



Calhoun County Public Health Department

Agency Strategic Plan 2014 - 2019

MISSION STATEMENT

The mission of Calhoun County Public Health Department is to work together to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.

Professionalism

Commitment to Public Health

Quality

Respect

Acknowledgements

The Calhoun County Public Health Department (CCPHD) acknowledges the support, expertise, and dedication of those who contributed to the development of the 2014-2019 Strategic Plan.

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Calhoun County Public Health Department Strategic Directions 2014 - 2019

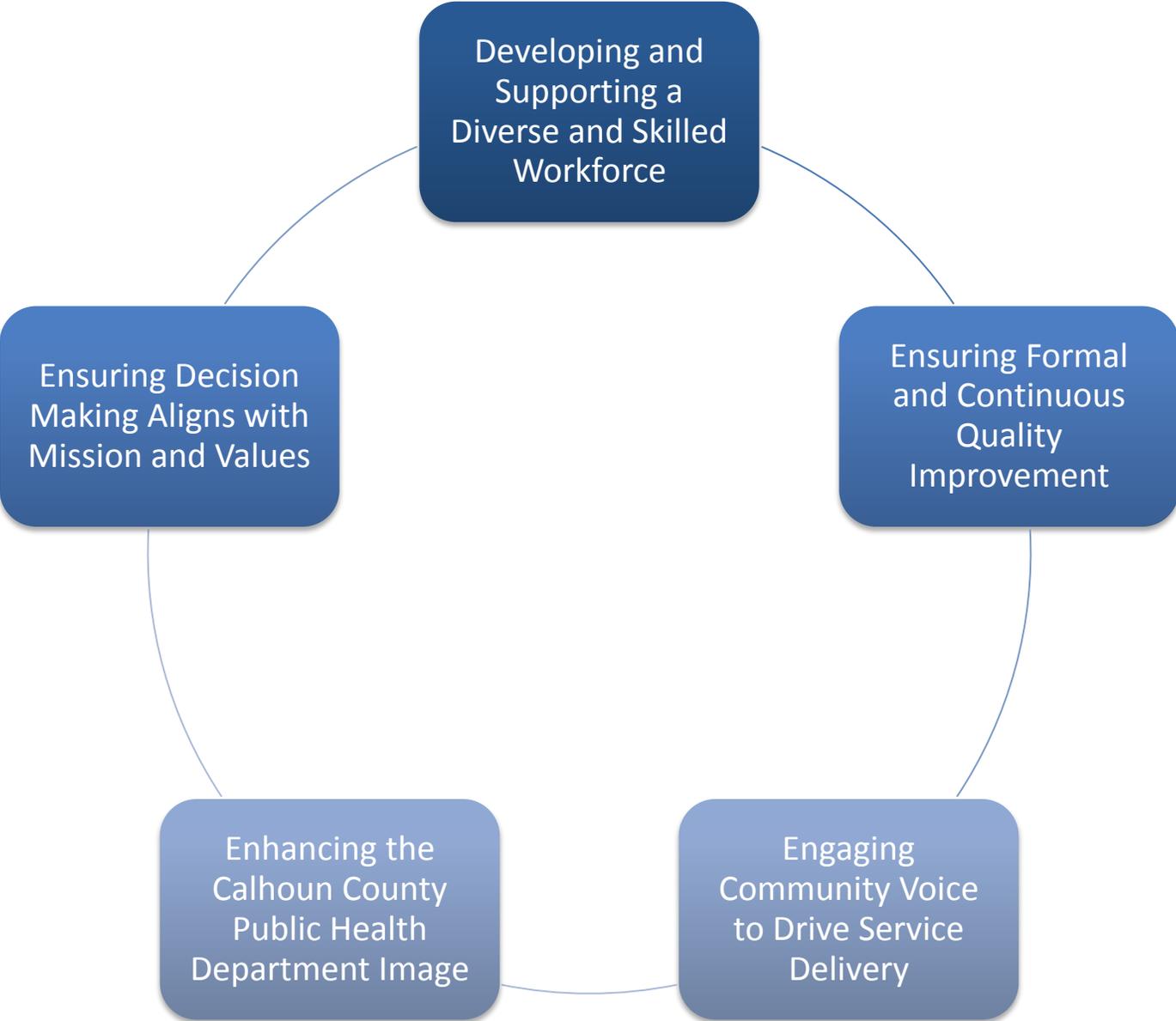


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"Building a better county through responsive leadership"

February 19, 2014

Dear Partners in Community Health,

It is with great excitement and anticipation that we present the 2014 Calhoun County Public Health Department Strategic Plan for your review. The development of this plan has involved a significant investment of time and community collaboration. We thank all of the individuals and organizations that participated in the process and provided valuable input to the plan.

The overall defined mission of the Calhoun County Public Health Department is to “work together to enhance our community’s total well-being by promoting healthy lifestyles, protecting health, and preventing disease.” In keeping with this mission, five essential strategic directions have been identified including:

1. Developing and supporting a skilled workforce
2. Ensuring formal and continuous quality improvement
3. Engaging community voice to drive service delivery
4. Enhancing the Calhoun County Public Health Department public image
5. Ensuring that decision making aligns with the mission and values

When we consider the four core values that have been identified in this strategic plan, including professionalism, commitment to public health, quality, and respect, we know that as a local public health department, we are on the right path. With the help of the many partners and supporters that we have within the community, we will continue to make a measurable health impact upon the lives of the residents within our community.

We continue to call on all of our health partners in Calhoun County to collaborate and diligently work towards the ultimate goal of improving the health and well-being of all of our residents.

Yours in good health,

James A. Rutherford, MPA
Calhoun County Health Officer

Mahesh Karamchandani, MD
Chairperson, Calhoun County Board of Health

Introduction

Local public health departments face many challenges in their efforts to prevent disease, and to protect and promote community health. As public service agencies, public health departments have a responsibility to be good stewards of public funds and to benefit the community by fulfilling the major public health functions as efficiently and effectively as possible.

Strategic planning is “a deliberative, disciplined effort to produce fundamental decisions and actions that shape and guide what an organization is, what it does, and why it does it.”¹ According to the Public Health Accreditation Board (PHAB), **a health department strategic plan “results from a deliberate decision making process and defines where an organization is going. It sets the direction for the organization, through a common understanding of the mission, vision, goals, and objectives, and provides a template for all employees and stakeholders to make decisions that move the organization forward.”**²

In approaching the development of a new strategic plan, CCPHD leadership recognized the need for a plan that was internally focused on improving the functioning and performance of the agency. The goal for this new strategic plan was to be more comprehensive and inclusive in the development of the plan, and to produce strategic priorities that were action-oriented and included measurable results.

This plan redefines the health department’s short- and long-term priorities, and aligns its efforts with nationally recognized standards for public health practice. This strategic plan provides CCPHD and its stakeholders with a clear picture of where the department is headed, what the department plans to achieve, the methods by which the department will succeed, and the measures to monitor progress.

Partners in Strategic Planning

The CCPHD used an inclusive process with purposeful

Public Health

Public health refers to all organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole. Its activities aim to provide conditions in which people can be healthy and focus on entire populations, not solely on individual patients or diseases. Thus, public health is concerned with the whole system and not only a particular disease. The three main public health functions are:

- The ***assessment and monitoring of the health of communities*** and populations at risk to identify health problems and priorities.
- The ***formulation of public policies*** designed to solve identified local and national health problems and priorities.
- The ***assurance that all populations have access*** to appropriate and cost-effective care, including health promotion and disease prevention services.

World Health Organization (2013). <http://www.who.int/trade/glossary/story076/en/>

¹ Bryson (2010). The future of public and nonprofit strategic planning in the United States. *Public Administration Review*, p. S256

² Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations*. Jossey Bass. New Jersey. 2008), as cited in Public Health Accreditation Board (2011). Acronyms and Glossary.

opportunities to actively engage a large number and variety of stakeholders that are impacted by the functioning and performance of the health department. See Appendix A for a full listing of individuals participating in the strategic planning process.

Health Department Staff

All CCPHD staff members were engaged in strategic planning through various activities spanning the one-year planning period. The intensity of involvement varied for each staff person, from a minimum of participating in two half-day staff meetings, to serving as an active member of action planning teams. A total of 73 staff members contributed to the development of the strategic plan over the one year period.

Calhoun County Board of Health

The Calhoun County Board of Health consists of seven members and is responsible for overseeing the strategic planning process, adopting this strategic plan, and monitoring progress toward achieving goals set forth in the plan. The strategic planning process began with a presentation to the Board, describing the overall goals and design of the process. Board members were invited to participate in several strategic planning meetings throughout the process, and to serve on the Strategic Planning Committee. The Board of Health also received monthly progress reports at each Board of Health meeting.

Community Partners

Representatives from community partner agencies were invited to contribute to the development of the strategic plan in two ways: 1) key partner agencies were invited to participate in a series of meetings and consensus workshops that involved conducting a SWOC analysis and completing part of the environmental scan; 2) representatives from key partner agencies were asked for input and participation in the action planning process for the strategic directions that were focused on partnership and community engagement. A total of eight representatives from community partner agencies participated in the process, including people from organizations such as: community-based service agencies, community-based philanthropic organizations, and health care organizations.

Consultants

The CCPHD contracted with a team of professionals at the Michigan Public Health Institute (MPHI) Center for Healthy Communities to help design and carry out a comprehensive strategic planning process. The team included Shannon Laing, Robin VanDerMoere, and Anisa Kelley (see Appendix B for narrative biographies). MPHI's role was to support the efforts of the CCPHD to develop a strategic plan by providing project planning, facilitation, and training and technical assistance.

Strategic Planning Process

Approach

The approach used by CCPHD to create this strategic plan was dynamic and participatory. While there was a clear plan laid out at the beginning, the process stayed responsive to the needs and priorities of the participants, changing directions, and reprioritizing steps when necessary.

Some of the key values³ discussed at the onset of this planning process as being integral to this approach included: inclusive participation, teamwork and collaboration, individual and group creativity, action and ownership, reflection and learning, and consensus. Consensus was the primary group process used to make decisions for this strategic plan. Consensus is a process that finds and creates shared understanding which allows everyone to say “yes” and move forward in a common direction, knowing that communications were sufficiently open, the group is supportive and gives everyone a fair chance to influence the group decisions.

Design

The CCPHD strategic planning process was carried out over a period of one year, beginning with a readiness assessment conducted in January 2013 and ending with adoption of the plan by the Board of Health in February 2014. The process included four major stages (Preparation, Assessment, Strategizing, Implementation), and several steps within each stage (see Appendix C). Some steps were revisited multiple times throughout the process in order to ensure comprehensive results.

Structure

Participants were organized into multiple groups that each served a different role in the planning process. Members in these groups were overlapping, with health department staff and health board members serving in multiple roles and capacities at different phases. In general, the process was led by a strategic planning committee, received guidance from the health board, and was facilitated by consultants with expertise in strategic planning, public health, and facilitation. Following is a description of each of the participant groups. Please see Appendix D for a diagram of the organizational structure used for strategic planning, including the stages and steps of the process aligned with the participant group(s) involved in carrying out each step.

Strategic Planning Committee

The CCPHD Strategic Planning Committee (SPC) consists of the health officer, operations and development manager, fiscal manager, program managers, MHP program coordinator, and the epidemiologist. The SPC met on a regular basis (monthly or biweekly) throughout the entire strategic planning process in order to work through the various activities and complete milestone tasks. The SPC laid the foundation for each major component of the plan and then the other participant groups were engaged in reflecting upon and expanding upon what the SPC started. In this manner, it was possible to comprehensively and efficiently build each component of the plan with input from a broad group of stakeholders. In addition, members of the SPC were designated as chairpersons for each of the action planning teams and provided leadership and guidance for developing detailed workplans with activities, timelines, and responsible parties in charge of implementing the plan.

Board of Health

The Board of Health was engaged in the strategic planning process from the very beginning. At the onset of the project a presentation to the Board of Health was made to describe the overall goals and design of the process, to get the Board input on the readiness of the CCPHD to

³ Adapted from The Institute of Cultural Affairs, *ToP Facilitation Methods* manual and *Strategic Planning* manual

participate in strategic planning, and to get advice on the approach and stakeholder engagement. Throughout the process, board members were invited to participate in all strategic planning meetings and to attend Strategic Planning Committee meetings. The Board of Health also received monthly progress reports.

Health Department Staff

All health department staff had formal and informal opportunities to contribute during the strategic plan. First, orientation to strategic planning and development of the agency mission and values statements were completed during two all-staff meetings near the beginning of the process. All staff were surveyed for their feedback on the final draft mission and values statements, as well as to contribute to the assessment of the internal functioning of the health department. Near the conclusion of the planning process, an all-staff meeting was held to review results of survey data collected from staff for the environmental scan, and get input from staff members on strategies that could be used to address areas for improvement. In addition, a limited number of staff members were invited to serve on strategic planning subcommittees.

Action Planning Teams

Small action planning teams (ranging in size from six to nine people) were formed to focus on developing SMART (Specific, Measurable, Attainable, Realistic, Time-bound) workplans for each of the strategic directions. Team members were recruited and led by two co-chairpersons who were members of the strategic planning committee. The chairpersons for each team were responsible for determining the methods for inviting and recruiting members, meeting schedule, work process, and completion of action plans.

Community Partners

Representatives from key partner organizations within Calhoun County were actively engaged in large group meetings to complete components of the environmental scan (situational analysis and SWOC analysis). Community partners contributed their insights in the process of analyzing the external environment and the context in which the CCPHD operates. Partners will continue to be engaged in the implementation of this strategic plan in order to ensure the broader community voice is heard, considered, and integrated into the actions of the health department.

I. Preparing for Strategic Planning

During the preparation stage, a readiness assessment was conducted with the strategic planning committee to determine where the agency's assets and needs existed relative to the development of a strategic plan. Based upon the results of the readiness assessment, a project workplan was developed to specify the goals and objectives, timeline for each step in the process, and roles and responsibilities of participants. See Appendix E for detailed information about the major stages and steps in the strategic planning process, along with the timeline, milestones, and participants for each.

II. Assessing the Context

The assessment stage of the strategic planning process is where the most time was devoted. Each step of the assessment stage was started by the strategic planning committee, and then built upon further at larger meetings that included all CCPHD staff, the Board of Health, and community partners.

The assessment stage consisted of:

- Identifying formal and informal mandates,
- Revising the department's mission statement,
- Defining value statements for the department, and
- Conducting a comprehensive environmental scan.



Figure 1. Formal and Informal Mandates Workshop, 2013

Identifying Formal and Informal Mandates

Mandates include anything formally or informally required of the organization by external authorities. Formal mandates may be those set forth in laws, statutory requirements, and other legally binding or public requirements. Informal mandates may be in the form of organizational norms or strong stakeholder expectations.⁴ Identifying and clarifying formal and informal mandates is an important step prior to engaging in mission revision or development work. A brainstormed list of mandates created by a large group of CCPHD staff, Board of Health members, and partners provided the foundation for a large group activity in which all staff and community partners followed a participatory facilitated process of completing the list (see Figure 1).

While reflecting upon the list of mandates, the group focused on and discussed what implications the mandates could have on the agency and the direction it would likely be moving in the future. One theme from this discussion was that the agency operates under a large number of formal mandates which determine to some degree how resources are allocated. Another observation made by participants, particularly from community partner organizations, was that they were not previously aware of the significant number of mandates to which the agency is accountable. In general, participants reported increased understanding of the vast number of responsibilities mandated to CCPHD. For a full list of mandates, see the supplemental report, "Strategic Planning 2013: Environmental Scan."

⁴ Bryson & Alston (2005). *Creating and implementing your strategic plan: A workbook for public and nonprofit organizations*. San Francisco: Jossey-Bass/Wiley

Vision, Mission, and Values

A vision statement is a futuristic view regarding the ideal state or conditions that the organization aspires to change or create.⁵ The purpose of the vision statement is to establish a shared vision for the organization as a key step in the strategic planning process. The CCPHD had an existing vision statement, and did not feel it was necessary to revise this statement.

Vision

"The healthiest community for life and living."

By contrast, a mission statement is, "a clear and concise statement that justifies the existence of the public organization in light of its mandated purpose(s) or aim(s). The mission statement should, in other words, plainly declare that an agency, department, or unit exists to accomplish certain ends or responsibilities that are socially desirable..."⁶ The CCPHD also had an existing mission statement, but staff members were not very familiar with the mission statement, and revisiting the mission statement was deemed necessary.

Values statements are statements about the principles, beliefs, and underlying assumptions that guide the organization. The CCPHD did not have an existing set of values statements and therefore, these statements needed to be developed.

The process of developing the mission statement and values statements began with the strategic planning committee. A facilitator led the group through a consensus workshop focused on answering the question, "What values should we uphold as the Calhoun County Public Health Department?" The results of this group exercise were used to draft a series of mission statements that were included in a survey of staff that allowed each staff member to rank the mission statements in order of preference, and provide written input on the draft statements. The mission statement that received the highest overall ranking by the

⁵ Bryson and Alston, 2005

⁶ Bryson (1995). *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement*, rev. ed. San Francisco: Jossey-Bass, 21-44.

Values

As a public health agency, the Calhoun County Public Health Department (CCPHD) is responsible for public health prevention in the community, policy development to solve local health problems and priorities, population health surveillance, and ensuring that everyone in Calhoun County has access to appropriate and cost-effective care.

The CCPHD values:

- *Professionalism:* We maintain specialized knowledge in the field of public health, a high standard of professional ethics, appropriate treatment of relationships with community members and colleagues, and an interest and desire to do our jobs well with integrity.
- *Commitment to Public Health:* We are committed to public health practice and ensuring we provide comprehensive public health services to everyone in Calhoun County.
- *Quality:* We strive to meet and provide the highest quality public health services that meet standards set forth for public health agencies.
- *Respect:* We promote, practice, and embrace respect both with community members and staff of the CCPHD.

largest percentage of staff members was selected as the mission statement for the agency.

Next, a list of values statements was created through a facilitated consensus work session at an all-staff meeting. The workshop resulted in seven categories of values labeled with overarching values. A dot-voting process was used to reduce the number of values by order of importance to staff (see Figure 2). This short list was included in the staff survey for ranking by order of importance. The top three values receiving the highest percentage of votes for a number one ranking were selected for the final list.



Figure 2. Values Consensus Workshop and Dot Voting

Environmental Scan

An environmental scan is the process of gathering information to help gain insight into factors that may be driving or influencing the organization, both internally and externally. The purpose of completing an environmental scan is for those involved to know and understand the significance of these influences before beginning the planning process, helping to focus the planning, and establish a context for making decisions about the future.

A thorough environmental scan was completed over a period of seven months using a series of large group meetings, consensus workshops, small group meetings, document review, and online research. These activities involved the strategic planning committee, health department staff, Board of Health members, and community partners. The process helped all stakeholders better understand the context within which the agency must function while striving to fulfill the essential roles of a public health agency, including the agency's relationship with community partners; the trends, factors, and events that influence the work of the agency; existing strengths and weakness of the agency; and potential opportunities and challenges to consider while moving forward.

The comprehensive environmental scan included document review, data availability and quality assessment, stakeholder analysis, situational analysis, and SWOC analysis. Following is a brief description of each assessment. For the full results of this comprehensive set of assessments, please see the supplemental report, "Strategic Planning 2013: Environmental Scan."

Document review. CCPHD staff compiled a substantial number of existing documents (e.g., 2009 Strategic Plan, community health needs assessment report, community health assessment implementation plan, annual reports, surveillance reports, progress reports, workplans, etc.) to provide background information for planning the scope of the environmental scan. The documents were thoroughly reviewed; relevant information was abstracted and recorded in the data quality assessment, situational analysis, and stakeholder analysis.

Data availability and quality assessment. The strategic planning committee assessed the availability and quality of data for the health department strategic plan by completing a worksheet that involved listing each data source/element, identifying whether each was readily accessible, or if the data needed to be compiled or collected. For data that were available, the quality of the data was reviewed and discussed.

Through this data assessment, it was determined that additional data on the internal functioning of the health department was needed. In order to fill this gap, an online survey was conducted with all health department staff.



Figure 3. Circles of Involvement Exercise, 2013

Stakeholder analysis. Stakeholders are people, groups, or other organizations that will be affected by a public agency and its outputs.⁷ Stakeholder analysis helps understand the type of influence each stakeholder has on the organization and/or the process and potential success of the effort. Stakeholder analysis was conducted using the Circles of Involvement (COI)⁸ tool (see Figure 3). The COI is a tool that can be used to categorize and visually depict stakeholders according to type (sector) and level of involvement with the agency. Please see Appendix F for the COI diagram that provides definitions for each level of involvement.

A preliminary list of stakeholders was developed based upon a list of partners from the Community Health Needs Assessment (CHNA). Stakeholders not included on the list were added through a group brainstorming session. Then, each stakeholder agency/group was placed in one of five circles on the COI diagram depending on their current level of involvement. Finally, each stakeholder was also placed on a second COI diagram depicting the desired future level of involvement.

Situational analysis. Situational analysis of the external context was conducted using a combination of the NACCHO “Forces of Change” assessment and the ToP Wall of Wonder Historical Scan exercise (see Figure 4). A large group exercise facilitated by consultants was conducted with health department staff, board of health members, and community partners. A matrix was created on the wall, creating a



Figure 4. Wall of Wonder and Forces of Change workshop

⁷ Bryson, 1995

⁸ Institute of Cultural Affairs, *ToP Secrets of Implementation* manual, p. 26.

framework for assessing the various levels of influence acting on the health department (federal, state, local) over a period of time (past, present, future). Each section of the matrix was assigned to a small group to work through brainstorming and discussing the trends, factors, and events influencing the health department within each section. Once all small groups had reported out on the results of their work, the large group was led through a focused conversation that labeled several trends existing over time at each of the levels of influence.

SWOC analysis. A SWOC analysis is an assessment of an organization's external and internal environments to identify strengths, weaknesses, opportunities, and challenges (or threats).⁹ The SWOC analysis was first conducted at the program level. Results were then reviewed during a large group meeting including the CCPHD strategic planning committee, staff, and Board of Health. Together, during the meeting, a second SWOC analysis was conducted which resulted in the final comprehensive SWOC for the health department.

III. Identifying Priorities and Strategies

Creating a Practical Vision

In order to guide the selection of strategic directions for the CCPHD, a practical vision for the strategic plan was developed through a consensus workshop. The practical vision is a futuristic view regarding the ideal state or conditions that the health department aspires to change or create.¹⁰ The consensus workshop for developing a practical vision sought to answer the question, "What do we want to see in place in 3-5 years as a result of this strategic plan?"

Naming the Underlying Contradictions

Once the practical vision was developed, the group explored the underlying contradictions, or obstacles, barriers, and roadblocks, that could prevent the CCPHD from fulfilling the practical vision. Underlying contradictions exist in attitudes, structures, and patterns in which the agency operates, and serve to oppose the vision.¹¹ A consensus workshop was conducted to answer the question, "What is blocking us from moving toward our practical vision?" Through this process, the following underlying contradictions were identified:

- Resisting change in day-to-day business;
- Overdependence on funding sources;
- Lack of ownership of the perceptions and image of the health department to the public;
- Avoidance of hard decisions and negative perceptions; and

Practical Vision

Our vision for the CCPHD strategic plan is to achieve and sustain a premier health department by:

- Conveying a positive and welcoming image;
- Maintaining diverse staff that reflect the community;
- Engaging in strategic decision making;
- Ensuring equity in programming by offering accessible and inclusive services; and
- Utilizing formal continuous quality improvement throughout the health department on an ongoing basis.

⁹ Bryson (1995)

¹⁰ Institute of Cultural Affairs (2013). *ToP Strategic Planning manual*, Practical Vision Workshop, p. 17

¹¹ Institute of Cultural Affairs, *ToP Strategic Planning manual*, p. 31

- Undefined, unclear, conflicting priorities.

Selecting the Strategic Priorities

Next, stakeholders worked through a process of identifying strategic directions. Strategic directions use existing strengths and opportunities within an organization to overcome impeding patterns, structures, and policies, in order to catalyze movement in the direction of the organization's vision.¹² The strategic directions should set the course of action for the agency. Five strategic directions were identified (see Figure 5). The consensus workshop focused on answering the question, "What significant actions can CCPHD take to move the agency toward the practical vision?" See Table 1 below for an overview of the strategic directions and strategic issues that create the framework for this strategic plan.

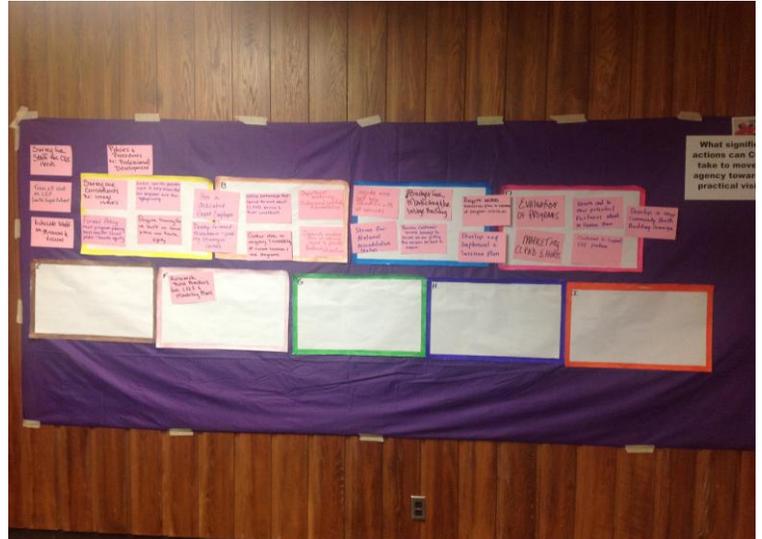


Figure 5. Strategic Directions Workshop, 2013

¹² Institute of Cultural Affairs, *ToP Strategic Planning* manual, p. 49

Table 1. Strategic Directions and Strategic Issues, 2014-2019

	Strategic Direction 1: Developing and supporting a diverse and skilled workforce.	Strategic Direction 2: Ensuring formal and intentional continuous quality improvement.	Strategic Direction 3: Engaging community voice to drive service delivery	Strategic Direction 4: Enhancing the Calhoun County Public Health Department image.	Strategic Direction 5: Ensuring decision-making aligns with mission and values.
Strategic Issues	<p>1.1 How can we develop and support a diverse workforce?</p> <p>1.2 How can we ensure CCPHD has a skilled and supported workforce?</p>	<p>2.1 How can we institute a culture of continuous quality improvement?</p>	<p>3.1 How can we gather authentic community input?</p> <p>3.2 How can we ensure we are meeting the needs of all clients?</p>	<p>4.1 How can we improve community perceptions and understanding of the health department?</p>	<p>5.1 How can we ensure CCPHD leadership commits to strategic and mission-oriented decision making process?</p>

Strategic Direction 1: Developing and supporting a diverse and skilled workforce

Strategic Issue 1.1: Develop and support a diverse workforce.

Performance Measure 1.1.1: By September 2019, 100% of the health department workforce will support diverse populations and groups according to the adopted definition of diversity set forth by the department.

Long-term Objective:

1. 100% of health department staff will be trained on diversity policies and procedures.
2. 100% of CCPHD will fully implement diversity policies and procedures for posting, recruitment, and hiring of new positions.

The Situation: The Calhoun County Community Health Needs Assessment revealed significant disparities between racial minority populations and the general county population on several key health indicators. Further, for some racial and ethnic minority groups, there is a lack of data to accurately measure health disparities that may exist and to properly plan services to meet the needs of these population groups. There was a great deal of discussion about health disparities and health equity as important, cross-cutting issues for the department, at various

times throughout the process of completing the environmental scan, and also while selecting values and identifying strategic directions.

Taking Action: Increasing the representation of people of color, multi-lingual, and diverse backgrounds, and training among the health department staff was suggested to improve the range of knowledge, understanding, and experience providers have with serving different minority groups. Racial, ethnic, and linguistic consistency between providers and patients appears to have a positive impact on appropriate service utilization, treatment participation, and receipt of some services. The importance of both cultural competence/sensitivity training for existing staff members, as well as focused recruitment and professional development opportunities for community members from priority populations were acknowledged as vital strategies to consider. The pursuit of cultural and linguistic competence is an ongoing process of assessing and understanding the needs of racial and ethnic minority members, and then continuously seeking to improve services to meet these needs. Research shows it is good business for health care organizations to market and recruit effectively to potential members from Limited English Proficiency (LEP) and culturally diverse groups, since they represent such a rapidly increasing proportion of the population. Furthermore, an agency that institutes strategies to increase the diversity of the workforce will be more likely to attract and retain minority clients, since it will be easier for these members to navigate and use services appropriately.¹³

Questions were raised in conversation about whether the staff demographic composition could ever realistically reflect the demographics of the population served due to limitations with the pool of eligible applicants. These are potential challenges that the health department may encounter with this strategic issue. Other potential barriers that were identified included policies and procedures for current recruitment and hiring practices.

Strategic Issue 1.2: Ensure CCPHD has a skilled and supported workforce.

Performance Measure 1.2.1: By September 2019, 90% of health department employees will demonstrate knowledge of core competencies in public health.

Long-term Objectives:

1. By December 2016, 100% of program/divisions will implement a professional development plan for all employees.
2. By November 2018, 100% of programs/divisions will complete an evaluation of their professional development plan.

The Situation: Information gathered during the environmental scan identified the agency's staff to be very dedicated, passionate, knowledgeable, and experienced in public health. However, concerns related to the training and competency of health department staff, particularly with respect to customer service and specialized job functions, did emerge. Contributing factors, such as staff turnover leading to gaps in knowledge and lack of teamwork

¹³ Agency for Healthcare Research and Quality (February 2003). *Planning Culturally and Linguistically Appropriate Services: A Guide for Managed Care Plans*. Summary. Rockville, MD. <http://www.ahrq.gov/populations/planclas.htm>

between programs/divisions within the agency, were also noted as important issues to address under this strategic direction. Specialized knowledge and training required of staff for their respective positions has an impact on the ability of the program or agency to meet time-sensitive increases in demand for services or temporary staffing shortages due to absences and vacation leave.

Taking Action: Providing more, improved opportunities for training and skill building to all staff members is one potential solution for addressing this strategic issue. Only 63% of staff responding to the survey reported the belief that there is good in-house training provided to staff, while 83% reported they could find good outside training. These results suggest at least one in five staff members are in need of training opportunities. Further, opportunities that increase interaction between staff members in different programs/divisions, and for cross-training of staff in different positions to create capacity to cover during staffing shortages were potential solutions explored.

Currently, CCPHD has no standard system of assessing staff competencies, training, and professional development. Workforce assessment in public health is the process of determining the personnel, training, skills, and competencies needed to implement initiatives contributing to the provision of the Ten Essential Public Health Services. This assessment includes the use of performance measures for identified competencies, identification of needed professional personnel, and formulation of plans to address workforce gaps. It also includes the planning, implementation, and evaluation of life-long learning to equip public health workers to develop new skills as needed.¹⁴ A comprehensive workforce assessment and workforce development plan could help identify gaps in skills and knowledge, and provide an organized and planned approach to filling these gaps. A second and complimentary strategy to increase professional development is integration of comprehensive employee performance evaluation with professional development planning and workforce development. Staff feedback gathered during the strategic planning process indicated that a meaningful and purposeful performance review, tailored to the individual's position description and job functions, is a desired process.

Providing employees with support to accomplish education and training goals is especially important to building capacity without introducing unintended consequences for employees. According to the staff survey, approximately one-third of employees do not believe they have the resources they need to do their job. More than half of employees do not think there are enough staff within their program area to meet current agency needs, while slightly more than one-third do not believe their workload is reasonable. Further, approximately 85% of employees believe they have enough opportunities to keep their job skills up-to-date, suggesting there may be some difficulty getting staff to buy-in to the prospect of additional training. Finally, there is a large proportion of staff members who have been employed with the health department for many years and are likely looking toward retirement in the next few years. This segment of the workforce may see less benefit to completing additional training and professional development.

There are many existing assets within the agency that can contribute to the successful accomplishment of this strategic issue. Staff survey results found that nearly eight out of 10

¹⁴ Institute of Medicine. *Who Will Keep the Public Healthy?* National Academies Press. Washington, DC. 2003.

employees believed that CCPHD encourages and supports professional growth. Of those who receive in-house training, about 84% were satisfied with the training they received.

Strategic Direction 2: Ensuring formal and intentional continuous quality improvement

Strategic Issue 2.1: Institute a culture of continuous quality improvement.

Performance Measure 2.1.1: By January 2019, 100% of CCPHD staff will demonstrate competence in applying Continuous Quality Improvement methods and tools in public health.

Long-term Objectives:

1. By February 2016, adopt a department-wide CQI plan.
2. 100% of program managers and CCPHD administrators demonstrate competence in CQI methods and tools.
3. 100% of CCPHD staff complete refresher/update CQI training on an annual basis.
4. 100% of CCPHD staff increase knowledge and experience with applying CQI methods and tools in their work.

The Situation: Quality improvement (QI) in public health is “the use of a deliberate and defined improvement process...It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community.”¹⁵ Quality improvement is a widely recognized strategy and standard for practice across different sectors.

Multiple information sources indicated a need for quality improvement within CCPHD. Staff members reported concerns about several different processes that they hope to improve, for example, reducing the burden of paperwork and reports, communication delays or barriers, financial reporting and program budget reporting, and billing. As a result of the action planning process, staff members identified insufficient QI training opportunities for employees as a major barrier. The training that is currently available to staff is focused on specific job skills and not on improving work processes. There are no agency policies that address organizational issues that are central to implementing QI projects or processes within the agency.

Taking Action: The action planning team identified some potential barriers to addressing this strategic issue, including a lack of resources that will be needed to increase capacity, and knowledge of QI across the department. Another barrier may be the heavy workload that a significant proportion of staff members are experiencing that limits their buy-in and opportunities to contribute to QI efforts. Overall, about six out of 10 employees believe their workload makes it difficult to adopt new ideas. One-third of employees believe it is not easy to

¹⁵ Riley, Moran, Corso, Beitsch, Bialek, & Cofsky (January/February 2010). Defining Quality Improvement in Public Health. *Journal of Public Health Management and Practice*.

change procedures within their program area to meet new conditions. In addition, since many accreditation organizations and funders are focused on quality assurance (QA) rather than QI, staff members are busy implementing QA processes to fulfill funding requirements, when they may prefer to use QI techniques. Finally, staff may have the perception that QI activities are prescribed to them, rather than having the flexibility to pursue QI projects based on agency needs.

At the same time, there are several assets available to address this strategic issue. Staff survey results found that most employees believed the organization allows “thinking outside the box” and asking questions like, “why are things the way they are?” The vast majority of employees completing the survey said they have ideas about improvement and want to share them. Nearly eight out of 10 employees reported they frequently hear good ideas to improve efficiency and effectiveness, while nearly nine out of 10 believed their ideas for improvement are heard and recognized. CCPHD has a large amount of data available to compile and review for QI projects, and a data specialist (epidemiologist) to manage and analyze data. Finally, there are staff members within CCPHD who have completed QI training and have been involved in QI-relevant work.

The strategies developed to address this strategic issue aim to fill gaps that exist in training and agency infrastructure to support QI activities. In addition, development of a comprehensive, department-wide, long-term QI plan and coordinated activities for all staff to increase their personal capacity to apply QI to their work are featured in the action plan.

Strategic Direction 3: Engaging community voice to drive service delivery

Strategic Issue 3.1 Gather authentic community input.

Performance Measure 3.1.1: By September 2016, 75% of consumer feedback is positive.

Long-term Objectives:

1. 100% of direct service staff complete training on cultural competence in working with low-income populations and communities of color.
2. 90% of consumers believe their input was considered in decision making.
3. 75% of consumers will have a positive perception of the health department.

The Situation: While reflecting on the environmental scan results, participants expressed concerns regarding how health department staff have historically taken for granted that their work addresses the needs of the community. Staff members provide services to the community not knowing for certain whether their approach is the right one and whether the services being provided are actually fulfilling a perceived need in an appropriate manner. Another concern raised was related to the misperception that the health department is already doing a good job in addressing health equity issues because there is some action being taken on this issue.

The stakeholder analysis revealed a trend toward having many of the community groups and organizations working most closely with priority populations as being toward the outer rings of the Circles of Involvement, meaning that engagement of these groups was currently a

possibility, but there are not significant or lasting involvement at the point in time in which strategic planning occurred.

Taking Action: Creating an open channel of communication between community members and the health department will enable the CCPHD to better understand what needs to be prioritized moving forward to better address health inequities. Engaging in dialogue and action with community groups and community-based organizations is recognized as one strategy for connecting with priority populations. Another important strategy is gathering data in culturally-appropriate ways from priority populations that are currently not being reached through traditional health surveillance efforts.

CCPHD has many existing assets that can be mobilized to address this strategic issue. Stakeholder analysis showed that some programs within the health department have many strong, existing relationships with community organizations and groups that could serve as a bridge to connect with priority populations in the community. For example, health department staff named agencies such as the Burma Center, Summit Pointe, Family Health Center, and Lutheran Social Services as being actively involved with the work of the health department. CCPHD has strong ties to collaborative groups in the community, such as the Regional Health Alliance (RHA) and The Coordinating Council (TCC), that each provide an extensive network for forming new partnerships with community groups and organizations that have well-established relationships with priority populations. Finally, existing infrastructure within CCPHD, such as the Health Equity Alliance and the epidemiologist position, are valuable assets for planning and carrying out data and information gathering efforts with priority populations.

Strategic Issue 3.2: Ensure CCPHD meets the needs of all clients.

Performance Measure 3.2.1: By September 2019, less than 25% of consumers report barriers to accessing CCPHD services.

Long-term Objectives:

1. 20% of consumers from Limited English Proficiency (LEP) populations utilizing CCPHD services.
2. Less than 15% of consumers report language barriers to accessing CCPHD services.
3. Less than 15% of consumers report barriers to accessing CCPHD services.

The Situation: As part of the Community Health Needs Assessment (CHNA) process, focus groups were conducted with targeted community groups, and interviews were conducted with community leaders and representatives of medically underserved, low-income, and minority populations. While this input was found to be useful for assessment purposes, the results indicated difficulty identifying appropriate strategies for reaching priority populations within the community due to a lack of adequate information and understanding of what services and approaches would best meet their needs. Further, the inability to review data at the sub-county level, or examine disparities in health behaviors and health status for certain minority groups, prevented the CCPHD and community partners from properly identifying the major health issues affecting specific priority groups within the county.

The information that was gleaned through the CHNA pointed to lack of access to care (lack of health insurance, and being without a personal doctor or health care provider) as one of the top priority issues within the county. The most frequently mentioned barriers to accessing services

were limited options for transportation, lack of employment and insurance, cost of care, and, in some communities, limited availability of providers. Recommendations from the CHNA for improving access to care included increasing options for transportation, and ensuring interpreters and bilingual providers are available for non-English-speaking populations.

Similar findings emerged from the environmental scan completed for this strategic plan. Situational analysis shed light on some of the factors contributing to the CCPHD not meeting the needs of all clients. Some of the challenges that staff identified included language barriers, staffing, limited accessibility, marketing, and lack of community “voice” to inform services. Specifically, findings from the SWOC analysis indicated that actions to address barriers, such as availability of translated printed materials, interpreter services, multilingual staff, building improvements, technology upgrades, and expanded/enhanced hours and locations throughout the county, had not been elevated to a priority level that would get them accomplished among other competing priorities.

Taking Action: Prioritizing client needs as a key driver of decisions about service delivery will be achieved by gathering additional data on accessibility and adequacy of current programs, locations, and delivery methods from both clients and community members who do not use CCPHD services. Consistent with strategies suggested in response to the CHNA results, this strategic plan identifies strategies that address accessibility, education, awareness, and collaboration. Action steps related to transportation, referral coordination, partnering with community-based agencies, translation of information and materials, and staff training on specific issues that will enable them to work more effectively with people they serve are all planned to occur.

Strategic Direction 4: Enhancing the Calhoun County Public Health Department image

Strategic Issue 4.1: Improve community perceptions and understanding of the CCPHD.

Performance Measure 4.1.1: By December 2018, increase the percent of residents who are aware of services provided by the CCPHD to 25% over baseline.

Long-term Objectives:

1. By August 2015, adopt a CCPHD marketing plan and update on an annual basis.
2. By December 2018, 70% of Calhoun County citizens will have a better understanding of the role of public health and services offered by the CCPHD as it impacts the health of the community which will improve health indicators throughout Calhoun County.

The Situation: Themes that emerged from both the situation analysis and staff survey indicated there are several concerns regarding the public’s perception of the health department. Regarding the physical environment, the health department facilities appear to have several maintenance, cleaning, and other appearance issues that create an environment that is not attractive or welcoming for clients. Another related concern is the stigma that is attached to the

health department for being thought of as “government services” for certain groups of people, which is perhaps magnified by the co-location of health department programs in the Toeller building with other county services.

CCPHD staff survey results showed that the vast majority of employees give high value to the work they do. In fact, approximately 98% of employees believe what they do makes a difference in the success of CCPHD and 92% are proud to say they work for CCPHD. However, results of the situational analysis suggest that further exploration of the quality of customer service provided to clients may be needed to identify specific issues that may be contributing to any misperception of the health department that clients have.

Other factors that may be contributing to the public misperception of the agency is the lack of consistency and appearance of messages that CCPHD puts out into the public currently, and how CCPHD staff are uninformed about what is happening in the community. In addition, this issue has not been a priority for the agency in the past, therefore, sufficient staff time and energy has not been dedicated to raising awareness of the problem, or getting resources committed to address the problem.

Taking Action: The list of potential strategies generated to address this strategic issue include actions such as making needed building improvements, thorough assessment of customer service demands and quality of customer service, training of staff, conducting a broad communication and marketing campaign to promote a positive image of the health department online and within communities across the county, and maximizing partnerships and community engagement through community meetings and events.

Many of the anticipated action steps to address this strategic issue will require funding to cover the costs of supplies, materials, contracts, or services. Therefore, a likely challenge will be identifying funding sources to cover the cost of the services/projects which are deemed necessary. These actions will also require leadership support, development of organizational policies and procedures, and training of staff, which will all require adequate staff time.

CCPHD has many existing assets to begin working to address this issue. The stakeholder analysis revealed many existing partnerships that can be utilized to develop and distribute messages and materials to targeted groups and geographic areas. Further, there are numerous outlets identified for free or very low cost media exposure. Finally, this strategic issue is directly related to multiple other strategic issues, and has several other overlapping goals and action items. This creates a unique opportunity to accomplish many action steps for this issue and other relevant issues with an efficient and effective process. Timing of action steps for this strategic issue will be very important to ensure that activities are well coordinated and occur in a timely manner to support other action plan activities.

Strategic Direction 5: Ensuring decision-making aligns with mission and values

Strategic Issue 5.1: Commit to strategic and mission-oriented decision making.

Performance Measure 5.1.1.: By September 2017, 75% of CCPHD staff will agree that decisions made by the agency are aligned with the mission and values, and reflect the priorities identified in the Community Health Needs Assessment, Community Health Improvement Plan, or other similar tools.

Long-term Objective:

1. 90% of health department staff members demonstrate understanding of the adopted decision making policy adopted for the agency.
2. 100% of key health department staff complete training in the formal decision making policy adopted for the agency.
3. 85% of health department staff demonstrates conformity to the decision making policy.

The Situation: Results of the CCPHD staff survey showed that employees are highly dedicated to their job with the health department, and they believed what they are doing is making a difference in the community. This data is supported by the outcomes of the consensus process used to develop the mission and values statements for this plan: staff indicated that they were not familiar with the existing mission statement, or whether the agency had a list of core values to which staff should subscribe, while at the same time selecting "commitment to public health services" as one of their organizational values.

What emerged from the SWOC analysis was the concern that the lack of knowledge and application of the mission in practice could allow outside forces to influence (intentionally or unintentionally) the direction of or decisions made which affect the health department. Outside forces, such as political pressure, funding restrictions, new funding opportunities, changes in local or state policy, for example, can all potentially drive an agency's decision making process. However, as a public service organization, the CCPHD has a responsibility to serve the public and uphold the mission or purpose of the organization.

Taking Action: As this strategic plan document presents, the CCPHD has many decisions that will need to be made regarding staffing, resources, budgets, timelines, programs, and policies. While the decision making process must take into account numerous factors, at this time, there is no standard set of procedures for decision making processes that is used by all "decision-makers" for the agency. Through developing, institutionalizing, and informing staff of a policy and procedure for decision making that prioritizes the mission and values of the agency, staff at all levels will be more likely to know how the mission and values apply to their work, and think about using it in practice.

Some of the challenges that CCPHD may face while implementing these strategies are related to the many differences that exist between and within programs/divisions. Further, communication can be a major challenge when adopting new policies and procedures. Staff survey results showed that almost half of employees believe they are not always kept well informed. Moreover, about one-quarter of employees do not feel free to ask questions which can potentially hinder the process of developing a policy and procedure that will work for a wide variety of people.

Some of the assets that CCPHD can leverage while working to address this strategic issue, are inherent to the staff members: positive feelings that employees have about their jobs and their co-workers, and their dedication to public health. The goal for developing a mission-driven

decision making process is to encourage staff to work harder to understand and resolve problems as they arise in ways that promote public health for all and keep resources aligned to address the priorities identified in the Community Health Needs Assessment report.

IV. Implementation

The strategic planning committee and selected health department staff were trained by the consultants on creating SMART (specific, measurable, attainable, realistic, time-bound) action plans. From within the strategic planning committee, two co-chairpersons were designated to recruit and lead an action planning team through the creation of action plans for each of the five strategic directions.

The action planning co-chairs worked over a period of four weeks on forming action planning teams that included additional health department staff as well as community partners in some instances. An "Action Planning Workbook" was created by the consultants in order to help facilitate the action planning process. The workbook walked the teams through an action planning process that involved root cause analysis, brainstorming solutions, force field analysis, developing SMART objectives, and aligning objectives with other local, state, and national priorities. Action planning teams met over the course of approximately six weeks to develop actions plans. Consultants provided ongoing technical assistance throughout the process via email and phone, and conducted two in-person meetings with the co-chairs to address questions and concerns as well as provide additional action planning training.

Action Planning

The action plans for the CCPHD Strategic Plan utilize a framework that includes strategic directions, strategic issues, goals, performance indicators, SMART objectives, and evidence-based strategies. See Appendix G for definitions of key action plan terms. The attached Action Plans (beginning on p. 22) were created by staff to address each of the strategic issues selected as priorities to address through implementation of this plan. These action plans identify the steps that will be taken to systematically address each strategic issue. For each strategic issue, there are responsibilities delegated to individuals who will be responsible for tracking progress toward completing the activities according to the planned timeline and making adjustments/revisions to the plans as needed.

Monitoring

Ongoing monitoring of the implementation of the strategic plan will be the responsibility of the individual, committee, or workgroup assigned to each action plan. Progress reports on each action plan will be provided to the strategic planning committee on a quarterly basis during the regularly scheduled committee meeting. During these quarterly progress reviews, a brief assessment and re-maneuvering discussion may be conducted if progress has stalled, roadblocks have been encountered, or other barriers have become evident. The timeline for activities may also be adjusted as indicated, and revisions made to the action plan to reflect these adjustments. All adjustments and revisions to the plan will be documented on the action plans, and changes will be tracked and kept in one central location on the back page of this document on the Record of Revisions and Updates page (see Appendix H). All changes will be

reviewed by the Calhoun County Public Health Department Health Officer and signature documented on the record.

Learning and Evaluation

On an annual basis, a brief progress report that summarizes the outcomes, accomplishments, challenges, barriers, and revisions made to the strategic plan, will be written and shared with stakeholders. In addition, data will be gathered to assess and report on progress toward achieving each of the targets for the performance measures attached to each of the action plans according to the timeline and frequency of data collection noted.

CCPHD Action Plans

CCPHD Strategic Plan 2014-2019: #1.1 DEVELOP AND SUPPORT A DIVERSE WORKFORCE

Strategic Direction 1: Developing and Supporting a Diverse and Skilled Workforce						
Goal: CCPHD will continue to develop and support a diverse workforce						
PERFORMANCE MEASURES						
1.1.1 By September 2019, 100% of the health department workforce will support diverse populations and groups according to the adopted definition of diversity set forth by the department.						
Short Term Indicators				Data source	Frequency of data collection and review	
1.1.1a. 100% of health department staff report they are aware of the agency's adopted definition of diversity.				Staff survey	Annually, beginning September 2014	
Intermediate and Long Term Indicators				Data source	Frequency of data collection and review	
1.1.1b. 100% of health department staff will be trained on diversity policies and procedures.				CCPHD policies and procedures Performance evaluations Training logs	Annually, beginning January 2016	
1.1.1c. 100% of CCPHD will fully implement diversity policies and procedures for posting, recruitment, and hiring of new positions.				See above	Assessment tool – annually Performance evaluations – annually Stakeholders meetings – ongoing	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
1.1 Develop and Support a Diverse Workforce	1. By July 2014, a definition of diversity for CCPHD will be developed and distributed to 100% of CCPHD staff.	0	100%		Diversity Committee	
	2. By December 2014, 100% of the CCPHD workforce will be assessed according to the definition of "diversity" and a baseline measure of CCPHD's staff diversity will be determined.	0	100%		Diversity Committee	
	3. By December 2015, 100% of the necessary policies and procedures will be completed on diversity recruitment/hiring.	0	100%		Diversity Committee	

	4. By March 2016, CCPHD will implement diversity policies and procedures for posting, recruiting, and filling new positions.	0	100%		Health Officer	
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OBJECTIVE #1: By July 2014, a definition of diversity for CCPHD will be developed and distributed to 100% of CCPHD staff.

BACKGROUND ON STRATEGY: A definition of diversity as it relates to the CCPHD does not exist. A workforce that is responsive to and understanding of the needs of the community it serves must also reflect that community in the recruitment, training, and motivation of that workforce.

Reference/Source: Public Health Institute, 10 essential public health services, EEO diversity management policy

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
1. Form committee to define diversity	March 2014	Staff time; meeting place	Operations and Development Manager	Committee formed, meetings scheduled	
2. Plan/conduct meetings	April 2014 and ongoing	Commitment by CCPHD Admin; staff time; dates; locations	Diversity Committee Chair	CCPHD definition of "diversity" for staff	
3. Develop formal, written definition of diversity for CCPHD	May 2014	Staff time	Diversity Committee	Definition submitted to Administration by a diversity workgroup	
4. Review diversity definition with staff and Board of Health for input and consensus-building	June 2014	Documents shared at quarterly all-staff meeting	Diversity Committee	Feedback from staff and Board of Health; revisions made to definition	
5. Formally adopt diversity definition	July 2014	Staff time	Health Officer	Formal adoption of diversity definition by the agency	

OBJECTIVE #2: By December 2014, 100% of the CCPHD workforce will be assessed according to the definition of "diversity" and a baseline measure of CCPHD's staff diversity will be determined.

BACKGROUND ON STRATEGY: The work to maintain a diverse workforce is an ongoing task and the baseline and subsequent assessments will provide needed "benchmarks." An assessment tool for CCPHD employees has never been used in our agency and necessary baseline data is not available.

Reference/Source: US Dept. of Health and Human Services EEO Diversity Mgmt. Policy and Procedures Manual;
Society for Human Resource Mgmt. – sample policies; Michigan Dept. of Human Services – Equality Opportunity and Diversity programs

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
1. Locate an appropriate partner to develop needs assessment tool and process	August 2014	Funds; selected agency	Diversity Committee	Agency/Partner selected to develop CCPHD's staff assessment tool and process	
2. Develop detailed workplan for needs assessment (scope of work, timeline, deliverables)	September 2014	Staff time; partner time	Diversity Committee	Workplan completed	
3. Conduct needs assessment	October 2014	Funds; staff time; selected agency/partner	Diversity Committee	Needs assessment outcome summary	
4. Analyze results of needs assessment and determine baseline measure of diversity of staff	December 2014	Funds; staff time; selected agency/partner	Diversity Committee	Baseline measure set	

OBJECTIVE #3: By December 2015, 100% of the necessary policies and procedures will be completed on diversity recruitment/hiring.

BACKGROUND ON STRATEGY: Using data from the diversity assessment tool and subsequently defined baseline measures policies for hiring a diverse workforce will be adopted since these policies do not exist at this time. Support must be given to this initiative from County administration, BOC/BOH, Calhoun County HR, and senior leadership of CCPHD.

Reference/Source: US Dept. of Health and Human Services EEO Diversity Mgmt. Policy and Procedures Manual; Society for Human Resource Mgmt. – sample policies; Michigan Dept. of Human Services – Equality Opportunity and Diversity programs

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Form a subcommittee to work on policy development	January 2015	Recruitment of committee members; meeting time; place; admin support	Diversity Committee	Subcommittee membership roster, meeting dates set	
2. Hold regular meetings as needed for policy development process	March – June 2015	Meeting members; time; location; definition of diversity documents	Diversity Subcommittee	Meetings completed; notes taken and shared with members	
3. Meet with Human Resources to discuss policy process and requirements for county hiring	April 2015	Meeting members; time; location	Diversity Subcommittee	Meeting completed	
4. Search for sample policies used by other comparable public service agencies	May 2015	Staff time	Diversity Subcommittee	Sample policies identified	
5. Develop draft policy and procedures	June 2015	Meeting members; time; location	Diversity Subcommittee	Written draft diversity policies for CCPHD will be completed with consensus of committee members	
6. Draft diversity policies will be presented to managers for review at manager's meeting	July 2015	Managers meeting time; draft policies	Diversity Subcommittee	Managers will approve or decline draft policies	
7. Draft policies will be edited or finalized at committee meeting(s)	August – September 2015	Committee members	Diversity Subcommittee	Final diversity policies will be presented to Administration for approval	
8. Meet on final diversity policies at manager's meeting	November 2015	Managers; meeting time; diversity policies	Diversity Subcommittee	Management to have consensus on final diversity policies	

9. Adopt and approve diversity policies and procedures	December 2015	Staff time	Health Officer	Diversity policy adopted	
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OBJECTIVE #4: By March 2016, CCPHD will implement diversity policies and procedures for posting, recruiting, and filling new positions.

BACKGROUND ON STRATEGY: CCPHD managers will use the tools provided to assure a diverse workforce. The evaluation team will work to refine and improve the tools/policies/implementation. Diversity policies for recruiting, posting, and filling new positions have never nor do they exist at this time and therefore have never been used.

Reference/Source: US Dept. of Health and Human Services EEO Diversity Mgmt. Policy and Procedures Manual; Society for Human Resource Mgmt. – sample policies; Michigan Dept. of Human Services – Equality Opportunity and Diversity programs; Calhoun County HR Dept.

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Train CCPHD staff on diversity policies	January 2016	Staff meeting time; diversity policies	Diversity Committee Chair	All staff will be trained on new policies	
2. Post position and modify as needed to reflect diversity policy requirements	February 2016	Management time; policies	Diversity Committee Chair	Recruitment/postings will be reflective of diversity policies	
3. Implement policies in recruitment/hiring process for new positions posted	March 2016	Manager's time; policy adherence	Diversity Committee Chair	All recruitment/hiring will be consistent with CCPHD policies on diversity	
4. Evaluate the diversity policies and procedures	September 2016	Manager's time	Diversity Committee Chair		

ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES

Obj #	Local	State	Healthy People 2020	National Prevention Strategy
1, 2, 3 and 4	CCPHD Health Equity Program	MI Office of Civil Rights		

DESCRIBE PLANS FOR SUSTAINABILITY

Formal policy will be adopted to institute inclusive recruitment and hiring practices. Monitoring of policy implementation will happen annually. Evaluate outcomes of the policy and procedures by September 2016 to determine if policies are being enforced and if diversity of workforce has shifted.

CCPHD Strategic Plan 2014-2019: #1.2 ENSURE CCPHD HAS A SKILLED AND SUPPORTED WORKFORCE

Strategic Direction 1: Developing and Supporting a Diverse and Skilled Workforce						
Goal: CCPHD has a skilled and supported workforce						
PERFORMANCE MEASURES						
1.2.1 By September 2019, 90% of health department employees will demonstrate knowledge of core competencies in public health.						
Short Term Indicators			Data source		Frequency of data collection and review	
1.2.1a. By December 2015, 100% of health department staff will be assessed for competency in core areas and individualized trainings needs will be identified.			Employee competencies and training needs assessment		Annually, beginning December 2015	
1.2.1b. By June 2016, CCPHD Management will set performance measures for employee competencies in 100% of programs.			Performance management plan		Annually, beginning June 2016	
Intermediate and Long Term Indicators			Data source		Frequency of data collection and review	
1.2.1c. By December 2016, 100% of program/divisions will implement a professional development plan for all employees.			Employee performance review; employee competencies and training needs assessment; MDCH; MDARD; etc.		Annually, beginning November 2016 Progress toward the performance measure to be evaluated every two years	
1.2.1d. By November 2018, 100% of programs/divisions will complete an evaluation of their professional development plan.			Evaluation report		Annually, beginning after November 2016	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
1.2 CCPHD has a Skilled and Supported Workforce	1. By December 2015, 100% of health department staff will be assessed for competency in core areas and individualized training needs will be identified.	0%	100%	TBD	Operations and Development Manager	
	2. By June 2016, CCPHD management will set performance measures for employee competencies in 100% of programs/divisions.	0%	100%	TBD	Operations and Development Manager	
	3. By December 2016, 100% of program/divisions will implement a professional development plan for all employees.	0%	100%	TBD	Health Officer	

	4. By November 2018, workforce development plan will be evaluated in 100% of program/divisions.	0%	100%	TBD	Health Officer	
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OBJECTIVE #1: By December 2015, 100% of health department staff will be assessed for competency in core areas and individualized training needs will be identified.

BACKGROUND ON STRATEGY: This will be done in order to ascertain baseline competency data and to reveal training needs for the next steps.

Reference/Source: Council on Linkages: Core Competencies Tools: Avilar, Public Health Foundation

http://www.phf.org/programs/corecompetencies/Pages/Core_Public_Health_Competencies_Tools.aspx

http://www.phf.org/resourcestools/Pages/Competency_Assessments_For_Public_Health_Professionals.aspx

Evidence Base: No

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
1. Research core competencies in public health professionals; compile list of core competencies to assess based on evidence-based resources/references	April 2014	References/resources on core competencies in public health	Health Education Manager	List of core competencies compiled	
2. Develop Competency Needs Assessment tool template	July 2014	Staff time; meeting place	Health Education Manager	Needs Assessment Tool completed	
3. Implement Needs Assessment Tool with staff from 1-2 programs/divisions as pilot (i.e., Clinic and EH)	September 2014	Commitment by CCPHD Admin; staff time; dates; locations	Health Education Manager	100% staff completion of assessment tool	
4. Identify training/competency gaps for each specific program/division in pilot by using assessment results	December 2015	Staff time; admin support	Health Education Manager	List of competency needs of staff defined from results	

OBJECTIVE #2: By June 2016, CCPHD Management will set performance measures for employee competencies in 100% of programs/divisions.

BACKGROUND ON STRATEGY: This will be done to ensure defined/specific performance expectations to each job role and standard/consistent performance measurement throughout CCPHD.

Reference/Source: Council on Linkages Between Academia and Public Health: Core Competencies for Public Health Professionals:

http://www.phf.org/programs/corecompetencies/Pages/Core_Public_Health_Competencies_Tools.aspx

Public Health Foundation Performance Management:

Evidence Base: http://www.phf.org/resourcestools/Pages/Competency_Based_Job_Descriptions.aspx

Policy Change (Y/N): Yes

Linkages: CCPHD Performance Management Plan; SD2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Schedule planning meetings	March – May 2015	Managers; meeting time	Administrative Assistant; Operations and Development Manager	Manager meeting agendas and notes	
2. Develop drafts of measureable competency goals for all positions by manager’s division	June – December 2015	\$\$, Staff Time, Selected Agency/Partner	Health Officer	Written drafts of competency goals on all CCPHD positions will be available for review by Admin.; Competency-based job descriptions	
3. Review drafts collectively by managers (or in teams) for consensus at manager’s meetings	January – March 2016	Managers; meeting time	Administrative Assistant; Operations and Development Manager	Suggested revisions will be noted for each program area for appropriate manager to update; revised position descriptions	
4. Make suggested revisions and turn in to Operations and Development Manager for compilation	April 2016	Appropriate Manager’s Time	Operations and Development Manager	Final position goal documents complete	
5. Meet/approve final compilation at manager’s meeting	May 2016	Managers; meeting time	Health Officer	Manager’s/Admin approve final competency goals documents	

6. Create written policies for new competency goals for all positions by manager's division	June 2016	Managers; staff; meeting times	Health Officer	Written policies will be created, adopted, documented	
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OBJECTIVE #3: By December 2016, 100% of program/divisions will implement a professional development plan for all employees.

BACKGROUND ON STRATEGY: This will be done to ensure defined/specific performance expectations to each job role and standard/consistent performance measurement throughout CCPHD.

Reference/Source: Council on Linkages Competencies to Curriculum Toolkit:

http://www.phf.org/resourcestools/Pages/Competency_to_CurriculumToolkit08.aspx; Workforce Development Resources and Tools:

<http://www.phf.org/resourcestools/Pages/default.aspx?showResources=false&Subcategory=Workforce%20Development>

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: Performance Management Plan SD2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Develop Competency Needs Assessment in each program/division using template	July 2016	Manager time	Operations and Development Manager	Developed needs assessments	
2. Conduct Competency Needs Assessment with staff in each program/division	August 2016	Manager time	Operations and Development Manager	Completed needs assessments	
3. Train employees in manager's division on new competency goals for their applicable position	September 2016	Manager and staff time; competency documents	Health Officer	Staff training complete; training evaluation forms completed	
4. Meet with each of the manager's staff and create a professional development plan	September – November 2016	Manager and staff meeting time	Health Officer	Written professional development plans	
5. Begin implementing professional development plan with performance evaluations with 100% of staff by program manager	December 2016	Managers; appropriate documentation	Health Officer	Professional development plans incorporated into annual performance evaluations for all staff; documentation of review and signature of employee and manager on annual basis	

OBJECTIVE #4: By November 2018, workforce development plan will be evaluated in 100% of program/divisions.

BACKGROUND ON STRATEGY: This is to determine what, if any changes are needed to ensure success and continuation of this process.

Reference/Source: Workforce Development Resources and Tools:

<http://www.phf.org/resourcestools/Pages/default.aspx?showResources=false&Subcategory=Workforce%20Development>

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/Organization	Anticipated Product or Result	Progress Notes
1. Evaluate and compile progress notes and feedback surveys on the use of professional development plans with their staff	September – October 2017	Manager’s time; staff performance evaluations	Health Officer	Each program/division will have progress notes document	
2. Complete professional development feedback survey to provide input on the use of plans and perceived success of this process	November – December 2017	Staff time; manager’s time	Health Officer	75% or more of staff will complete survey and provide input on the use of professional development plans	
3. Present progress notes, feedback results, and evaluate results of professional development plans at manager’s meeting	February – June 2018	Manager’s/Admin; meeting time	Health Officer	Consensus on progress/use of professional development; decision to continue as is, edit, or discontinue process will be made	
4. Develop a policy and procedure to institutionalize the process if professional development process is adopted	November 2018	Manager’s/Admin time	Health Officer	Policy adopted	

ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES				
Obj #	Local	State	Healthy People 2020	National Prevention Strategy
1	Regional Health Alliance; Health Equity Alliance; Community Health Needs Assessment; County Boards/Policies		Public Health Infrastructure: PHI-1.4: Increase the proportion of local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations	HR Labor Laws; EEOE
2	Regional Health Alliance; County Boards/Policies	Mi-Train	Public Health Infrastructure: PHI-2: Increase the proportion of local public health professionals who receive continuing education consistent with Core Competencies for Public Health Professionals	HR Labor Laws; EEOE
DESCRIBE PLANS FOR SUSTAINABILITY				
<p>Workforce Development Plan Professional Development Track Templates Training Logs Diversity Policies Assessment Tool/Performance Evaluation Budget Line-Item Adequate Staffing Allocation On-going Strategic Planning Specific policies and procedures developed and implemented to ensure that these objectives are carried out</p>				

CCPHD Strategic Plan 2014-2019: #2.1 INSTITUTE A CULTURE OF CONTINUOUS QUALITY IMPROVEMENT

Strategic Direction 2: Ensuring formal and intentional continuous quality improvement						
Goal: Calhoun County Public Health Department will implement a culture of continuous quality improvement						
PERFORMANCE MEASURES						
2.1.1 By January 2019, 100% of CCPHD staff will demonstrate competence in applying Continuous Quality Improvement methods and tools in public health.						
Short Term Indicators				Data source	Frequency of data collection and review	
2.1.1a. Maintenance of a formal and ongoing six-member CQI committee (including front line staff, managers, and administrators within CCPHD) that monitors, reports, and recommends CQI activities				Committee roster; meeting minutes; CQI plan	Quarterly at all-staff meetings and manager meetings, beginning January 2015	
2.1.1b. 100% of health department staff complete basic training in QI.				Training logs; training evaluations	Annually, beginning June 2015	
2.1.1c. 100% of new hires complete CQI training within 90 days of employment.				Training logs	Ongoing; At time of employee 90-day reviews, beginning after January 2016	
Intermediate and Long Term Indicators				Data source	Frequency of data collection and review	
2.1.1d. By February 2016, a department-wide CQI plan adopted.				CQI Plan	Annually, beginning January 2016	
2.1.1e. 100% of program managers and CCPHD administrators demonstrate competence in CQI methods and tools.				CQI training evaluations; team assessment	Annually, beginning January 2016	
2.1.1f. 100% of CCPHD staff complete refresher/update CQI training on an annual basis.				Training log	Annually, beginning January 2017	
2.1.1g. 100% of CCPHD staff increase knowledge and experience with applying CQI methods and tools in their work.				CQI Pre/post assessment	Annually, beginning January 2018	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
2.1 Institute a culture of continuous quality improvement	1. By June 2015, increase the percent of health department staff that have completed basic CQI training to 100%.	TBD	100%	PHAB Domain 9; CCPHD Strategic Plan SD #1.2	CQI Committee Co-Chairs	
	2. By February 2017, adopt a department-wide CQI Plan.	0	1	PHAB Domain 9	CQI Committee; Health Officer	
	3. By January 2016, increase the percent of program managers and CCPHD administrators that demonstrate competence in CQI methods and tools.	TBD - baseline from survey	100%	PHAB Domain 9; CCPHD Strategic Plan SD #1.2	CQI Committee	

	4. By January 2017, increase the percent of CCPHD staff completing refresher/update CQI training on an annual basis to 100%.	0	100%	PHAB Domain 9; CCPHD Strategic Plan SD #1.2	Managers	
	5. By January 2017, increase the percent of new hires completing CQI training within 90 days of hire date to 100%.	0	100%	PHAB Domain 9; CCPHD Strategic Plan SD #1.2	CQI Committee	
	6. By January 2018, maintain six members of a formal and ongoing CQI committee (including representatives with leadership roles) that monitors, reports, and recommends CQI activities for the department.	0	6	PHAB Domain 9	CQI Committee	
	7. By January 2019, increase the percent of program managers and health department administrators that provide ongoing, operational leadership of CQI activities within the department to 100%.	0	100%	PHAB Domain 9	CQI Committee	
	8. By January 2019, increase the percent of CCPHD staff knowledgeable in applying CQI methods and tools in their work to 100%.	TBD - baseline from staff assessment	100%	PHAB Domain 9; CCPHD Strategic Plan SD #1.2	CQI Committee	

OBJECTIVE #1: By June 2015, increase the percent of health department staff that have completed basic CQI training to 100%.

BACKGROUND ON STRATEGY: In order to create a culture that values continuous quality improvement, it is necessary that all staff are trained in basic CQI principles. The long term goal is that all staff are involved in CQI projects in their program.

Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org; The Public Health Foundation – www.phf.org; PHAB Standards and Measures

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: PHAB Domain 9; MI Accreditation Program QI Supplement; CCPHD Strategic Plan SD #1.2, #5.1

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Identify co-chairs of CQI committee	March 2014	Administrator approval	Health Officer	Co-chairs selected	Managers of NFP and Clinic have expressed an interest in CQI for their departments
2. Develop criteria for selecting committee members	April 2014	Meeting time for co-chairs; administrator approval	CQI Committee co-chairs	Criteria developed	
3. Recruit committee members	May 2014	Administrator approval	CQI Committee co-chairs	CQI committee developed	NFP is participating in CQI projects through MDCH, has received basic training and may be interested in serving as initial CQI committee core
4. Hold initial meeting and choose appropriate meeting time for ongoing meetings	July 2014	Meeting room; time	CQI Committee co-chairs	Initial meeting held	
5. Develop a training plan for committee members	September 2014	Best practices; core competencies; professional development plans; time	CQI Committee	Training plan developed	
6. Develop a CQI training policy	October 2014	Best practices; core competencies; professional development plans; time; HO/Manager's approval; HR approval?	CQI Committee co-chairs	Training policy developed	
7. Receive basic CQI training (committee members)	November 2014	Financial support for training	CQI Committee	CQI committee is trained in introductory CQI	
8. Survey staff on past experience with CQI	December 2014	Sample survey from similar project; online survey software	CQI Committee co-chairs	Survey results	

9. Identify potential CQI training opportunities for all staff	February 2015	Time	CQI Committee	Appropriate training identified	
10. Complete CQI training for program managers and administrators	February 2015	Financial support; time	CQI Committee co-chairs	Training completed; completion documented; training evaluation completed	
11. All staff complete basic CQI training	June 2015	Financial resources for training	Managers	Training completed; training documented; training evaluation completed	

OBJECTIVE #2: By February 2017, adopt a department-wide CQI Plan.

BACKGROUND ON STRATEGY: An annual CQI plan is needed to set direction and coordinate program level projects. Initial CQI projects will be implemented in departments that will have immediate impact on health indicators of concern:

- **NFP:** improving quality of home visiting services will focus on addressing key factors contributing to infant mortality, specifically breastfeeding (long term reduces diabetes and obesity), pre-term birth, and getting clients quality, early, and adequate prenatal care.
- **Clinic:** focus on processes that could help better identify, educate, and treat patients with key health priority issues of diabetes, obesity, chlamydia and gonorrhea, illegal and prescription drug use. Improvements in processes used to provide clinical services could lead to savings in staff time, and better compensation for billable expenses.
- **Environmental Health:** improving efficiency and effectiveness of processes in this division could help address challenges with staffing (reduce issues with coverage), improve fee collection and increase cost effectiveness.

Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org; The Public Health Foundation – www.phf.org; PHAB Standards & Measures

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: PHAB Domain 9

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Research CQI best practices	August 2015	Time	CQI Committee	List of potential CQI templates to use	
2. Identify ways to incorporate CQI in established processes such as the shared network drive, monthly manager’s meeting, and other strategic planning groups	August 2015	CQI trainings	Co-chairs	CQI integrated in established processes including monthly manager’s meeting	
3. Develop a policy re: basic contents/outline of annual CQI	October 2015	Time	CQI Committee	Policy	
4. Obtain approval (committee) of basic contents/outline of Annual CQI plan approved by Health Officer and managers	November 2015	Time	CQI Committee	CQI outline approved	
5. Delegate responsibilities for writing each part of the CQI plan to committee members	November 2015	Time	CQI Committee	Project assignments	
6. Complete first draft of CQI plan	February 2016	Time	CQI Committee	First draft completed	
7. Review and edit (committee members) first CQI plan draft	April 2016	Time	CQI Committee and Operations and Development Manager	First draft edits submitted	

8. Obtain approval of draft CQI plan by Health Officer and managers	May 2016	Time	CQI Committee	First draft approved and/or revised	
9. Share draft of CQI plan at all-staff meeting	June 2016	Time	CQI Committee co-chairs	Meeting held	
10. Complete final CQI plan	January 2017	Time	CQI Committee	Final CQI plan completed	
11. Approve and adopt final CQI plan	February 2017	Time; management approval	CQI Committee Co-chairs; Health Officer	Final plan adopted	

OBJECTIVE #3: By January 2016, increase the percent of program managers and CCPHD administrators that demonstrate competence in CQI methods and tools.

BACKGROUND ON STRATEGY: Training will be conducted with managers and administrators prior to all staff to enable managers to be leaders in CQI implementation.

Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org; The Public Health Foundation – www.phf.org; PHAB Standards and Measures

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: CCPHD Strategic Plan SD #1.2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Administer pre-training assessment of baseline knowledge	January 2015	Financial support; time; survey tool	CQI Committee co-chairs	Training pre-test completed	
2. Administer training post-assessment immediately following CQI training	February 2015	Financial support; time; online survey tool	CQI Committee co-chairs	Training post-assessment completed	
3. Review post-assessment results to identify if any program managers and administrators need additional training	April 2015	Time	CQI Committee co-chairs	Post-assessment reviewed	
4. Enroll identified managers in additional trainings as needed	June 2015	Financial resources for additional training	CQI Committee co-chairs	Remedial trainings completed if needed; training completion documented	
5. Administer CQI assessment to determine skill level	January 2016	Online survey tool	CQI Committee co-chairs	CQI skill assessment completed	

OBJECTIVE #4: By January 2017, increase the percent of CCPHD staff completing refresher/update CQI training on an annual basis to 100%.

BACKGROUND ON STRATEGY: CQI is to become an integrated part of CCPHD culture therefore training is to be progressive and ongoing.

Reference/Source: NACCHO TOOLBOX; *Embracing Quality in Public Health: A Practitioners Quality Improvement Guidebook*; Public Health Foundation

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: CCPHD Strategic Plan SD #1.2

WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Identify potential refresher training opportunities	October 2015	Time	CQI Committee	Appropriate training identified	
2. Schedule refresher CQI training for all staff	June 2016	Financial support for training; time	CQI Committee	Refresher training completed; training documented	
3. Monitor completion of CQI training for all staff and ensure completion	October 2016	Manager time	Managers	Training log	

OBJECTIVE #5: By January 2017, increase the percent of new hires completing CQI training within 90 days of hire date to 100%.

BACKGROUND ON STRATEGY: CQI is to become an integrated part of CCPHD culture therefore new employees must be instructed on CQI basics and the CCPHD Annual CQI plan as part of their initial orientation.

Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org; The Public Health Foundation – www.phf.org; PHAB Standards and Measures

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: CCPHD Strategic Plan SD #1.2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Create a policy for CQI training for new hires	June 2014	Materials to update handbook	Co-chairs; Operations and Development Manager	Policy developed	
2. Establish data sharing protocol between human resources and CQI committee for identification of new hires	July 2016	Time; HR	CQI Committee Co-chairs; Operations and Development Manager	Data-sharing agreement	
3. Identify self-paced, online training opportunities	August 2016	Time; financial support for training	CQI Committee	Online training opportunities identified	
4. Offer online training for new hires	September 2016	Time; computer access; internet access; IT support	CQI Committee	New hire training completed within 90 days of hire date; training completed; training completion documented	
5. Provide post-test and follow-up to new hires	September 2016	Online survey tool	CQI Committee Co-chairs	CQI skill test completed	

OBJECTIVE #6: By January 2018, maintain six members of a formal and ongoing CQI committee (including representatives with leadership roles) that monitors, reports, and recommends CQI activities for the department.

BACKGROUND ON STRATEGY: A formal CQI committee will be made up of staff who will serve as champions for building a culture of CQI at CCPHD. It is important that some members have the ability to make decisions that will keep the work moving forward.

Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org; The Public Health Foundation – www.phf.org; PHAB Standards and Measures

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. CQI committee meets regularly	Beginning July 2014 and ongoing	Designated staff time; meeting materials	CQI Committee Co-chairs	Meeting agendas and minutes	
2. Maintain CQI committee membership numbers and composition as described in the CQI plan TBD	Beginning July 2014 and ongoing	Replacement of staff as needed	CQI Committee Co-chairs	Roster of members	
3. Report, track, and recommend CQI activities per the annual CQI plan	First plan January 2017 and then yearly.	See Objective 2	CQI Committee and Committee Co-chairs	Annual CQI plan	

OBJECTIVE #7: By January 2019, increase the percent of program/division managers and health department administrators that provide ongoing, operational leadership of CQI activities within the department to 100%.

BACKGROUND ON STRATEGY: In order to create a culture of formal and intentional continuous quality improvement, it is essential that managers and administration value the process, champion its implementation, and are committed to its use to improve services and outcomes.

Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org; The Public Health Foundation – www.phf.org; PHAB Standards and Measures

Evidence Base: Yes

Policy Change (Y/N): Yes

Linkages: None

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Document CQI committee meeting attendance w/management representation consistently	January 2016 and ongoing	CQI meeting sign-in sheets and minutes	CQI Committee	Documentation of active involvement/meeting attendance at CQI Meetings by management/administration	
2. Provide CQI committee updates and agenda items at All-Staff meetings and manager meetings	January 2018 and ongoing	Meeting minutes (all-staff, manager)	CQI Committee Co-chairs	Consistent discussion, review, and implementation of CQI within entire agency	
3. Conduct department-wide and program/division level CQI projects as described in the Annual CQI plan	Beginning February 2016 and ongoing	Time in manager meetings; staff time; consideration of impact on productivity during project completion	CQI Committee Co-chairs; Managers	Documentation of CQI project including outcomes and changes initiated	
4. Develop checklist to show that CQI elements and activities are clearly integrated into department-wide practices	January 2019 and ongoing	Time; planning	CQI Committee Co-Chairs; CQI Committee	Checklist shows following of annual plan re: number, scope, utilization of CQI, and results	

OBJECTIVE #8: By January 2019, increase the percent of CCPHD staff knowledgeable in applying CQI methods and tools in their work to 100%.					
BACKGROUND ON STRATEGY: Training, practice, and leadership support will lead to a culture of continuous quality improvement.					
Reference/Source: NACCHO Toolbox; Embracing Quality in Public Health: A Practitioner’s Quality Improvement Guidebook; The Public Health Memory Jogger II; Public Health Quality Improvement Exchange – www.phqix.org ; The Public Health Foundation – www.phf.org ; PHAB Standards and Measures					
Evidence Base: Yes					
Policy Change (Y/N): No					
Linkages: None					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. All staff complete initial CQI training	January 2017 and ongoing	Financial resources for training	Managers	Training completed; training completion documented; training evaluation completed	
2. All staff complete online post training test	June 2017 and ongoing	Online survey tools	Managers	CQI skill test completed	
3. Review post-training test results to identify if any staff need additional training	December 2017 and ongoing	Time	CQI Committee	Post-training test reviewed	
4. Provide all staff additional CQI training as needed to achieve knowledge level desired by CQI committee	June 2018 and ongoing	Financial resources for training; online training	CQI Committee	Staff fully trained in CQI; training completion documented; training evaluation completed	
5. Integrate CQI into all-staff public health practice	January 2019	Time; finances; training, buy-in by staff and managers	CQI Committee; Managers	Staff fully trained in CQI; regularly CQI projects completed per annual plan; all staff participate in CQI projects and/or utilize results to change practice	
ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES					
Obj. #	Local	State	Healthy People 2020	National Prevention Strategy	
4	None	MI Local Public Health Accreditation Program QI Supplement:	PHI-16 (Developmental): Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process	Strengthen state, tribal, local, and territorial public health departments to provide essential services.	
		Michigan Maternal, Infant, Early Childhood Home Visiting Program: Quality Improvement Collaborative			

DESCRIBE PLANS FOR SUSTAINABILITY

In order to ensure sustainability, the Calhoun County Public Health Department (CCPHD) will create a departmental policy stipulating the formation of an ongoing CQI committee and CQI training for all employees as described above. An annual CQI plan will be developed and implemented by management. The work of the CQI committee and annual plan will provide documentation of competency for a national accreditation application. CCPHD will pursue grant funding opportunities to support the ongoing training needs of the department. The CQI Committee and Health Officer will report CQI activities and developments to the Calhoun County Board of Health to ensure accountability of our efforts to implement and utilize CQI.

CCPHD Strategic Plan 2014- 2019 – # 3.1 GATHER AUTHENTIC COMMUNITY INPUT

Strategic Direction 3: Engaging Community Voice to Drive Service Delivery		
Goal: CCPHD will prioritize community input in decision making, planning, and service delivery for the department.		
PERFORMANCE MEASURES		
3.1.1 By September 2016, 75% of consumer feedback is positive.		
Short Term Indicators	Data source	Frequency of data collection and review
3.1.1a. 100% of programs/divisions implement a program-specific service evaluation tool with consumers.	Evaluation forms; maintenance logs of tasks completed; manager meeting notes	Quarterly, beginning March 2015
3.1.1b. 100% of programs/divisions disseminate results of consumer feedback survey throughout CCPHD.	Manager meeting notes	Quarterly, beginning April 2015
3.1.1c. Implement eight strategies/events for outreach and engagement within the community.	Manager meeting notes	Annually, beginning March 2015
3.1.1d. CCPHD implements three consumer feedback mechanisms/tools (evaluations, surveys) to get community input.	Manager meeting notes	Annually, beginning September 2015
Intermediate and Long Term Indicators	Data source	Frequency of data collection and review
3.1.1e. 100% of direct service staff complete training on cultural competence in working with low-income populations and communities of color.	Training log; professional development plans	Annually, beginning January 2016
3.1.1f. 90% of consumers believe their input was considered in decision making.	Consumer evaluations	Annually, after January 2016
3.1.1g. 75% of consumers will have a positive perception of the health department.	Consumer feedback survey	Annually, after September 2016

Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
3.1 Gather Authentic Community Input	1. By March 2015, increase the number of program/division-specific consumer evaluations from two to five.	Two programs currently have a tool in place	5	PHAB Standard 9.1, Measure 9.1.4A	Management team	
	2. By September 2015, increase the number of consumer engagement and feedback tools from one to three.	1	3	Harwood Intentionality, PHAB Standard 9.1, Measure 9.1.4A	Individual dept. managers	

Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
	3. By December 2015, increase the percent of community members who have a positive perception of the health department by 25%.	TBD- baseline will be established	Baseline+10%		Health Officer	
	4. By March 2015, increase the number of strategies employed yearly to promote CCPHD programs and health promotion within the community from one to eight.	1	8		Administration/management	
	5. By January 2016, increase the percent of CCPHD consumers who believe their input was considered in decision making to 75%.	TBD	75%	Harwood Intentionality	Individual dept. managers	

OBJECTIVE #1: By March 2015, increase the number of program/division-specific consumer evaluations from two to five.

BACKGROUND ON STRATEGY: Battle Creek is a Harwood Beacon community and one of the core components of Harwood is "turning outward." This means choosing to be intentional in our engagement with the community. This will allow us to engage in authentic feedback with our consumers.

Reference/Source: United Way Battle Creek Kalamazoo Region

Evidence Base: No

Policy Change (Y/N): Yes

Linkages: PHAB Domain 10; CCPHD Strategic Plan SD#1.2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Survey all departments to ascertain if consumer feedback mechanisms are in place	January 2015	Time	Administration/Health Officer	Survey completed	
2. Create evaluation tools for each program/division	February 2015	Time	Managers	Tool created	
3. Ensure that staff is aware of expectations in completing feedback tools	March 2015	Time; training plan; training materials	Managers	Understanding of feedback form process	
4. Develop a policy and procedure that all programs collect and disseminate the consumer data they collect throughout the CCPHD	March 2015	Time	Managers	Policy and procedure adopted	
5. Translate the evaluation tools available into all languages served by each department	July 2015	Time; money; community partners	Managers	Documents produced	

OBJECTIVE #2: By September 2015, increase the number of consumer engagement and feedback tools from one to three.

BACKGROUND ON STRATEGY: This strategy was chosen to demonstrate to consumers that their voice is important and will be used to drive service delivery. This is a critical step in building relationships as we continue to work with communities of color to address health disparities.

Reference/Source: Health Consumers Queensland-Developing a Consumer and Community Engagement Strategy: A Toolkit for Hospital and Health Service.

Evidence Base: No

Policy Change (Y/N): No

Linkages: PHAB Domain 4, 7, 10

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Outline goals and functionality of consumer feedback website/webpage	January 2015	Time; money; community partners; IT	Consumer Service Committee chair	Consumer feedback	
2. Devise an incentive for returned surveys	January 2015	Time; funds for incentive; process for distributing incentives	Management	Incentive	
3. Develop consumer survey questionnaire/instrument using results of community forums (see SD#3.2), to gather feedback on accessibility of services	March 2015	Time; money; community partners	Consumer Service Committee Chair	Consumer feedback instrument/survey	
4. Create an interactive CCPHD website that allows feedback from consumers	April 2015	Time; approval	Operations and Development Manager/IT	Website	
5. Survey current consumers on adequacy and accessibility of services	April 2015	Time	Dept. Managers, Consumer Service Committee Chair	Consumer feedback	
6. Enclose surveys in newspapers to encourage non-users to share barriers to utilizing services	June 2015	Time; funding for placing ad	Consumer Service Committee Chair	Consumer feedback	
7. Collect survey data	June 2015 – August 2015	Time	Managers	Data	
8. Analyze survey results	September 2015	Time	Consumer Service Committee Chair	Survey report	
9. Report results to management	October 2015	Time	Managers	Information-sharing	
10. Present findings at the all-staff meeting for feedback	November 2015	Time	Managers	Information-sharing	

OBJECTIVE #3: By December 2015, increase the percent of community members who have a positive perception of the health department by 25%.

BACKGROUND ON STRATEGY: Increase the number of non-users who are not accessing CCPHD services.

Reference/Source: Agency data on underserved populations

Evidence Base: No

Policy Change (Y/N): No

Linkages: CCPHD Strategic Plan #1.1, 1.2; PHAB Domains 4, 7, 8

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Research implementation of a non-smoking campus policy	December 2014	Time; approval of County Administrator	Health Education Manager	Smoke-free campus	
2. Identify ways to remove pay-for-parking structures	February 2015	Time; approval; money	Health Officer; Consumer Service Excellence Committee chair	Consumers are not paying for parking	
3. Hire a reputable, commercial cleaning company	February 2015	Time; approval	Health Officer	A clean building	
4. Identify ways to improve building appeal/decorum with pictures, posters, and longer runners	March 2015	Time; money	Consumer Service Excellence Committee chair; Health Officer; Maintenance	Building is welcoming	
5. Identify ways to improve internal and external signage	March 2015	Time; money; approval	Consumer Service Excellence Committee chair; Health Officer	Easy to locate facility and departments	
6. Obtain feedback on CCPHD image and barriers to service using results of community forums (see SD#3.2)	July 2015	Time; money	Consumer Service Excellence Committee chair	Consumer recommendations considered	
7. Direct service staff training on cultural competence in working with low-income populations and communities of color	November 2015	Time; money; community partners; commitment	HEA Coordinator; Consumer Service Excellence Committee chair	Cultural competence training complete	

OBJECTIVE #4: By March 2015, increase the number of strategies employed yearly to promote CCPHD programs and health promotion within the community from one to eight.

BACKGROUND ON STRATEGY: To make CCPHD more visible in the community so that awareness of our services and community engagement will increase.

Reference/Source: The number of community engagements strategies currently employed.

Evidence Base: No

Policy Change (Y/N): Yes

Linkages: PHAB Domain 1, 3, 4, 7, 8

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Identify current community-based organizations that CCPHD staff are currently involved in	March 2014	Time	HEA Coordinator	List of staff with current community-based organization relations	
2. Develop and/or explain a code of conduct policy to all CCPHD staff, including: Employees will wear logoed apparel in the community when appropriate; Employees will be easily identifiable by employee badges when working in the community as appropriate	March 2015	Time	Health Officer	Policy adopted and distributed to staff	
3. Complete a Memorandum of Understanding in each department with one to two new community partner agencies per year to establish communication, referral, and partnership guidelines with new partners	June 2015	Time	Managers	New partnerships	
4. Create a media plan for dissemination of events and service offerings	July 2015	Time	Marketing Committee	Increasing awareness of CCPHD services	
5. Utilize community data to determine underserved communities and disease hot spots	August 2015	Time	Epidemiologist	CCPHD services provided in areas of need	
6. Enhance CCPHD awareness and reputation through community engagement with non-health board/committees	September 2015	Time; passion	Health Officer	Increased opportunities to partner and cross-refer with community based organizations	

7. Create an all-agency brochure	September 2015	Time; money	Marketing Committee	Increasing awareness of CCPHD services	
8. Utilize data to develop a plan to reach underserved communities	October 2015	Time	Marketing Committee	Outreach plan for priority populations completed	
9. Seek funding to support a marketing/PR person	December 2015	Time; approval	Operations and Development Manager	Application for funding submitted	
10. Fund the cost for one logoed apparel item for each CCPHD employee	January 2016	Approval; money	Marketing Committee	Apparel item purchased for each staff member	
11. Create an elevator speech for staff on programs and services	September 2016	Time	Marketing Committee	Increasing awareness of CCPHD services	
12. Conducts one community outreach event each year by each program/division	December 2016	Time	Marketing Committee	One event per program/division completed; total eight per year	

OBJECTIVE #5: By January 2016, increase the percent of CCPHD consumers who believe their input was considered in decision making to 75%.					
BACKGROUND ON STRATEGY: We want to ensure the community that we are not "doing things to them" but with them.					
Reference/Source:					
Evidence Base: No					
Policy Change (Y/N): Yes					
Linkages: PHAB domain 10					
WORKPLAN					
Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Develop a procedure for how often the program evaluation information will be collected and by whom	March 2015	Time	Managers	Evaluation plan	
2. Review individual program survey results by managers	Quarterly, beginning July 2015	Time	Managers	Results summaries produced; Manager review completed	
3. Submit surveys to administration for compilation and dissemination	Quarterly, beginning July 2015	Time	Managers	Survey results compiled and distributed	
4. Collect information to report at the all-staff meeting for feedback	Quarterly, beginning September 2015	Time	Managers	Reports to staff completed on a quarterly basis	
ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES:					
Obj #	Local	State	Healthy People 2020	National Prevention Strategy	
2	Consumer Engagement – Harwood Intentionality				
5	Consumer Input - Harwood Intentionality		Yes	Yes	
DESCRIBE PLANS FOR SUSTAINABILITY					
Action plans for all individuals will be written into their annual performance appraisal.					
A funding strategy will be determined to seek out multiple funding sources for continuity.					
Policies and procedures will be written to support the plan.					
Program evaluations will be developed, implemented, and reviewed on an on-going basis.					

CCPHD Strategic Plan 2014-2019: #3.2 ENSURE CCPHD MEETS THE NEEDS OF ALL CLIENTS

Strategic Direction 3: Engaging Community Voice to Drive Service Delivery						
Goal: CCPHD will ensure that all client populations represented in the community will be served.						
PERFORMANCE MEASURES						
3.2.1 By September 2019, less than 25% of consumers report barriers to accessing CCPHD services.						
Short Term Indicators				Data source	Frequency of data collection and review	
3.2.1a. 20% of new consumers (previously non-users) accessing services through CCPHD.				Program Statistic reports, Consumer survey	Quarterly	
3.2.1b. Number of health department staff who are multi-lingual is eight or greater.				Employee demographic matrix	Annually	
Intermediate and Long Term Indicators				Data source	Frequency of data collection and review	
3.2.1c. 20% of consumers from Limited English Proficiency (LEP) populations utilizing CCPHD services.				Client Evaluations	Quarterly	
3.2.1d. Less than 15% of consumers report language barriers to accessing CCPHD services.				Consumer survey	Annually	
3.2.1e. Less than 15% of consumers report barriers to accessing CCPHD services.				Consumer survey	Annually	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
3.2 Ensure We Meet the Needs of All Clients	1. By December 2015, increase the percent of new consumers (previous non-users) of CCPHD services who are from target populations and are now accessing CCPHD services by 20%.	Baseline-TBD	Baseline+20%	Healthy People 2020; Health and Human Services Plan to Reduce Health Disparities	Consumer Service Excellence Committee chair	
	2. By January 2016, the number of multi-lingual staff will increase to eight.	Baseline-TBD	Baseline+10%	Healthy People 2020; Health and Human Services Plan to Reduce Health Disparities	Committee chair	
	3. By September 2018, decrease the percent of consumers who report encountering language barriers when accessing CCPHD services by 50%.	Baseline-TBD	Baseline-50%	PHAB Domain 7	Committee chair	

Objective 1: By December 2015, increase the percent of new consumers (previous non-users) of CCPHD services who are from target populations and are now accessing CCPHD services by 20%.

BACKGROUND ON STRATEGY: There is a large segment of the community that fits our target audience who are not utilizing CCPHD services.

Reference/Source:

Evidence Base: Yes

Policy Change (Y/N): No

Linkages: PHAB Domain 7; CCPHD Strategic Plan SD#1.2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Identify funding sources and apply for funding for bus tokens to assist in transporting underserved populations	April 2014	Time; money	Personal Health Services Manager	Application for funding submitted	
2. Hold six community forums across the county to gather input on accessibility	August 2014	Time; money	Engaging Community Voice Committee	Three forums conducted; meeting notes recorded; results summary with major themes completed	
3. Review results of the Consumer Feedback survey to identify major barriers to consumers accessing CCPHD services	August 2015	Time; money	Engaging Community Voice Committee	List of major barriers; determine baseline rates of barriers due to language, lack of access, and non-users due to barriers	
4. Develop a plan to specifically address the top three barriers for consumers	September 2015	Time; money	Engaging Community Voice Committee	Plan completed	
5. Identify ways to increase staffing capacity to serve a larger case load	October 2015	Time; money; commitment	Managers	New staff hired	
6. Conduct staff training on cultural competency	November 2015	Time; money; commitment	HEA Coordinator	All health department staff complete training	

OBJECTIVE #2: By January 2016, the number of multi-lingual staff will increase to eight.

BACKGROUND ON STRATEGY: The county demographics are changing and populations with limited English proficiency are utilizing CCPHD services and we need to be able to communicate with them. Additionally, interpreter services are costly.

Reference/Source:

Evidence Base: No

Policy Change (Y/N): No

Linkages: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, MDCH; PHAB Domain 8; CCPHD Strategic Plan SD#1.2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Revise position descriptions to include language indicating multi-lingual staff are preferred on all job postings	January 2015	Time	Operations and Development Manager	Revised position descriptions and advertisements	
2. Post job openings in non-traditional settings where multi-lingual staff frequent	January 2015	Time	Operations and Development Manager	Job announcements posted in multiple new settings	
3. Survey all staff to determine number of staff who are multi-lingual	February 2015	Time; online survey software; survey questionnaire	Operations and Development Manager	Survey completed	
4. Create a staff demographic matrix for the entire agency	March 2015	Time; access to information	HEA Coordinator	Matrix completed; baseline percent of multi-lingual staff determined	

OBJECTIVE #3: By September 2018, decrease the percent of consumers who report encountering language barriers when accessing CCPHD services by 50%.

BACKGROUND ON STRATEGY: The county demographics are changing and populations with limited English proficiency are utilizing CCPHD services and we need to be able to communicate with them.

Reference/Source:

Evidence Base: No

Policy Change (Y/N): Yes

Linkages: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, MDCH, Healthy People 2020; CCPHD Strategic Plan SD#1.2

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Contract with a language service provider for interpretation as needed	April 2014	Money; time; community partners	Personal Health Services Manager	Contract with service provider executed	
2. Translate all brochures and relevant forms into languages as determined by client population	December 2014	Money; time; community partners	Managers	Brochures translated and distributed	
3. Develop a recruitment plan to actively pursue multi-lingual staff to fill new job postings	January 2015	Time; commitment	Managers	Recruitment plan completed	
4. Identify ways to incentivize staff to learn a language primarily used in the community	October 2016	Time; money; policy development	Health Officer	Incentive program developed	
5. Track completion of language courses/training and multi-lingual status of employees	October 2016 – October 2018	Tracking system; time	Diversity Committee	Tracking system updated	
6. Promote multi-lingual services to targeted communities through small media and community outreach	October 2016 – October 2018	Supplies; printing; time	Managers	Small media (brochures, flyers, local articles, newsletters, alerts) distributed	

ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES:				
Obj #	Local	State	Healthy People 2020	National Prevention Strategy
1 – 4	No	No	No	No
DESCRIBE PLANS FOR SUSTAINABILITY				
<p>These strategies align with United Way's Health Disparity funding area. Changing policies reflect congruence with actual practices. Action plans for all individuals will be written into their annual performance appraisal.</p>				

CCPHD Strategic Plan 2014-2019: #4.1 IMPROVE COMMUNITY PERCEPTIONS AND UNDERSTANDING OF THE CCPHD

Strategic Direction 4: Enhancing the Calhoun County Public Health Department Image						
Goal: Calhoun County residents have increased awareness and understanding about public health services.						
PERFORMANCE MEASURES						
4.1.1 By December 2018, increase the percent of residents who are aware of services provided by the CCPHD to 25% over baseline.						
Short Term Indicators				Data Source	Frequency of data collection and review	
4.1.1a. By June 2014, establish and maintain a formal marketing committee consisting of at least six staff members				Committee roster Marketing plan	Monthly	
Intermediate and Long Term Indicators				Data Source	Frequency of data collection and review	
4.1.1b. By August 2015, adopt a CCPHD marketing plan and update on an annual basis.				Marketing plan	Annually, beginning after June 2015	
4.1.1c. By December 2018, 70% of Calhoun County citizens will have a better understanding of public health's role and services offered by the CCPHD as it impacts the health of the community which will improve health indicators throughout Calhoun County.				Survey results	Every two years, beginning December 2016	
Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
4.1 Improving Community Perceptions and Understanding of The Health Department	1. By June 2014, increase and maintain the number of marketing committee members to six.	0	6	CHNA, SP 3.1 and 3.2	Operations and Development Manager	
	2. By August 2015, adopt a CCPHD Marketing Plan.	0	1	CHNA, SP 3.1 and 3.2	Marketing Committee Co-chairs	
	3. By December 2018, Calhoun County citizens will have an understanding of public health's role and the services offered by the CCPHD.	TBD	70%	CHNA, SP 3.1 and 3.2	Marketing Committee	

OBJECTIVE #1: By June 2014, increase and maintain the number of marketing committee members to six.

BACKGROUND ON STRATEGY: In order to address findings of the public's perception of CCPHD and to develop a community awareness campaign to impact the health of the community, it was determined that a marketing committee must be formed.

Reference/Source: NACCHO Public Health Communications Resources, CDC Gateway to Health Communication and Social Marketing Practice

Evidence Base: The 10 Essential Public Health Services

Policy Change (Y/N): Yes

Linkages: CHNA, SP 2.1, 3.1, 3.2, and 5.1

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Develop criteria for selecting committee members	March 2014	Meeting time for selected managers	Operations and Development Manager	Criteria developed	
2. Recruit committee members	May 2014	Staff time commitment	Operations and Development Manager	Committee members selected	
3. Hold initial meeting to identify Chair and Co-Chair and develop meeting schedule	June 2014	Member time commitment; meeting room	Marketing Committee	Chair and Co-Chair selected Meeting schedule confirmed	
4. Meet regularly with marketing committee	Beginning June 2014 and ongoing	Staff and committee member time	Marketing Committee Co-chairs	Meeting agendas and minutes	
5. Maintain marketing committee membership numbers and composition as described in the plan	Beginning June 2014 and ongoing	Staff and committee member time	Marketing Committee Co-chairs	Roster of members	
6. Report, track, and recommend marketing activities per the marketing plan to committee	August 2015 and ongoing	Staff and committee member time	Marketing Committee Co-chairs	Marketing plan	

OBJECTIVE #2: By June 2015, adopt a CCPHD Marketing Plan.

BACKGROUND ON STRATEGY: In order to address findings of the public's perception of CCPHD and to develop a community awareness campaign to impact the health of the community, it was determined that a marketing plan must be developed.

Reference/Source: NACCHO Public Health Communications Resources, CDC Gateway to Health Communication and Social Marketing Practice

Evidence Base: The 10 Essential Public Health Services

Policy Change (Y/N): Yes

Linkages: CHNA, SP 2.1, 3.1, 3.2, and 5.1

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Research marketing best practices	March 2014	Staff time	Operations and Development Manager; selected CCPHD staff	List of best practices developed	
2. Present marketing best practices to marketing committee members	June 2014	Staff time	Operations and Development Manager	List of best practices presented and distributed	
3. Select marketing best practices	August 2014	Marketing committee time	Marketing Committee	Best practice developed; list compiled and distributed to committee members	
4. Gather marketing committee and management ideas for plan	October 2014	Marketing committee and selected management time	Marketing Committee	Ideas documented in meeting minutes	
5. Develop first draft of marketing plan based on best practice and committee member ideas	February 2015	Staff time	Marketing Committee Co-chairs	First draft completed	
6. Review and edit first draft by committee members	March 2015	Staff time	Marketing Committee	First draft edits submitted	
7. Develop second draft and share with committee and at CCPHD management meeting	April 2015	Staff time	Marketing Committee Co-chairs	Second draft completed and input received	
8. Complete final marketing plan	July 2015	Staff time	Marketing Committee	Final plan completed	
9. Approve and adopt plan	August 2015	Staff time	Marketing Committee	Final plan adopted	

OBJECTIVE #3: By December 2018, Calhoun County citizens will have an understanding of public health's role and the services offered by the CCPHD.

BACKGROUND ON STRATEGY: In order to assist in improving Calhoun County Health Indicators, the CCPHD will develop a community health education and awareness campaign that will include services offered by the CCPHD and the community along with healthy tips.

Reference/Source: CDC Building Capacity, APHA, MDCH

Evidence Base: CDC, APHA, MDCH

Policy Change (Y/N): No

Linkages: CHNA, SP 2.1, 3.1, 3.2, and 5.1

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Research campaigns for public knowledge of public health and potential survey questions	March 2014	Staff time	Operations and Development Manager	List of campaigns and survey questions	
2. Develop survey to obtain citizens awareness and understanding of public health and CCPHD services and present proposed survey to marketing committee for discussion	July 2014	Marketing committee time	Marketing Committee Co-Chairs	List of campaigns and survey questions presented and distributed	
3. Develop plan for distribution and data gathering by working with Engaging Community Voice Committee (3.2)	July 2014	Staff time	Marketing Committee Co-chairs	Meeting minutes, distribution plan	
4. Distribute survey to obtain public understanding base measure	August 2014	Staff time; Community partners; Committee time	Marketing Committee Co-chairs	Survey tool distributed	
5. Compile and distribute survey results	December 2014	Marketing committee and selected management time	Marketing Committee	Survey report	
6. Review marketing plan based on results of survey	Annually beginning December 2015	Marketing committee and selected management time	Marketing Committee	Suggestions for marketing plan revisions received	
7. Update marketing plan, if needed, based on subsequent survey findings	Annually beginning March 2016	Committee member and staff time	Marketing Committee Co-chairs	Marketing plan updated, if needed	

ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES				
Obj. #	Local	State	Healthy People 2020	National Prevention Strategy
1, 2, and 3	Community Health Needs Assessment	MDCH: Public Health Awareness	Health Communication and Health Information Technology	Healthy and Safe Community Environments
	Regional Health Alliance		Public Health Infrastructure	Empowered People
				Natl. Institutes of Health: Communication at the Core of Effective Public Health
DESCRIBE PLANS FOR SUSTAINABILITY				
<p>In order to ensure sustainability, the Calhoun County Public Health Department (CCPHD) will create a departmental policy stipulating the continued formation of a marketing committee. CCPHD will pursue funding opportunities to support continued developed marketing efforts. Continued reporting to the Calhoun County Board of Health and potentially Board of Commissioners will ensure accountability of our efforts and demonstrate the need for and benefits of potential funding.</p>				

CCPHD Strategic Plan 2014-2019: #.5.1 COMMIT TO STRATEGIC AND MISSION-ORIENTED DECISION MAKING

Strategic Direction 5: Ensuring decision making aligns with the mission and values		
Goal: The Calhoun County Public Health Department will evaluate decisions with precision in order to align them with our mission and values.		
PERFORMANCE MEASURES		
5.1.1 By September 2017, 75% of CCPHD staff will agree that decisions made by the agency are aligned with the mission and values, and reflect the priorities identified in the Community Health Needs Assessment, Community Health Improvement Plan, or other similar tools.		
Short Term Indicators	Data source	Frequency of data collection and review
5.1.1a. 100% of health department employees can identify the mission and values of the agency.	Staff survey	Annually, beginning September 2014
5.1.1b. Develop and adopt a CCPHD decision making policy.	Policy developed	Annually beginning January 2016
Intermediate and Long Term Indicators	Data source	Frequency of data collection and review
5.1.1c. 90% of health department staff members demonstrate understanding of the adopted decision making policy adopted for the agency.	Staff survey	Annually, beginning June 2015
5.1.1d. 100% of key health department staff complete training in the formal decision making policy adopted for the agency.	Training sign-in sheet; training evaluation form	Annually, beginning after October 2015
5.1.1e. 85% of health department staff demonstrate conformity to the decision making policy.	Annual employee performance appraisals	Annually, beginning after October 2015

Strategic Issue	Objectives	Baseline	Target	Linkages	Lead Person/Responsible	Progress Notes
5.1 Ensure CCPHD leadership commits to strategic and mission-oriented decision making process	1. By January 2015, develop and adopt CCPHD decision-making policy.	0	100%	CCPHD Strategic Plan SD#1.2, 2.1, 3.1; research material	Operations and Development Manager	
	2. By October 2015, 85% of key Health Department staff will complete training in the formal decision making process adopted for the agency.	0	85%	CCPHD Strategic Plan SD #1.2, 2.1; PHAB Domains 1, 11	Operations and Development Manager/Health Officer	
	3. By October 2015, 90% of the Health Department staff will demonstrate an understanding of the adopted decision making policy.	0	90%	CCPHD Strategic Plan SD #1.2, 2.1; PHAB Domains 1, 11	Operations and Development Manager	

OBJECTIVE #1: By January 2015, develop and adopt CCPHD decision making policy.

BACKGROUND ON STRATEGY: To ensure that decision making aligns with the mission and values of the CCPHD.

Reference/Source: Defined mission and values of the Calhoun County Public Health Department

Evidence Base: No

Policy Change (Y/N): Yes

Linkages: CCPHD Strategic Plan SD#1.2, 2.1, 3.1

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Approve and adopt the CCPHD mission and values	February 2014	CCPHD and the Board of Health	Health Officer	Mission and values are defined and in place	
2. Distribute mission and values to CCPHD staff via training	March 2014	Training forum; Quarterly all-staff meeting	Health Officer	Staff training completed	
3. Issue press release about strategic plan and CCPHD mission and values	March 2014	Staff; media	Operations and Development Manager	Community will be aware of the mission and values of the CCPHD	
4. Verify staff knowledge of the CCPHD mission and values by program managers	March 2014 – Ongoing	Monthly manager meetings	Managers	Staff can identify and incorporate the mission and values of the CCPHD into all aspects of job performance	
5. Form a six member committee to research effective decision-making policies that align with the mission and values of the CCPHD	June 2014	Time	Operations and Development Manager	Research started of effective decision making policies	
6. Develop and adopt decision making policy for CCPHD	December 2014	Time; BOH approval	Decision making Committee Chair	Decision making policy adopted to drive decisions in the best interest of public health	
7. Develop and adopt decision making evaluation process	December 2014	Time	Decision making Committee Chair	Measurement tool for the CCPHD decision making policy adopted	
8. Conduct annual evaluation of decision making policy	Annually, beginning December 2015	Time	Decision making Committee Chair	To evaluate effectiveness of decision making policy	

OBJECTIVE #2: By October 2015, 85% of key Health Department staff will complete training in the formal decision making process adopted for the agency.

BACKGROUND ON STRATEGY: Encouragement of the CCPHD staff to acknowledge and embrace the decision making policy.

Reference/Source: The defined mission and values of the CCPHD and the adopted decision making policy.

Evidence Base: No

Policy Change (Y/N): Yes

Linkages: CCPHD Strategic Plan SD #1.2, 2.1; PHAB Domains 1, 9, 11

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Distribute and train staff on the CCPHD decision making policy	June 2015 – Ongoing	Time	Decision making Committee Chair	Staff will be trained on how to make effective decisions for the CCPHD	
2. Evaluate outcomes of the staff training to measure understanding of the new policy and guidance for decision making	September 2015 – Ongoing	Survey	Decision making Committee Chair	Training evaluation (post-training knowledge assessment) completed; data analyzed; results summary completed	

OBJECTIVE #3: By October 2015, 90% of the Health Department staff will demonstrate an understanding of the adopted decision making policy.

BACKGROUND ON STRATEGY: Staff evaluation of understanding and implementation of decision making policy.

Reference/Source: Performance appraisals that will evaluate staff execution of the decision making policy.

Evidence Base: No

Policy Change (Y/N): No

Linkages: CCPHD Strategic Plan SD #1.2, 2.1; PHAB Domains 1, 11

WORKPLAN

Action Steps	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
1. Conduct annual review of decision making policy	September 2015 – Ongoing	Time	Decision making Committee Chair	Policy evaluated for effectiveness and necessary changes made	
2. Revise employee performance appraisals to evaluate staff's understanding of the decision making policy	September 2015	Time; survey	Decision making Committee Chair	Revised employee performance appraisals	
3. Evaluate employee knowledge and understanding of decision making policy	September 2015 – Ongoing	Time; survey	Decision making Committee Chair	Completed employee survey	

ALIGNMENT WITH LOCAL, STATE, OR NATIONAL PRIORITIES				
Obj #	Local	State	Healthy People 2020	National Prevention Strategy
1	Community Health Needs Assessment			
2	Community Health Improvement Plan			
DESCRIBE PLANS FOR SUSTAINABILITY				
<p>Maintenance of the Committee to monitor progress toward objectives. Adoption of policy to institutionalize decision making process. Annual evaluation of decision making process for accountability for implementation.</p>				

Appendix A: Full Listing of Strategic Planning Partners

Strategic Planning Committee

Diana Buist, WIC Program Manager
Cheri Czerney, School Wellness Program Director
Michelle Datema, Nurse-Family Partnership Manager
Bonnie Detweiler, Contract Fiscal Manager
DeShaun Embry, Administrative Assistant
Paul Makoski, Environmental Health Director
Deborah Metzgar, Administrative Assistant
Victoria Reese, Health Equity Alliance Coordinator
Brigette Reichenbaugh, Operations and Development Manager
Sarah Rockhill, Epidemiologist
Kristin Roux, Health Education Manager
James Rutherford, Health Officer
Kristin Tekiele, Fiscal Manager
Michelle Thorne, Personal Health Services Manager

Board of Health

Dr. Mahesh Karamchandani, Chairperson, Battle Creek
Nancy Mullett, Vice-Chairperson, Battle Creek
Mary Jo Byrne, Marshall
Kathy-Sue Dunn, County Commissioner
Kathryn Foerster, Marshall
Kenneth Ponds, Albion
Rick Tsoumas, Battle Creek

Community Partners and County Commissioners

Harry Bonner, Sr., Minority Program Services
Cindy Cook, Calhoun Intermediate School District
Maria Drawhorn, BC Pulse
Kathy-Sue Dunn, County Commissioner
Kate Flores, Voces
Steve Frisbie, County Commissioner
Carl Gibson, Calhoun County Senior Services
Jim Haadsma, County Commissioner
William Lawton, WMU Nursing Student
Ashley Leduc, WMU Nursing Student
Paulette Porter, Regional Health Alliance
Alisha Shoner, WMU Nursing Student
Erick Stewart, Stewart Industries
Kathy Wilson, BC Pulse

Health Department Staff

Joyce Barry, Public Health Nurse	Andrea Morrison, Program Clerk
Carrie Baum, Public Health Nurse	Bernita Motley, Program Technician
Vicki Buck, Program Assistant	Kim Muggio, Public Health Nurse
Theresa Burke, Medical Assistant	Jacki Murphy, Fiscal Support Specialist
Tamra Calhoun, Public Health Nurse	Dianne Niecko, Nurse Practitioner
Tana Calkins, Emergency Preparedness Educator	Bob Overley, Program Coordinator
Heather Carefoot, Nutritionist	Cindy Parkinson, Fiscal Support Specialist
Sharon Davids, Public Health Nurse	Heidi Pengra, Public Health Nurse
Stephanie DeRushia, Public Health Nurse	Anita Riddle, Public Health Nurse
Heidi Fast, Program Technician	Annie Rodgers, Public Health Nurse
Karen Fulcher, Environmental Protection Specialist	JoDee Rolfe, Clinic Coordinator
Sara Galloway, Nutritionist	Elizabeth Schoch, Nutritionist
Ophelia Garza, Program Technician	Helen Smith, Public Health Nurse
Kelly Gowin, Public Health Nurse	Erin Somerlott, Health Educator
Debbie Griffin, Program Technician	Cindy Southwick, Lead Secretary
Myyawanna Gross, Breastfeeding Peer Counselor	Shelly Swears, Public Health Nurse
Greg Harrington, Medical Director	Ryan Tetrault, Sanitarian
Sue Hauxwell, Sanitarian	Heather Thawngmung, Public Health Nurse
Paula Herr, Public Health Nurse	Shajuana Tyson, Public Health Nurse
Carol Hickey, Public Health Nurse	Macie VanderWaal, Public Health Nurse
Vivian Holdcraft, Program Support Specialist	Carrie Vincent, Program Technician
Rickeshia Hubbard, Breastfeeding Peer Counselor	Sara Vogel, Public Health Nurse
Vanessa Jeffers, Public Health Nurse	Carolyn Wagner, Public Health Nurse
Sarah Kelly, Solid Waste Coordinator	Tim Wanner, Sanitarian
Barbara Kryzanski, Registered Dietician	Jennifer Weis, Public Health Nurse
Teresa Lake, Medical Assistant	Monique Whyte, Program Clerk
Jim LeFevre, Environmental Health Educator	Dellise Wilson, Program Clerk
Karen Lukowski, Public Health Nurse	Cheri Wolfgang, Program Technician
Brandon Morrill, Sanitarian	Deana Zimmerlee, Public Health Nurse
Kim Morris, CSHCS Specialist/Program Clerk	

Consultants

Shannon Laing, Program Coordinator, Michigan Public Health Institute
Robin VanDerMoere, Quality Improvement Specialist, MPH
Anisa Kelley, Research Assistant, MPH

Appendix B: Consultant Narrative Biographies

The Michigan Public Health Institute (MPHI) is a 501(c)(3) corporation established in 1990. All projects are driven by the Institute's mission to maximize positive health conditions in communities through collaboration, scientific inquiry, and applied expertise. MPHI's work carries the voice of communities to policy makers and researchers and increases community capacity to improve health and well-being and reduce health disparities. The Institute employs 365 individuals, including more than 100 with Ph.D. and masters-level degrees, who include researchers, business, and IT professionals, trainers, project managers, data analysts, and scientists trained in a broad array of health fields.

Shannon Laing, MSW, has been with MPHI for over 10 years. She is currently a Program Coordinator within the Center for Healthy Communities. Ms. Laing manages multiple projects that support local and tribal health departments engaging in community health assessment, community health improvement planning, strategic planning, and accreditation readiness activities. Ms. Laing has completed training with the Public Health Accreditation Board focused on providing support to public health agencies preparing for national accreditation. In addition, Ms. Laing is a Technology of Participation (ToP) trained facilitator, and has experience designing and applying a variety of models and methods in assessment, planning, and implementation in diverse community contexts. Ms. Laing serves as the evaluation coordinator for multiple CDC-funded community-based health improvement initiatives. Prior to her work at MPHI, Ms. Laing worked for non-profit agencies and community-based organizations providing services directly to underserved communities. Ms. Laing received a Masters of Social Work from Michigan State University with a concentration in Organizational and Community Practice.

Robin VanDerMoere, BA, ASQ-CQIA, works with the Center for Healthy Communities at the Michigan Public Health Institute. Ms. VanDerMoere received her BA in education from Michigan State University and is a certified Quality Improvement Associate through the American Society for Quality. As a Quality Improvement Specialist at MPHI, Ms. VanDerMoere has over four years of expertise in designing and facilitating training in quality improvement (QI) methodologies, specifically the Plan-Do-Study-Act Cycle, and tools, as well as providing ongoing technical assistance to training participants as they conduct QI projects. Ms. VanDerMoere has trained and worked with over 18 state and local public health agency QI teams as well as over 27 home visiting programs in the State. Additionally, Ms. VanDerMoere served as one of the authors of the second edition of *Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook*. Finally, Ms. VanDerMoere is a Technology of Participation (ToP) trained facilitator.

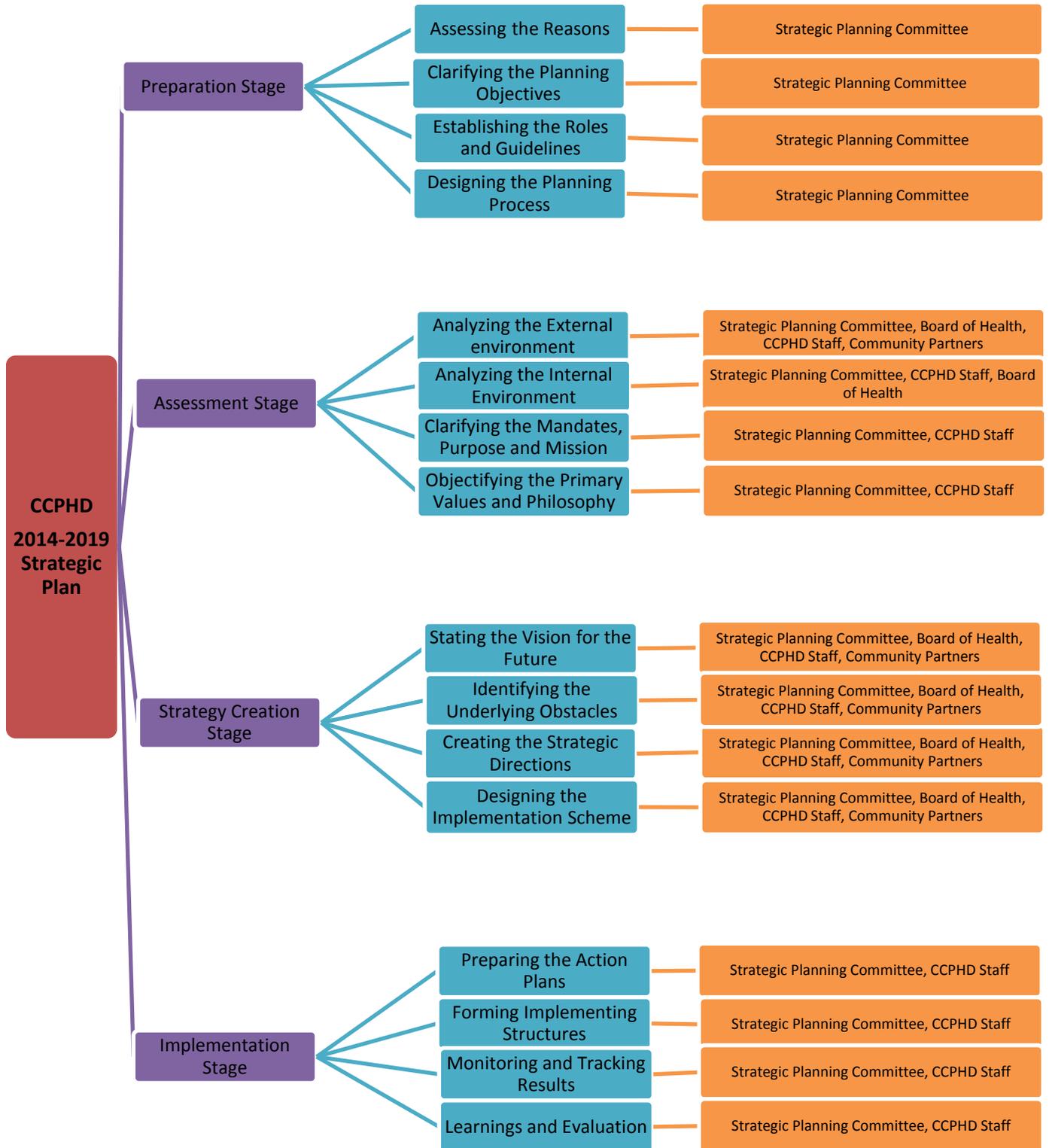
Anisa Kelley, MPH, works within the Center for Healthy Communities as a Research Assistant. Ms. Kelley has provided technical assistance on projects that facilitate local health departments in the strategic planning and community health assessment readiness process. Specifically, Ms. Kelley has provided assistance and support on readiness assessment activities for the Wayne County Public Health Department as well as the Michigan Department of Community Health's Early Childhood Comprehensive Systems grant. Ms. Kelley received her MPH from the University of Arizona with a concentration in Maternal and Child Health.

Appendix C: Participatory Strategic Planning Framework¹⁶

I. Preparing for Strategic Planning (Preparation)	II. Assessing the Context (Assessment)	III. Identifying Priorities and Strategies (Strategizing)	IV. Implementing the Plan (Implementation)
Assessing the reasons and readiness for strategic planning	Analyzing the external environment	Stating the vision for the future	Preparing the action plans
<ul style="list-style-type: none"> • Purpose • Goals • Internal factors • External factors 	<ul style="list-style-type: none"> • Data and documentation review • Stakeholder analysis • Situational analysis • SWOC Analysis 	<ul style="list-style-type: none"> • Practical vision (3-5 years) 	<ul style="list-style-type: none"> • Specific, Measureable, Attainable, Realistic, Time-oriented accomplishments • Coordinated timelines • Budgeting
Clarifying the planning objectives	Analyzing the internal environment	Identifying the underlying obstacles	Forming the implementing structures
<ul style="list-style-type: none"> • Expectations • Scope • Milestones • Stakeholder engagement 	<ul style="list-style-type: none"> • Data and documentation review • Organizational functioning • Organizational culture • Job Satisfaction 	<ul style="list-style-type: none"> • Obstacles, barriers, and roadblocks • Underlying contradictions 	<ul style="list-style-type: none"> • Strategic planning committee • Specialized subcommittees and workgroups • Action teams
Establishing the planning roles and guidelines	Clarifying the mandates, purpose, and mission	Crafting the strategic directions	Monitoring and tracking results
<ul style="list-style-type: none"> • Organizational structure • Participatory framework • Training and capacity building 	<ul style="list-style-type: none"> • Formal and informal mandates • Mission statement 	<ul style="list-style-type: none"> • Operationalize practical vision • Respond to trends • Prioritization • Consensus 	<ul style="list-style-type: none"> • Continuous action tracking and reviews • 90-day re-maneuvering • Assessing breakthroughs and gaps
Designing the planning process	Objectifying the primary values and philosophy	Designing the implementation plan	Learnings and evaluation
<ul style="list-style-type: none"> • Assessments • Meetings • Consensus workshops • Participants • Timeline 	<ul style="list-style-type: none"> • Agency vision • Guiding principles (values) • Staff feedback 	<ul style="list-style-type: none"> • Assets • Root cause analysis • Force field analysis • Strategies 	<ul style="list-style-type: none"> • Document progress toward objectives • Revise objectives • Annual plan review, revision, and report • Implementing structures

¹⁶ Adapted from the “Participatory Strategic Planning Framework”, The Institute of Cultural Affairs, ToP Strategic Planning

Appendix D: Strategic Planning Organizational Structure

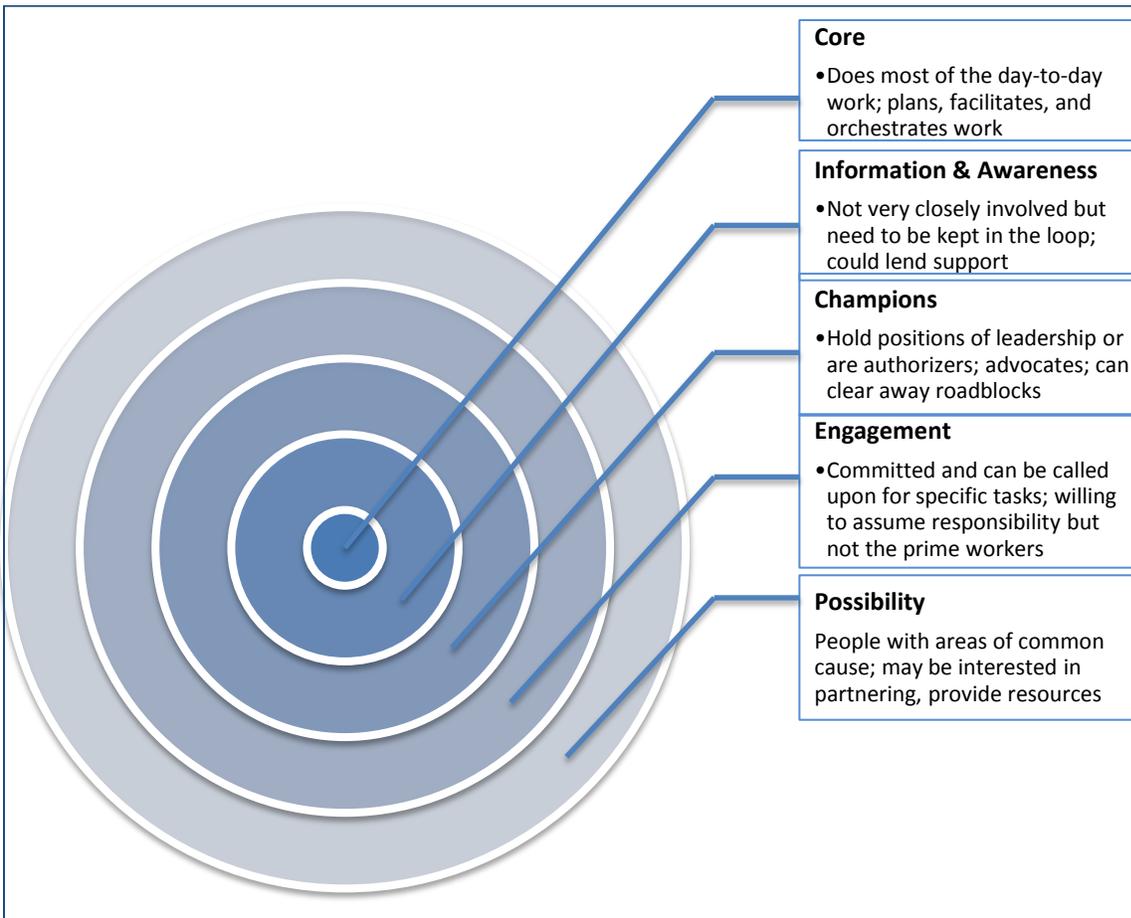


Appendix E: Detailed Timeline

<i>Stage</i>	<i>Action Steps</i>	<i>Timing</i>	<i>Milestones</i>	<i>Participants</i>
Preparation	Review of existing documents (plans, assessment, data, reports, etc.)	Feb.	Documents reviewed	SPC, Consultants
	Complete the readiness assessment, and discusses timeline and responsibilities	Mar.	Project workplan	SPC, Consultants
	Develop a roadmap and materials for a collaborative strategic planning process	Mar.	Roadmap to the CCPHD Strategic Plan	SPC, Consultants
	Training of SPC on key components of the Strategic Plan	Apr.	Training complete	SPC, Consultants
Assessment	In-depth review of mandates and plan communication and stakeholder engagement	Apr.	Mandates documented; engagement plan	SPC, CCPHD Staff, Consultants
	Facilitated consensus workshop to refine vision, mission, and values	Apr.	Meetings completed	SPC, CCPHD Staff, Consultants
	Draft mission and values statements	May	Statements drafted	SPC, Consultants
	Online survey of CCPHD staff	Jun.	Survey complete	SPC, Consultants, CCPHD Staff
	Mission and values statements finalized	Jun.	Mission, Vision, and Values statements	SPC
	Establish subcommittee for completing the environmental scan	Mar.	Subcommittee formed	SPC
	Training of SPC and subcommittee on completing the environmental scan	Apr.	Training complete	SPC
	Assess quality of data available for the environmental scan; identify gaps	May	Data assessment complete	SPC
	Facilitated consensus workshops to conduct Forces of Change (FOC), Circles of Involvement (COI) (stakeholder analysis), and SWOC Analysis	Jun.	FOC, COI, and SWOC assessments drafted	SPC, Consultants
	Information gathering within programs to provide documentation to support the SWOC analysis	Jun.	Program-specific SWOCs	SPC, CCPHD Staff
	Facilitated large group meetings to review and refine the FOC, COI, and SWOC	Jun.	FOC, COI, SWOC complete	SPC, CCPHD Staff, Board of Health, Consultants
	Compile and synthesize results from all components of the environmental scan	Jun.	Environmental scan complete	Consultants

<i>Stage</i>	<i>Action Steps</i>	<i>Timing</i>	<i>Milestones</i>	<i>Participants</i>
Strategizing	SPC selects stakeholder group for identifying and selecting strategic issues	May	Stakeholder list; invitations distributed	SPC
	Facilitated workshop sessions to select and prioritize strategic directions	Jun.	Strategic issues	SPC, CCPHD Staff, Board of Health, Community Partners, Consultants
Implementation	Designate action team chairpersons and training on action planning process	Jul-Aug	Action planning teams formed	SPC, Consultants
	Draft narrative sections of the strategic plan document	Oct-Nov	Draft narrative	Consultants
	Action team meetings to draft action plans, performance measures, and evaluation plan	Sep-Oct	Meetings held	SPC, Consultants
	Draft action plans, performance measures, and evaluation plan	Sep-Nov	Draft action plans	SPC, Consultants
	Review of draft action plans and evaluation plan	Nov	Feedback on draft action plans	Consultants
	Draft Strategic Plan narrative review and feedback	Dec	Feedback collected	SPC
	Compile documentation of strategic planning process conforming to PHAB standards and measures	Dec	Documentation compiled	SPC
	Strategic plan finalized and adopted	Feb, 2014	CCPHD 2014-2019 Strategic Plan	Board of Health

Appendix F: Circles of Involvement Diagram



Adapted from The Institute of Cultural Affairs, ToP Secrets of Implementation

Appendix G: Action Plan Terminology

Action Plan Term	Definition
Strategic Direction	The strategic directions are the broad directions the Strategic Planning Committee selected that will impact the future of the CCPHD. The strategic directions focus on what the CCPHD does well and why, what it will take to resolve existing challenges within the organization, and what drives change in the agency.
Strategic Issue	The strategic issues are the specific priority action areas to address in this strategic plan that are related to each of the strategic directions.
Goal	This is the broad statement of what the CCPHD hopes to accomplish related to the strategic issue.
Performance Indicators	The performance indicators demonstrate how the CCPHD is making progress. These state specifically what will be measured to determine whether change has occurred as well as what data source is used. There are indicators of progress for both short-term (1-2 years) and intermediate and long-term (3-5 years).
Objectives	Objectives describe the specific measurable end-products of your intervention. Objectives were developed using the SMART format: specific, measurable, achievable, realistic, and time-framed.
Background on strategy	This identifies the type of strategy planned for implementation. Any evidence-based strategies or policy changes are cited.
Action Steps	The action steps outline the tasks and activities to be taken to achieve each objective.
Target Date	The target date is the projected implementation date for each action step.
Resources Required	Identifies all resources potentially needed for each action step.
Lead Person/ Organization	Identifies the key person who initiated the activity, provided direction for the work, and monitored progress.
Anticipated Product/Result	Describes the direct, tangible, and measurable outputs and outcomes of the activity.
Progress Notes	Tracks progress and completion of activities while also noting any unexpected outcomes, both positive and negative.
Linkages	Displays the linkage between the CCPHD strategic issue and PHAB domains as well as linkages between objectives in this plan and with those in the community health improvement plan, quality improvement plan, or other agency-related plans.
Baseline	Identifies the current status for each objective.
Target	Identifies the desired status for each objective.
Alignment	Displays the alignment between the CCPHD's priority areas and both state and national priorities.

Calhoun County Public Health Department
James A. Rutherford, MPA
Health Officer



The Calhoun County Public Health Department works to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.

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