

# Calhoun County Public Health Department (CCPHD) Strategic Planning Retreat

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## ATTENDANCE

### Board of Health

Larry Anderson (9:00 – 4:00)  
Kathy Foerster  
Byron McDonald (8:00 – 12:30)  
Ben Miller (8:45 – 9:30)  
Dr. Jeffrey Mitchell  
Ken Ponds  
Rick Tsoumas

### Health Department

Dottie-Kay Bowersox  
John Eva  
Ted Havens  
Ginger Hentz  
Amy Latham  
Bob Overley  
Brigitte Reichenbaugh  
Shelly Swears  
Mike Waite

### Calhoun County

Greg Purcell

### Board of Commissioners

Ben Miller (8:45 – 9:30)  
Kate Segal (8:50 – 10:30)??  
Jase Bolger (3:30 – 4:00)  
Greg Moore (8:30 – 12:00)  
Eusebio Solis (8:30 – 12:00)

### Special Guests

Erv Brinker, Summit Pointe  
Keith Crowell, Oaklawn Hospital  
Sharon Hostetler, Albion Health Care Alliance  
Nancy McFarlane, UWGBC  
Gloria Smith, Nursing Clinic Advisory Council  
Annie Stetler, Stetler Realty  
Bill Schroer, Presenter, WJSchroer

Schroer stated to pull page 14 from packet, replace page 11 that corrected Board of Health members, and correct language on page 11 stating “Health Officer appointed by the Board of Health.” The statement should read “Health Officer appointed by the Board of Commissioners.”

## EXPECTATIONS

Understand CCPHD  
Communications  
Blueprint of Focus on Health indicators  
Plan for improvement  
Improved image of CCPHD  
Clear direction

Improve communication with public (e.g., Shopper)  
Determine which direction to focus on  
Community's perception of direction we should go  
Ideas for improving service delivery to community  
Capacity building  
Financial  
How to use all community resources as a whole  
Stronger commitment and better strategies for supporting the public health functions  
Priorities for improving health indicators  
Open mindedness with EH functions  
CCPHD play leadership role in coordinating and collaborating various health issues  
Strong Health Department

Begin with the big picture: Where does the Health Department fit in the State? What has changed within the last 3 – 5 years (big picture) not program specific? What are the funding issues how do they determine where we are going? Set priorities -- how do we do that? Who, What, When, Where, and How. We need to collaborate, consolidate, and coordinate. McDonald asked how do we further develop mandated programs. Bowersox stated that CCPHD has to assure they are completed within the county, but CCPHD does not have to provide the direct service.

Schroer provided Vision examples: Independent Taiwan, Every Child a Wanted Child, A Passion For Plants In Our Town, Eliminate Cancer as a Cause of Death In Our Lifetime, Premier Technology Firm In The World, Share The Spirit Of The North Woods

Core Values: Do not go beyond 4.

Mission and Vision is NOT about the money it provides direction and goal for the organization.

Venice Beach, CA: We're Weird and We Like It.

Mission ideas (outcome):

- Protects the Health and the environment
- “By” implies strategy....Not in the Mission. Adjectives imply strategy
- Achieve lifelong good health
- Healthiest County in the State
- Healthy is not just for the Wealthy
- Culture of Health (valued, celebrated, etc.)
- Way of Life
- “Value Good Health as a Way of Life”
- “Leaders in promoting good health in the community”
- “Lead Calhoun County to Valued Health or Improved Health”
- Live well and foster health
- Building a culture of lifelong health
- Healthy Attitude, healthy People, Healthy Environment, Healthy Community
- “Build Healthy Community”

Share the Spirit of Good Health  
Healthy Choices Healthy People  
The Health Builder – 2<sup>nd</sup> choice  
Healthy community that embraces health  
Healthy People/Attitude/Environment  
**“The Healthiest Community for Life and Living”**  
Place to Live in Michigan

Vision ideas:

Celebrate healthy culture

SWOT analysis:

Strengths (five most important that tie to mission):

- 1. Knowledgeable/dedicated staff**
- 2. Collaborative philosophy**
- 3. Collaborations with Emergency Preparedness Region Model/Crisis**

**Response Surveillance**

**4. Commitment to serving entire community (all populations, identification of disparities, inform the community)**

- 5. Leveraging other community assets with our own – service multiplier**

Board Leadership Assets

Crisis Response

Customer friendly and fairness

Data resource

Dedicated Volunteers

Established community partnerships

Food Training

Integration with County Government systems

Location

Medical Director

Proactive Identification of Health Issues

Publishing health reports

Regulatory Flexibility

Weaknesses:

- 1. Inadequate understanding of big picture**
- 2. Communication (internal and external)**
- 3. BOC micromanaging BOH/HD/Relationship**
- 4. Compliment and diversity of staff (staff in right programs and areas?)**
- 5. Poor public image**

Building security

Facility (accessibility, community, image, location)

Failure to follow through

Focus on detail rather than big picture

Labor Union (bumping, etc.)

Lack of clarity between BOC/BOH

Lack of clarity on resource allocation

Lack of common vision

Lack of consensus within board process

Lack of direction (specific goals, evaluation, etc.)

Lack of leadership (e.g., nurse manager)/gap in chain of command

Lack of results/history on improving community health

Location (e.g., access to services on East County

Management in bargaining unit

Mismanagement/elimination of MSS/ISS Services

Mistrust of Health Department

Perception Volume = success

Political Environment (e.g., tobacco)

Program compliance

Technology (hardware, software, etc.)

Too many buildings, locations, programs

Trust of follow through within community (e.g., professional community)

Understanding expectations

**Web site**

Opportunities

**1. National focus on health behavior**

**2. Recreation/health opportunities**

**3. WKKF & other**

**4. Countywide Health Initiatives**

**5. Technology**

BCHS policy toward preventative health

Choose Health committee

Church and school focus on health

Deteriorating economy

Health industry history

KCC nursing program/educational institutions

Like-minded organizations

Pandemic flu threat

State acknowledgment of poor health

State Health czar

Threat:

- 1. Unhealthy Mass Media**
- 2. Demographics**
- 3. State Government, unfunded mandates,**
- 4. Misallocation of health resources in primary care, disease prevention, health promotion**
- 5. Reimbursement doesn't support holistic health**

Brain drain

County Commissioners

Countywide committees/collaborators

Declining allocation from BOC

Economics

Educational level/literacy

Funding is hard to come by

Homeland Security

Lack of focus on integrated health

Lack of health insurance

Legal/insurance challenges

Pandemic Flu

Pharmaceuticals

Security/Terrorist Attacks

Sensationalize health issues

Shortage of trained personnel

State funding

Long range objectives

VW example provided.

<p style="text-align: center;"><b>Calhoun County Health Department</b></p>	<p><b>Internal Strengths</b></p> <ol style="list-style-type: none"> <li>1. Knowledgeable/dedicated staff</li> <li>2. Collaborative philosophy</li> <li>3. Collaborations with Emergency Preparedness Region Model/Crisis Response Surveillance</li> <li>4. Commitment to serving entire community (all populations, identification of disparities, inform the community)</li> <li>5. Leveraging other community assets with our own – service multiplier</li> </ol>	<p><b>Internal Weaknesses</b></p> <ol style="list-style-type: none"> <li>1. Compliment of staff/diversity</li> <li>2. Communications to public</li> <li>3. Board relationship/roles</li> <li>4. Poor public image</li> <li>5. Lack of clarity and big picture</li> </ol>
<p><b>External Opportunities</b></p> <ol style="list-style-type: none"> <li>1. National focus on health behavior</li> <li>2. Recreation/health opportunities</li> <li>3. WKKF &amp; other</li> <li>4. Countywide Health Initiatives</li> <li>5. Technology</li> </ol>	<p><b>SO:</b></p> <p>Identify and focus on public health needs of community by collaborating with WKKF and other partners</p>	<p><b>WO:</b></p> <p>Increase public communication to address/improve countywide health initiatives</p> <p>Clarify big picture/direction of the CCPHD in collaboration with community partners.</p>
<p><b>External Threats</b></p> <ol style="list-style-type: none"> <li>1. Unhealthy Mass Media</li> <li>2. Demographics</li> <li>3. State Government, unfunded mandates,</li> <li>4. Misallocation of health resources in primary care, disease prevention, health promotion</li> <li>5. Reimbursement doesn't support holistic health</li> </ol>	<p><b>ST:</b></p> <p>Determine health resource focus and collaborate with community members to focus on determinations.</p>	<p><b>WT:</b></p> <p>Develop communication plan to increase public's knowledge of public health services</p> <p>Improved communication to the public of public health services.</p>

Outcomes:

- 1. Develop an integrated public health marketing and PR communications plan to increase awareness 25% over benchmark**
  - 2. Community health initiatives reflect community diversity**
  - 3. Improve health indicators by 10% (infant mortality, teen pregnancy, health disparities, tobacco, secondary lifestyles)**
  - 4. Improve BOH/BOC relationship (agree on HD direction/plan) (short-term)**
  - 5. Rapid, flexible response force**
  - 6. Continuous trend data to measure progress**
- Align staff for strategic plan
  - All new infrastructure conform to active community design
  - CCPHD touches all health legislation
  - Develop comprehensive global interactive user-friendly web site.
  - Every school report weekly to the CD department within three years
  - Identify and educate every diabetic in Calhoun County within three years
  - Lose five tons of community weight
  - People understand how they are manipulated by mass media
  - Reportable disease surveillance system

Build task force for each objective. Volunteer each individual in the room to encourage volunteering in one of the above five outcomes. Tsoumas asked if we need to receive approval to move forward by the BOH/BOC. Present this draft document, review survey when complete, and take a second look at this draft if needed. Bolger suggested that a draft be presented to the BOC and a final presentation be presented once the survey is complete. Use survey as a supplement. In the meantime begin putting together tactical teams, and revisit once survey is complete.

Meeting adjourned: 4:07 p.m.