



Northeast Florida Healthy Start Coalition Strategic Plan

JULY 2017

Prepared by the Health Planning Council of Northeast Florida, Inc.

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Executive Summary

This document comprises a strategic plan for the Northeast Florida Healthy Start Coalition (known as NEFHSC or the Coalition throughout the remainder of this document). The strategic plan includes a status assessment of community health and the Coalition's well-being; a SWOT analysis reviewing strengths, weaknesses, opportunities, and threats; a series of fundamental statements relating to the NEFHSC's mission, vision, and values; and sets out NEFHSC's proposed goals, objectives, and strategies.

With guidance from the Health Planning Council of Northeast Florida (HPC), the Coalition developed this Strategic Plan as part of ongoing efforts to meet its mission and vision, while upholding Coalition values.

The first step of the strategic planning process is to assess the current state of affairs. To do this, NEFHSC leadership reviewed quantitative and qualitative data gathered by HPC and NEFHSC staff. Quantitative data included health data such as birth outcomes, disease rates, healthcare access, mortality rates, as well as NEFHSC program benchmarks. Qualitative data included NEFHSC staff input. During the assessment phase of the planning process, HPC and the Coalition analyzed the status of community health in the NEFHSC service area *and* the well-being of the Coalition itself. Through assessment, NEFHSC determined the following areas would be the focus of planning efforts for the next three to five years:

- ❖ **Fiscal/Financial Sustainability**
- ❖ **Community Awareness/Partnership**
- ❖ **Legislative Advocacy and Public Policy**
- ❖ **Organizational Well-being**

The purpose of the strategic planning process is to create goals, objectives, and strategies targeting the Coalition's priority areas. To improve implementation and evaluation of the goals in this plan, the Coalition decided to utilize a balanced scorecard approach, which identifies goals, objectives, and strategies and sets measurable targets to move implementation forward. The targets and measures outlined in the strategic Action Plans at the end of this document were carefully selected through intensive workgroups with NEFHSC leadership.

During the implementation of this plan, NEFHSC will plan for action, implement strategies, and evaluate progress in addressing the priority areas outlined above. As a living document, the **2017 Northeast Florida Healthy Start Coalition Strategic Plan** is flexible and can accommodate changes or updates as needed. The Coalition will re-assess and update the Strategic Plan both quarterly and annually through the strategic planning workgroup, HSC coalition and board to best address organizational needs.

Status Assessment: Reviewing NEFHSC Programs and Health Data

SNAPSHOT OF NEFHSC PROGRAM INFORMATION (JANUARY 2017)

Healthy Start

- Healthy Start is celebrating its 25th anniversary.
- Funded by dollars from the Florida Department of Health and the Agency for Healthcare Administration (Medicaid)
- Healthy Start budget for direct service care coordination is \$3.7 million yearly. The total Healthy Start funding is about \$5 million per year.
- 8 subcontracted providers perform care coordination services in 5 counties.
- In the last contract year 15,180 at risk mothers and babies received Healthy Start services
- Over 10,000 face to face visits were made with the balance of visits being telephonic.
- The average cost per client in the last year was \$250.

MomCare

- The current year MomCare budget is \$350,000.
- Provide services to roughly 8000 women yearly.
- Maintain an average caseload of 1200 clients per month.

Coordinated Intake & Referral

- An 18-month contract ending September 2017 with a budget of \$170,000.
- The program will continue after the contract ends as a part of the Department of Health contract with the Coalition.

Fetal and Infant Mortality Review

- A Department of Health funded program to provide a full public health investigation of 28 infant and fetal deaths in our 5 county area.
- Current budget is \$21,000.

National Health Corps Florida AmeriCorps

- Served 18,440 hours (September 2016-January 2017)
- 19,999 health access and prevention education services
- 11 new local partnerships
- Sub-Total (Deliver Information About Health Insurance, Health Care Access, and Health Benefits Programs): 908
- Health Care Service Enrollment and Scheduling: 85
- Health Education: 11337
- Health Insurance Enrollment: 50
- Health Insurance Screening and Enrollment Assistance: 160

- Health Screening & Testing: 4068
- Prescription Medication Assistance Program (PMAP) and/or Other Health Benefit Screening and Enrollment Assistance: 1191
- Prescription Medication Assistance Program Enrollment and/or Other Health Benefit Program Enrollment: 1358
- Preventative Health Care Service Use: 1
- Primary Care Service Us: 378
- Social Service Navigation: 463

Magnolia Project

- Improve Women's Health:
 - Percentage of participants who have health insurance: 90.6%
 - Percentage of participants who have a documented reproductive life plan: 81.3%
 - Percentage of participants who received a postpartum visit: 74.0%
 - Percentage of participants (women and children ages 0- 24 months) who have a medical home: 100%
 - Percentage of participants who received a well-woman visit (annual exam): 75.4%
- Promote Quality
 - Percentage of participants who practiced safe sleep behaviors: 52.0%
 - Percentage of infants who were ever breastfed: 71.0%
 - Percentage of participants who were still breastfeeding their infants at 6 months of age: 29.5%
 - Percentage of pregnant participants who abstained from cigarette smoking during the third trimester: 100%
 - Percentage of pregnancies conceived within 18 months of a previous birth: 21.2%
 - Percentage of participants' children, ages 0-24 months, who received well child visits (including immunizations): 67.0%
- Strengthen Family Resilience
 - Percentage of participants who received perinatal depression screening and referrals: 100%
 - Percentage of participants who received intimate partner violence screening: 100%
 - Percentage of participants who demonstrated father/partner involvement during pregnancy: 84.0%
 - Percentage of participants who demonstrated father/partner involvement with a child participant 0-24 months old: 65.2%
 - Percentage of child participants (ages of 0-24 months old) that are read to 3 or more times per week on average: 90.0%
- Achieve Collective Impact
 - CAN (Community Action Network) partnerships: Established
 - Percentage of CAN members who are also Magnolia Participants: 25%
- Increase Accountability through QI, Performance Monitoring & Evaluation
 - Number of CQI Projects implemented: 2

Maternal, Infant, & Early Childhood Home Visiting Initiative/ Nurse Family Partnership (NFP)

- 154 families served:
 - 65 primary caregivers
 - 89 pregnant women
 - 132 children
- 1,880 home visits
- 58 families newly enrolled:
 - 35% have a family member with low student achievement
 - 50% pregnant women under age 21
 - 14% use tobacco products in the home
 - 88% low income
- Of the families served:
 - 94% reported no subsequent pregnancies within 1 year
 - 100% of uninsured women and children gained health insurance
 - 96% of children had no verified reports of maltreatment
 - 86% of women screened for maternal depression
 - 80% initiated breastfeeding and continued for an average of 13 weeks
 - 98% of women screened for intimate partner violence
- 61 community agencies working in collaboration to support families
- NFP recently expanded from serving Duval County to offering services to clients in Clay and Baker County. Enrollment for Baker and Clay County will begin in August 2017.
- Two sub-recipient agencies provide services for Nurse Family Partnership. The direct service budget is \$1,040,000.
- Total NFP Budget is \$1,320,000.

Responsible Fatherhood

- Number enrolled in case management:
 - Baker: 3
 - Clay: 9
 - Duval: 128
 - Nassau: 3
 - St. Johns: 0
- Total of 3 events in Duval County reaching 650 people

The Azalea Project

- Number of clients served through Gateway Healthy Start: 73
- Units of services provided through Gateway Healthy Start: 1,194
- Access to preventative healthcare life course area reached 1-9 people per class
- Family and Community support life course area reached 7-9 people per class

- Community outreach efforts (included handing out condoms, referrals, education, links, baby supplies, clothes, and checking blood pressure) reached 40 people

Healthy Families

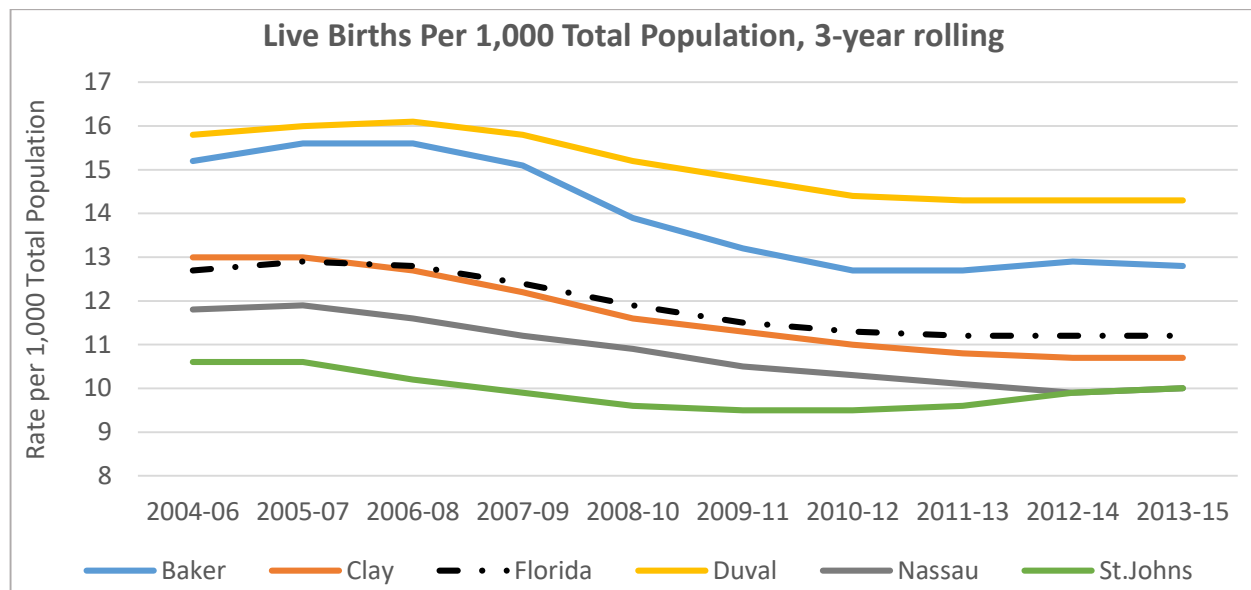
Indicator	April 2017	Contract Goals
Families Enrolled	31	
Families Closed	11	
Families Opened	318	525
FTE Capacity	60%	75% by June 30, 2017
Situational Capacity	86%	75% by March 31, 2017
Home Visitation Rate	65%	80%
Supervision Rate	100%	100%

HEALTH STATUS

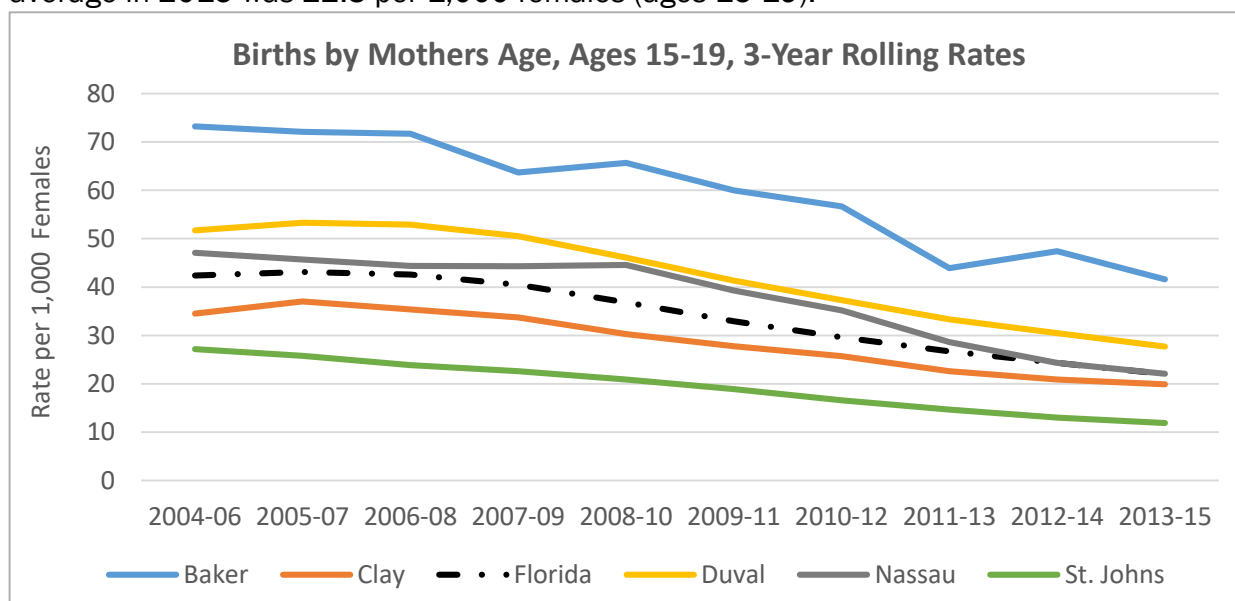
The data in this section come from the Florida Department of Health, Bureau of Vital Statistics unless otherwise stated.

Births in Northeast Florida Healthy Start Coalition (NEFHSC) Counties

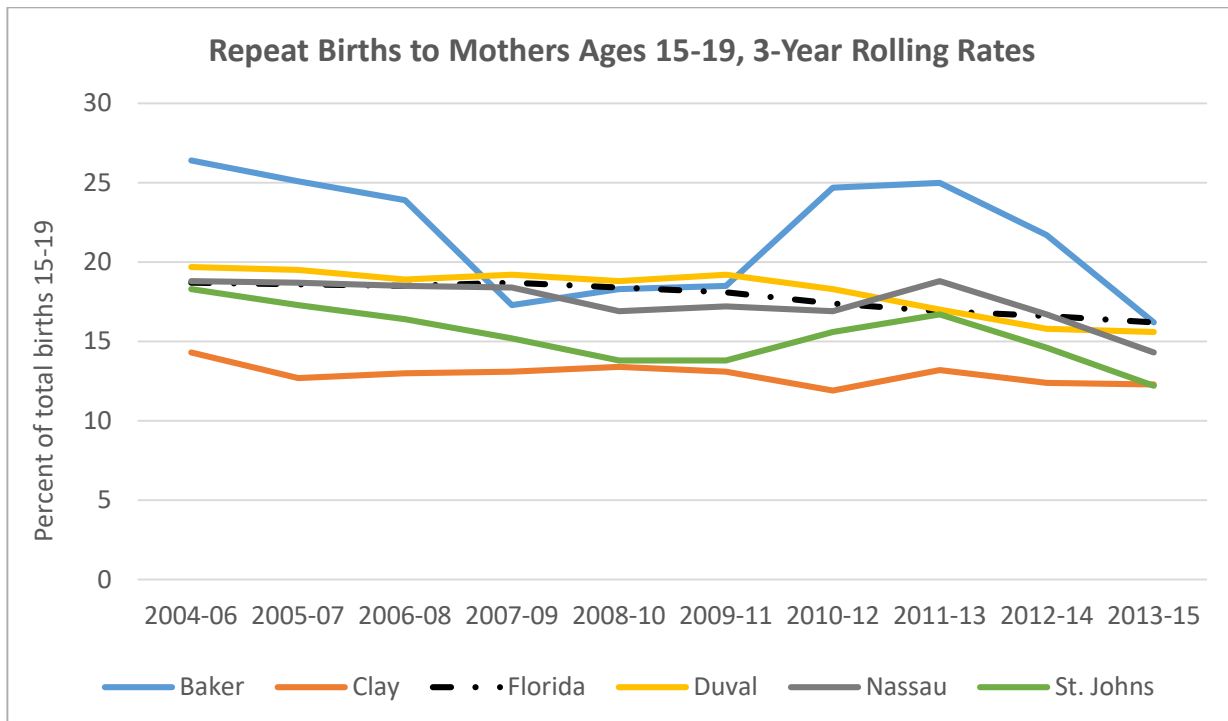
Baker and Duval Counties consistently remain above the Florida average for live births. Clay County closely follows the state average and Nassau and St. Johns have fewer live births.



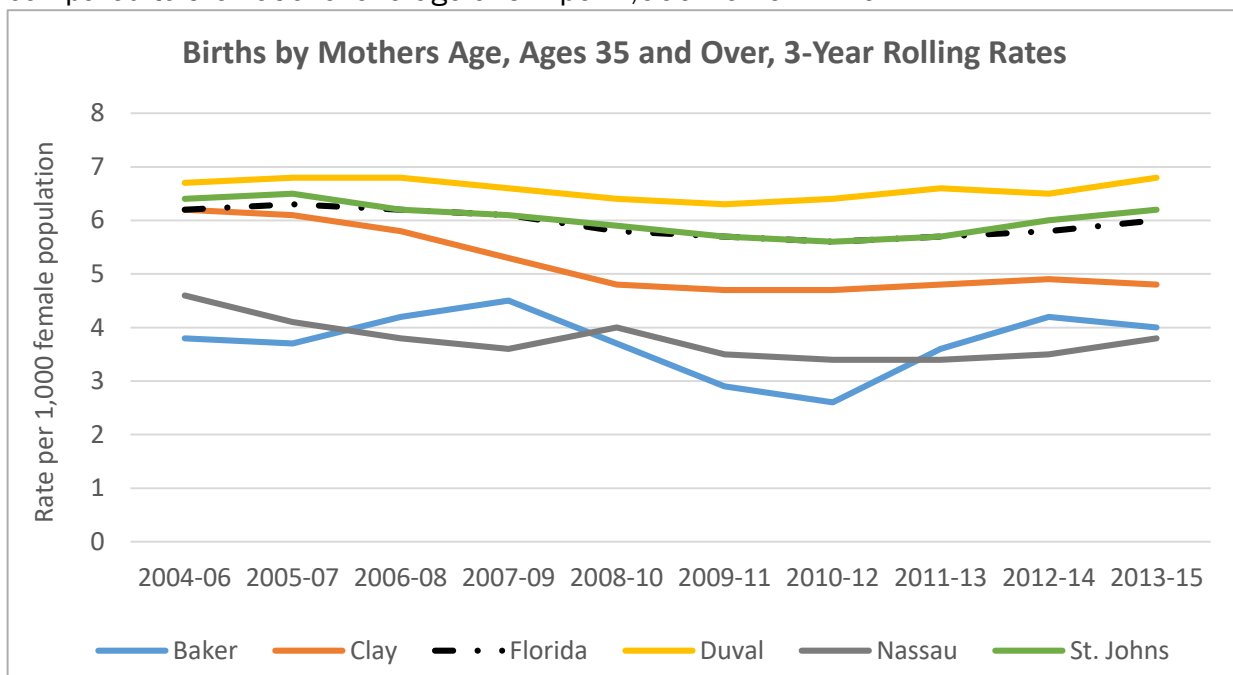
The average rate of births by mothers ages 15-19 has declined over the past decade. Baker and Duval have higher than state average births for the 15-19 year age group. The United States average in 2015 was 22.3 per 1,000 females (ages 15-19).



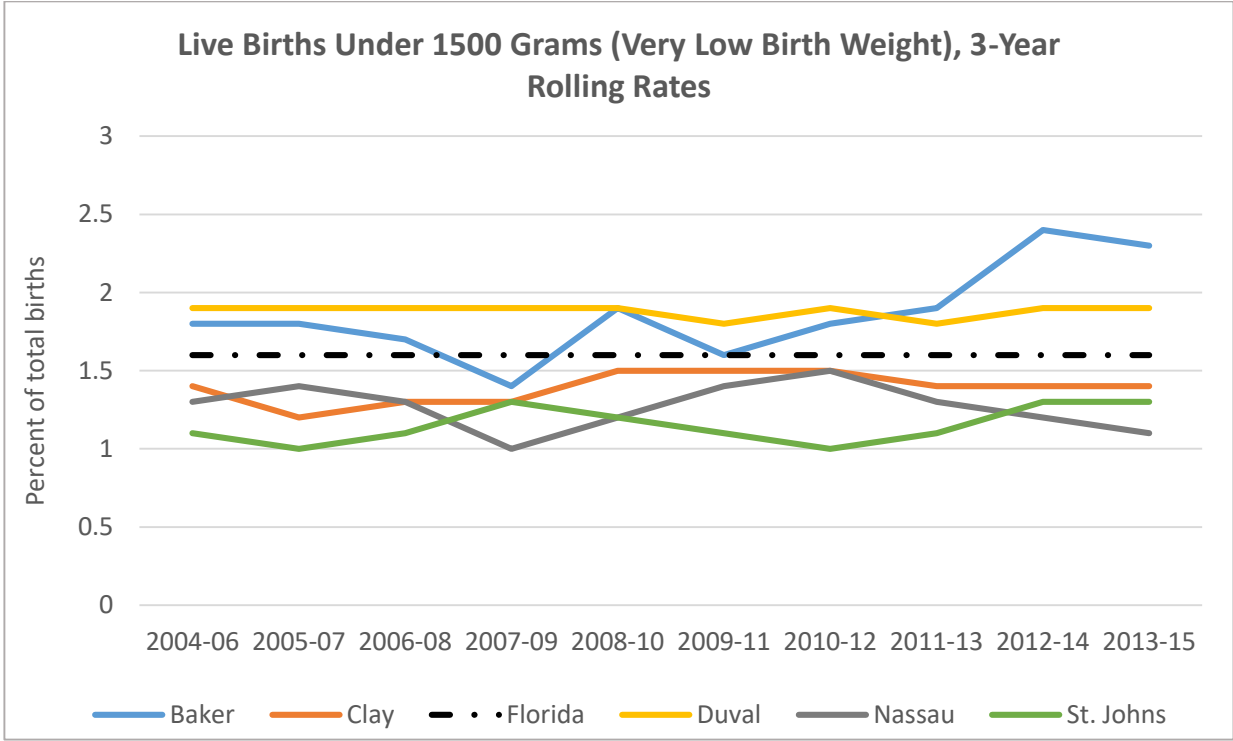
All counties served by the NEFHSC other than Baker have fewer repeat births to teen mothers (ages 15-19) than the Florida average. Furthermore, all counties including Baker had fewer repeat births to teen mothers (ages 15-19) than the national average (16.7).



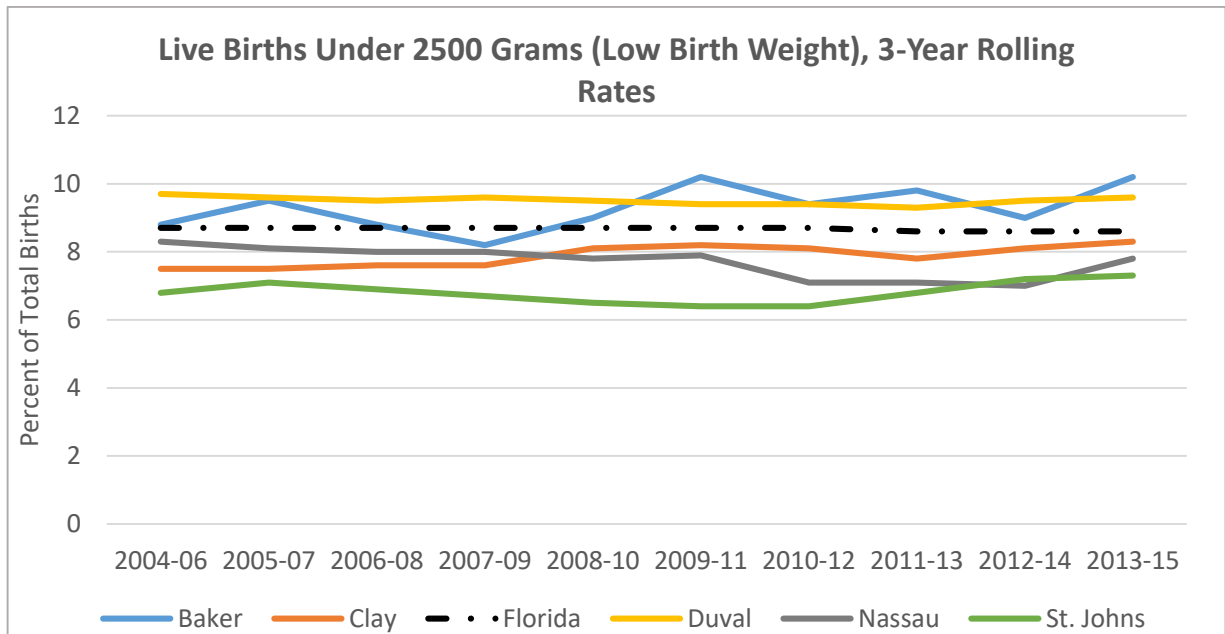
Duval and St. Johns have a higher rate of births to mothers aged 35 and older in comparison to the Florida average. All counties have a lower rate of birth to mothers aged 35 and older compared to the national average of 9.1 per 1,000 women in 2014.



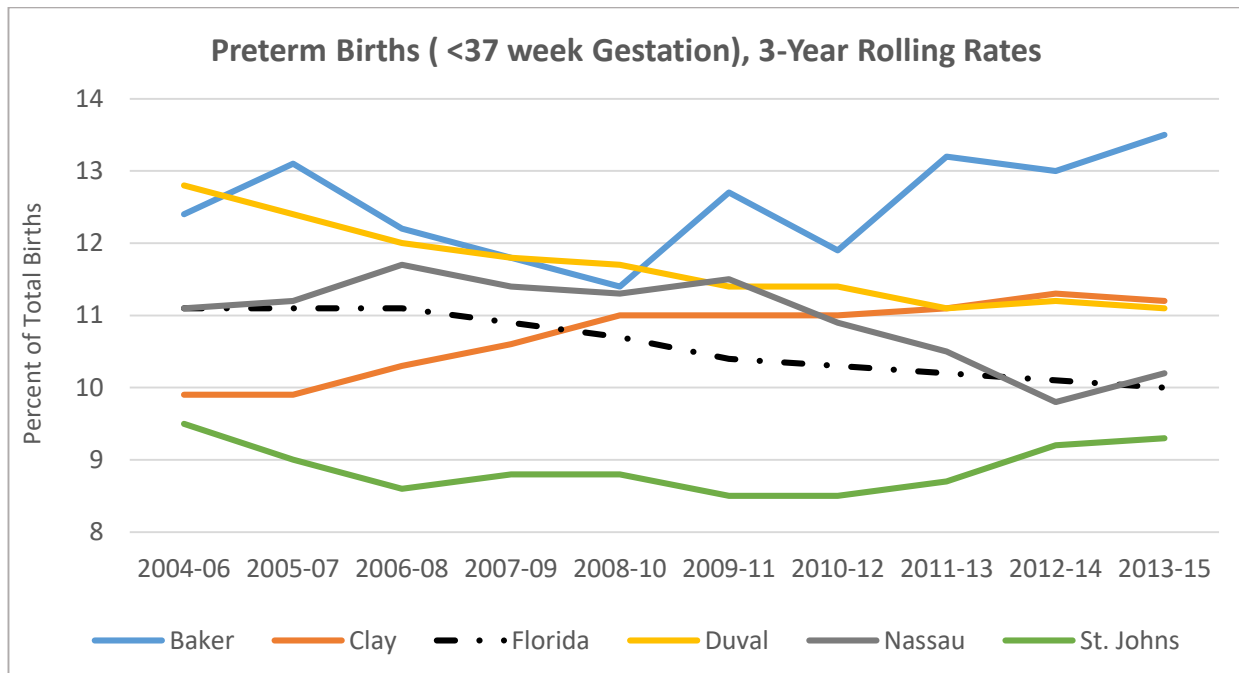
Very low birth weight births are births with babies weighing less than 1,500 grams. A greater percent of births in Duval and Nassau County were considered 'very low birth weight' in 2013-15 in comparison to the Florida average (1.6), the national average being 1.400% in 2015.



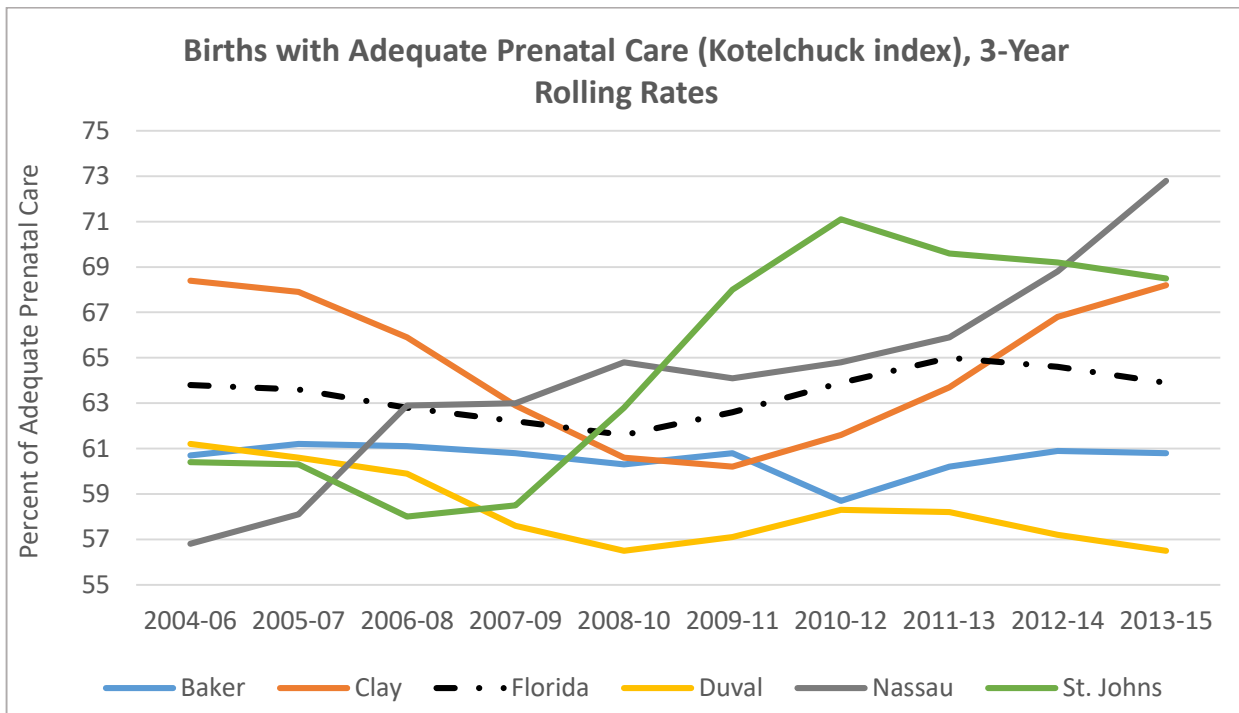
Baker and Duval have more low birth weight births (less than 2,500 grams) than the Florida average. In 2015, the United States percentage of babies born with a low birth weight (less than 2,500 grams) was 8.1%.



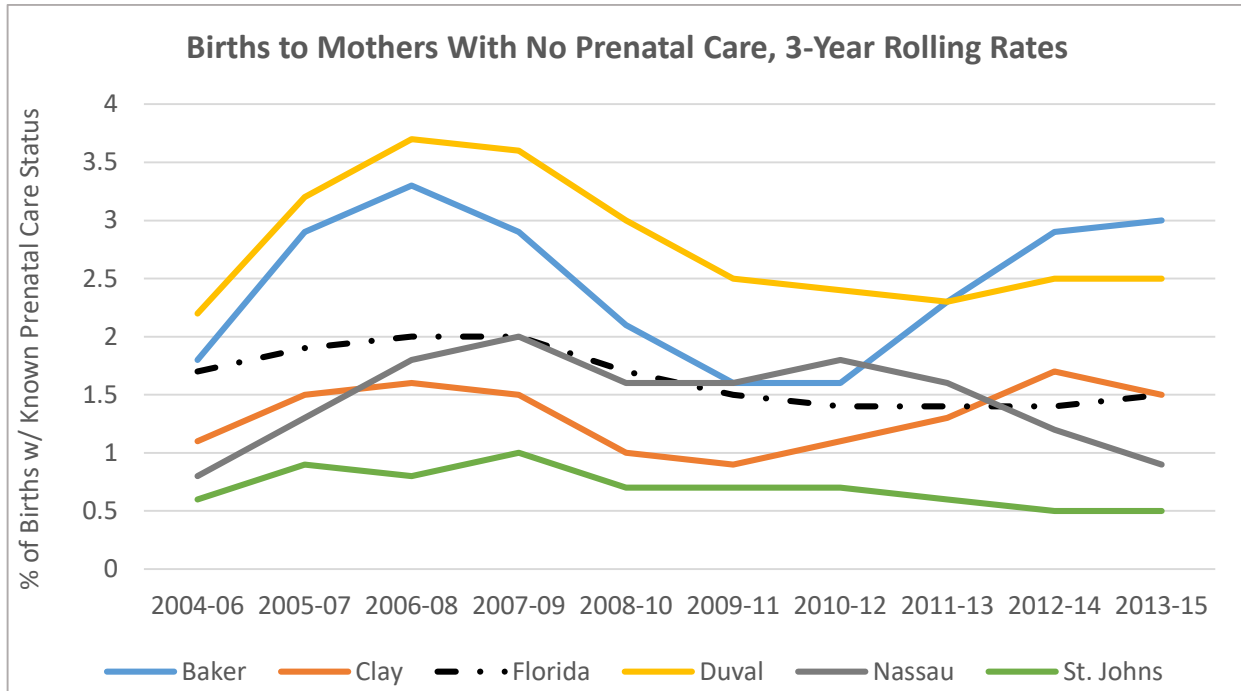
All counties except St. Johns have higher percentages of preterm live births than the Florida average in 2013-15. All counties were also higher than the US average of 6.87% (34-36 weeks) in 2015



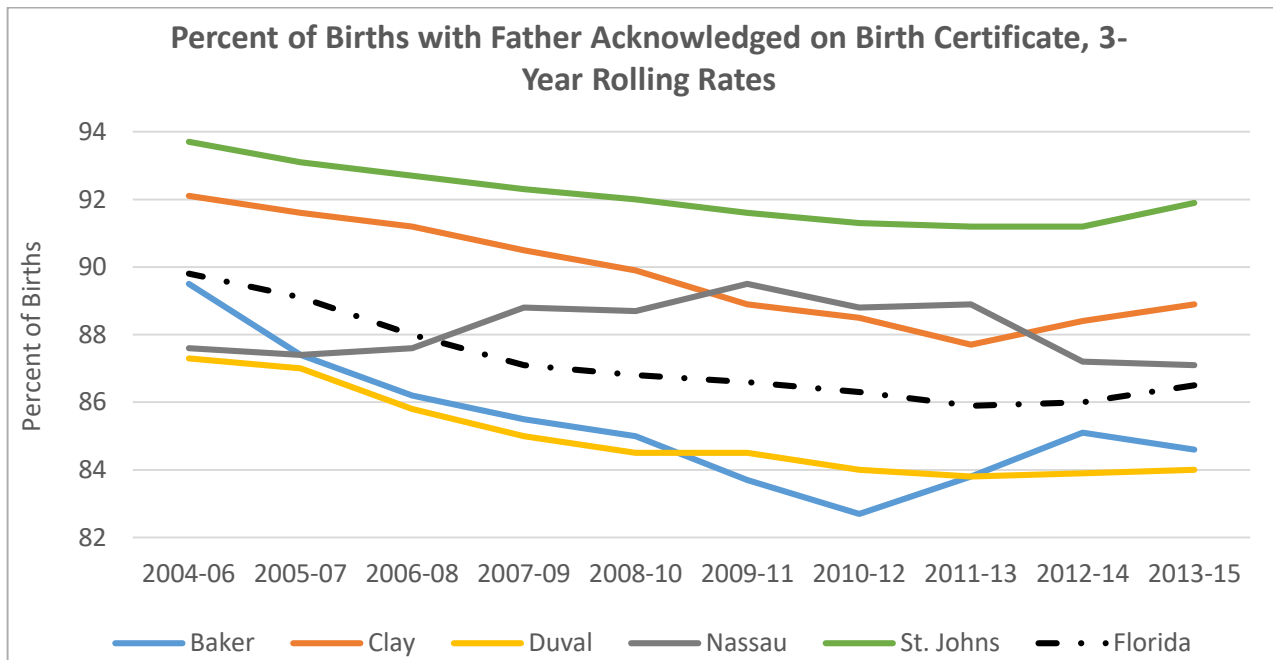
Baker and Duval Counties have a lower percent of births with adequate prenatal care than the Florida average in 2013-15. All counties were lower than the national average of 84.8% (2011).



Baker and Duval consistently have higher percentages of births to mothers with no prenatal care in comparison to the state average. All counties were lower than the national 3.3 percentage of 36 states surveyed in 2011.

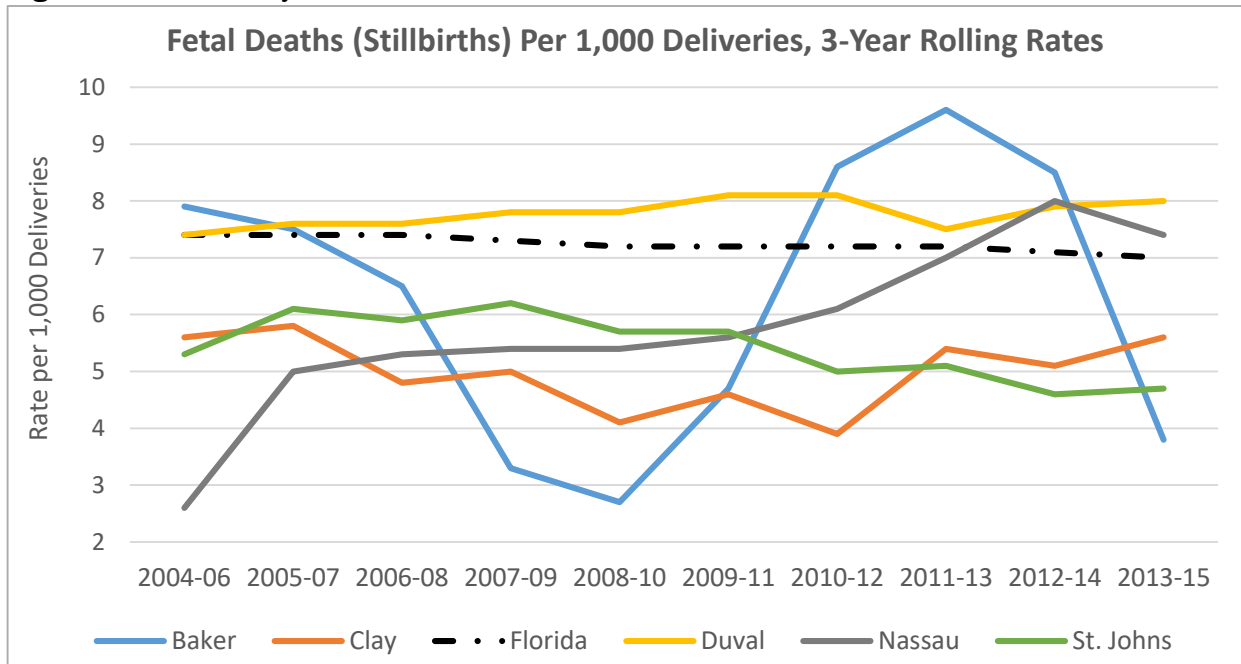


Nassau, Clay, and St. Johns have a higher percentage of fathers acknowledged on birth certificates when compared to Florida.

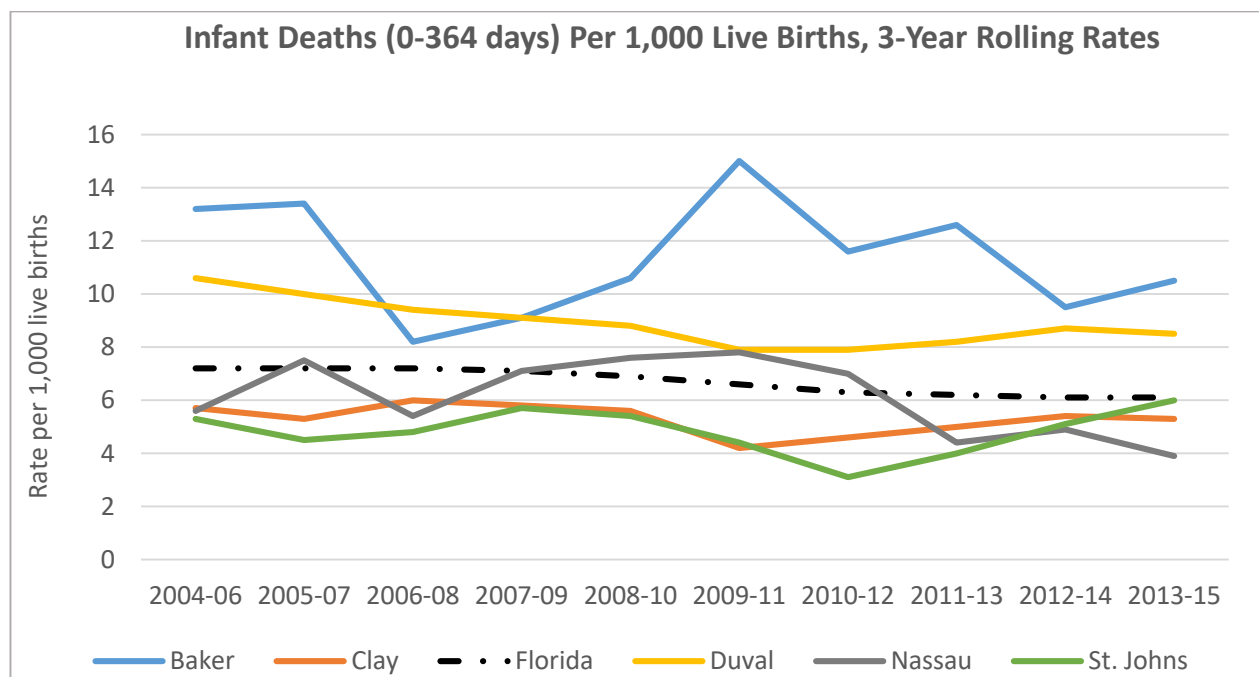


Mortality and Injury in the NEFHSC Service Area

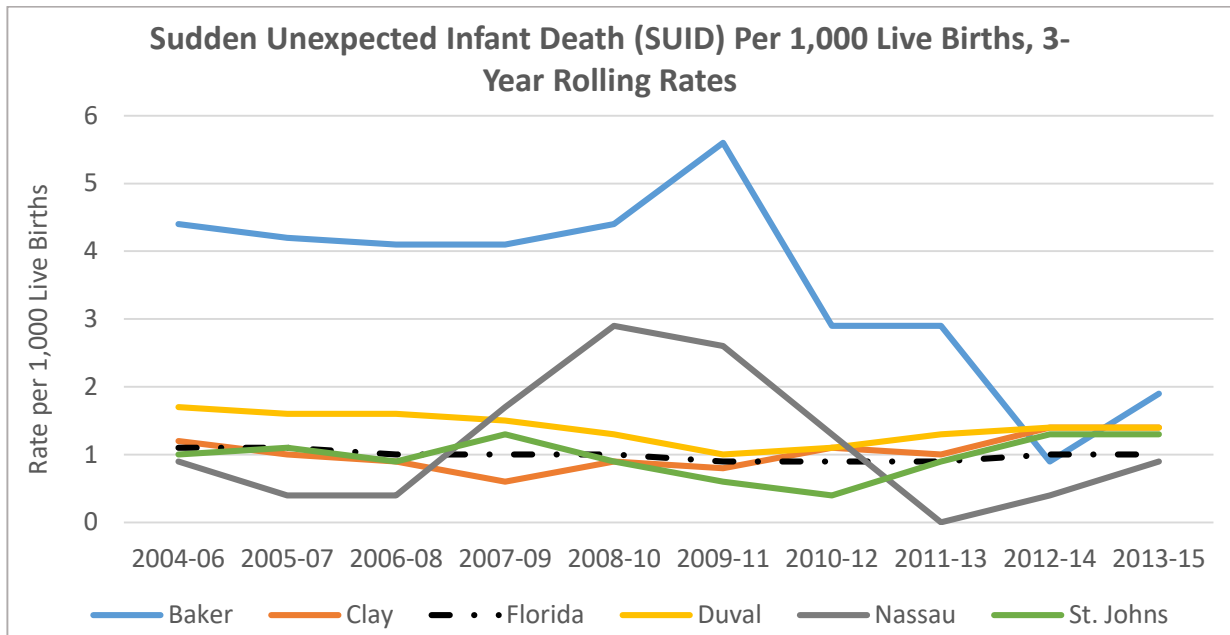
Nassau and Duval have higher fetal death rates in 2013-15 than Florida's average per 1,000 deliveries. In 2013, the United States fetal mortality rate was 5.96 fetal deaths per 1,000, higher than both Clay and St. John's counties.



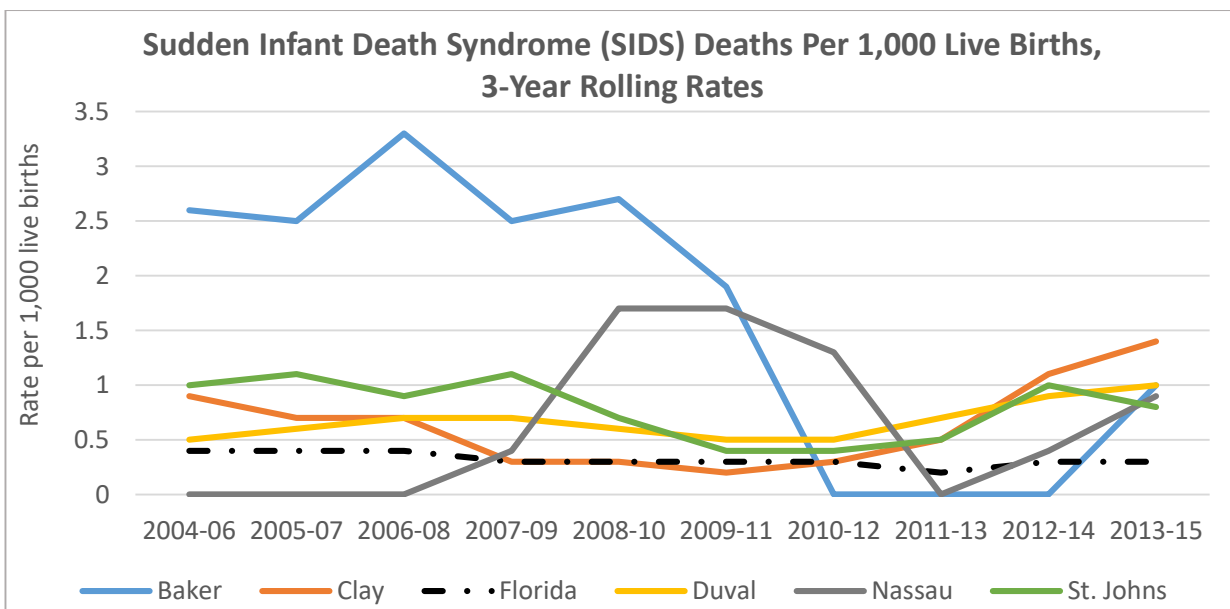
Infant deaths are deaths that occur from birth to 364 days of life. Baker and Duval have higher infant death rates than the Florida average. The national infant mortality rate is 5.96 per 1,000 live births.



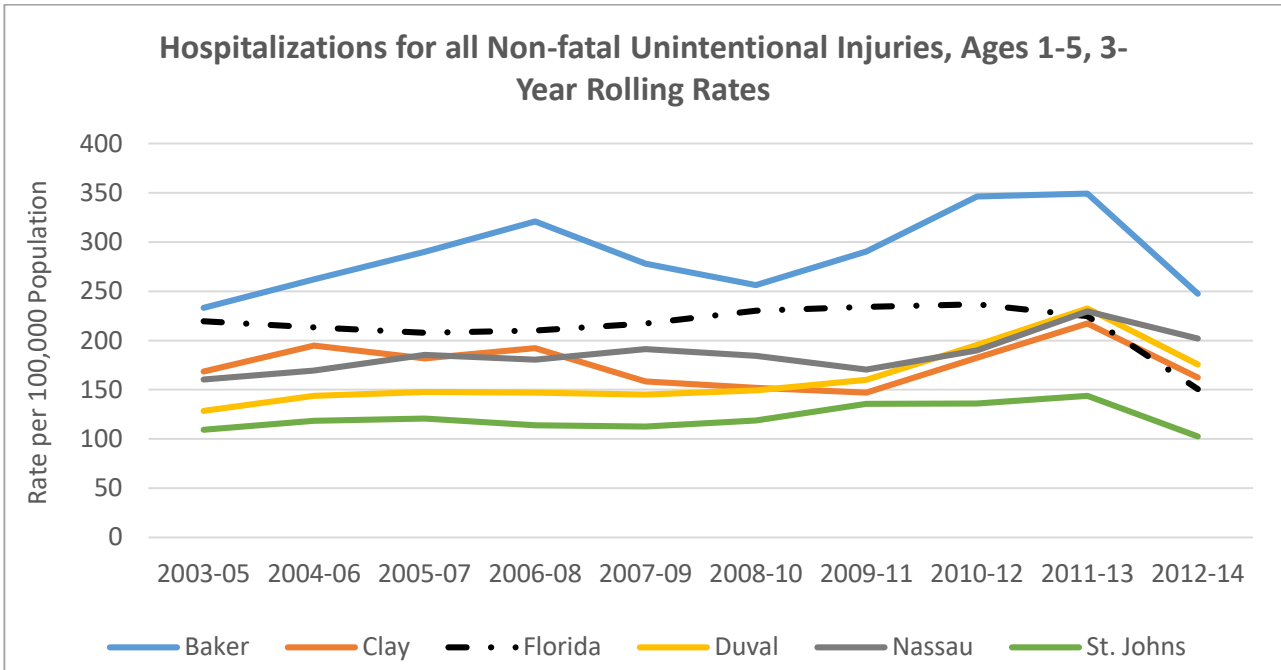
According to Florida Department of Health, when an infant under the age of 1 year dies suddenly and unexpectedly, it is called **Sudden Unexpected Infant Death (SUID)**. Some of these deaths may be caused by suffocation, asphyxia, infection, metabolic diseases, heart problems, injuries (accidental or non-accidental), SIDS, or other reasons. In some cases, the death is considered to be from an undetermined cause. Baker, Clay, Duval, and St. Johns all have higher sudden unexpected infant death rates than the Florida average for 2013-15. In 2015, the national SUID rate rose to 92.6 deaths per 1,000 live births from 87.0 per 1,000 in 2013.



Sudden Infant Death Syndrome (SIDS) is when a healthy baby under the age of 1 year dies while sleeping, and no specific cause of the death is found. **SIDS is a type of SUID**. All counties in the NEFHSC service area have higher SIDS rates than the Florida average (0.3 per 1,000) and national average (0.39 per 1,000)

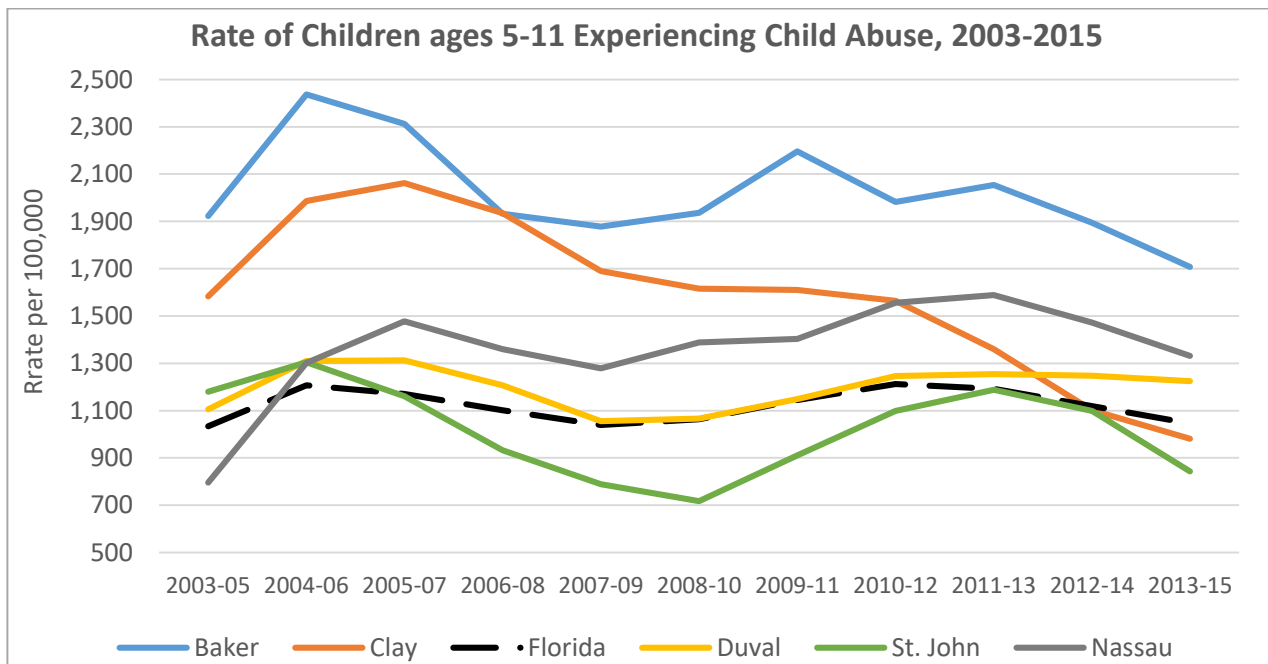


All counties, except St. Johns, have higher rates than Florida's average for hospitalizations for non-fatal unintentional injuries for ages 1-5 (per 100,000 population 1-5).

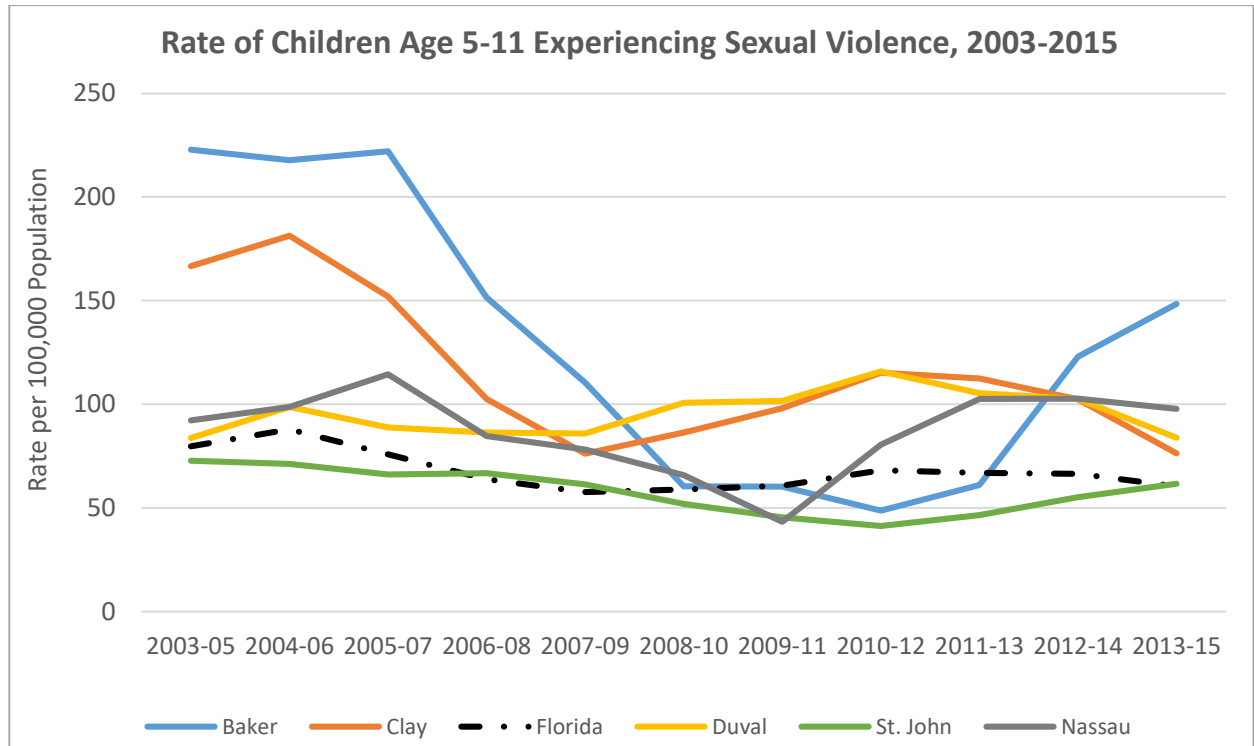


Source: Florida Agency for Health Care Administration

The national rate of children experiencing child abuse is estimated to be 9.2 per 1,000. Baker, Nassau, and Duval have higher rates of children ages 5-11 experiencing child abuse when compared to the Florida average. Clay County is experiencing a decline in child abuse rates.

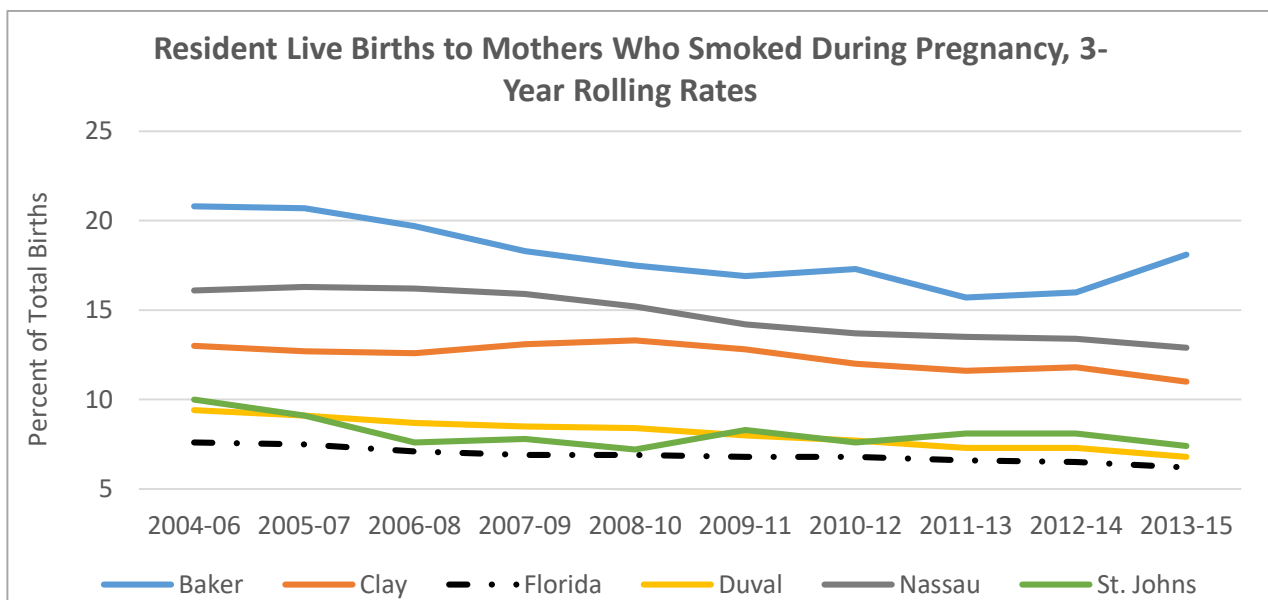


St. Johns County has similar rates of children 5-11 experiencing sexual violence when compared to the state. All other counties have higher rates of sexual violence than Florida.

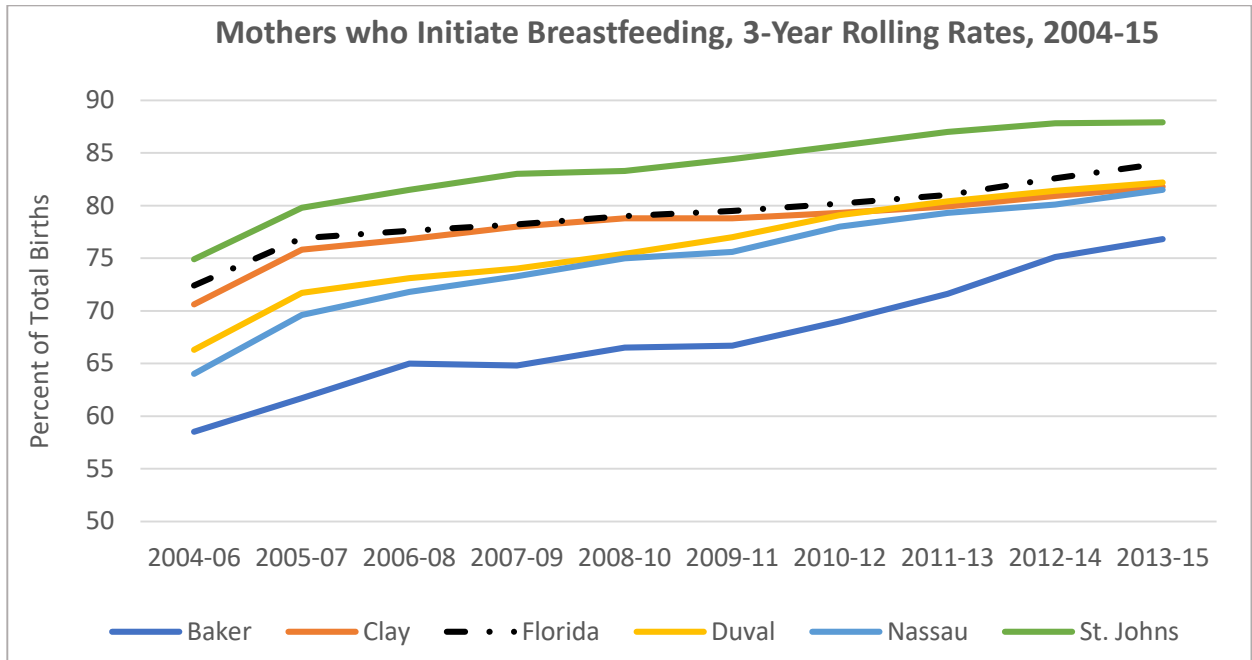


Health Behaviors of Pregnant Women and Mothers

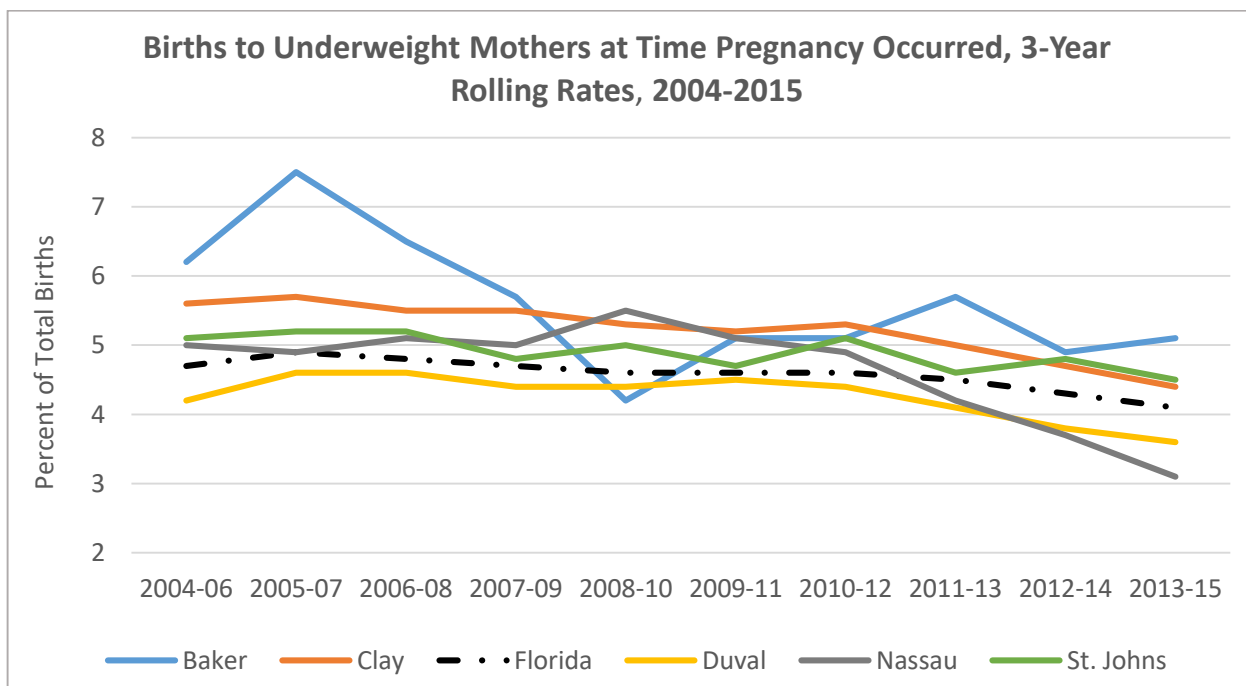
All 5 counties served by NEFHSC have a higher percentage of births to mothers who smoked during their pregnancy than the state average. Baker County has a significantly higher rate of smoking during pregnancy in comparison to Florida and other NEFHSC counties. The percentage of mothers who smoked during pregnancy is 8.4% in the United States.



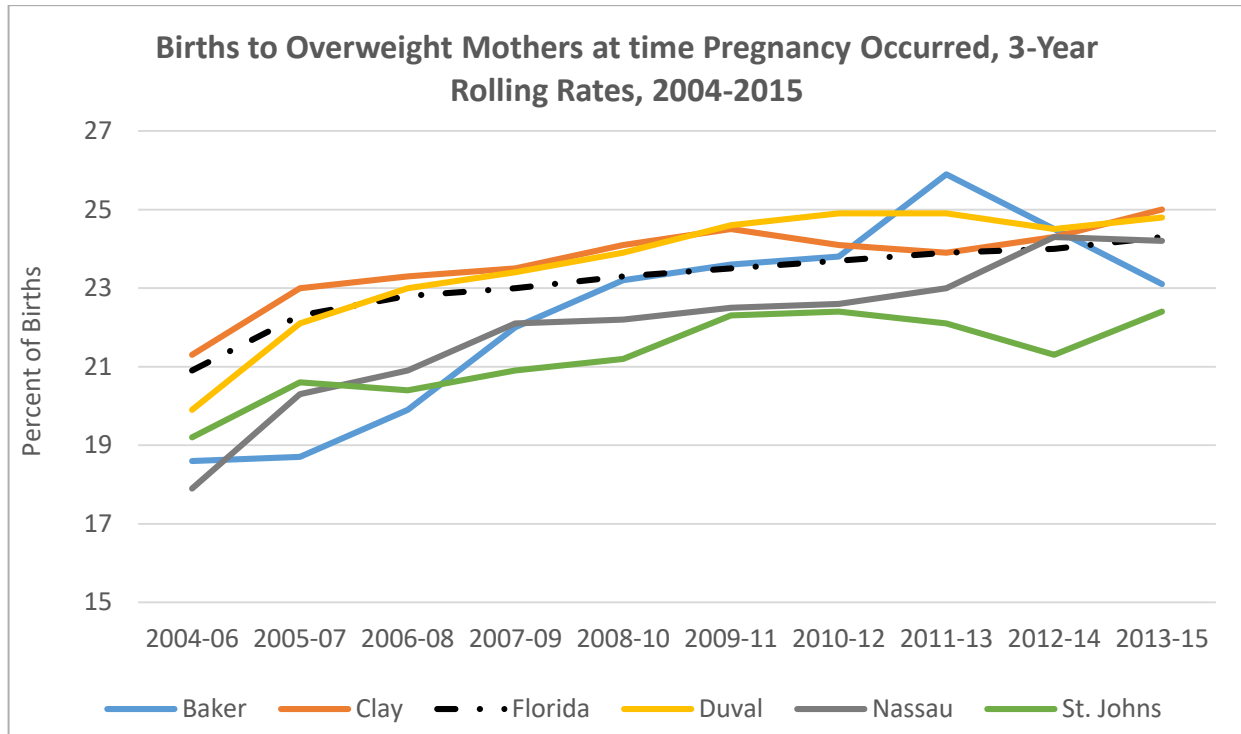
Baker County has a lower percent of mothers who initiate breastfeeding in comparison to Florida and the other Healthy Start Coalition counties. Rates for all counties have increased in the past decade. Most counties had rates similar to the national percentage of mothers (81.1%).



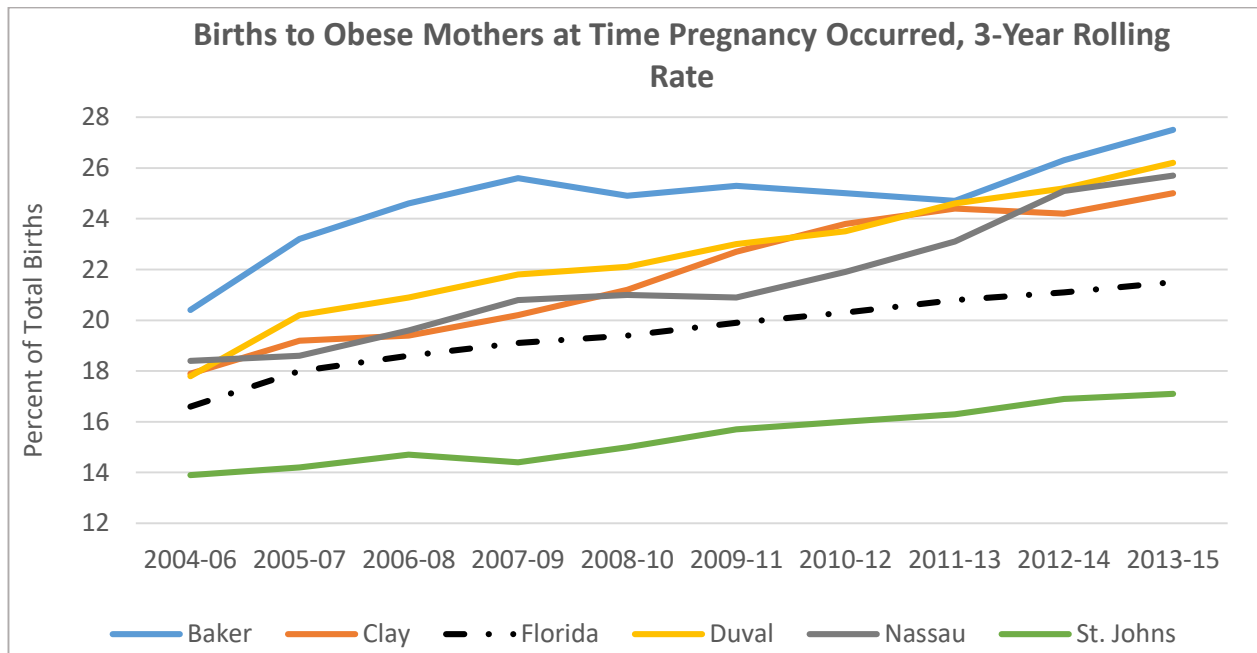
Baker, Clay, and St. Johns have more births to underweight mothers than the Florida average in 2013-2015. Among women giving birth in the United States in 2013, 3.8% were underweight at time of pregnancy.



Duval and Clay Counties have higher rates of births to overweight mothers at time of pregnancy. In 2015, 25.6% of mothers nationwide were overweight at the time pregnancy occurred.

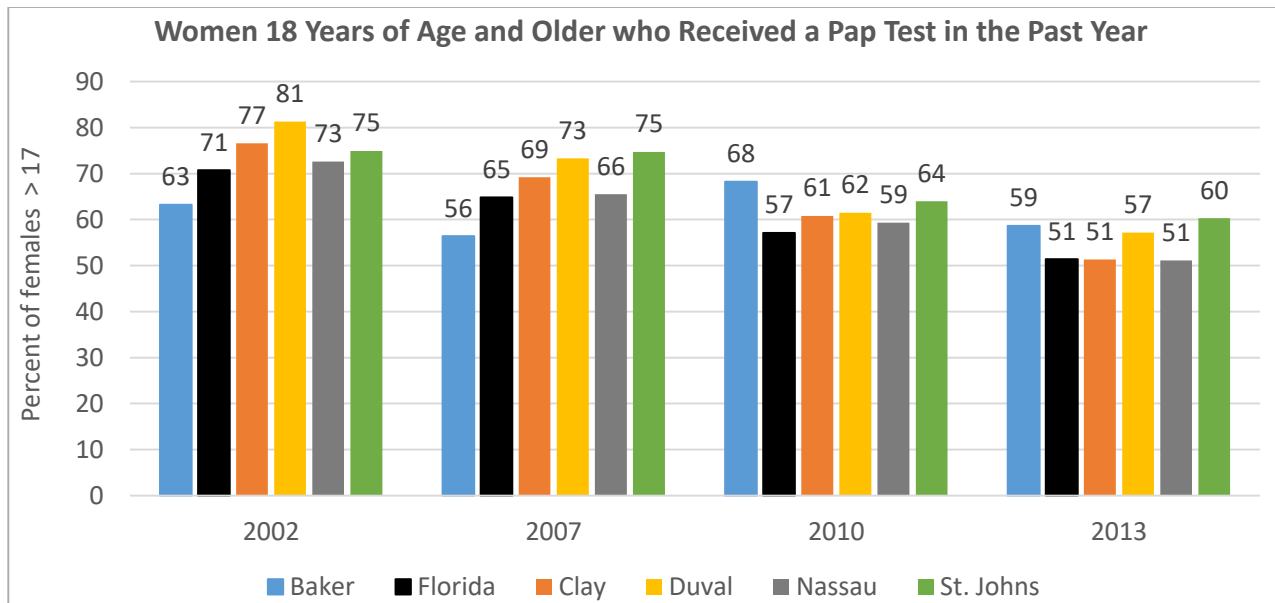


The percent of births to mothers who are obese during pregnancy is currently trending upwards. In the United States, 24.8% of mothers were obese before becoming pregnant in 2015.



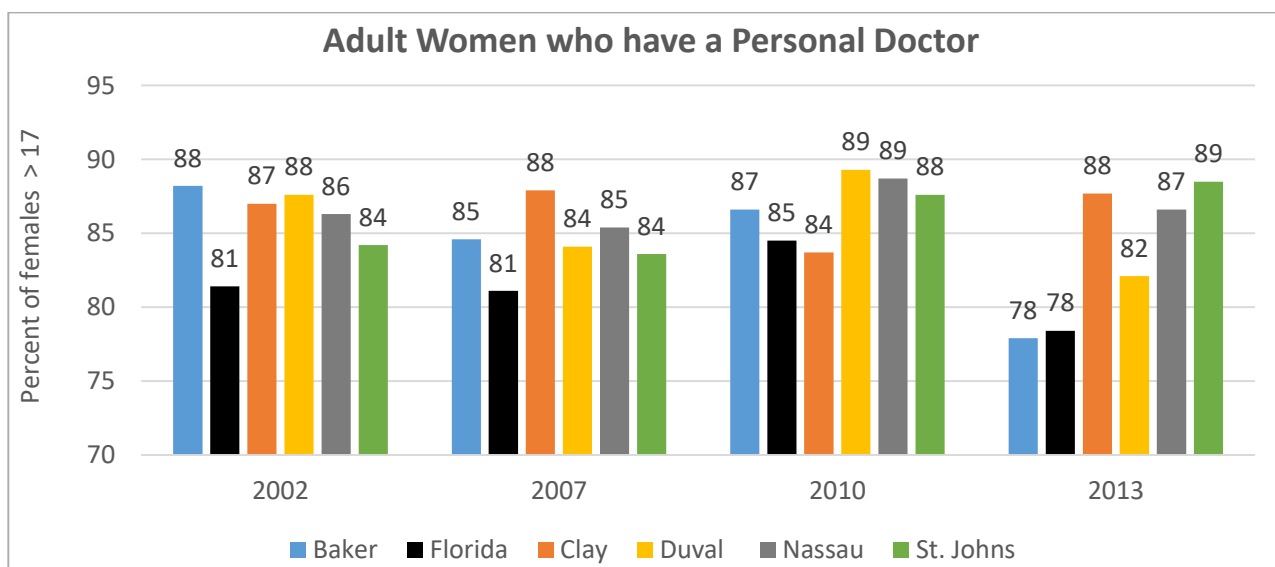
Well-Woman/Pre-conception/Pregnancy Care

Currently, the percent of females >17 with a pap smear in the preceding year is decreasing in Florida as well as all counties in the NEFHSC service area. The national average being 69.0 percent of all women 18 years and older.



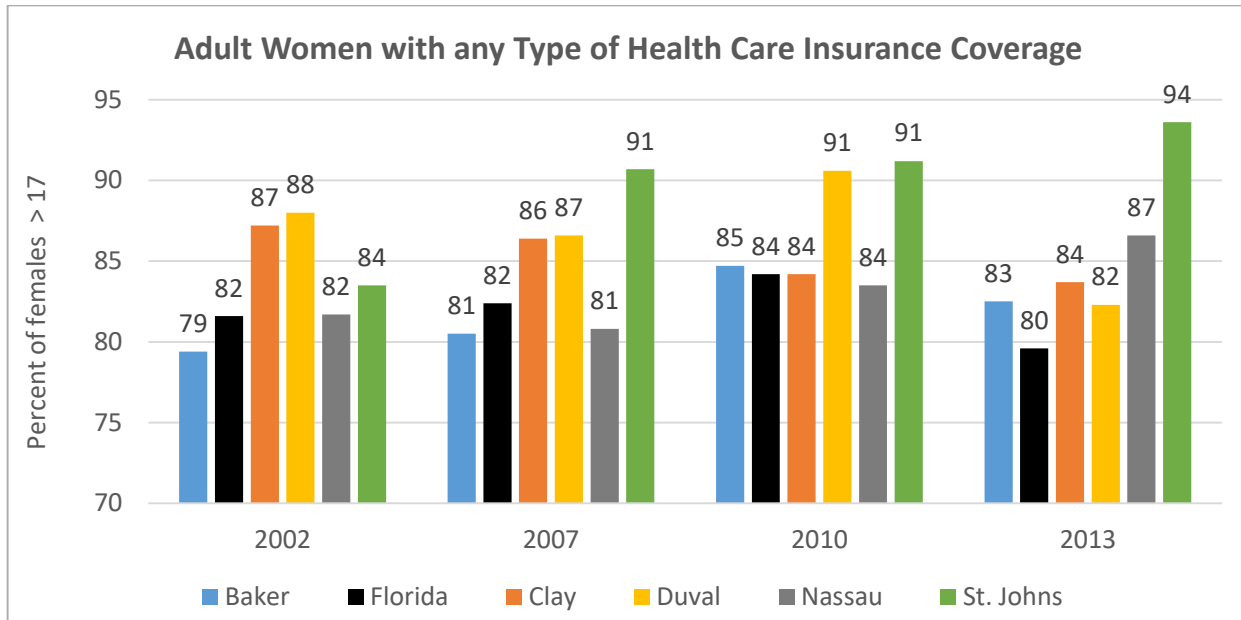
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Fewer women in Florida, Baker County, Duval County, and Nassau County had a personal doctor in 2013 than in previous years, while a greater percent of women in St. Johns and Clay County had a personal doctor in the same year. 83% of women reported having a personal doctor across the United States, making the national average less than those living in Clay, Nassau, and St. John's counties.



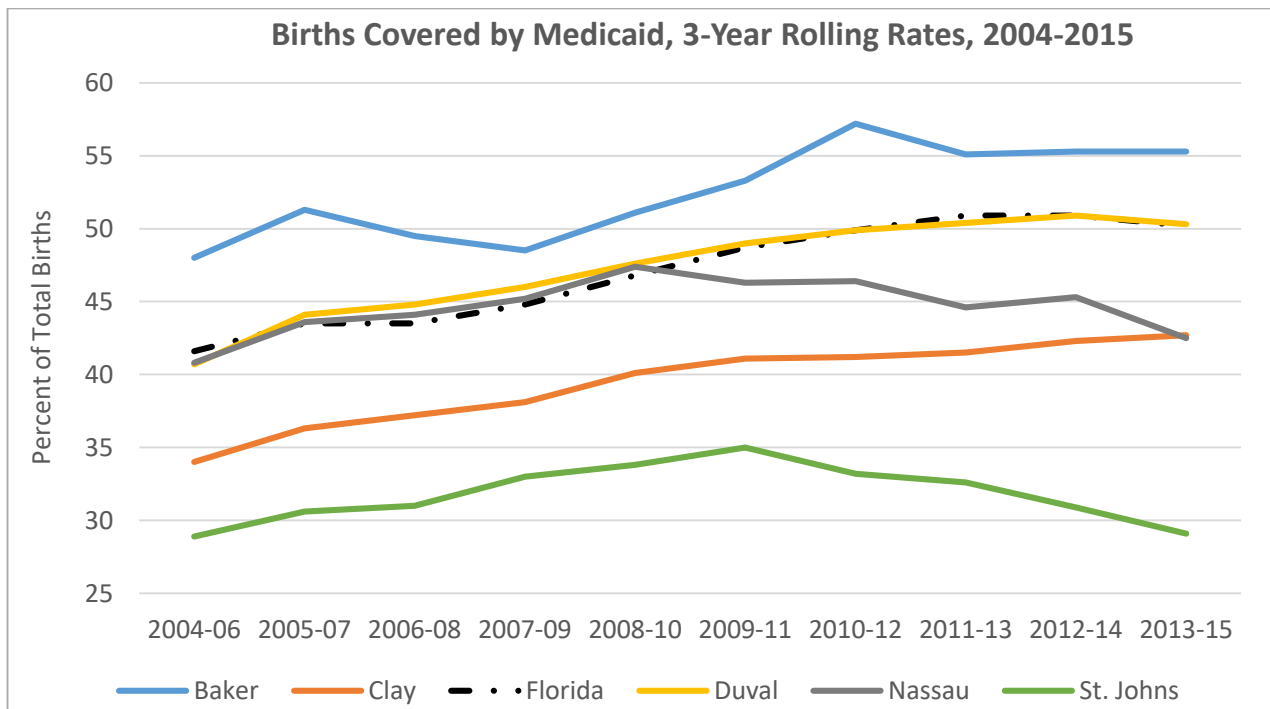
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

St. Johns County has the highest rate of adult females who have any type of health insurance. All counties in the NEFHSC service area had higher rates of insurance coverage for women than the state average in 2013. Nationally, only 59% of women received health care coverage in 2015.

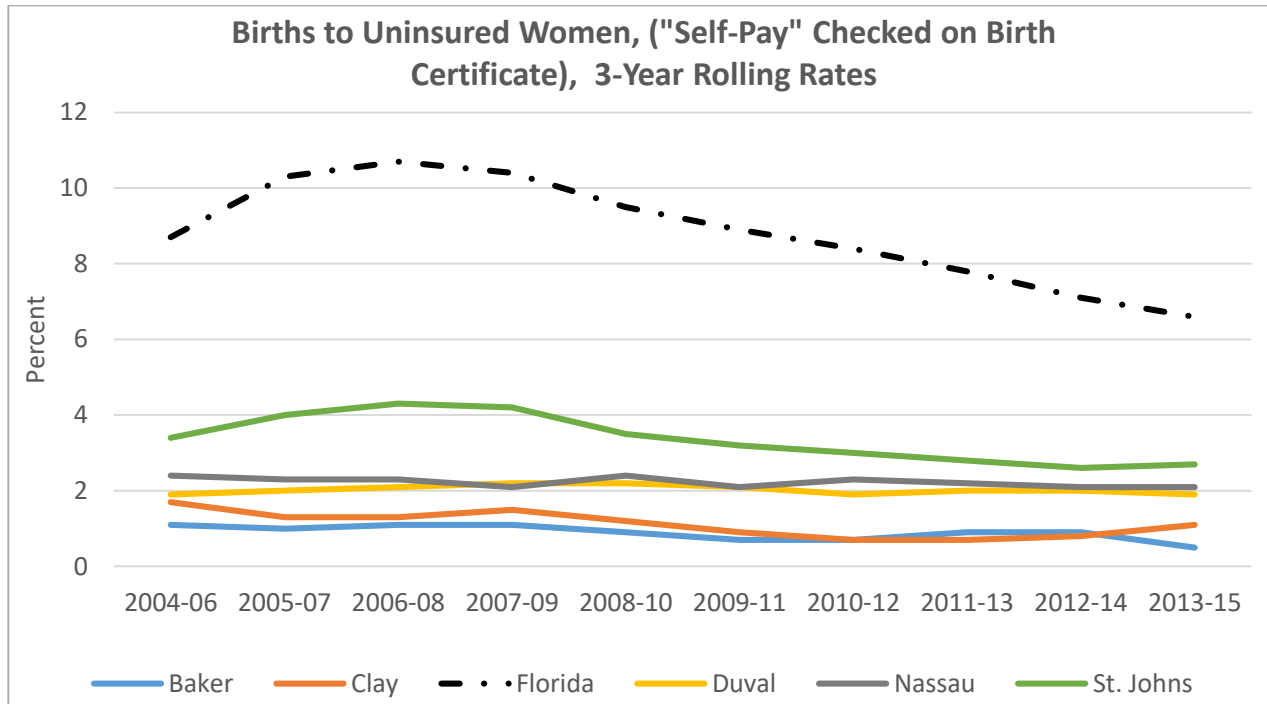


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion

Baker County has a higher percentage of births covered by Medicaid than Florida and other counties in the NEFHSC service area. Medicaid covered 44.9% of births in the United States in 2010.

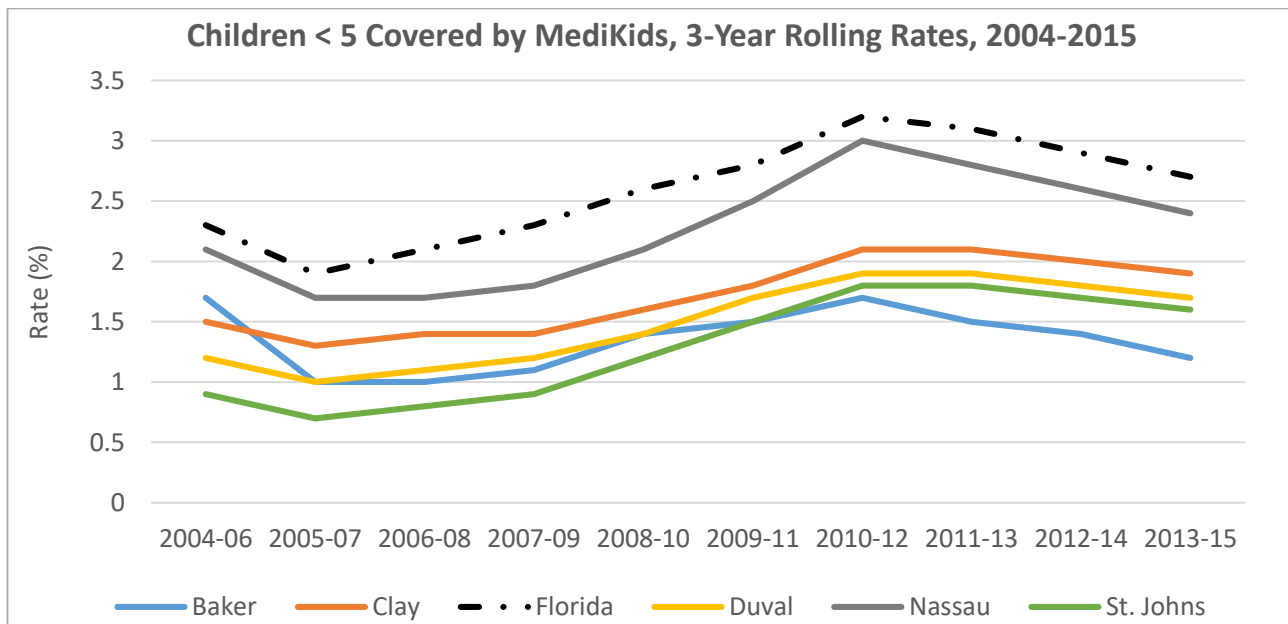


All counties in the NEFHSC service area have significantly smaller percentages of births to uninsured women in comparison to the Florida average. The national average of uninsured births was 4.4% in 2010.



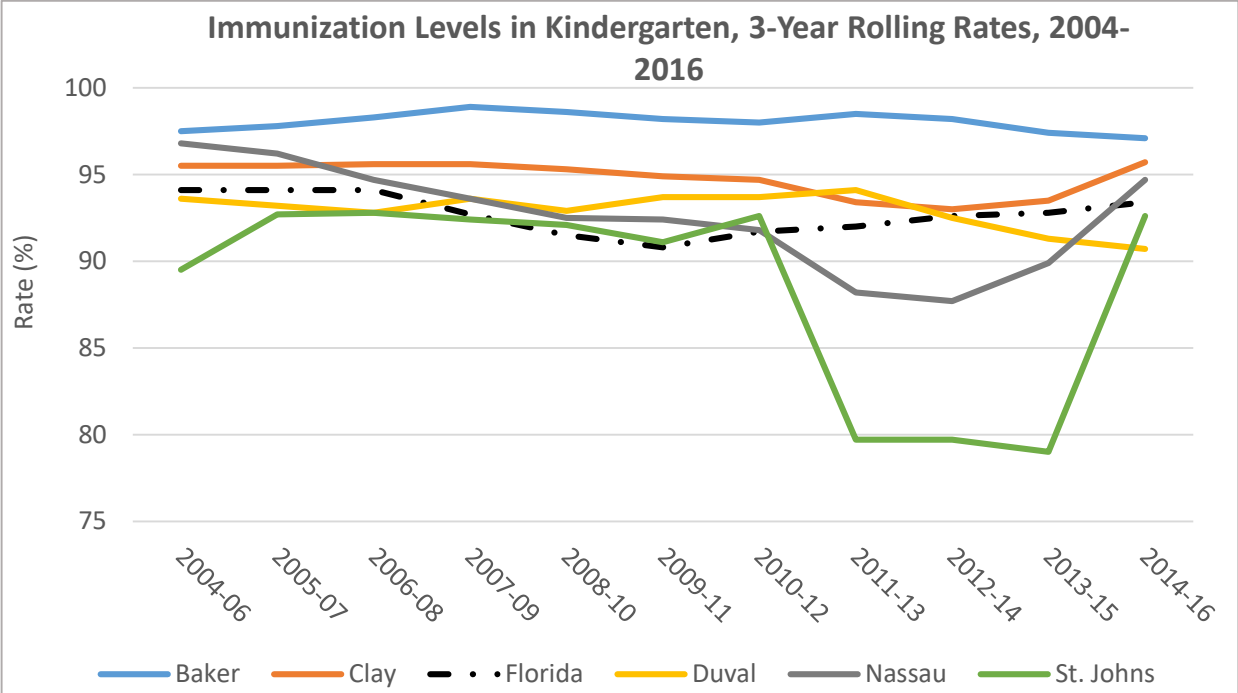
Children's Access to Health Services

All counties in the NEFHSC service area have a lower rate of children under 5 years old who are covered by MediKids than the Florida average.



Source: Agency for Health Care Administration (AHCA)

Baker County has the highest percentage of kindergarten children who are fully immunized in the NEFHSC service area. In 2015-2016, roughly 94% of kindergarteners were fully immunized in the United States.



Source: Florida Department of Health, Bureau of Immunization

SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

SITUATION ASSESSMENT – INTERNAL FACTORS

Strengths	Weaknesses/ Areas of Improvement
<ul style="list-style-type: none"> ○ Rapport with clients ○ Cute babies! – Compelling cause and mission: healthy babies are essential to and indicative of community well-being; the mission of HSC (healthy babies) is a selling point; attracts volunteers, funding, etc. ○ Geographic representation ○ Strong community partners and providers ○ Dedicated and experienced staff ○ Board members – motivated ○ Mission and vision ○ Programming – diverse, culturally competent, quality, driven by community needs, Magnolia, fatherhood ○ Awareness of/expertise in issues ○ Understanding of community culture; working with the community to determine needs ○ Being innovative and aware of trends ○ Flexible and responsive ○ Identifying new activities ○ Member expertise ○ Financially sound agency ○ History ○ Reputation ○ Team work ○ Programs are proven and cost-effective ○ Largest home based visiting agency in Northeast Florida ○ Healthy Families Program 	<ul style="list-style-type: none"> ○ Fundraising – no staff, grant-dependent ○ Facilities and equipment aging, uncomfortable environment ○ Staff burnout and turnover – lots of responsibilities/multiple roles and changes, need cross-training ○ Communications – between programs, to Board ○ Lack of policies, consistency ○ Onboarding Coalition members ○ Board attendance, expectations, and engagement ○ No strategic plan ○ Communicating the value of and need for the Coalition: translating cost savings to community of programs ○ Underuse of new technologies (e.g., texting clients instead of calling, using mobile apps and devices, etc.) ○ Need a stronger call to action ○ Use of home visiting best practices ○ Review of evidence based practices ○ Need to determine outcome measures

SITUATION ASSESSMENT – EXTERNAL FACTORS

Opportunities	Threats
<ul style="list-style-type: none"> ○ Creating a fundraising plan with non-grant activities ○ Corporate partnerships ○ Influence legislation at the state, local, and county levels ○ Work closely with local government ○ Expand collaboration/partnership efforts with other organizations, including by using Memorandums of Agreement: faith, non-health, transportation, crime, education (higher ed. – health professors, interns, residents, etc.) ○ Rebrand and strengthen reputation in the community ○ Public increasingly understanding issue: changing perception ○ Re-establish NEFHSC as expert, especially in fatherhood programs ○ Engage Coalition in other programs/events ○ Increase media exposure through new social apps ○ Build volunteer base in untapped communities ○ Outreach to millennials ○ Use technology more effectively ○ Reward parents ○ New programs (Community Health workers) ○ Moving toward being an evidence-based organization ○ Creating a formal structure (e.g., MOUs) to improve collaboration with other agencies 	<ul style="list-style-type: none"> ○ Political instability ○ Legislative changes – possible changes to ACA ○ Funding – majority of HSC funding comes from govt. and is vulnerable to cuts with political change ○ Department of Health policy limits – a lot of funding comes from DOH; DOH has antiquated/rigid policies and systems that limit HSC’s use of technology ○ Competition for participants – Sulzbacher FQHC, Azalea ○ Duplication of services ○ Engaging health care providers as partners ○ Community perception: only serve poor women of color ○ Participant expectations and perceptions ○ Wage gap creating us vs. them mentality ○ Increase in infant death ○ Family structure changes ○ Lack of access to behavioral healthcare services (e.g., mental illness and substance abuse) ○ HIV/STD rates ○ Social determinants of health (e.g., stress, poverty, transportation, educational attainment, crime) ○ Unequal treatment of men <ul style="list-style-type: none"> ○ Policy and funding directed largely at women ○ Lack of financial and legal support for fathers ○ Stigma associated with fatherhood programs and negative images surrounding fathers ○ Media coverage and brand awareness ○ Societal ignorance – filtering of news/information ○ Stigma associated with some HSC programs ○ Opioid epidemic

Mission, Vision, and Values

MISSION

Previous Mission

The Healthy Start Coalition leads a cooperative community effort to reduce infant mortality and improve the health of children, childbearing women and their families in Northeast Florida.

Updated Mission: The Healthy Start Coalition leads the community effort to reduce infant death and improve the wellbeing of children, childbearing women, fathers and their families in Northeast Florida.

VISION

Previous Vision

In Northeast Florida, too many babies die from preventable causes and lack of health services. Through the cooperation of elected officials, local churches, business leaders and members of the community, infant mortality, racial and social disparities are substantially reduced by programs that address and support the entire family. The Healthy Start Coalition is a recognized model and catalyst for community involvement, collaboration and innovative services governed by a diverse and active membership. Sustainable financial and in-kind resources are developed to support the Coalition mission.

Updated Vision: To be a recognized model and catalyst for community involvement, collaboration and innovative services in order to significantly decrease infant death and have strong, healthy families in Northeast Florida.

ORGANIZATIONAL VALUES

- Collaboration: We will work together within our organization and with community partners to achieve our common goals.
- Innovation: We will not be afraid to try new ideas through out-of-the-box approaches.
- Compassion: We will look past stigmas to provide excellent services to all of our clients.
- Integrity: We will stay true to the HSC mission and vision by remaining ethical and trustworthy.
- Respect: We will engage co-workers and clients with open admiration.
- Commitment: We will continue to have a strong commitment to the community and families we serve.

**NEFHSC Action Plans: Goals,
Objectives, and Strategies for
Achieving the Coalition's Mission**

Priority: Fiscal/Financial Sustainability

Goal: Create a long-term, sustainable funding model.

Objective: 10% of HSC funding will come from non-governmental sources by December 31, 2020.
 15% of HSC funding will come from non-governmental sources by December 31, 2021.
 20% of HSC funding will come from non-governmental sources by December 31, 2022.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
1.1 Establish a committee/advisory board whose purpose is generating revenue through establishing partnerships (i.e. hospitals, managed care organizations, businesses), diversifying funding streams, enhancing fundraising, and looking for new revenue sources in existing programs.	<ul style="list-style-type: none"> Healthcare systems Managed care organizations Businesses / civic leaders Innovative/creative entrepreneur UNF/JU school of business dean 	<ul style="list-style-type: none"> Chief Executive Officer Board/ Coalition Member 	Committee established by September 30, 2017 Committee will report by April 30, 2018	0 committees 0 reports	1 committee 1 report
1.2 Use organizational cost-avoidance outcomes from the health economist study to support our expansion of revenue streams.	<ul style="list-style-type: none"> Health Economist Healthy Start Study 	<ul style="list-style-type: none"> Chief Executive Officer Board/ Coalition Member 	Health economist cost-avoidance report	0 reports	1 report
1.3 Establish a donor database built around champions and friends of Healthy Start	<ul style="list-style-type: none"> Data base 	<ul style="list-style-type: none"> CEO Board members 	List of champions by April 2018 Development of donor database by May 2018	0 list of HSC champions 0 database	1 list of HSC champions 1 database

Priority: Fiscal/Financial Sustainability

Goal: Streamline budget/fiscal policy and procedures for the entire organization.

Objective:

- Establish an administrative budget by July 31, 2017.
- Conduct a review of HSC financial systems by June 30, 2018.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
2.1 Ensure budgets are reviewed/ updated regularly for each program and director.	<ul style="list-style-type: none"> • HR • Finance • Committee for financial policies • Program directors 	<ul style="list-style-type: none"> • Chief Programs Officer • Finance Director 	Updated budget	0 updated budget per program	1 budget per program
2.2 Develop a formal training for directors on managing a program budget as well as understanding the overall budget.	<ul style="list-style-type: none"> • HR • Board Treasurer • Finance committee 	<ul style="list-style-type: none"> • Finance Director 	Development of formal training (October 2017)	0 trainings	1 training
2.3 Update existing fiscal policy based on the outcomes of the financial review and research technology improvements.	<ul style="list-style-type: none"> • Committee for financial policies • Federal guidelines, existing best practices and policies • Peer Coalitions • Nonprofit Board Source 	<ul style="list-style-type: none"> • Chief Programs Officer • Finance Director • Board/Coalition Member 	Updated policy (September 1, 2017)	0 policies	1 policy

Priority: Community Awareness/Partnership

Goal: Share the Healthy Start Coalition mission with public and private sector business and the general population.

Objective: Implement a strategic communication/marketing plan by December 31, 2018.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
3.1 Increase media coverage of HSC.	<ul style="list-style-type: none"> PR Consultant News4 Other news stations Success stories/ clicks 	<ul style="list-style-type: none"> Director of Development 	# of new media outlets (by Dec. 2018) # of media hits Media kit/packet	0 new outlets 2-3 hits 0 packet	3 new outlets 3 hits 1 Packet
3.2 Initiate and maintain connections within local businesses.	<ul style="list-style-type: none"> First Coast Worksite Wellness Chamber of Commerce- all counties Society of Human Resources Rotary Club of Jacksonville CSX Jacksonville Chamber of Commerce Jacksonville Business Journal 	<ul style="list-style-type: none"> Director of Development Board/ Coalition Member 	MOUs Projects created with businesses	0 MOUs 0 projects	3 MOUs 3 projects
3.3 Establish an elevator speech, talking points, and consistent messaging for board, staff and friends (understanding of relationship between HSC and HSC programs).	<ul style="list-style-type: none"> Speakers bureau Events / causes 	<ul style="list-style-type: none"> Director of Development 	Speech/talking points and materials created	0 speeches 0 talking points	1 speech 1 talking point

<p>3.4 Present to businesses about the HSC mission and core values.</p>	<ul style="list-style-type: none"> Talking points/presentation Elevator speech 	<ul style="list-style-type: none"> Chief Executive Officer Board/Coalition Member Development 	<p># of presentations</p> <p>Creation of Mission, Vision, Values (MVV) business cards</p> <p>Fact sheet</p>	<p>0 presentations</p> <p>0 MVV card templates</p> <p>0 fact sheet</p>	<p>1 per quarter per organization</p> <p>1 MVV card template</p> <p>1 fact sheet</p>
<p>3.5 Gain/increase HSC champions, such as elected officials, public figures.</p>	<ul style="list-style-type: none"> Program directors and staff (for updates and research) HSC Board Current Community Partners Past and current clients Capture client success stories 	<ul style="list-style-type: none"> Director of Development Board/Coalition Member 	<p>Regular letter with updates from Chief Executive Officer to key entities and board members</p> <p>Targeted meetings with potential champions</p>	<p>0 letters</p> <p>0 meetings</p>	<p>4 letters per year</p> <p>2 meetings per quarter</p>
<p>3.6 Create partner satisfaction/engagement survey for current partners and determine baseline metrics.</p> <p>Create a survey for potential partners.</p>	<ul style="list-style-type: none"> UNF Center for Community Initiatives (CCI) evaluation team Health Planning Council of Northeast Florida Program directors 	<ul style="list-style-type: none"> Director of Development HR Board member 	<p>Creation of 2 surveys</p> <p>Distribution of survey to 90% of partners</p> <p>Response rate</p> <p>Summary results report</p>	<p>0 surveys</p> <p>0% distribution</p> <p>0% response</p> <p>0 summary reports</p>	<p>2 surveys</p> <p>90% distribution</p> <p>25% response</p> <p>1 summary report</p>

Priority: Legislative Advocacy and Public Policy

Goal: Advocate for public policies that improve funding, healthcare access, service delivery and education (including the use of technology and social media).

Objective: Provide opportunities for 50% of Healthy Start stakeholders to become knowledgeable about advocacy strategies that promote the health and well-being of childbearing families and decrease infant mortality in Northeast Florida by June 30, 2018.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
<p>4.1 Establish a Legislative Advocacy Ambassador Group (LAAG) comprised of Board and Coalition members:</p> <ul style="list-style-type: none"> • Create a legislative advocacy directory that includes contact information for national, state, and local legislative representatives for each LAAG member. • Update and share the legislative advocacy directory with LAAG members quarterly. 	<ul style="list-style-type: none"> • State Website • Senate Website • Jacksonville Public Library database • JCCI Data (through United Way) 	<ul style="list-style-type: none"> • HSC Board Member • HSC Board Member 	<p>Establishment of Legislative Advocacy Ambassador Group</p>	0 groups	1 group
<p>4.2 Share advocacy tips with board and coalition members during monthly board meetings.</p>	<ul style="list-style-type: none"> • Psychographics research methodology • State Website • Senate Website • Jacksonville Public Library database • JCCI Data (through United Way) • Politifact website 	<ul style="list-style-type: none"> • Chief Programs Officer • HSC Board member 	<p>List of advocacy tips updated</p> <p>Advocacy tips material disseminated at board meeting</p>	0 tips	1 per month
				1 dissemination per month	1 per month

<p>4.3 Collaborate with multiple organizations to present an annual advocacy workshop/ seminar for adults and teenagers in Northeast Florida.</p>	<ul style="list-style-type: none"> • Kids coalition • United Way • Mental Health of America • JU • AAMHI -African American Mental Health Initiative • Delores Weaver Public Policy Center • Nonprofit Center of Northeast Florida 	<ul style="list-style-type: none"> • Director of Development • HSC Board Member 	<p># of annual advocacy workshops</p> <p># of partners reached per year</p>	<p>1 workshop</p> <p>15 partners</p>	<p>1 per year</p> <p>5 per year</p>
<p>4.4 Review and share a summary statement of the Florida Statute Chapter 383 – Maternal & Infant Health Care with NEFHSC Board and Coalition members annually.</p>	<ul style="list-style-type: none"> • Coalition • Florida Statute Chapter 383 • Florida Association of Healthy Start Coalitions (FAHSC) 	<ul style="list-style-type: none"> • Chief Executive Officer • HSC Board Member 	<p>Sharing the summary statement at board meeting</p>	<p>0 shares per year</p>	<p>1 per year</p>
<p>4.5 Participate in FAHSC Legislative meetings/conference calls monthly.</p>	<ul style="list-style-type: none"> • FAHSC • FAHSC lobbyist 	<ul style="list-style-type: none"> • HSC Board Member • Chief Executive Officer 	<p># of meeting/calls</p>	<p>0 meetings/calls</p>	<p>1 per month</p>

** CAPP Committee Strategic Action plan objective

Priority: Legislative Advocacy and Public Policy

Goal: Advocate for public policies that improve funding, healthcare access, service delivery and education (including the use of technology and social media).

Objective: Establish a plan to promote Healthy Start stakeholder (board and coalition) involvement as measured by pre- and post-survey results in state & national legislative advocacy strategies before, during, and after the 2018 Florida legislative session by February 28, 2018.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
5.1 Place the LAAG group into clusters of similar <u>state & national</u> legislative representatives to augment their group advocacy efforts.	<ul style="list-style-type: none"> • Psychographic methodology • State Website • Senate Website • Jacksonville Public Library database • JCCI Data via United Way 	<ul style="list-style-type: none"> • HSC Board Member • Executive Assistant 	Up to date clustered LAAG groups annually	0 groups	1 updated group a year
5.2 Create and share legislative advocacy “talking points” to help LAAG members communicate with their state & national representative(s).	<ul style="list-style-type: none"> • A handbook of data collection tools: Companion Guide to “Measuring advocacy and policy” • Advocacy tip sheet • Coalition website 	<ul style="list-style-type: none"> • HSC Board Member • Development Coordinator 	Talking points materials created, disseminated and taught	0 materials	1 materials packet
5.3 Establish benchmarks for LAAG members to establish appointments to visit state & national legislators locally to advocate for Healthy Start issues.	<ul style="list-style-type: none"> • CAPP committee • LAAG group • Executive director 	<ul style="list-style-type: none"> • HSC Board Member HSC Board Member 	Benchmarks created and shared # of state and federal legislators reached	0 lists of benchmarks 10 legislators	1 list of benchmarks 10 legislators

<p>5.4 Maintain records of LAAG visits to state & national legislative activities (e.g., town hall meetings, individual meetings with legislators) and other advocacy involvement at the state & national level.</p>	<ul style="list-style-type: none"> • Healthy Start Staff 	<ul style="list-style-type: none"> • Executive Assistant • HSC Board Member 	<p>Update of tracking sheet</p>	<p>0 updates</p>	<p>1 update per quarter</p>
<p>5.5 Send at least one CAPP Committee member to the National Healthy Start Conference held in Washington D.C. annually to report back findings to coalition (subject to availability of funds).</p>	<ul style="list-style-type: none"> • Coalition and staff • CAPP Committee 	<ul style="list-style-type: none"> • Chief Executive Officer • LAAG committee member 	<p>Annual attendance at conference</p> <p>Annual sharing of findings</p>	<p>0 attendees</p> <p>0 shares</p>	<p>1 attendee</p> <p>1 share</p>

** CAPP Committee Strategic Action plan objective

Priority: Legislative Advocacy and Public Policy

Goal: Advocate for public policies that improve funding, healthcare access, service delivery and education (including the use of technology and social media).

Objective: Establish a plan to use technology and social media to promote Healthy Start stakeholder involvement in local, state and national legislative advocacy strategies that positively impacts the health and well-being of childbearing families in Northeast Florida by February 28, 2018.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
6.1 Use a variety of social media venues (e.g., Facebook, Twitter, LinkedIn, YouTube, Instagram, Pinterest, Google Plus, etc.) to disseminate information on advocacy/public policy issues to NEFHSC stakeholders.	<ul style="list-style-type: none"> Social media SME Dr. Stephen Baker Advocacy tips 	<ul style="list-style-type: none"> HSC Board Member Director of Development Development Coordinator Executive Assistant 	# of posts per outlet	0 posts	1 post per week
6.2 Implement at least <u>2</u> educational webinars/ workshops before, during or after the 2018 legislative session to teach Board/Coalition/ LAAG members and community stakeholders how to effectively use social media to communicate with their legislators.	<ul style="list-style-type: none"> Social media SME FAHSC FAHSC media group report Evolving your brand into a movement course (E3) 	<ul style="list-style-type: none"> Board Member Director of Development Development Coordinator Executive Assistant 	# of webinars	0 webinars	2 webinars
6.3 Design a Facebook page specifically for legislative advocacy/public policy issues that impact Northeast Florida Healthy Start Coalition and its stakeholders.	<ul style="list-style-type: none"> Social media SME Dr. Stephen Baker Advocacy tips 	<ul style="list-style-type: none"> Board Member Director of Development Development Coordinator Executive Assistant 	Creation of Facebook page	0 pages	1 page
6.4 Create and maintain a Legislative Advocacy Tab on the Northeast Florida Healthy Start Coalition website to disseminate advocacy information and resources.	<ul style="list-style-type: none"> Coalition Website Dr. Stephen Baker Advocacy tips 	<ul style="list-style-type: none"> Board Member Director of Development Development Coordinator Executive Assistant 	Creation of tab # of updates	0 tabs 0 updates	1 tab 1 update per month

<p>6.5 Create a Legislative Advocacy Blog to disseminate relevant advocacy issues/information to Northeast Florida Healthy Start stakeholders at least twice a year.</p>	<ul style="list-style-type: none"> • Social media SME • Dr. Stephen Baker • Advocacy tips 	<ul style="list-style-type: none"> • Board Member • Director of Development • Development Coordinator • Executive Assistant 	<p>Creations of blog</p> <p>Biweekly updates</p>	<p>0 blogs</p> <p>0 updates</p>	<p>1 blog</p> <p>1 update</p>
<p>6.6 Live stream advocacy/public policy events to Northeast Florida Healthy Start Coalition stakeholders when possible.</p>	<ul style="list-style-type: none"> • Social media SME • Dr. Stephen Baker • Advocacy tips 	<ul style="list-style-type: none"> • Board Member • Director of Development • Development Coordinator • Executive Assistant 	<p># of live stream events</p>	<p>0 events</p>	<p>4 events per year</p>

** CAPP Committee Strategic Action plan objective

Priority: Organizational Well-being

Goal: Board development and engagement.

Objective: Cultivate an active board membership committed to the success of the strategic plan as evidenced by completing 80% of all benchmarks by December 31, 2022.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
7.1 Align the HSC board profile and committee structure to match strategic deliverables by ensuring members from hospitals, providers, local business, non-profits, and government are included.	<ul style="list-style-type: none"> • Peer coalitions • Northeast Florida Nonprofit center • HSC board 	<ul style="list-style-type: none"> • Chief Executive Officer • Board/Coalition Member 	Create a board matrix that tracks skills/ expertise of board members	0 matrices	1 matrix
			Update expectations for board members	0 updates	1 update
7.2 Create an advisory committee for philanthropic fundraising by reviewing best practices from other Coalitions.	<ul style="list-style-type: none"> • Peer Coalitions • Northeast Florida Nonprofit Center • HSC board 	<ul style="list-style-type: none"> • Chief Executive Officer • Board/Coalition Member 	Creation of advisory committee	0 committees	1 committee
			List of best practices	0 lists	1 list
7.3 Improve board recruitment, engagement, and retention with development of board welcome/ orientation program- “Board Buddies”	<ul style="list-style-type: none"> • Peer coalitions • Northeast Florida Nonprofit center • HSC board 	<ul style="list-style-type: none"> • Chief Executive Officer • Board/Coalition Member 	Process map for Board onboarding	0 process map	1 process map
			Business cards for members with elevator speech	0 business card template	0 business card template

Priority: Organizational Well-being

Goal: Excel at providing services in northeast Florida.

Objective: Create the service delivery plan by March 31, 2018.

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
8.1 Meet program specific benchmarks in HSC benchmark scorecard.	<ul style="list-style-type: none"> Program directors Peer coalitions 	<ul style="list-style-type: none"> Chief Programs Officer 	% of benchmarks	67% of benchmarks	85% of benchmarks
8.2 Enhance existing programs through quality improvement processes.	<ul style="list-style-type: none"> Health Planning Council of Northeast Florida Program directors Sterling examiner process 	<ul style="list-style-type: none"> Chief Programs Officer Board/Coalition Member 	Complete QI assessment	0 assessments	1 assessment
			Implement 1 QI process	0 processes	1 process
8.3 Create outcome-based measures that incorporate health equity and social determinants of health across all Coalition programs.	<ul style="list-style-type: none"> UNF Center for Community Initiatives (CCI) RWJF health equity report Programs directors 	<ul style="list-style-type: none"> Chief Programs Officer 	Creation of health outcome measures	0 lists of measures	1 list of measures
			Percent of measures met by programs	0 measures	85% of measures
8.4 Meet broad benchmarks for the Coalition as defined in Healthy Start Service Delivery Plan (include emphasis on home-visitation services).	<ul style="list-style-type: none"> Peer Coalitions 	<ul style="list-style-type: none"> Chief Executive Officer Board/Coalition Member 	% of benchmarks	0 benchmarks	85% of benchmarks

Priority: Organizational Well-being

Goal: Develop a strong organizational culture.

Objective: Foster a cohesive culture, where employees are empowered, engaged and aligned around the mission of HSC. This will be measured through a staff survey completed on an annual basis beginning January 2018 (and ongoing through 2022).

Strategies	Resources	Lead Person	Measure	Current Performance Level	Target
9.1 Research strategies for creating cohesive culture and employee engagement.	<ul style="list-style-type: none"> Best practices from corporations Society of Human Resource Management (SHRM) 	<ul style="list-style-type: none"> Human Resources 	Selection of an employee engagement model	0 selected	1 selected
9.2 Create staff survey and determine baseline metrics. Review best practices	<ul style="list-style-type: none"> Society of Human Resource Management (SHRM) Leadership team Jacksonville Business Journal “ Best places to work” 	<ul style="list-style-type: none"> Human Resources Board/ Coalition Member 	Creation of survey Response rate (%)	0 surveys 0% response	1 survey 100% response
9.3 Golden/common thread: Each individual understands how their role ties into the larger mission of the HSC.	<ul style="list-style-type: none"> Program directors Admin team Nonprofit center 	<ul style="list-style-type: none"> Chief Executive Officer 	Standing item on agenda for staff meetings	0 agenda items	1 agenda item
9.4 Create a professional development plan to increase staff awareness of HSC programs and track number of trainings employees attend	<ul style="list-style-type: none"> Peer coalitions/programs One-pagers for each program Human Resources 	<ul style="list-style-type: none"> Chief Programs Officer 	Creation of resource/program manual	0 manuals	1 manual
9.5 Create HSC intranet as resource sharing tool.	<ul style="list-style-type: none"> Human Resources IT 	<ul style="list-style-type: none"> Director of Development 	Creation of intranet	0 intranets	1 intranet

<p>9.6 Train staff on quality improvement.</p>	<ul style="list-style-type: none"> • Health Planning Council of Northeast Florida • Program directors • Sterling examiner process 	<ul style="list-style-type: none"> • Human Resources 	<p># of trainings</p>	<p>0 trainings</p>	<p>1 training</p>
<p>9.7 Evaluate onboarding, retention, and termination processes (include best practices/emphasis on home visitation services).</p>	<ul style="list-style-type: none"> • HSC partners • MIECHV training • Community partner trainings • Chief Programs Officer • Peer coalitions/programs 	<ul style="list-style-type: none"> • Human Resources • Board/Coalition Member 	<p>Creation of training/ orientation plan (including staff & subcontractors)</p> <p>Job descriptions reviewed annually with core standards incorporated</p>	<p>0 plans</p> <p>70% reviewed</p>	<p>1 plan</p> <p>100% reviewed</p>
<p>9.8 Create a Succession Plan for key positions throughout the organization.</p>	<ul style="list-style-type: none"> • Nonprofit center • Program directors • Sterling examiner process • Peer coalitions/programs 	<ul style="list-style-type: none"> • Chief Executive Officer • Human Resources 	<p>Creation of a succession plan</p>	<p>0 plan</p>	<p>1 plan</p>

THIS REPORT WAS PREPARED BY
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