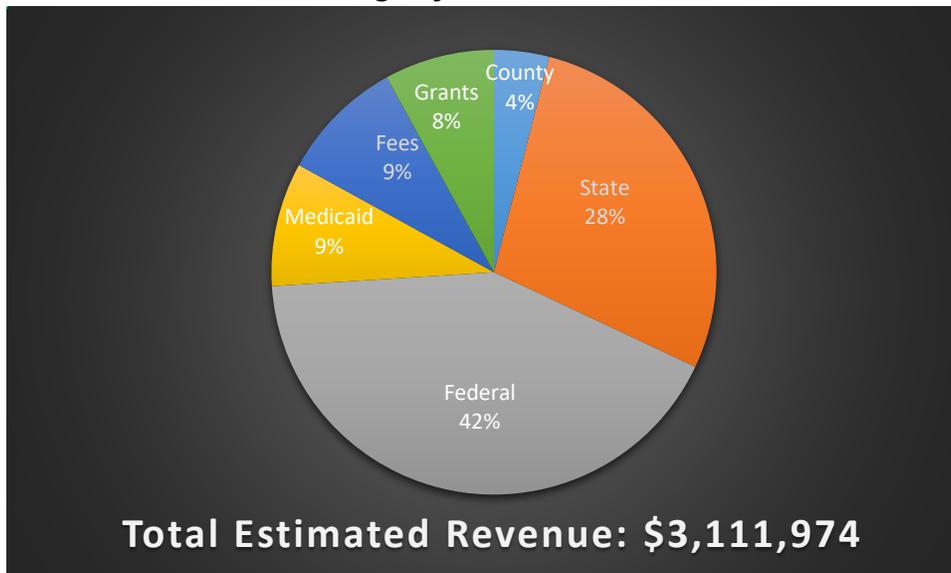
Budget and Revenue

Financial resources for the Florida Department of Health in Taylor and Wakulla Counties 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 Taylor County
Revenue Percentage by Source for Fiscal Year: 2021**



**The Florida Department of Health in Wakulla County
Revenue Percentage by Source for Fiscal Year: 2021**



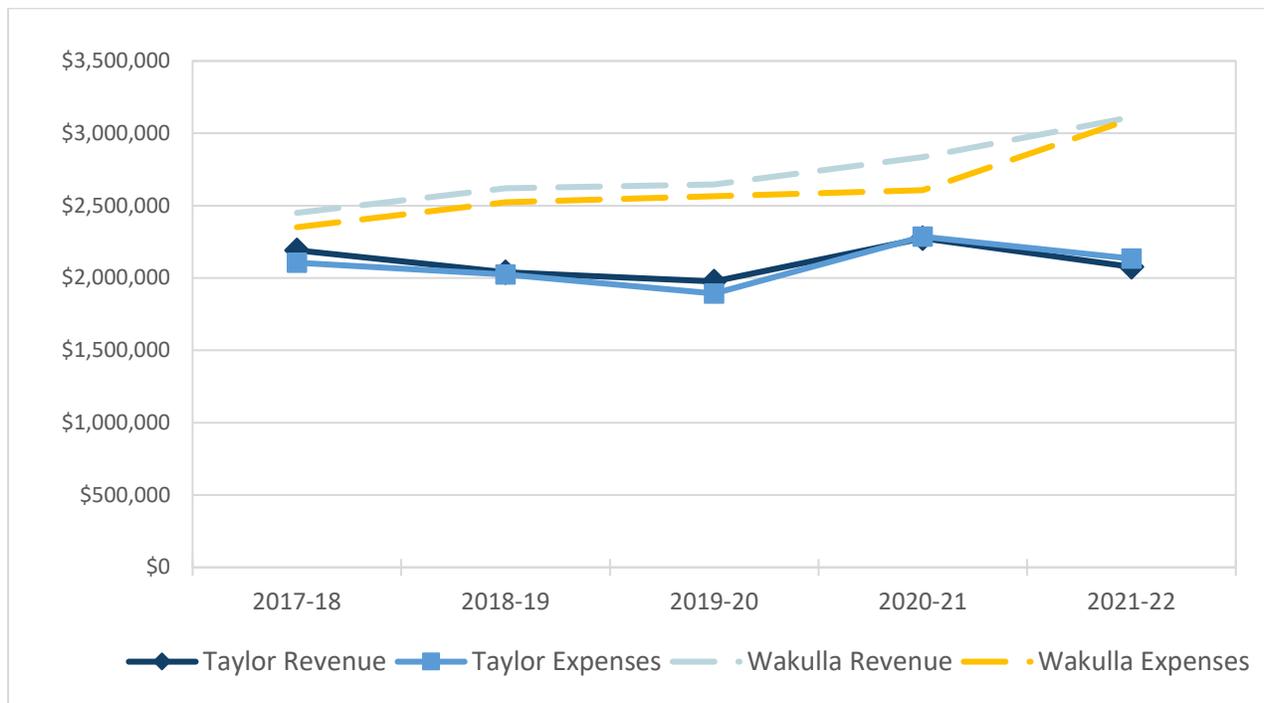
Source: FIRS RTN Report



Budget and Revenue (Cont'd)

Some of the budget and revenue changes affecting our services and programs in both Taylor and Wakulla Counties include managed care Medicaid, state, and federal cuts to educational programs. 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 Taylor and Wakulla Counties
Revenue and Expenses 2017-2022**



Source: County Health Department Spending Plan



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 Taylor and Wakulla Counties 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. Programs and initiatives to DOH-Taylor/Wakulla include but are not limited to beach water sampling of public access areas, septic tank inspection and permitting, mosquito control (Wakulla only) and rabies prevention and control.

Communicable Disease and Epidemiology

We protect the health of the community through the surveillance, monitoring, and prevention of infectious and communicable diseases. Activities include investigating contagious disease cases and outbreaks, sexually transmitted infections (STI) detection and control, AIDS/HIV treatment and education, immunizations, and tuberculosis (TB) control.

Public Health Preparedness

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

Community Health Promotion

We plan and implement programs to promote healthy behaviors and reduce chronic disease through education, community outreach, and collaborative partnerships. DOH-Taylor/Wakulla include the Tobacco Prevention Program, Tobacco Healthy Babies, Healthy Babies, Healthy Start, and Healthiest Weight; Sexual Risk Avoidance Education, CPR and Healthy Families (Wakulla only), and Heart Health (Taylor only).

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. Programs and initiatives unique to DOH-Taylor/Wakulla include the newly established Minority Health and Health Equity program and ongoing Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) projects.

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 (Taylor only), and other health care providers.



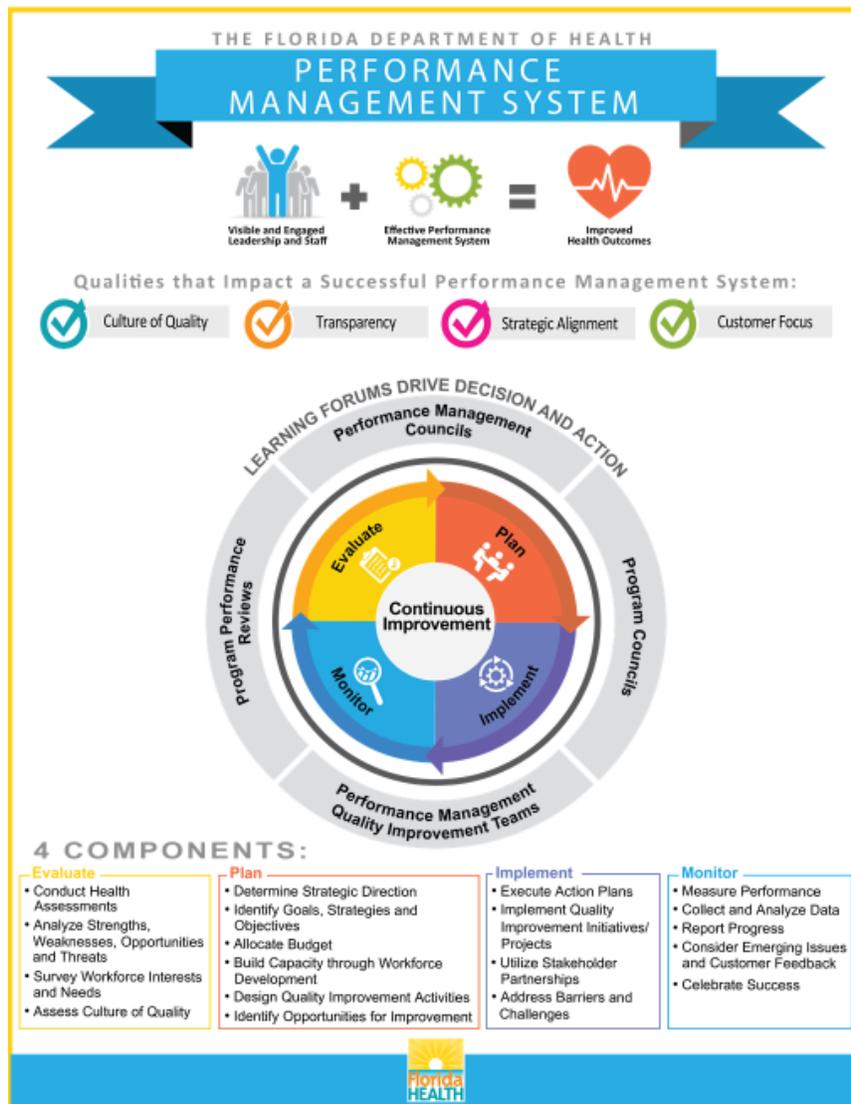
Vital Statistics

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 Taylor and Wakulla Counties for 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.





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 Taylor and Wakulla Counties Performance Management Councils (PMC) are 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 Taylor and Wakulla Counties PMC initiated a new strategic planning process in September 2022 to define the direction and course of the Taylor and Wakulla CHDs for consumers, employees, administrators, and legislators for the next 3 years. The plan will position the Taylor and Wakulla CHDs to operate as a sustainable integrated public health system and provide the Taylor and Wakulla customers with quality public health services. It is a living document that the Taylor and Wakulla CHDs will evaluate and update annually to address new challenges posed by the changing public health environment.

Senior leadership championed the 4-month planning process during 4 meeting for Taylor and 6 meetings for Wakulla. Attending these meetings were numerous internal stakeholders including the senior leadership, program managers, and a dedicated performance management council. The Taylor and Wakulla CHDs 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.](#)

The Taylor and Wakulla CHDs 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, weaknesses, opportunities, and threats (SWOT) analysis, staff from



Planning Summary

the Taylor and Wakulla CHDs summarized and presented information from the sources listed on page 16 to the performance management council. The performance management council reviewed the findings and conducted a SWOT analysis based on the findings. The discussion included consideration of infrastructure and capacity required for efficiency and effectiveness including:

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

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

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

The following is the strategic planning schedule of meetings:

Meeting Date - Wakulla	Meeting Topic
September 7, 2022	Discuss and establish timeline for strategic planning development
September 21, 2022	Review the established timeline;
October 5, 2022	SWOT input
November 2, 2022	SWOT analysis and discussion; Develop issue areas and draft plan
November 16, 2022	Continuation of working on draft plan
December 14, 2022	Draft discussion and modifications reviewed
Meeting Date - Taylor	Meeting Topic
August 30, 2022	Discussed and establish timeline for strategic planning development
September 27, 2022	SWOT input
October 25, 2022	SWOT analysis and discussion
November 22, 2022	Continuation of draft workplan
December 8, 2022	Draft discussion and modifications reviewed

The Taylor and Wakulla CHDs 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 Taylor and Wakulla CHDs 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.

Taylor and Wakulla CHDs Strategic Planning Participants 2022

- **Tonya Hobby,**
Administrator, Taylor and Wakulla
- **Donna Clark,**
Operations Manager, Wakulla
- **Martine Young,**
Operations Manager, Taylor
- **Kristie Lutz,**
Community Health Supervisor, Taylor County
- **Sherry Bramblett,**
Director of Nursing, Wakulla
- **Mary Jane Fish,**
Director of Nursing, Taylor
- **Racheal Faglie,**
Business Manager, Taylor and Wakulla
- **Christie Mathison,**
Preparedness, Wakulla
- **Tracy Walker,**
Preparedness, Taylor
- **Alisha Mason,**
Administrative Assistant/HR, Taylor and Wakulla
- **Jessica Haubrick,**
Dental Clinic Manager, Wakulla
- **Kara Dean,**
Accountant, Taylor
- **Amber Rivers,**
Accountant, Wakulla
- **William Gibson,**
Environmental Health Manager, Taylor, and Wakulla
- **Jordan Crouse,**
School Health Supervisor, Taylor
- **Lori Lawhon,**
School Health Supervisor, Wakulla



Strengths, Weaknesses, Opportunities and Threats (SWOT) 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 (Internal)
We want to maintain and leverage strengths.

Agency Infrastructure:

- Employees are team players
- Staff care about community
- Various programs that offer services that align with the department’s mission, vision and values
- Management/Leadership team is valued
- Close relationship among staff

Capacity:

- Partnership relationships
- Becoming more visible in community
- Strong relationships between staff and community
- 1:1 educational services

Emerging Trends:

- Discovered through COVID, the staff comes together to accomplish goals
- Increased staff retention

Opportunities (External)
We want to invest in opportunities.

Agency Infrastructure:

- Networking with Chamber and other organizations
- Limitless opportunities in community
- Innovative communications/marketing
- Better interaction with outlier communities

Capacity:

- More programs
- Programs for all ages needed
- Strong focus on education and prevention

Emerging Trends:

- On site trainings after COVID
- Program support throughout CHD

Other:

- Social media presence

Weaknesses (Internal)
We want to minimize weaknesses.

Agency Infrastructure:

- More duties yet no funding for more staff
- Low salaries – minimum wage for those working 10 years now make \$15 and others are being hired at \$15
- Bilingual staff

Capacity:

- Lack of transportation options
- Qualified individuals for hiring

Emerging Trends:

- Marketing/Advertising – no virtual platforms
- Attendance at events due to lack of means to advertise in rural county

Other:

- Stigma associated with the CHD

Threats or Challenges (External)
We want to identify threats or challenges that need to be addressed and understand their potential impact.

Agency Infrastructure:

- Previous staff turnover
- Communication in community

Capacity:

- Continued increase of workload
- Cultural stigmas
- Inability to bill private insurance

Emerging Trends:

- Consistency in funding
- No presence on Virtual Platforms, i.e., social media

Other:

- Small CHD competes with Large CHD for recruitment of staff
- Public opinion of CHD



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.

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
1.1.1A: By December 31, 2021, increase the yearly average number of Health Equity presentations to community organizations in Taylor Counties from one (2018) to four. Data Source: ClearPoint	1	4	12/31/2025	Quarterly	Community Health/Health Equity	N/A Taylor
1.2.1A: By December 31, 2025, increase the number of CHD staff and community partners trained in the mental health first aid curriculum from 0 (2022) to 50. Data Source: TRAIN	0	50	12/31/2025	Quarterly	Community Health/Health Equity	Taylor CHIP
2.1.1A: By December 31, 2025, increase the percentage of CHD STD cases within 14 days of lab reporting date from 66.7% to 90.0% (Taylor only) (2021). Data Source: County Health Department Performance Snapshot	66.7%	90.0%	12/31/2025	Quarterly	Clinic	N/A Taylor
2.1.1B: By December 31, 2025, increase the percentage of clients who presented for a STD (PC02) visit that were tested for HIV in the last 12 months from 5.93% (Taylor) (2021) and 74.07% (Wakulla) (2021) to 80.0%. Data Source: County Health Department Performance Snapshot	5.93% (Taylor) 74.07% (Wakulla)	80.0%	12/31/2025	Quarterly	Clinic	Taylor and Wakulla ASP 1.2.4



Objectives

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
<p>2.2.1A: By December 31, 2025, increase the number of tobacco cessation referrals from 8.1% (Taylor) (2021) and 8.7% (Wakulla) (2021) to 15.0%.</p> <p>Data Source: Department of Health State of Florida Bureau of Clinic Management and Informatics Report Center</p>	8.1% (Taylor) 8.7% (Wakulla)	15.0%	12/31/2025	Quarterly	Clinic	Taylor and Wakulla CHIP, ASP 1.1.1
<p>3.1.1.A: By December 31, 2025, increase the percentage of WIC infants who are ever breastfed from 76.3% (Taylor) (2021) and 71.4% (Wakulla) (2021) to 81.9%.</p> <p>Data Source: County Health Department Performance Snapshot</p>	76.3% (Taylor) 71.4% (Wakulla)	81.9%	12/31/2025	Quarterly	WIC/Healthy Start	Wakulla & Taylor, ASP 3.1.1.A
<p>4.1.1.A: By December 31, 2025, the number of core administrative functions with operational manuals will increase from 0 (2022) to 10.</p> <p>Data Source: SharePoint</p>	0	10	12/31/2025	Quarterly	Operations	N/A Wakulla & Taylor
<p>4.1.1B: By December 31, 2025, 5 staff will be cross trained to cover a minimum of two core public health areas from 0 (2022).</p> <p>Data Source: SharePoint</p>	0	5	12/31/2025	Quarterly	Operations	Taylor and Wakulla WFD #4 Taylor
<p>4.1.1C: By December 31, 2025, increase the percentage of strategic plan standards that are met from 73.3% (Taylor) and 60.0% (Wakulla) (2022) to 100%.</p> <p>Data Source: PIMS</p>	73.3% (Taylor) 60.0% (Wakulla)	100%	12/31/2025	Quarterly	Operations	Wakulla SP 5.1.C. & Taylor
<p>4.2.1A: By December 31, 2025, increase the Annual Comprehensive Environmental Health Score (ACEHS) from 79.9% (2019) to 80.0% (Wakulla only)</p> <p>Data Source: County Health Department Performance Snapshot</p>	79.9%	80.0%	12/31/2025	Quarterly	Environmental Health	Wakulla SP 5.1.1B, Wakulla and Taylor PMQI



Objectives

Objective Number and Name	Baseline Value	Target Value	Target Date	Measured Annually or Quarterly	Lead Entity Responsible	Linkages/ Alignment
<p>4.3.1A: By December 31, 2025, increase the amount of CHD vaccine that has not been wasted/spoiled/expired/unaccounted for from 64.81% (Taylor) (2021) and 92.18% (Wakulla) (2021) to 97.0%.</p> <p>Data Source: County Health Department Performance Snapshot</p>	64.81% (Taylor) 92.18% (Wakulla)	97.0%	12/31/2025	Quarterly	Clinic	N/A Wakulla & Taylor
<p>4.3.1B: By December 31, 2025, increase the percentage of CHD adult clients who have a current tobacco status (positive or negative) in their medical history from most recent clinical visit from 64.7% (Taylor) (2021) and 76.6% (Wakulla) (2021) to 80.0%.</p> <p>Data Source: County Health Department Performance Snapshot</p>	64.7% (Taylor) 76.6% (Wakulla)	80.0%	12/31/2025	Quarterly	Clinic	Wakulla CHIP Taylor

ASP- Agency Strategic Plan
 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 PI



Review Process

Reviews of the strategic plan take place during the Taylor and Wakulla CHDs 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

On Date of Review, the Taylor and Wakulla CHDs 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)
4. Biomedical Research Advisory Council Annual Report
5. Taylor County Community Health Assessment
6. Wakulla County Community Health Assessment
7. Taylor Community Health Improvement Plan
8. Wakulla Community Health Improvement Plan
9. Taylor and Wakulla Workforce Development Plan
10. Employee Satisfaction Survey 2022
11. County Health Department Performance Snapshot, 2021
12. [Florida Community Health Assessment Resource Tool Set \(CHARTS\)](#)
13. [Florida Department of Health Long Range Program Plan, Fiscal Years 2019-2023](#)
14. Florida Department of Health, Office of Inspector General Annual Report
15. [Florida Department of Health Workforce Development Plan](#)
16. [Florida State Health Improvement Plan, 2017-2021](#)
17. Florida Middle School Health Behavior Survey Results
18. Florida Morbidity Statistics Report
19. Florida Pregnancy Risk Assessment Monitoring System Trend Report
20. [Florida Strategic Plan for Economic Development, 2018-2023](#)
21. Florida Vital Statistics Annual Report
22. Florida Youth Risk Behavior Survey Results
23. Florida Youth Tobacco Survey Results
24. Physician Workforce Annual Report
25. Tuberculosis Control Section Report
26. Volunteer Health Services Annual Report



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: Health Equity

Goal 1.1 Reduce health disparities

Strategy	1.1.1	Improve understanding of health equity
OBJECTIVES	1.1.1A	By December 31, 2025, increase the annual number of health equity presentations to community organizations in Taylor and Wakulla Counties from 0 (2022) to 4 per county.
	1.1.1B	By December 31, 2025, increase the number of CHD staff and community partners trained in the mental health first aid curriculum from 0 (2022) to 50.

Priority 2: Health Protection and Promotion

Goal 2.1 Reduce the spread of infectious disease

Strategy	2.1.1	Reduce the spread of HIV and STDs
OBJECTIVES	2.1.1A	By December 31, 2025, increase the percentage of CHD STD cases within 14 days of lab reporting date from 66.7% to 90.0% (Taylor only).
	2.1.1B	By December 31, 2025, increase the percentage of ADAP clients enrolled in the program at least 6 months and who achieve a HIV viral loads less than 200 copies/mL at last viral load test during the measurement year from 73.6% to 92.0%. (Taylor only)
	2.1.1C	By December 31, 2025, increase the percentage of clients who presented for a STD (PC02) visit that were tested for HIV in the last 12 months from 5.93% (Taylor) and 76.6% (Wakulla) to 80.0%.

Goal 2.2 Prevent chronic disease

Strategy	2.2.1	Reduce tobacco use
OBJECTIVES	2.2.1A	By December 31, 2025, increase the number of tobacco cessation referrals from 8.1% (Taylor) and 8.7% (Wakulla) to 15.0%.

Priority 3: Maternal and Child Health

Goal 3.1 Improve maternal and child health

Strategy	3.1.1	Improve infant health
OBJECTIVES	3.1.1A	By December 31, 2025, increase the percentage of WIC infants who are ever breastfed from 76.3% (Taylor) and 71.4% (Wakulla) to 81.9%.



Priority 4: Effective Agency Processes

Goal 4.1 Improve department processes

Strategy	4.1.1	Improve public health metrics
OBJECTIVES	4.1.1A	By December 31, 2025, the number of core administrative functions with operational manuals will increase from 0 (2022) to 10.
	4.1.1B	By December 31, 2025, 5 staff will be cross trained to cover a minimum of two core public health areas from 0 (2022).
	4.1.1C	By December 31, 2025, increase the percentage of strategic plan standards that are met from 73.3% (Taylor) and 60.0% (Wakulla) (2022) to 100%.
Strategy	4.2.1	Increase efficiency in Environmental Health processes
OBJECTIVES	4.2.1A	By December 31, 2025, increase the Annual Comprehensive Environmental Health Score (ACEHS) from 79.9% (2019) to 80.0% (Wakulla only)
Strategy	4.3.1	Increase efficiency in medical clinic
OBJECTIVES	4.3.1A	By December 31, 2025, increase the amount of CHD vaccine that has not been wasted/spoiled/expired/unaccounted for from 64.81% (Taylor) and 92.18% (Wakulla) to 97.0%.
	4.3.1B	By December 31, 2025, increase the percentage of CHD adult clients who have a current tobacco status (positive or negative) in their medical history from most recent clinical visit from 64.7% (Taylor) and 76.6% (Wakulla) to 80.0%.