ST. CLAIR COUNTY
HEALTH DEPARTMENT
Our Community. Our Environment.

2020-2024
Strategic Plan

Prepared by Kay Balcer
Balcer Consulting and Prevention Services
November 1, 2019

An Introduction

Improving the health of the community requires a multi-faceted approach. The St. Clair County Health Department (SCCHD) has been utilizing the model[1] recommended by the National Association of County and City Health Officials. In this model, a community begins with conducting a comprehensive needs assessment which informs three planning processes: **Community Health Planning**, **Continuous Quality Improvement, and Strategic Planning**. In 2018, the St. Clair County Health Department completed a three year community-based assessment process that resulted in the 2019 Community Health Plan.[2] In 2019, the Health Department implemented a Continuous Quality Improvement process at the program level. In February 2019, the health department contracted with Balcer Consulting and Prevention Services to lead its staff and leadership through a strategic planning process. The strategic planning process was focused on how to best define the roles, priorities, and direction of the health department; thereby, strengthening the capacity of the organization to impact community health indicators.

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[1] MarMason Consulting LLC, 2012

[2] https://www.stclaircounty.org/Offices/health/CHAP.aspx
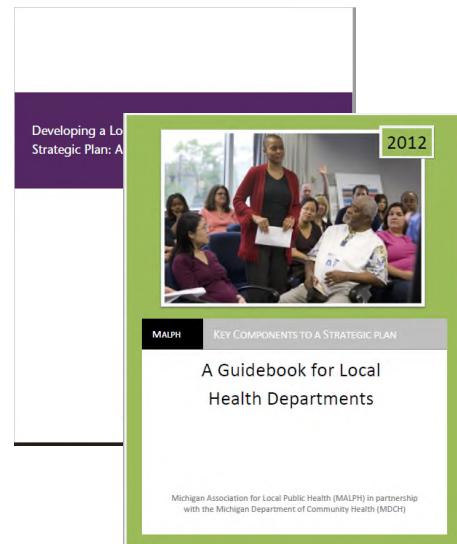
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"Good fortune is what happens when opportunity meets with planning."

Thomas Edison

Contents

"We are looking forward to implementing our strategic plan over the next five years. The plan as outlined in this document sets forth our goals, objectives, activities that will be implemented, and indicators for measuring progress toward our strategic priorities. St. Clair County is blessed with many great resources, especially the people! However, our community health assessment showed that there is still work to do. This strategic plan will enable our organization to meet the needs of the community in a more effective and efficient manner. Our strategic plan will be instrumental in moving our organization toward our mission and vision. We thank you for your commitment to making St. Clair County a healthy place for all!"

Annette Mercatante, MD, MPH
Medical Health Officer, St. Clair County Health Department

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The Process

Using guidance from the National Association of County and City Health Officials and the Michigan Association of Local Public Health, a strategic planning process was developed. Strategic planning fits into a larger picture. The figure on the right illustrates how the Community Health Assessment, Community Health Improvement Plan, Quality Improvement Plan, and Strategic Plan work together to improve the health of the public.
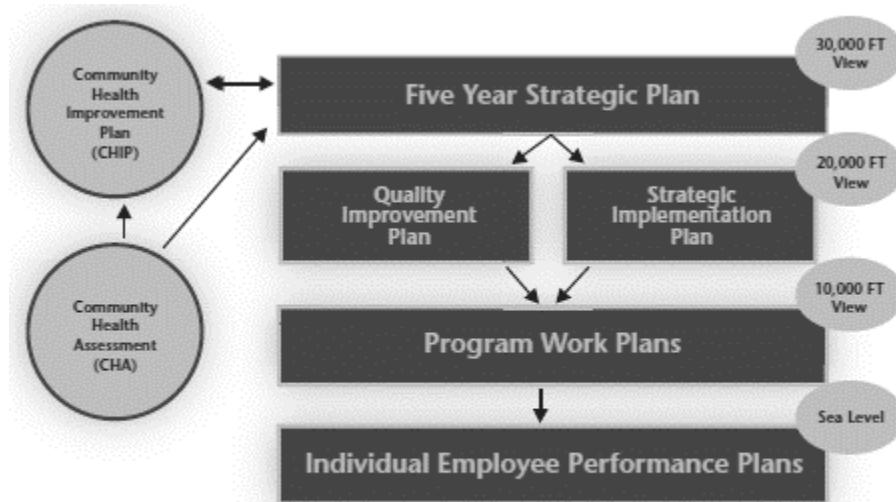
(Adapted from MarMason Consulting LLC, 2012)

During process design, three perspectives were identified as critical to a successful strategic plan: Board of Health, Administrative Leaders, and all SCCHD employees. Surveys and in-person processes were utilized to engage these three groups. The process included reflections about the 2013 Strategic Plan, a feasible timeline, and a straightforward process. Goals of the process included engaging all levels of the health department, developing measurable goals and objectives, and developing a plan that could be intentionally integrated into daily practices. There were five main steps to the strategic planning process.

Input Gathering: Input was gathered regarding a variety of topics. Surveys and meetings were utilized to collect input from the Board of Health, Administrative Leaders, and employees. Participants were asked to provide their opinion about progress on the 2013 strategic plan priorities; the organization's vision, mission, and values; the strengths, weaknesses, opportunities, and challenges for the health department; and prioritization of strategic issues. Administrative Leaders used this input to select strategic priorities, identify root causes, develop goals and objectives, and create an action plan.

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Degree of Progress Since Last Strategic Great=3; None=1

Categories (top to bottom):
- Public Relations and Community Outreach
- Data Development and Evidence-Based Practices
- Collaborative Partnerships
- Emergency Preparedness and Environmental Health
- Funding and Financial Stability
- Technology Enhancement
- Building Capacity for Continuous Improvement and a…
- Organizational Culture and Employee Morale
- New Health Department Facility

Axis: 0.00, 0.50, 1.00, 1.50, 2.00, 2.50, 3.00

Legend: ■ Employee Rating ■ BOH rating

SWOC Analysis (Strengths, Weaknesses, Opportunities, and Challenges): Utilizing results from the 2013 SWOC analysis, the Board of Health and employees conducted a scan of the current internal and external environment. The Board of Health in a group process, identified the following SWOC.

Internal Scan			
STRENGTHS (# of responses)		**WEAKNESSES (# of responses)**	
Staff	5	Facility	5
Funding	4	Funding	5
Leadership	4	Collaboration	2
Services	4	Morale	2
Collaboration	2	Environment	1
Outreach	2	Pay	1
Communication	1	Technology Training	1
Decision Maker Support	1	Workload	1
Supervisors	1		
Vision	1		
External Scan			
OPPORTUNITIES (# of responses)		**CHALLENGE (# of responses)**	
Funding	2	Community Engagement	5
Collaboration	1	Funding	4
Community Engagement	1	Collaboration	2
Decision Maker Support	1	Inaccurate Information	1
Needs	1	Needs	1
Outreach	1	Staff	1
Staff	1	Vision	1

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Employees ranked SWOC items identified in the 2013 Strategic Plan using a five point scale (Great Strength, Strength, Both a Strength and Weakness, Weakness, and Great Weakness).

Degree of Strength (5) or Weakness (1)
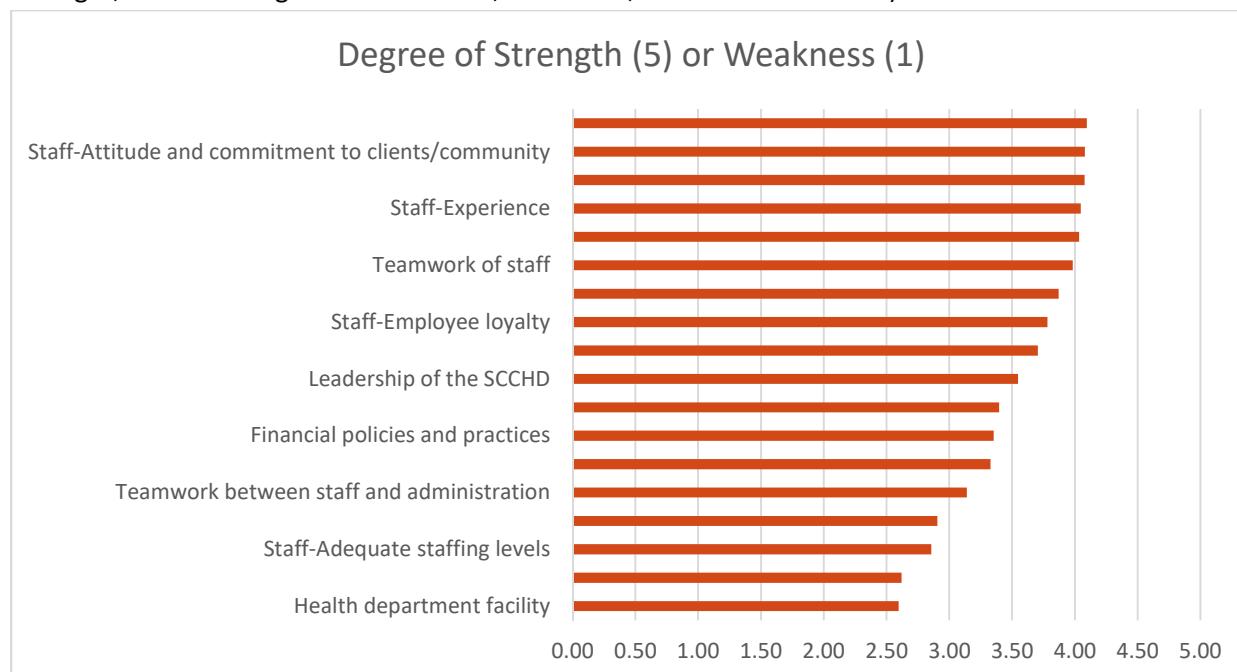
Prioritization: Following the SWOC analysis, prioritization was conducted utilizing a risk/reward analysis. Prioritization also took into consideration feasibility of addressing issues and the interrelated nature of many of the strategic issues.

Goals and Objectives: Goals and objectives were developed utilizing the SMART[3] criteria for development of goals and objectives.

- *Specific* – target a specific area for improvement.
- *Measurable* – quantify or at least suggest an indicator of progress.
- *Assignable* – specify who will do it.
- *Realistic* – state what results can realistically be achieved, given available resources.
- *Time-related* – specify when the result(s) can be achieved.

Action Plan Development: To promote an action learning approach, a one year action plan was developed. An annual update of the action plan will be conducted in the fall of each year to ensure that an updated plan is available for implementation each January.

Implementation: In order to ensure that the strategic plan is a living document that is utilized to guide decision making and day to day operations, individuals have been identified for each action step. Regular discussion around the activities and accountability will take place at Administrative Team meetings. The leadership team has been assigned the role of ensuring that the action plan is a regular item on the agenda, that the Board of Health is updated annually, and that there is adequate follow-up and accountability for the assigned activities.

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[3] George T. Doran, Management Review, November 1981.

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About the St. Clair County Health Department

Public health is a profession with a mission to "fulfill society's interest in assuring the conditions in which people can be healthy."[4] Public health is the science of protecting and promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases. Public health also works to limit health disparities.

Public health responsibilities are divided into three core functions. The impact of carrying out all of these functions results in new insights and innovative solutions to health problems:

1. Assessment:
   - ✓ Diagnose and investigate health problems and health hazards in the community
   - ✓ Monitor health status to identify community health problems
   - ✓ Evaluate effectiveness, accessibility, and quality of personal and population-based health services

2. Policy Development:
   - ✓ Develop policies and plans that support individual and community health efforts
   - ✓ Inform, educate, and empower people about health issues
   - ✓ Mobilize community partnerships to identify and solve health problems

3. Assurance:
   - ✓ Link people to needed personal health services and assure the provision of health care when otherwise unavailable
   - ✓ Assure a competent public health and personal health care workforce
   - ✓ Enforce laws and regulations that protect health and ensure safety

In October 1942, the St. Clair County Board of Supervisors established the City and County Coordinated Health Department. Since that beginning, the St. Clair County Health Department (SCCHD) has evolved to respond to the changing needs of the community. It serves the citizens of 23 townships, seven cities and two villages, and works with adjacent counties as well as Canada to support the health of people who commute, work, or study in St. Clair County. The SCCHD employs approximately 80 highly skilled staff members who are provided with continuous specialized training in multiple areas. The SCCHD staff provides services in a variety of areas.

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[4] Institute of Medicine, 1988

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Environmental Health and Food Safety

Environmental Health services are designed to ensure a safe and healthy environment for all residents and reduce the risk of exposure to environmental hazards. These activities include inspections and permits for wells and septic systems, along with restaurant inspections and temporary food permits. This division of the SCCHD also engages and educates the public on watershed and groundwater management, stewardship of the environment, and monitoring of safe swimming beaches. Additionally, it performs lead inspections and abatement, provides consultations for radon, and inspects public swimming pools, spas and hot tubs.

Emergency Preparedness

Emergency Preparedness staff develops and maintains the SCCHD's capacity to effectively respond to the consequences of any event that threatens the health of the population. These threats include, but are not restricted to emerging infectious diseases and epidemics, natural disasters, and biologic, nuclear, chemical or radiological emergencies (whether accidental or intentional). Emergency Preparedness works closely with adjacent regions to coordinate resources and communications, and is a close partner with the Department of Homeland Security and Emergency Management.

Health Education and Outreach

Health Education and Outreach staff support the health, safety and well-being of all community members, schools, businesses and organizations. Various strategies are used to assess, inform, protect and educate the public about current health issues. Staff has expertise in media relations, prevention education programming, consultation/support, and connecting citizens to resources. In response to the opioid epidemic, SCCHD initiated the Second Chance Naloxone Distribution program. Confidential training and Naloxone rescue kit distribution is provided for individuals at risk of opioid overdose or those who have contact with them. Naloxone is a medication that is used to reverse an opioid overdose. Other components of the program include recovery referrals for substance use disorders and community training options.

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Early Childhood Development and Maternal Health

The Early Childhood Development and Maternal Health Department offers several resources and programs that focus on the needs of children and pregnant women and maximizes the best outcomes for pregnancy and early childhood. Programs include WIC (Women, Infant, and Children's Supplemental Food and Nutrition Program), Mom-to-Mom Connect (a breastfeeding support group), Maternal Infant Health Program (a home visiting based program that enables early and regular obstetric and postpartum visits, as well as support of infancy care and growth and development assessments), Children's Special Healthcare Services (case management support for families of children with special health care needs), Vision and Hearing Screening for school aged children, lead screening and lead case management, and immunizations. The lead case management program provides blood lead surveillance, data and reporting of elevated blood lead levels, lead poisoning education and outreach including home visits and home inspections.

Adolescent Services

Teen Health has been on the campus of Port Huron High School since 1985. It provides primary care as well as mental health services to youth ages 10-21 with a commitment to reducing financial barriers to care. Confidential pregnancy testing as well as sexually transmitted infections screening and treatment are available with an emphasis on risk mitigation and behavior modification. Health education and other initiatives based on reducing health problems among teenagers continue to be explored and provided through collaborative efforts with school districts and other agencies that engage our adolescents.

Adult Disease Surveillance and Prevention

Public health has long been the safety net for services related to prevention and detection of disease. Failure to properly identify, treat, and prevent communicable diseases can have devastating effect on an entire community. The health department provides investigation and reporting of communicable diseases and works regionally and with the state health department to identify outbreaks and prevent epidemics. Titer testing for Hepatitis B, Measles, Mumps, Rubella (MMR), Rabies, and Varicella (chickenpox) is available along with client education and resources. Clinic services also include expert assessment of all sexually transmitted infections, as well as pregnancy testing and education on prevention of future disease regardless of the ability to pay for services. Immunizations are available on site, throughout the various health service programs offered by SCCHD, and through providing support and management of the state sponsored Vaccine For Children (VFC) program that offers free vaccines for uninsured and Medicaid eligible children and adolescents. Countywide immunization rates and trends of vaccine preventable diseases are monitored and managed with evidence-based strategies and efforts. The Travel Program provides individualized review of health and safety factors related to the intended destination along with recommended vaccines and prophylaxis. Communicable disease surveillance continues to be a sophisticated and challenging area of public health. Vaccine Preventable Diseases are on an upswing, as well as vector borne diseases. New and emerging problems such as novel viral, fungal, and antibiotic resistant bacteria infections are also on the horizon. Tuberculosis control consistently remains on our radar as this communicable disease is easily carried into our county by

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immigration and travel and is a particular threat in communal living situations such as nursing homes and jails. Public health staff is responsible for investigation of communicable disease outbreaks in an effort to identify the disease source, diminish impact, and stop transmission. With this goal in mind, the health department launched The Exchange which is a free, confidential, syringe access program. The goal is risk reduction and stopping the spread of communicable diseases like Hepatitis C and HIV.

Dental Services

Through a collaborative effort with Michigan Community Dental Clinics, Inc. (MCDC) and the United Way of St. Clair County, SCCHD has been bringing high quality, low cost dental care to citizens of all ages. MCDC is a not-for-profit management services corporation established in 2006 to replicate the Dental Clinics North (DCN) model for delivery of public health dental services in other areas of Michigan. The target populations served by the clinics are adults and children on Medicaid and uninsured individuals whose income is below 200% of the Federal poverty level. Non-Medicaid clients are offered a reduced fee schedule equivalent to the Delta Dental PPO rates. When people have access to comprehensive oral health care, their overall health, well-being and self-confidence are significantly improved, as is their ability to secure employment, learn in school, and contribute to society. Michigan has over 1.5 million residents with annual incomes below 200% of the Federal Poverty Level. MCDC's mission is "to create and expand access to ever improving quality dental care for Medicaid recipients and low income, uninsured persons. This care is rendered through an entrepreneurial public health model, which incorporates health education to modify behavior, and is delivered in a fashion that upholds mutual respect and improves our patients' quality of life."

Community Health Assessments and Collaboration

The St. Clair County Health Department completes a community health assessment of the County every five years[5]. Evidence-based processes are used to develop reliable data on behavioral risk, chronic disease, health care access, and other important health indicators. The information in this assessment is valuable to many community agencies for grant applications, policy development, and planning. The county's first Community Health Improvement Plan was developed as a result. The Plan provides priority areas and outcome measures that can be applied to all segments of the population.   Local Public Health is involved in an extensive network of community coalitions. Examples of these include the Community Services Coordinating Body (CSCB), Child Fatality Review Committee, Substance Prevention through Early Action and Knowledge (SPEAK), and the Environmental Education Committee. Involvements in broader regional activities include representation on the Bi-National Public Health Advisory Committee, Perinatal Collaborative, the Southeastern Michigan WIC Engagement Project, and many other statewide cooperative efforts. Since most public health issues are best impacted by multi-dimensional interventions (medical, social, behavioral, economic and regulatory), these types of broad collaborations are an integral and longstanding component of our function. Current and future challenges will certainly require increasing levels of collaborative, or even merged, activities with community resources.

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[5] https://www.stclaircounty.org/Offices/health/CHAP.aspx
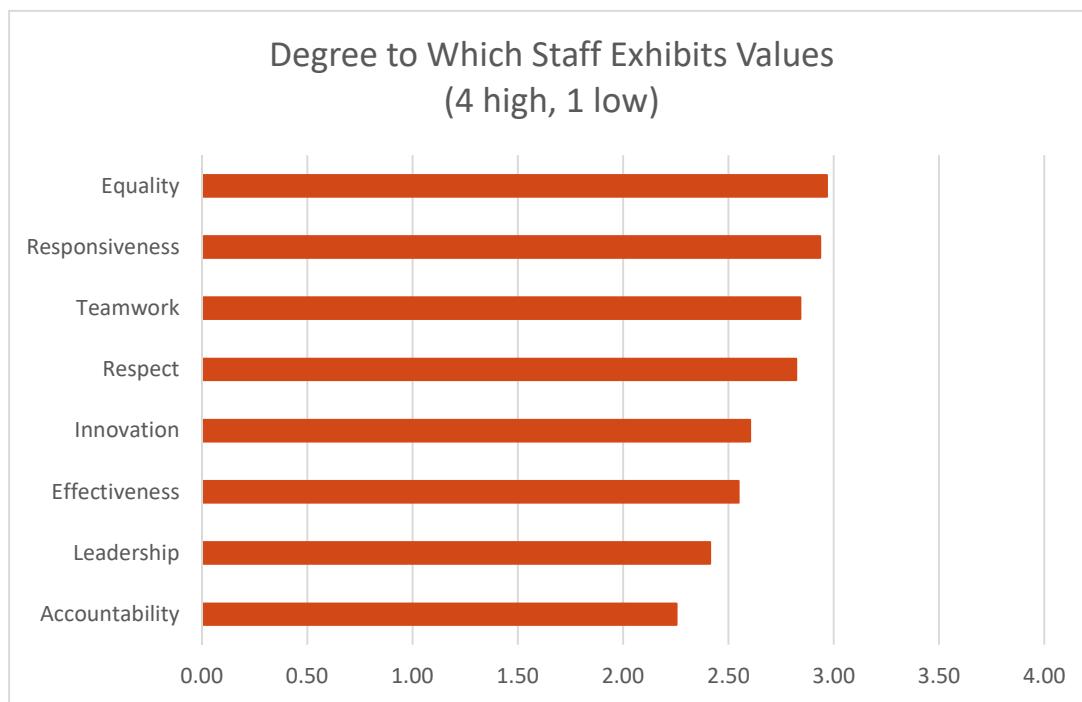
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Vision, Mission, Values

The vision, mission, and values of an organization helps guide decision making and daily operations of an organization. An employee survey was the first step in reviewing statements developed during the 2013 strategic planning process. Over the past five years, Administrative Leaders intentionally worked to increase the awareness of the organizational mission and the critical role of employees in reaching that mission. The 2019 survey indicates that those efforts had an

Research shows that employees who find their company's vision meaningful have engagement levels of 68 percent, which is 19 points above average.
Paula Fernandes, Business News Daily

impact on employee awareness. In 2013, 64% of employees agreed or strongly agreed that they had a clear understanding of the agency mission. In 2019, the rate jumped 25 points to 89%. In 2013, eight value statements were developed. During this strategic planning process, employees rated the extent to which current organizational values are reflected in day to day operations. The chart below illustrates employee responses.

Degree to Which Staff Exhibits Values
(4 high, 1 low)

Value	Rating
Equality	~2.95
Responsiveness	~2.95
Teamwork	~2.85
Respect	~2.80
Innovation	~2.60
Effectiveness	~2.55
Leadership	~2.40
Accountability	~2.25

After discussion, of the survey results it was decided that the values would be retained with one ammendment. Equality would be replaced with equity.

- **Accountability:** Exercise the highest standards of financial stewardship and integrity.
- **Leadership:** Realizing and implementing our vision to the fullest.
- **Effectiveness:** Achieving results through collaboration and efficient use of resources.
- **Innovation:** Proactively seek new information and creative approaches to service delivery.
- **Respect:** Holding those with and for whom we work in high esteem and regard.
- **Teamwork:** Working in partnership to provide exceptional service to clients.
- **Responsiveness:** Respond to emerging issues and the changing health environment.
- **Equity:** That everyone has the opportunity to attain their highest level of health.

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The current vision and mission were reviewed and discussed by Administrative Leaders and the Board of Health. Employee survey results were also analyzed and discussed. At the end of the process, a concise and organization focused vision and mission were created. It was also decided that all of the current values were still relevant and were important to maintain.

Strategic Priorities

Strengths, Weaknesses, Opportunities, and Challenges (SWOC) identified in the 2013 plan were reviewed and assessed on the employee survey. A group process was used at the Board of Health Meeting to conduct a SWOC analysis. After reviewing the employee survey and Board of Health SWOC Analysis, Administrative Leaders participated in a group exercise to identify the top organizational issues. These issues were evaluated on a Risk/Reward basis using a quadrant exercise in three meetings: Board of Health, Administrative Leaders, and Employees. Risk/reward scores were calculated including a weighted total score that was based upon the number of participants in each perspective group.   Top priorities were also identified by each group. The following table illustrates results of these processes.

Average Score by Group (Top three in red)	Board of Health	Admin Leaders	Employees	Total Weighted Score
Teamwork (includes professionalism, accountability, staff engagement)	5.2	5.75	6.18	5.71
Community Collaboration	5.7	5.70	5.20	5.52
Community Identity	5.4	5.42	5.53	5.45
Productive and Professional Processes	5.3	6.00	4.97	5.44
Internal Communication- Up/Down/Across	4.3	5.83	6.06	5.41
Building/Facility	4.8	5.25	5.49	5.19
Funding	5.8	4.75	4.94	5.18
Staffing Levels	4.7	4.92	5.88	5.15
Employee Morale	4.2	4.92	6.35	5.15
% indicating Top Three Priority by Group (Top three in red)	Board of Health	Admin Leaders	Employees	Total Weighted Score
Building/Facility	50%	83%	43%	59%
Community Collaboration	67%	75%	5%	49%
Funding	67%	33%	27%	42%
Staffing Levels	33%	42%	49%	41%
Teamwork (includes professionalism, accountability, staff engagement)	17%	33%	44%	31%
Employee Morale	0%	25%	62%	29%
Productive and Professional Processes	17%	25%	16%	19%
Internal Communication- Up/Down/Across	0%	8%	40%	16%
Community Identity	0%	17%	16%	11%

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Review of the SWOC analysis and prioritization activities led to three main Strategic Priorities and subtopics.

1. Workforce Development
    a. Teamwork
    b. Internal Communication
    c. Employee Morale
    d. Productive and Professional Processes
2. Community Collaboration-Community Identity
3. Increasing Capacity of the Organization
    a. Increasing Access to Services
    b. Adequate funding and staffing
    c. Meeting facility needs

Goals and Objectives

Based on the identified priorities, the following Goals and Objectives were developed.

Goal 1- Strengthen the public health workforce serving the local community by December 2022.

Objective 1.1- Increase the quality and level of teamwork within the agency.
   a. Measures: 100% of staff are involved in continuous quality improvement processes annually.
   b. Measures: Three internal communication practices are improved by December 2022.
   c. Measure: Indicators related to employee morale (2.62), internal communication (2.91), and teamwork between staff and administration (3.14) improve by at least .3 on a five point scale. (Employee Survey)

Goal 2- Public health services are easily accessible and coordinated with other service providers by December 2022.

Objective 2.1- Leverage opportunities to collaborate with community partners.
   a. Measure: Three key collaborative relationships are expanded in the community.
   b. Measure: 75% of the respondents on a community survey (as part of the Community Health Assessment process) indicate that they trust information from the health department.

Objective 2.2- Increase safe and convenient access to services.
   a. Measure: Improve the appearance, safety, and accessibility of facilities where services are provided.
   b. Measure: Three outreach strategies are expanded to make services more accessible in outlying areas.
   c. Measure: Technology is utilized to increase access and coordination of services in the community.

Goal 3- Establish strategic approaches to obtaining stable funding and staffing levels by December 2022.

Objective 3.1- Funding opportunities are strategically aligned with community health needs and the agency's strategic plan.
   a. Measure: Administration monitors funding using long term forecasting strategies as measured by a tracking tool.
   b. Measures: Direct service staff are involved in evaluating funding opportunities for right sized funding, staffing, and targets.
   c. Measures: Sustainability is weighed in decisions to pursue funding opportunities.

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2020 Action Plan and Implementation

In order to utilize an action learning approach, a one year action plan was developed for implementation. Regular discussion around the activities and accountability have been built into Administrative Team meetings. An annual update of the action agenda will be conducted in the fall of each year to ensure that an updated action plan is available for implementation each January.

Goal 1- Strengthen the public health workforce serving the local community by December 2022.		
Objective 1.1- Increase the quality and level of teamwork within the agency.		
Summary of Data that led to the Priority • Employee comments on the strategic planning survey pointed out that there was inconsistency in policy enforcement and employee expectations. • Internal communication was identified as a High Reward/Low Risk priority by employees. Examples in survey comments included practices that were not considered professional. • Productive and Professional Processes were identified as a High Reward/Low Risk priority by Administrative Leaders and the Board of Health. • Teamwork was the 2nd priority of all three perspectives (Employees, Administrative Leaders, and Board of Health). Grouped within teamwork was professionalism, accountability, and staff engagement.		

Strategy: Implement more effective policies and practices that increase professionalism.	**Root causes addressed by this strategy:**
	 1. Not all staff within the agency have the skills and abilities to manage change.
	   a. Complexity of federal, state, local regulations and requirements.
	   b. Nature of public health and the needs to address emerging issues quickly for public good.
	 2. Inconsistent effective teamwork skills (emotional intelligence).
	 3. Lack of a common understanding of professionalism
	   a. Generational perspectives
	   b. Inadequate training
	   c. Policies not clear
	   d. Policies not consistently applied
	 4. Some processes are outdated.
		Performance Measures (results from Strategy):
		 d. 100% of staff are involved in continuous quality improvement processes annually.
		 e. Three internal communication practices are improved by December 2022.
		 f. By December 2022, indicators related to employee morale (2.62), internal communication (2.91), and teamwork between staff and administration (3.14) improve by at least .3 on a five point scale. (Employee Survey)

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Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Define Professionalism
   a. Review core competencies
   b. Provide professional development to introduce definition and obtain feedback on practices that could be updated.
   c. Discuss and finalize definition as leadership team.
	All staff	March 31, 2020	time	A definition of professionalism is shared with staff.

2. Prioritize Issues for Change
   a. Identify policies for revision
   b. Identify informal practices for change
   c. Conduct a prioritization process
	Administration and leadership team	April 30, 2020	time	One to three items are identified as priorities.

3. Make updates/changes
   a. Get input from staff on ways to improve priorities.
   b. Revise policies
	Administration	June 30, 2020	time	• One priority is discussed with staff.
				• Other priorities are incorporated into the action plan based on need and resources available.

4. Provide professional development to staff (i.e. on changes; emotional intelligence)	Leadership team	September 30, 2020	Time and money	Professional development is held with 90% of staff participation.

5. Provide orientation to the supervisors and others charged with enforcing policies that includes:
   a. How to help staff with barriers (i.e. financial resources)
   b. How to have effective conversations with staff about barriers and policies.
	Leaderships team	September 30, 2020	time	100% of supervisors are oriented and trained.

Goal 2- Public health services are easily accessible and coordinated with other service providers by December 2022.
Objective 2.1- Leverage opportunities to collaborate with community partners.
Summary of Data that led to the Priority   • Community Collaboration was identified as a High Reward/Low Risk priority by Board of Health members and Administrative Leaders.   • Overall, Community Collaboration scored as the top priority of all three perspectives (Employees, Leadership, and Board of Health).

Strategy: Utilize the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) to expand awareness and increase opportunities to collaborate.	**Root causes addressed by this strategy:**
	 1. There is competition for resources
	    a. There is some overlap in services/mission
	 2. Inadequate resources (money, time, transportation)
	 3. Anti-government and anti-regulation mindsets
	 4. Mindset of Public Health
	    a. As only regulatory and safety net.
	    b. Lack of knowledges about the public health role
	 5. Our mindset about who are our partners
		Performance Measures (results from Strategy):
		 a. Three key collaborative relationships are expanded in the community by December 2022.
		 b. 75% of the respondents on a community survey (as part of the CHAI process) indicate that they trust information from the health department by December 2022.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Distribute printed copies of the documents
    a. Determine number needed
    b. Provide copies to staff that are interacting with other agencies to distribute at meetings and during interactions.
    c. Email a link or pdf copy to key stakeholders.
	All staff	June 30, 2020	Time and money	_____ copies are distributed in paper.
				 _____ stakeholders are sent the electronic version/link.

2. Implement a public education campaign about Public Health 3.0
    a. Identify target populations (Staff, Emergency partners, public-demographics, other partners)
    b. Develop a presentation/talking points
    c. Annual professional development for staff
    d. Develop easy to understand infographic
    e. Join groups that are linked to the target populations
    f. Carryout presentations/outreach with a specific collaboration goal in mind
	Health Education Leadership team	September 30, 2020	Time and money. Possibly extra staff	____ participants in presentations/outreach
				 12 social media posts
				 ____ press releases sent
				 Participation at _____ public events.

Objective 2.2- Increase safe and convenient access to services.

Summary of Data that led to the Priority
- The building/facility was identified as a top priority by Administrative Leaders and the third highest priority by Board of Health members.
- Overall, the building/facility tied for third highest priority of all three perspectives (Employees, Administrative Leaders, and Board of Health).

Strategy: Work with decision makers to implement identified changes.	Root causes addressed by this strategy: 1. There are safety issues in our current building 2. Aesthetics of the building are lacking 3. Lack of financial resources 4. Layout of the building is not ideal 5. Duties and layout do not align 6. Neighborhood may not be best fit for reaching population	Performance Measures (results from Strategy): a. Improve the aesthetics, safety, and accessibility of facilities where services are provided.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Review list of existing needs with staff and identify new needs	All staff	February 29, 2020	time	List of needs is shared with staff
2. Categorize needs into three categories a. Routine processes or needs b. Needs that require decision maker involvement c. Issues that can be addressed internally	Administration	March 31, 2020	time	List is categorized
3. Prioritize needs on each list	Leadership team	May 31, 2020	time	List is reorganized based on priorities.
4. Meet with decision makers about items that require their involvement or resources.	Leadership team, supervisors and coordinators	June 30, 2020		Meeting is held.
5. Create a plan to address items on the internal action item list	Leadership team, supervisors, coordinators	June 30, 2020		One to three items are identified for internal action.
6. Implement changes	All staff	July 1, 2020 and ongoing		Three changes are in process and completed by Sept. 30, 2019.
7. Regularly review lists, update completed items, add new items, and create additional plans	All staff	Ongoing		List is reviewed a minimum of quarterly and staff is updated.

Objective 2.2- Increase safe and convenient access to services.				
Summary of Data that led to the Priority • Staffing levels was the second priority for employees and third priority for Administrative Leaders. • Community Collaboration was identified as a High Reward/Low Risk priority by Board of Health members and Administrative Leaders.				
Strategy: Explore opportunities to increase access to services.	**Root causes addressed by this strategy:** 1. Resources are limited 2. Staff lack experience with managing outreach 3. Location of services and hours don't meet needs 4. We don't think outside of the box enough 5. Employee contracts impose limits on strategies 6. Program mandates impose limits on strategies 7. Lack of intra program communication 8. Building layout imposes limits on strategies.		**Performance Measures (results from Strategy):** a. Three outreach strategies are expanded to make services more accessible in outlying areas. b. Technology is utilized to increase access and coordination of services in the community.	

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):
1. Compile a list of current efforts to increase access in the community (i.e. hours, locations, partnership events)	All staff	March 31, 2020	time	List of efforts created.
2. Discuss opportunities with Administrative Leadership Team and affected staff	All staff	April 1, 2020 and ongoing	To be determined	Discussion held with staff.
3. Assess feasibility and discuss feasible options with Board of Health	Administration	As opportunities are identified	To be determined	Developed as opportunities are identified.
4. Create a plan to implement new strategies	Leadership team	As opportunities are identified	To be determined	Developed as opportunities are identified.

Goal 3- Establish strategic approaches to obtaining stable funding and staffing levels by December 2022.
Objective 3.1- Funding opportunities are strategically aligned with community health needs and the agency's strategic plan.

Summary of Data that led to the Priority
- Funding was a High Reward/Low Risk priority by Board of Health members.
- Overall, funding tied for third highest priority of all three perspectives (Employees, Administrative Leaders, and Board of Health).
- Staffing levels was the second priority for employees and third priority for Administrative Leaders. Overall, it was the fourth highest priority considering ranking of all three perspectives (Employees, Administrative Leaders, and the Board of Health.)

Strategy: Develop the capcity to seek funding proactively.	Root causes addressed by this strategy: 1. Most grants are reactive 2. Time to manage funding proactively 3. Staff is lacking to be proactive and write grants 4. Seeking funding opportunities is hit or miss, no process 5. Sustainability of funding is a concern and barrier to seeking funds.	Performance Measures (results from Strategy): a. Administration monitors funding using long-term forecasting strategies as measured by a tracking tool. b. Direct service staff are involved in evaluating funding opportunities for right sized funding, staffing, and targets. c. Sustainability is weighed in decisions to pursue funding opportunities.

Activities (small wins promoting the strategy and addresses root causes)	Persons or Groups Responsible	Target Dates	Resources Needed	Progress Measures (outputs of activities):

1. Develop a plan to meet staffing needs
   a. Identify staffing needs for capacity.
   b. Assess costs of staffing needs.
   c. Incorporate costs into operational budget.
	All staff	September 30, 2020	Time	Staffing needs are outlined.

2. Develop tracking processes and/or tools	Informatics	September 30, 2020	Time	Tracking process are outlined and developed.
3. Research Sustainability Practices	Administration	September 30, 2020	Time	Best practices for sustainability are shared with administrative leadership team.
4. Develop strategies for communicating return on investment to stakeholders	Administration, Leadership, BOH,	September 30, 2020	Time	Three strategies/deliverables are identified.