

Strategic Plan



2013-2018

Revised January 2015

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District Health Department #10

Healthy Communities Healthy People

Serving the counties of Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford

October 25, 2013

Dear Staff and Partners,

On behalf of District Health Department #10 and our Board of Health, I am proud to provide you with the agency's updated strategic plan. Included within this plan are our goals, objectives and strategies which will guide the agency from fiscal year 2013 through fiscal year 2018.

A strategic plan is viewed as a map which provides direction and focus to an organization. The District Health Department #10 (DHD#10) plan represents a dynamic, ongoing and work in progress plan for moving our agency into the future to meet our vision and carry out our mission. Responsibility for achieving the goals, objectives and strategies included in the plan will fall on each member of the DHD#10 team. This plan will contain the objectives and strategies necessary to demonstrate our commitment to quality, leadership, advocacy, and responsiveness towards improving the health of our residents and communities.

All of us at DHD#10 look forward to the challenge of implementing our strategic plan and working towards achieving our vision.

Sincerely,

Linda VanGills, MA
Health Officer
District Health Department #10

Introduction and Strategic Planning Process

On December 12, 2012, a group of 24 individuals, representing a cross section of DHD#10 and its Board of Health, met in the Wexford County office for a day-long meeting to begin the process of updating the agency strategic plan. As part of this process, participants reviewed past planning successes and failures and discussed what is needed for future success. Both an External Assessment, looking at environmental trends, events, or factors which have the potential to affect an agency and its strategies, and an Internal Assessment, SWOT Analysis (Strengths, Weaknesses, Opportunities and Threats) were completed.

Participants also reviewed the agency's current Vision, Mission and Core Values and made changes as deemed appropriate. These changes have since been supported by the staff and implemented. The final piece of data considered for the updated plan was the results from an employee opinion survey conducted by The Employers Association out of Grand Rapids. The opinion survey consisted of 72 survey and open ended questions designed to assess attitudes towards management effectiveness, working conditions, supervisory effectiveness, communication, compensation and benefits, quality and productivity, policies and practices, employee development and recognition, and quality of work life. The online survey was completed in February of 2013 with results provided back to DHD#10 in March. DHD#10 has completed this survey every five years since 2003 with the results from it being included as part of the strategic planning process. A summary of each year's survey results are included as *Appendix A*.

In March of 2013, a summary of the data and responses from the initial December meeting, as well as a summary of the survey results, were emailed to each member of the planning team for their review and comments. Between April and July, 2013, work on developing and refining the draft narrative document, strategic priorities, goals, objectives and strategies to be included in the plan was completed by the DHD#10 Leadership Team. Included on the Leadership Team were the Health Officer, Deputy Health Officer and Division Directors. This draft material was subsequently emailed to each of the planning team members for review prior to two teleconference meetings to get feedback on the material. On August 6 and 13 teleconferences were held with the planning team members to get their comments, input, suggested changes and concerns regarding the draft plan materials. Team members not able to participate on either call were asked to provide their comments via email. Following the calls, participants were given until August 21 to provide any additional input on the draft plan materials. Responses and input from the calls and email was included in a second draft plan which was emailed out to team members on September 6 for review and approval. Team members were given until September 18 to provide additional comments and/or approve the plan. Following approval by the team members, the plan was presented and adopted by the DHD#10 Board of Health at their October 25, 2013, meeting. A copy of the Board meeting minutes indicating this approval is included as *Appendix B*.

Agency Description

DHD#10 was formed in 1997 through the consolidation of District Health Department #1, District Health Department #5, the Manistee-Mason District Health Department and the Mecosta County Health Department. The health jurisdiction covered by the DHD#10 includes the counties of: Crawford, Kalkaska, Lake, Manistee, Mason, Mecosta, Missaukee, Newaygo, Oceana, and Wexford. An office is located in each county to facilitate easy access to services for clients. DHD#10 serves the largest geographical area of any health department in the state of Michigan and serves the 10th largest population in the state. The geographical service area of the agency is larger than the states of Delaware, Rhode Island, and Connecticut combined. Six divisions make up DHD#10 and include: Environmental Health; Personal Health; Women, Infants and Children (WIC); Health Promotion; Administrative Services; and Human Resources. Each of the Division Directors reports to the Health Officer, who is responsible for the daily operation of the agency. A full time Medical Director is also employed by the agency. DHD#10 is governed by a Board of Health, which is responsible for reviewing agency efforts and setting agency policy. The Board of Health is comprised of two county commissioners from each of the 10 counties making up the health jurisdiction.

Review of Past Planning Experiences

In initiating the strategic planning process, participants reviewed past planning experiences to identify what worked well and needed to be continued as well as what did and may in the future contribute to planning failures. Participant answers to four planning questions are included below and will be incorporated into the final plan. Participant responses in the following sections are worded as they were presented by participants.

1. What contributed to past planning successes?
 - *Management buying into the process*
 - *Willingness to allow everyone to contribute*
 - *Staff knowledgeable about the agency and its programs*
 - *The agency being ready for economic changes*
 - *Good new ideas being mixed with historical perspective*

2. What contributed to past planning failures?
 - *Not including all divisions in the process*
 - *Not involving all line staff*
 - *No one to monitor plan and projects*
 - *Lack of understanding about the final product*
 - *Not looking at community health assessment data*

3. What is necessary to support successful planning?

- *Coordination and communication on the plan*
- *Regular updates on the progress of the plan, have it become regular agenda item*
- *Assure that assessment data used for plan is current*
- *Agency leadership and staff committed to the plan*
- *Developing an evaluation plan*
- *Be realistic and achievable*
- *Solicit community feedback on our progress*

4. What is missing that needs to be included for success?

- *Plan to educate staff on the plan*
- *Review the plan regularly*
- *Strategic plan stays within the scope of public health practice*
- *Look beyond what we have done*
- *Consideration for how public health fits into health care reform*
- *Include staff and Board of Health in process*
- *Communicate the plan and public health*
- *Plan for population shifts*

Vision

A key component of strategic planning is the development of a future vision. This vision should reflect the agency's intentions, describe the way the organization will look in the future, and help to position the Department to achieve its goals. The strategic plan is then developed to move the organization from its current position toward this vision.

District Health Department #10's current vision was created in 2007 by the leadership team and subsequently approved by all staff and the Board. As part of the strategic planning process, the current vision was modified and approved by staff to reflect the current efforts of the agency.

Original Vision – Strong Communities through Healthy People

Revised Vision – Healthy People, Healthy Communities

Mission

The mission of an organization defines its purpose and communicates the goals of all the programs, services, and activities undertaken by it. As part of the strategic planning process, District Health Department #10, modified its mission statement slightly to better emphasize the agency's purpose and how it will achieve that purpose. The revised mission was subsequently approved by staff and the Board.

Original Mission – To promote and enhance the health of all individuals through education, prevention, intervention and protection of the environment.

Revised Mission – To promote and enhance the health of our communities and environment through protection, prevention and intervention.

Values

Core values go beyond what an organization does, and describe the core beliefs and attitudes that influence the way the organization conducts business. District Health Department #10's core values were approved by staff in 2005 and reviewed as part of the strategic planning process. No changes or modifications were made to the core values.

- *Accountability & Responsibility*
- *Customer Service*
- *Communication*
- *Integrity*
- *Positive Attitude*

External Assessment

An external assessment was completed by participants to gather data and input on the external factors, trends and events which may impact the agency. In completing this piece participants looked at the potential **Economic, Technological, Governmental, Socio-cultural and Future** factors which may affect the health department's direction and strategies as it moves forward. Participant responses to each of the factors are summarized and listed below.

Economic Factors

- *High unemployment*
- *Healthcare costs and accessibility*
- *Population shifts and changes*
- *Affordable housing*
- *Living wage jobs*
- *Transportation costs and accessibility*

Technological Factors

- *Access to on-line scheduling*
- *Texting vs. phone calls*
- *Social media*
- *Touch screens*
- *Portals to health data*
- *EMR's*
- *Young workforce wants current technology – costs of this*

Governmental Factors

- *Accountable Care Act – where does public health fit in*
- *Funding streams and options*
- *Utilizing best practices*
- *Unfunded mandates*
- *Repeal of personal property tax in Michigan*
- *Renewed focus on prevention*

Social-Cultural Factors

- *Urbanization*
- *Land use*
- *Water access*
- *Local foods*
- *Population shifts*
- *Emerging disease*
- *Health literacy*

Future Factors

- *Healthy behaviors*
- *Rural area development*
- *Funding*
- *Aging, competent workforce*
- *Weakened community – addressed through community leadership*
- *Changing technology*
- *Drug trends*
- *Youth engagement*
- *Access to affordable education*

Internal Assessment

As part of the internal assessment process a SWOT analysis was completed to look at the internal strengths and weaknesses of the agency as well as the environmental opportunities and threats impacting the organization. As part of the strategic planning process, data from the SWOT analysis will be used for the foundation in developing the final plan. Listed below are the top **Strengths, Weaknesses, Opportunities and Threats** facing the agency as determined and prioritized by planning participants.

Strengths

- *Variety & scope of services provided*
- *Very customer friendly agency*
- *Good employees and leadership*
- *Communication*
- *Upgrading communications internally*
- *Excellent, client centered service*
- *Flexible, try new things*

Weaknesses

- *Lack of marketing to community, positive branding*
- *Social media – lack of use by agency*
- *Communication*
- *Promotion of role of public health in community*
- *Don't plan well for change (training)*
- *Offices in 10 counties*

Opportunities

- *New focus on prevention*
- *Free advertising on social media*
- *Technology*
- *Accountable Care Act*
- *Contract with health plans*
- *Positioned for grant writing*

Threats

- *Privatization*
- *Flat/fluctuating funding*
- *Political environment*
- *Healthcare reform*
- *Redirection of funding by state/Feds.*

2015 Emerging Factors/Forces Which Could Impact Public Health

- **How Individuals Access Services**
- **Community Partners**
- **Immunization Levels**
- **Well Child Checks**
- **Emerging Diseases**
- **Staff Transitions, Longevity, Knowledge**

Employee Survey Results

In February, 2013, staff of DHD#10 completed a workplace opinion survey provide by the Employers Association out of Grand Rapids. The survey consists of 72 survey and open ended questions designed to assess attitudes towards the overall workplace environment. This is the third time since 2003 that agency staff has participated in this survey process. From the survey process the following three areas were identified as main focus areas for DHD#10.

- **Work to provide an environment which results in high levels of employee satisfaction**
- **Work to improve communication within the organization**
- **Address staff concerns over job performance**

Other issues expressed in the survey related to opportunities for advancement in the agency and salary and benefits.

As illustrated by the focus areas from the 2013 survey, and the prior years' results, communication continues to be identified as an area to work on. Strategies which have been implemented to address communication from the prior surveys have included the following. Emphasizing with staff that email will be the agency's primary means of communication and creating an expectation of when staff are expected to read and respond to messages. Creating a "Board Updates" document which provides a review of what was addressed at the meeting. This document is emailed to all staff following the monthly Board of Health meeting. Creating an "Administrative Update" document. This is emailed to all staff monthly and identifies by division what is happening within the agency. Finally, the implementation of a new 10 county phone system. While steps have been taken to address this area, the leadership team of DHD#10 recognizes that in a 10 county organization, communication will be a continuous challenge.

Strategic Priority Areas, Goals, Objectives and Strategies

From the data and responses gathered at the initial planning meeting and through the employee survey, the following strategic priorities for DHD#10 have been identified by the planning team.

1. Communicate the Strategic Plan
2. Educate and Promote Public Health
3. Identify where Public Health fits with Healthcare Reform
4. Explore and Implement Technology Opportunities
5. Assure Effective and Efficient work environments
6. Improve Communication within the Organization

In its effort to address these strategic priorities, DHD#10 has identified the following goals, objectives and strategies for its five year strategic plan. This plan will serve as a working document for the agency as it strives to achieve its vision and mission. Annual review and revisions to the plan will be made and communicated to staff, the community and partners and the Board of Health to illustrate how DHD#10 is achieving what it has committed to do.

Strategic Plan Goal #1: Maintain Excellence as a Public Health Agency

Objective	Responsible Party	Strategies
<p>Objective A: By December 31, 2014, October 1, 2015, achieve National Public Health Accreditation</p>	<p>All</p>	<p>Successfully achieve MDCH accreditation</p> <p>Identify accreditation team</p> <p>Complete PHAB orientation</p> <p>Educate staff on importance and purpose of pursuing accreditation</p> <p>Assign Domain lead staff</p> <p>Complete agency CHNA, CHIP, and Agency Strategic Plans</p> <p>Submit Statement of Intent to PHAB</p> <p>Educate staff on actual accreditation process</p> <p>Develop tracking system for agency accomplishments</p> <p>Submit application to PHAB</p> <p>Identify appropriate documentation to meet standards/measures</p> <p>Complete site visit</p>
<p>Objective B: By January 1, 2015, create an agency plan for improved communication with emphasis on communication between and within the divisions</p>	<p>Leadership</p>	<p>Review employee survey data</p> <p>Evaluate current communication strategies (email, phone, admin updates)</p> <p>Conduct employee focus group</p> <p>Evaluate plan accomplishments and areas for improvements annually</p>
<p>Objective C: By December 31, 2014, assure that an agency wide Performance Management system, which incorporates QI, exists within DHD#10</p>	<p>Leadership, Quality Improvement Team</p>	<p>Finalize agency QI plan</p> <p>Create Performance Management/QI Team</p> <p>Provide/attend training on Performance Management systems for directors and staff</p> <p>Directors incorporate performance management strategies into division goals</p> <p>Review current evaluation and disciplinary processes</p> <p>Establish QI resources on agency intranet</p> <p>Develop tracking systems for completed projects</p>
<p>Objective D: By June 30, 2014, develop and implement a workforce development plan for the agency</p>	<p>HR, Directors</p>	<p>Research plan development tools and templates</p> <p>Educate staff on core competencies</p> <p>Educate Division Directors on plan</p> <p>Review current training plans and determine if adequate</p> <p>Assess staff training needs</p> <p>Review 2013 Employer Survey data</p> <p>Complete Employer Survey in 2018</p> <p>Pursue funding opportunities (MMRMA) for trainings and plan strategies</p> <p>Review plan annually</p>

<p>Objective E: By September 30, 2018, annually provide four educational opportunities to BOH members to expand knowledge of public health purpose and practice. (These opportunities would be provided at lunch and learns following regular BOH meetings)</p>	<p>Health Officer, Deputy Health Officer, Directors</p>	<p>Utilize NALBOH webinars for training Incorporate NALBOH BOH Governance Functions into training</p>
<p>Objective F: By September 30, 2018, annually assure the incorporation of "best practices" or "evidence based" strategies into agency programming efforts</p>	<p>Leadership</p>	<p>Provide training opportunities on evidence based or best practice strategies Directors incorporate evidence based or best practices into division goals Utilize "The Community Guide", Healthy People 2020, and the County Health Rankings material strategies into program development Utilize the University of Kansas Community Toolbox to research evidence based or best practices (http://ctb.ku.edu) Utilize CQI process to evaluate health outcomes and program efficiencies</p>
<p>Objective G: By June 30, 2014, June 30, 2015, develop and implement an agency wide technology plan to enhance the provision of public health services throughout the health jurisdiction</p>	<p>MIS, Leadership</p>	<p>Evaluate existing technology plan Identify current gaps and weaknesses Survey staff on technology needs Provide training opportunities to staff on technology Develop GIS Implementation Plan Initiate fiber connections to offices Switch to a Microsoft Platform</p>
<p>Objective H: By December 31, 2015, assess DHD#10's current Incident Command System structure</p>	<p>Health Officer, Deputy Health Officer, Directors, EPC</p>	<p>Review the DHD#10 Incident Management Guidelines Identify staff for each Incident Management Team position (three deep) Determine if specialized Incident Management Teams are needed Explore Incident Management Team staff training opportunities</p>
<p>Objective I: By December 31, 2015, review the DHD#10 current organizational structure</p>	<p>Health Officer, Deputy Health Officer, Directors</p>	<p>Complete SWOT Analysis with Leadership Team Review current employee opinion survey results Share SWOT data with Managers, Supervisors, and Coordinators for input Discuss need for changes with Leadership Team based upon data Create and share plan for change with staff Evaluate changes Develop timeline for future review process</p>

Strategic Plan Goal #2: Improve the Health Status of Residents

Objective	Responsible Party	Strategies
<p>Objective A: By December 1, 2013, implement the DHD#10 Community Health Improvement Plan within the health jurisdiction</p>	<p>Leadership</p>	<ul style="list-style-type: none"> Directors educate staff on plan Directors include plan strategies into divisional goals Educate community and partners on DHD#10 plan Place plan on agency website Assure plan components are included in community coalitions and collaborative groups planning process Assure integration of plan with hospital partners plans Annually review plan and provide status updates to staff, partners, community and Board
<p>Objective B: By September 30, 2014, September 30, 2016, assure development of collaborative relationships with healthcare service providers and health plans</p>	<p>Health Officer, Deputy Health Officer, Directors</p>	<ul style="list-style-type: none"> Identify appropriate service providers and health plan Identify appropriate public health services to market and promote Schedule meetings with service providers and health plans Secure contracts or agreements with providers/plans Utilize innovative strategies to improve health outcomes in the jurisdiction
<p>Objective C: By January 1, 2014, January 1, 2016, develop a plan for how DHD#10 will integrate into Health Care Reform</p>	<p>Health Officer, Deputy Health Officer, Directors</p>	<ul style="list-style-type: none"> Participate in health care reform training opportunities Facilitate discussion with partners on collaboration Provide community/partner education on components of health care reform utilizing Michigan Consumers for Health Care and Enroll America staff Educate staff on plan and health care reform pieces impacting public health Identify appropriate staff for community outreach opportunities Provide Navigator and Application Counselor services within the jurisdiction
<p>Objective D: By April 30, 2017, establish two regional laboratories (Ludington and Cadillac) for the analysis of bacterial and nitrate levels in drinking water</p>	<p>Health Officer, Environmental Health Director</p>	<ul style="list-style-type: none"> Develop implementation plan covering equipment needs, space requirements, proposed costs and estimated revenue Initiate conversation with MDEQ on certification requirements for laboratories Purchase equipment Develop quality assurance plan and policy manual Develop and/or explore purchasing software for record keeping Develop forms for tracking sample analysis and public use Assign staff to laboratories Purchase supplies Obtain MDEQ certification Test mailing time Develop and activate plan to advertise and encourage use of laboratories

Strategic Plan Goal #3: Engage Communities to Identify and Solve Health Problems

Objective	Responsible Party	Strategies
<p>Objective A: By September 30, 2018, create a Community Health Assessment and Community Health Improvement Plan</p>	<p>Health Promotion</p>	<p>Review current CHNA and CHIP Explore collaboration with partners for documents development Identify appropriate data for inclusion on documents Form steering committee Gather appropriate secondary data (BRFS, County Health Rankings, MIPHY, etc.) Gather primary data as necessary</p>
<p>Objective B: By September 30, 2018, assure that annually relationships with community partners are fostered and maintained</p>	<p>Health Officer, Deputy Health Officer, Directors, Staff</p>	<p>Continue to facilitate hospital partners CHNA and CHIP development meetings Participate on hospital partner steering committees Explore collaborative opportunities for CHNA and CHIP development Provide training opportunities to partners Assure active participation in health coalitions and collaborative groups Maintain existing Chamber memberships (Cadillac and Ludington) Explore additional Chamber membership opportunities</p>
<p>Objective C: By December 31, 2015, identify requirements to be designated as an Academic Public Health Department</p>	<p>Health Officer, Deputy Health Officer</p>	<p>Identify staff to lead initiative Discuss initiative with Central Michigan University and Ferris State University Formalize relationships with universities Explore and identify designation requirements Implement process Evaluate process and initiate necessary changes/modifications</p>

Appendices

A. Summary of Employee Survey Results

B. Board of Health Meeting Minutes

