

# MONROE COUNTY HEALTH DEPARTMENT

STRATEGIC PLAN 2020-2024



# ACKNOWLEDGEMENTS



**The following groups contributed to the development of this Strategic Plan:**

MONROE COUNTY HEALTH DEPARTMENT STAFF

MONROE COUNTY BOARD OF HEALTH

COLLABORATIVE TRAINING NETWORK, LLC

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# STRATEGIC PLAN PROCESS



## STRATEGIC PLAN DEVELOPMENT STEPS

- ✓ The planning process began in May 2020, after an unplanned, three-month delay due to the COVID-19 Pandemic.
- ✓ The Monroe County Administrator and Accreditation Coordinator (the planning team) were the primary facilitators of the planning process, while working closely with the contractor, the Collaborative Training Network. The planning team met regularly (see Coordinated Meetings and Purpose List in Appendix A) with the Collaborative Training Network to provide feedback and identify stakeholders (see Strategic Plan Stakeholder List in Appendix B) to engage in the process.
- ✓ Public Health Accreditation Board (PHAB) and National Association of City and County Health Officials (NAACCHO) resources were used to ensure compliance with accreditation requirements.
- ✓ It was determined by the planning team that the existing Monroe County Health Department Vision, Mission, and Values were to remain unchanged from the 2015–2019 Strategic Plan.
- ✓ The following documentation was reviewed and considered during development of the priorities, goals, and objectives of the plan: MCHD Strategic Plan 2015–2019, Community Health Improvement Plan, Community Health Assessment, MCHD Quality Improvement Plan Draft July 20, 2017, MCHD Workforce Development Plan, MCHD Communication Plan, Branding Policy, and Emergency Communications Plan (see List of Data Sources and Documentation in Appendix C).
- ✓ The current strategic plan represents the careful integration of the Quality Improvement Plan, and the CHA and CHIP plans that have been completed over the past several years.



- ✓ Between July 14–24, 2020, an online survey, including the draft priorities, goals, ideas for objectives, and a SWOT analysis (Strengths, Weaknesses, Opportunities & Threats), was shared with MCHD staff and Board of Health members (see Summary of SWOT Feedback in Appendix D).
- ✓ Following the survey review period, the Collaborative Training Network and the planning team reviewed and analyzed feedback. A series of five online video conferences were held in July–August 2020 to discuss the summary of feedback and offer suggestions for additions.
- ✓ Between November 9–18, 2020, an online survey including all priorities, goals, objectives, and action steps was shared with MCHD Staff and Board of Health members.
- ✓ Two video discussion sessions were offered during the review time between November 9–18, offering a time to provide verbal feedback as well. Individual appointments with the contractor were also made available.
- ✓ Following the survey review period, the Collaborative Training Network and the planning team reviewed and incorporated staff and Health Board feedback into the plan.
- ✓ The planning team finalized the document in January/February 2021 and presented it for Board of Health approval in March 2021.



# MONROE COUNTY HEALTH DEPARTMENT: VISION, MISSION, AND VALUES

## VISION

Leading and partnering to create a healthier and safer Monroe County community.

## MISSION

The mission of the Monroe County Health Department is to protect, promote, and improve the health of all people in Monroe County.

## VALUES

The following five core values, identified in 2015, are the Monroe County Health Department's organizational approach to work:

**Accountability:** We value reliability (trustworthiness) and willingness to accept responsibility, both individually and in teams.

**Empowerment:** We value the sharing of information and tools to allow individuals and organizations the ability to act on issues they define as important.

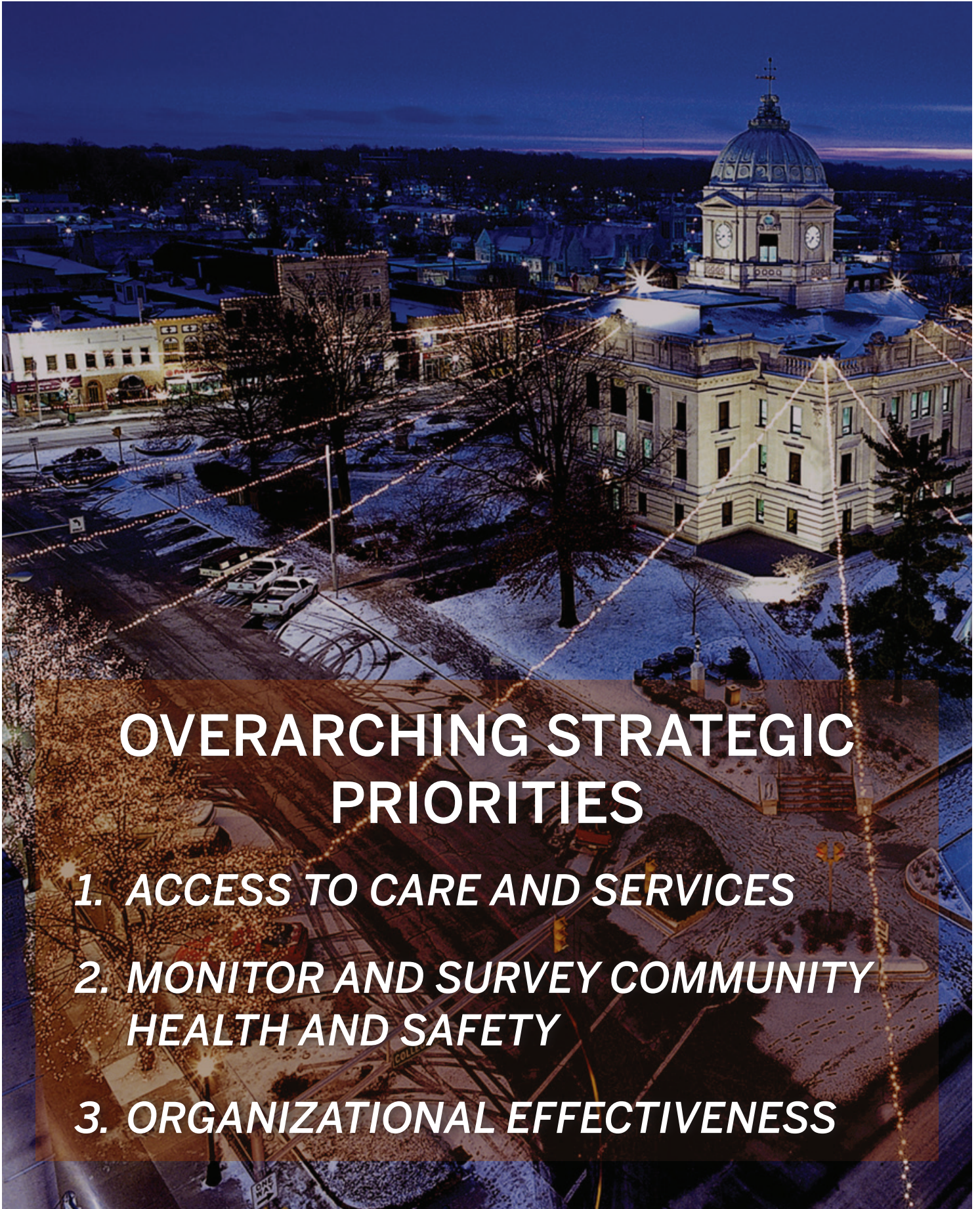
**Excellence:** We value dedication, continuous learning, and use of best practices in providing public health services.

**Professionalism:** We value skill, good judgement, self-regulation, education, and high standards in service to the public.

**Respect:** We value politeness, punctuality, and reliability as a means of being courteous, recognizing diversity, and acknowledging differences.







# OVERARCHING STRATEGIC PRIORITIES

- 1. ACCESS TO CARE AND SERVICES***
- 2. MONITOR AND SURVEY COMMUNITY HEALTH AND SAFETY***
- 3. ORGANIZATIONAL EFFECTIVENESS***



# GOALS, OBJECTIVES, AND ACTIONS

## PRIORITY 1: ACCESS TO CARE AND SERVICES

**GOAL 1: Support local efforts to prevent, address, and limit development of chronic disease in the Monroe County community.**

### OBJECTIVES

**1.1.1. As part of CHART, continue to oversee and guide CHIP Chronic Disease Team in developing, selecting, and implementing goals, objectives, and strategies to reduce chronic disease rates in the community.**

ACTION	WHO	TIMEFRAME	RESOURCES	INDICATORS
Facilitate occurrence of CHIP team meetings	Admin Health Education	2022	Staff time	Meeting notes
Document services and facilities that were used as resources to support reduction of chronic disease	Admin Health Education	2022	Staff time	Meeting notes

**1.1.2. Increase social media posts related to chronic disease services to two posts per month.**

ACTION	WHO	TIMEFRAME	RESOURCES	INDICATORS
Collect social media content at bi-monthly Division meetings	Admin Division Leads	Jan. 2021, ongoing	Staff time	Meeting notes
Post information on Facebook and Twitter	Admin Futures Health Education	Jan. 2021, ongoing	Staff time	Social media posts

**1.1.3. Develop at least three sets of community education materials on trending and ongoing health concerns, for distribution to community partners and on social media.**

ACTION	WHO	TIMEFRAME	RESOURCES	INDICATORS
Research and develop resources	Health Education Environmental Emergency Prep.	Jan. 2021, ongoing	Staff time	Education materials
Share on Facebook, Twitter, other appropriate media sources and with community partners	Admin Health Education Futures Emergency Prep. Environmental	Jan. 2021, ongoing	Staff time	Social media posts

## **PRIORITY 1: ACCESS TO CARE AND SERVICES**

**GOAL 2: Support local efforts working to reduce stigma surrounding substance abuse and mental health in the Monroe County community.**

### **OBJECTIVES**

**1.2.1. As part of CHART, continue to oversee and guide CHIP Substance Use/Mental Health Team in developing, selecting, and implementing goals, objectives, and strategies to reduce substance use/mental health issues within the community.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Facilitate the occurrence of CHIP team meetings	Admin Health Education	2022	Staff time	Meeting notes
Document services and facilities that were used as resources to support reduction of substance use/mental health issues	Admin Health Education	2022	Staff time	Meeting notes

**1.2.2. Increase social media posts related to substance abuse and mental health services to two posts per month.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Collect social media content at monthly Division meetings	Admin Health Education Environmental Emergency Prep. Vital Records Futures	Jan. 2021, ongoing	Staff time	Meeting notes
Post information on Facebook and Twitter	Admin Health Education Futures	Jan. 2021, ongoing	Staff time	Social media posts

**1.2.3. By December 2021, conduct an assessment to determine how well the department is represented within community task forces, coalitions, etc., related to substance abuse and mental health.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assemble team to review existing lists/identified partnerships from previous strategic plan	Health Education	Sept. 2021	Staff time	List
As a team, research any new task forces or coalitions and add to the list	Health Education	Sept. 2021–Oct. 2021	Staff time	List
Annually review and prioritize health department representation on coalitions/task forces based on availability and job responsibilities	Health Education	By Dec. 2021	Staff time	Meeting notes

**1.2.4 By December 2024, conduct a minimum of three educational events that focus on increasing knowledge and understanding about substance use and mental health disorders.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Work with community partners to review educational events for potential participation	Admin Health Education	June of each year	Staff time	Meeting notes, emails
Select events and have staff participate	Admin Health Education	As events happen	Staff time	Meeting agendas and minutes, press releases, event flyers





## PRIORITY 1: ACCESS TO CARE AND SERVICES

**GOAL 3: Support local efforts to increase access to care, services, and community resources through policy development, advocacy, and education.**

### OBJECTIVES

**1.3.1. As part of CHART, continue to oversee and guide CHIP Basic Needs Team in developing, selecting, and implementing goals, objectives, and strategies to improve access to basic needs within the community.**

ACTION	WHO	TIMEFRAME	RESOURCES	INDICATORS
Facilitate the occurrence of CHIP team meetings	Admin Health Education	2022	Staff time	Meeting notes
Document services and facilities that were used as resources to support the improvement of access to basic needs	Admin Health Education	2022	Staff time	Meeting notes

**1.3.2. By 2021, partner with Community Justice and Mediation Center and community partners to identify ways of connecting and contributing to efforts that address racism, ethnic disparities, and health inequities in Monroe County.**

ACTION	WHO	TIMEFRAME	RESOURCES	INDICATORS
Consult with CJAM and community representatives to identify best techniques for reaching Monroe County underserved community	Health Education	June 2022	Staff time	Meeting notes
Identify best practices for connecting target populations with needed services	Health Education	June 2022	Staff time	Report of best practices
Implement survey within two HD services that helps identify practices that may contribute to racism, ethnic disparities or health inequities	Health Education	Dec. 2022	Staff time	Survey, survey results
The Board of Health will develop report to share survey data and gather guidance about next steps from CJAM and/or other community partners	Board of Health	Mar. 2023	Board time, Staff time	Report
Health Board to share report and recommendations of changes to practices that contribute to racism, ethnic disparities or health inequities	Board of Health	June 2023	Staff time, board meeting	Meeting minutes, board actions
Implement at least one best practice identified through the report	Health Education Related Division	Dec. 2023	Staff time	Report on best practice used

*\*Note: Disparity is the quantity that separates a group from a reference point on a particular measure of health that is expressed in terms of a rate, proportion, mean, or some other quantitative measure. (Healthy People 2010). Inequity is a difference in the distribution or allocation of a resource between groups (usually expressed as group specific rates) (cdc.gov).*

**1.3.3. Increase social media posts related to basic needs (health screenings, health insurance, transportation, shelter, safety, healthy relationships, clothing, hygiene-related, food, childcare, recreational activities) services to two posts per month.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Collect social media content at monthly Division meetings	Division Leads	Jan. 2021, ongoing	Staff time	Meeting notes
Post information on Facebook and Twitter	Admin Health Education Futures	Jan. 2021, ongoing	Staff time	Social media posts

**1.3.4. By December 2022, identify gaps in delivery of services for non-English speaking populations utilizing health department services.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assemble a team to develop and implement the gap analysis assessment	Admin	Jan. 2022	Staff time	List of team members
Utilize gap analysis to identify potential gaps in serving non-English speaking populations		June 2022	Staff time	Report of best practices
Identify boards, committees, task forces, and services that serve minority & non-English speaking populations	Appointed team	Jan. 2022–June 2022	Staff time	Meeting notes, list of potential gaps in service delivery to non-English speaking populations
Engage organizations to assist in selecting strategies to address identified gaps in service provision	Appointed team	Jan. 2022–June 2022	Staff time	List of boards, committees, task forces, and services to engage for assistance
Develop action plan to implement selected strategies	Appointed team	June 2022–Dec. 2022	Staff time	List of selected strategies
Implement at least one best practice identified through the report	Appointed team	Dec. 2022	Staff time	Action Plan

## **PRIORITY 2: MONITOR AND SURVEY COMMUNITY HEALTH AND SAFETY**

**GOAL 1: Update and improve monitoring strategies to identify community health and safety threats.**

### **OBJECTIVES**

**2.1.1. Disease Intervention Division will increase STD/HIV testing, following the challenges of the COVID-19 pandemic, by 5% each year following 2020.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Document testing rates	DIS	April of each year	Staff time	Documented in Annual Report

**2.1.2. Harm Reduction program staff will increase HIV testing, following the challenges of the COVID-19 pandemic, by 3% each year following 2020.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Document testing rates	Health Education	April of each year	Staff time	Documented in Annual Report

**2.1.3. Beginning 2021, staff will document surveillance alerts to supervisors using bi-weekly tally sheets highlight section.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Staff document surveillance alerts	All staff	Jan. 2021, ongoing	Staff time	Documented in highlight section

**2.1.4. By January 2021, staff will provide a weekly update on COVID-19 regarding trends and surveillance to elected officials (as long as under pandemic status).**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Establish reporting items and process	Admin	Jan. 2021, ongoing	Staff time	Weekly update

**2.1.5. By June 2021, submit a feasibility report to the Health Board regarding a rental property complaint program.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Review and assess feasibility data	Environmental	March 2021	Staff time	Data sets reviewed
Write summary report	Environmental	June 2021	Staff time	Completed report
Submit summary report to Health Board	Environmental	June 2021	Staff time, board meeting	Meeting minutes, board actions and final decision on addition of rental property services



**2.1.6. By May 31, 2021, Environmental staff will fully integrate the new permitting system into the wastewater system.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Review needed components of new permitting system	Environmental	Feb. 2021–May 2021	Staff time	Meeting notes
Revise permitting process based on new permitting system	Environmental	May 2021	Staff time, current Standard Operating Guidelines	Updated Standard Operating Guidelines, permitting system that is operational



## **PRIORITY 2: MONITOR AND SURVEY COMMUNITY HEALTH AND SAFETY**

**GOAL 2: Implement methods to document the impact of food safety and environmental health activities.**

### **OBJECTIVES**

**2.2.1. Foods Division to collaborate with community partners on a minimum of four annual events to engage public in educational and advocacy activities.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Research potential community opportunities	Environmental (Foods)	Jan. 2021, ongoing	Staff time	List of partners
Participate in four events annually	Environmental (Foods)	Ongoing	Staff time	Event outline

**2.2.2. Increase technical assistance to facilities that are closed during routine inspections by at least 10% per year.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Document technical services provided	Environmental	Jan. 2021, ongoing	Staff time	Inspection files
Document follow-up inspections	Environmental	Jan. 2021, ongoing	Staff time	Inspection files

**2.2.3. By December 2021, Environmental staff will assess the root causes of closures and document the type of technical assistance and/or education provided to facilities upon closures.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Create yearly log of reason for closure and type of technical assistance (TA) provided	Environmental	Jan. 2021, ongoing	Staff time	Yearly Log
Prepare quarterly summary outlining types of closures and TA provided	Environmental	April 2021, ongoing	Staff time Pool inspections Pool Closure Log	Quarterly reports
Review quarterly reports to identify reasons for closures and determine possible root causes	Environmental	Dec. 2021, ongoing	Staff time Quarterly reports	Summary report Annual Report
Research possible root causes to identify appropriate mitigation	Environmental	Dec. 2021, ongoing	Staff time	Summary Report

**2.2.4. By December 2022, Environmental staff will evaluate closures by comparing inspection reports pre-closure and post-technical assistance.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Create outline for comparison	Environmental	March 2022–June 2022	Staff time	Outline
Review all closures and post- technical assistance	Environmental	June 2022–Dec. 2022	Staff time	Review documents
Assess inspections to see if closure occurred for repeat violation	Environmental	June 2022–Dec. 2022	Staff time Inspection reports	Inspection summary
Align new procedures to reflect potential changes	Environmental	Dec. 2022	Staff time	Updated reporting procedures

**2.2.5. By June 2021, assess and identify barriers to implementation of the integration of the Indiana State Department of Health and the MCHD food inspection software.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Research & document barriers	Environmental (Foods)	Jan. 2021–Feb. 2021	Staff time	Meeting notes
Foods Division discusses barriers with Administrator	Environmental (Foods)	March 2021	Staff time	Summary to Admin

**2.2.6. By 2022, develop updated timeline and process to integrate Indiana State Department of Health and MCHD food inspection software.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Create updated timeline	Environmental (Foods)	Dec. 2022	Staff time	Timeline





## **PRIORITY 3: ORGANIZATIONAL EFFECTIVENESS**

### **GOAL 1: Identify and implement systems to improve organizational efficiency and capacity.**

#### **OBJECTIVES**

**3.1.1. By June of 2021, advocate to Health Board to make request for additional staff positions to County Council that will increase organizational capacity to respond to urgent health threats, to be included in the 2022 budget.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Prepare and submit job descriptions to Health Board	Admin	Jan. 2021–April 2021	Staff time	Job descriptions, meeting notes
Prepare and submit job descriptions to PAC	Admin	Jan. 2021–June 2021	Staff time, board meeting, salaries	Meeting minutes

**3.1.2. During County Council budget hearings, advocate for all job classifications and wages to be evaluated.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Review position responsibilities in order to identify changes that could impact classification	Admin Division Leads	Annually in March–April	Staff time	Meeting minutes
Advocate for identified departmental needs to County Council during budget hearings	Admin	Annually during budget hearings	Staff time	Identified needs, council minutes

**3.1.3. By 2021, determine available options for online payment system.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assemble a team with representation from impacted Divisions	Admin	Jan. 2021–April 2021	Staff time	Meeting minutes
Identify online option that is approved by State Board of Accounts	Appointed team	May 2021	Staff time	List of payment options

**3.1.4. By 2022, determine available options for scheduling of services online.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assemble a team with representation from impacted Divisions	Admin	Jan. 2022–April 2022	Staff time	Meeting minutes
Create list of online scheduling services	Appointed team	May 2022	Staff time	List of all scheduling services
Team to select two best options and advocate for implementation	Appointed team	June 2022	Staff time	List of two options for scheduling of services, Summary Report of advocacy efforts

**3.1.5. Starting 2021, increase number of staff meetings to once per quarter to enhance departmental communication.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Create survey to identify specific department communication needs, from staff’s perspective	Admin Staff	Feb.–March 2021	Staff time	Survey
Create and schedule meetings based on identified needs	Admin Staff	April 2021–Sept. 2021	Staff time	Meeting outline

**3.1.6. By November 2023, department will have all documents ready for public health accreditation.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Check dates on all reports and plans to ensure they meet accreditation requirements	Health Education	June 2022–Dec. 2022	Staff time	Accreditation documentation
Develop list of potential funding sources	Admin Health Education	Oct. 2021	Staff time	List of funders
Present accreditation plan to Health Board for approval to move forward	Admin Health Education	Oct. 2022	Board meeting, staff time	Meeting minutes
Health Board will determine accreditation appropriation for 2023 budget	Admin	July 2022	Staff time, potential funding	Funding award
Identify and obtain other funding for accreditation application process as needed	Admin	Sept. 2022	Staff time, potential funding	Meeting minutes as needed
Submit documents to Public Health Accreditation Board (PHAB)	Health Education	Dec. 2023	Staff time	Confirmation of submission

**3.1.7. By December 2023, assess and evaluate remaining technology needs after full integration of electronic permitting system.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assign staff member to serve on County Permitting Software Team	Admin	Dec. 2021	Staff time	Meeting minutes



### **PRIORITY 3: ORGANIZATIONAL EFFECTIVENESS**

**GOAL 2: Ensure that quality improvement measures continue to be a part of regularly scheduled department meetings, job duties, and functions.**

#### **OBJECTIVES**

**3.2.1. By 2021, request that quality improvement (QI) practices are added to all staff job descriptions.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Prepare and submit request to County Council to add QI language to all Health staff job descriptions	Admin	July 2021	Staff time	Meeting notes

**3.2.2. By 2021, request that public health accreditation duties are added to all staff job descriptions.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Prepare and submit request to County Council to add accreditation language to all Health staff job descriptions	Admin	July 2021	Staff time	Meeting notes

**3.2.3. Beginning in 2021, schedule regular staff reviews that include professional goals, identified needs, and identified challenges.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Admin/Managers research and identify best practices for staff coaching/goal setting/review	Admin Managers	Jan. 2021–Dec. 2021	Staff time	Staff review process
Admin/Managers schedule formal staff coaching/goal setting/review, minimum of one per year	Admin Managers	Jan. 2022, ongoing	Staff time	Completed reviews
Staff reviews to be shared & discussed with Administrator at least annually	Admin Managers	Annually by Dec.	Staff time	Meeting notes, Administrator approval

**3.2.4. By 2022, assess and identify available options for online complaint management system that each Division can easily access.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assemble a team to assess current system and determine needed features	Admin	Feb.–Mar. 2022	Staff time	Meeting notes
Create list of options for new complaint system	Appointed team	April–Sept. 2022	Staff time	List of options
Implement new complaint system	Appointed team	Oct. 2022	Staff time, potential funding	New complaint system



**3.2.5. By December of 2022, implement a comprehensive Communication Plan.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Collect information for Communication Plan	Admin Health Education	Jan.–June 2022	Staff time	Files
Write Communication Plan & implement	Admin Health Education	Dec. 2022	Staff time	Communication plan

**3.2.6. By December of 2022, review and update the Branding Policy.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Review Branding documents and research best practices	Admin Health Education	Jan.–June 2022	Staff time	Files
Gather feedback from Board of Health and staff	Admin Health Education	July 2022–Dec. 2022	Staff time	Feedback
Update documents & implement	Admin Health Education	Dec. 2022	Staff time	Branding policy

**3.2.7. Annually review and schedule updates of CHIP, CHA, Strategic Plan, Communications, and QI plans.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Set biannual schedule to review plans, dates, and needed revisions	Admin Health Education	Annually in Feb. and Nov.	Staff time	Updated plans



## **PRIORITY 3: ORGANIZATIONAL EFFECTIVENESS**

### **GOAL 3. Provide opportunities to increase leadership and advocacy skills for public health professionals.**

#### **OBJECTIVES**

**3.3.1. By 2024, assess staff involvement in community coalitions based on identified public health needs.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
As part of biannual staff reviews, collect information related to staff involvement in community coalitions	Admin Division Leads	Biannually, during staff reviews	Staff time	List of community coalitions & who's involved

**3.3.2. Beginning in 2021, once annually, schedule cross-training between Divisions.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Expand departmental knowledge through limited cross-training	Admin	Annually	Staff time	Meeting notes
Select dates/time	Admin	Annually	Staff time	Meeting notes

**3.3.3. By December 2023, staff will work with Health Board to develop format for staff report.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Survey Health Board regarding how they would like to get monthly and/or quarterly information	Admin	Oct. 2023	Staff time	Survey, meeting notes
Determine best method and format	Health Board Admin	Dec. 2023	Staff time	New format of materials

**3.3.4. Continue to offer the resources for staff to participate in at least one professional development opportunity annually.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
Assess current process for requesting conferences/trainings for professional development based on equity, job requirements, and funding	Admin Financial Mgr.	Mar. 2022	Staff time, funding	Staff review documents
Evaluate how to integrate multiple tracking systems for professional development opportunities	Admin Financial Mgr.	Dec. 2022	Staff time	List of professional development opportunities

**3.3.5. During bi-monthly Division meetings, all Division Leads will identify 3 social media topics each.**

<b>ACTION</b>	<b>WHO</b>	<b>TIMEFRAME</b>	<b>RESOURCES</b>	<b>INDICATORS</b>
All staff come prepared to Division meetings with topic ideas	Admin Division Leads	Jan. 2021, ongoing	Staff time	Meeting notes
Collect social media content at monthly Division meetings	Admin Division Leads	Jan. 2021, ongoing	Staff time	Meeting notes

# IMPLEMENTATION AND MONITORING

## MONITOR & EVALUATE PROGRESS

- Review progress and gather support at regularly scheduled staff meetings/board meetings.
- Use a calendar system to track completion.
- Every person on staff should have at least one objective that they can champion.

## USE QI PLAN TO IMPROVE PROCESS & OUTCOMES

- Incorporate at least quarterly reviews and ‘cross walks’ of the QI Plan and Strategic Plan.
- Re-evaluate action steps by asking the staff “What is your biggest challenge in completing these actions?” and “What does support look like to you?”



## MAINTAIN FLEXIBILITY & BE OPEN TO NEW OPPORTUNITIES

- The strategic plan is a living document and just as staff members adjust to changing priorities and resources, the plan must also adapt.
- Confronting long-term issues, despite the feelings of busyness, will be critical in the successful implementation of the plan.

## COMMUNICATE & CELEBRATE RESULTS

- Share success and implementation of action steps with partners and board members
- Remind the public, through social media, about the priorities and goals of the department. Celebrate the completion of action steps by sharing it publicly.

## REVISE & UPDATE THE PLAN

- Be prepared to replace or edit objectives. The goals may stay the same, but the strategies used to accomplish the goals may need to change based on funding, mandated priorities, or new partnerships.
- Revise the plan as necessary and use regularly scheduled staff meetings as a way to garner support for the revision/update of the plan.

*Graphic based on: Developing a Local Health Department Strategic Plan: A How-To Guide, Last Updated: 6 November 2020 Document provided by National Association of County and City Health Officials <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf>*





# APPENDICES



MONROE COUNTY  
HEALTH DEPARTMENT

STRATEGIC PLAN 2020 - 2024

**APPENDIX A: COORDINATED MEETINGS AND PURPOSE**

<b>Date</b>	<b>Meeting Purpose</b>	<b>Attendees</b>	<b>Venue</b>
June 11, 2020	Discuss what success looks like, links to QI plan, feasibility, incorporating all divisions of HD, and overall seeing stronger emphasis on internal effectiveness	Planning Team & CTN	Google Meets video call
June 25, 2020	Determined meeting dates for staff and board in July, discussed priorities, goals, and ideas for objectives	Planning Team & CTN	Google Meets video call
July 9, 2020	Reviewed final draft of priorities and goals before releasing survey	Planning Team & CTN	Google Meets video call
July 14, 2020	Touched base about questions related to video engagement	Planning Team & CTN	Google Meets video call
July 23, 2020	Reviewed preliminary survey results, confirmed video conferencing approach	Kathy Hewett & CTN	Google Meets video call
July 14–July 24, 2020	Survey: MCHD Staff and Board of Health review draft goals and ideas for objectives	MCHD Staff & Board of Health Members	Google Online Survey
July 27, 2020 12-1:15pm	Discuss feedback on goals and ideas for objectives	MCHD Staff & Board of Health Members	Google Meets video call
July 28, 2020 8:30-9:45am	Discuss feedback on goals and ideas for objectives	MCHD Staff & Board of Health Members	Google Meets video call
July 28, 2020 2:30-3:45pm	Discuss feedback on goals and ideas for objectives	MCHD Staff & Board of Health Members	Google Meets video call
July 29, 2020 8:30-9:45am	Discuss feedback on goals and ideas for objectives	MCHD Staff & Board of Health Members	Google Meets video call
August 3, 2020 12-1:25pm	Discuss feedback on goals and ideas for objectives	MCHD Staff & Board of Health Members	Google Meets video call
August 6, 2020	Discuss feedback on goals and ideas for objectives	Planning Team & CTN	Google Meets video call
August 20, 2020	Reviewed draft objectives so far	Kathy Hewett & CTN	Google Meets video call

September 9, 2020	Reviewed objectives that had been vetted by Kathy & Penny	Planning Team & CTN	Google Meets video call
October 28, 2020	Reviewed full action plan, discussed approach for next staff and board engagement	Planning Team & CTN	Google Meets video call
November 9, 2020	Discussed a few action items and objectives to make it more measurable	Kathy Hewett & CTN	Telephone call
November 10-19, 2020	Survey: MCHD Staff and Board of Health review draft goals, objectives, and action plan	MCHD Staff & Board of Health Members	Google Online Survey
November 16, 2020 12-1pm	Optional time for feedback and discussion on draft plan with action steps	Optional invite to: MCHD Staff & Board of Health Members  (2 attendees)	Google Meets video call
November 18, 2020 9-10am	Optional time for feedback and discussion on draft plan with action steps	Optional invite to: MCHD Staff & Board of Health Members  (1 attendee)	Google Meets video call
November 20, 2020	Review feedback from survey	Planning Team & CTN	Zoom video call
December 1, 2020	Review feedback from survey	Planning Team & CTN	Zoom video call
January 15, 2021	Discussed final edits to language and action items before document was sent to layout and design	Kathy Hewett & CTN	Zoom video call
March 2021	Seek Board of Health Approval	MCHD Board of Health	Video conference



**APPENDIX B: MCHD STRATEGIC PLAN STAKEHOLDER LIST**

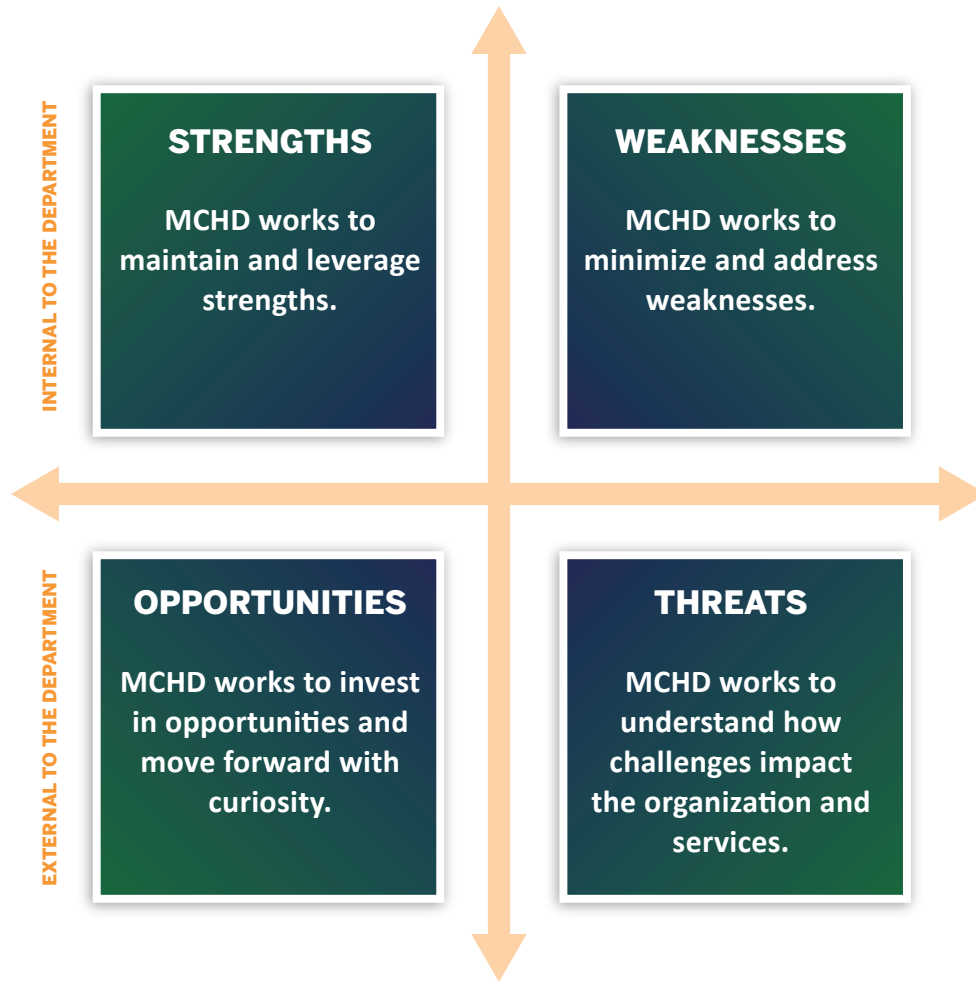
<b>Department-Section</b>	<b>Role</b>	<b>Last Name</b>	<b>First Name</b>
<b>Administrative</b>	Health Commissioner	Sharp, M.D.	Thomas
	Administrator	Caudill	Penny
	Assistant	Bormann	Ashlie
<b>Environmental-Foods</b>	Chief Food Sanitarian	Wagner	Nicole
	Food Sanitarian	Brown	Jessica
	Food Sanitarian	Kuzemka	Michael
<b>Environmental-General</b>	Sr. Environmental Sanitarian	Baker	Simeon
	Environmental Sanitarian	Clark	Kody
	Environmental Sanitarian	Bergquist	Ashley
<b>Environmental-Wastewater</b>	Lead Wastewater Sanitarian	Raines	Randy
	Wastewater Sanitarian	Kasper-Cushman	Ryan
	Environmental Health Specialist Assistant	Murphy	Lynnette
	SPEA Fellow	Cox	Shian'ah
<b>Vital Records</b>	Registrar	Benassi	Teresa
	Assistant Registrar	Hartnett-Russell	Jaimie
	Assistant Registrar	Gilbert	Nathan
	Data Entry Clerk	Cullins	Pat
<b>Emergency Preparedness</b>	Public Health Coordinator	Kempf	Christina
	Public Health Preparedness Assistant	Festa	Jennifer
<b>Disease Intervention</b>	Disease Intervention Specialist	Hartley	Julie
	Disease Intervention Specialist	Ettinger	Miranda
	Disease Intervention Specialist Assistant	Schaidle	Aaron
	Disease Intervention Specialist (ISDH)	Richardson	Kira

<b>Futures Clinic</b>	Office Manager	Husted	Chris
	LPN	Ionoff	Loretta
	Nurse Practitioner	Ryan	Peggy
	Nurse Practitioner	McGlothlin	Elizabeth
	Insurance Navigator	Stowers	Scott
<b>Public Health Nurse</b>	Public Health Clinic Program Manager, MSN, RN	Meek,	Amy
<b>Health Education</b>	Lead Health Educator, PIO, Accreditation Coordinator	Hewett	Kathy
	Health Educator, MRC	Wooten	LaShanna
	Health Educator, Harm Reduction	Vehslage	Melanie
<b>COVID-19 Call Response</b>	Collection Response/Data Collection	Botts	Kassandra
	Collection Response/Data Collection	Barnes	Brianna
	Collection Response/Data Collection	Hubbard	Linnea
	Collection Response/Data Collection	Stalcup	Mary
<b>Health Board Chairperson</b>	Board Member	Leach, R.N.	Kay
<b>Board Vice Chairperson</b>	Board Member	Cranor, MPH	Ashlie
	Board Member	Pritchard, D.D.S.	Stephen
	Board Member	Hegeman, Ph.D.	George
	Board Member	Norrell, FACHE, HFA	Mark
	Board Member	Touloukian, M.D.	Carol Litten
	Board Member	Wrenn, M.D.	Robert

## **APPENDIX C: MCHD DATA SOURCES AND DOCUMENTATION**

- MCHD Strategic Plan 2015–2019
- Community Health Improvement Plan 2019-2020
- Community Health Assessment 2018-2019
- MCHD Quality Improvement Plan Draft July 20, 2017
- MCHD Workforce Development Plan
- MCHD Information Management Plan
- MCHD Communication Plan
- Branding Policy
- Emergency Communications Plan

## APPENDIX D: SUMMARY OF SWOT FEEDBACK



### STRENGTHS

- ✓ Dedicated and committed staff
- ✓ Staff genuinely care for each other, good place to work
- ✓ Turnover is mainly in junior staff using it as jumping-off point
- ✓ Strong, ethical leadership
- ✓ Supportive relationships with elected officials
- ✓ Good supply of interns & volunteers
- ✓ Administration creates atmosphere of growth
- ✓ Great community partners

### WEAKNESSES

- ✓ Technology & software needs make it difficult to complete tasks
- ✓ Office space issues – for both personnel and supplies
- ✓ Understaffed, under-resourced
- ✓ Remote work option is needed



- ✓ Unfunded mandates
- ✓ Communication within the department has suffered, particularly during pandemic
- ✓ Some management issues causing strain
- ✓ Increased administrative & clerical duties making it difficult to complete tasks

### **OPPORTUNITIES**

- ✓ Seeking funding to appropriately staff sections of the HD, administrative assistance (related to financials & grant management) was identified as a priority by several people
- ✓ Host quarterly public engagement forum to garner feedback about needed programs
- ✓ Opportunities to expand more community partnerships
- ✓ Epidemiologist would greatly enhance the department

### **THREATS**

- ✓ Stress, job pressures, and burnout related to the pandemic
- ✓ Need more diverse representation to be successful in reaching the entire community & building partnerships
- ✓ Administration having difficulty in having time, staff, & resources to seek the funding that is needed
- ✓ Property tax caps
- ✓ Tension related to enforcement of mandates
- ✓ Communicating actual versus perceived risk during a pandemic
- ✓ Uninformed/ill-informed community members
- ✓ Inappropriate use of social media



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