



Strategic Plan 2015-2020

Public Health
Prevent. Promote. Protect.



Lincoln County Health and Human Services
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WIC
Women Infants & Children
Mujeres Infantes y Niños

- ✓ Helps Families Eat Well
- ✓ promueve la familia sana
- ✓ Supports A Healthy Pregnancy
- ✓ ayuda a la mujer embarazada
- ✓ Supports Your Local Grocer
- ✓ Encourages Immunizations

Public Health Strategic Planning Committee

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EXECUTIVE SUMMARY

The Lincoln County Public Health Strategic Plan is a five-year set of goals, strategies and objectives that will help us meet the public health needs of Lincoln County residents. Two goals and three strategic priority areas are addressed in this plan. Below is a brief outline of the Goals, priorities and strategies. The complete list of objectives that accompany each strategy begin on page 13.

Goal: Improve Health and Wellbeing.

Priority: Customer Service

Strategy 1: Identify and meet the needs of our clients and community.

Strategy 2: Improve the use of outreach and technology to enhance services and communication with our clients and community.

Strategy 3: Provide evidence-based public health programs and services that meet the needs of the community.

Goal: Excel as an organization

Priority: Workforce Development

Strategy 4: Improve Public Health core competencies.

Strategy 5: Improve Public Health recruitment and retention.

Priority: Organizational Performance

Strategy 6: Implement a performance management system to document how Public Health work contributes to population health outcomes.

Strategy 7: Achieve national accreditation through the Public Health Accreditation Board (PHAB).

Strategy 8: Improve budget literacy, awareness, participation and analysis in a manner that aligns with best practices.

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BACKGROUND

Lincoln County Public Health is an organizational division of Lincoln County Health and Human Services (HHS) that serves as the local authority to protect and promote the health of Lincoln County residents. Public Health funding comes from federal and state grants, revenues earned for services and County general fund.

Lincoln County Public Health engaged in strategic planning in 2015 to define goals, strategies and objectives that will allow the department to better serve the needs of the local population, meet the increasingly rigorous expectations of federal and state funders, and successfully achieve national accreditation. The strategic planning process allowed Public Health to evaluate current services, roles and capacity to serve Lincoln County as a 21st-Century health department.

The Role of Public Health

As the Local Public Health Authority, Lincoln County Public Health must meet the statutory mandates of minimum expectations enacted by the State of Oregon. The Oregon Revised Statutes 431.416 states at minimum the local Public Health authority shall:

1. Administer and enforce the rules of the local Public Health authority or the health district and Public Health laws and rules of the Oregon Health Authority.
2. Assure activities necessary for the preservation of health or prevention of disease in the area under its jurisdiction as provided in the local plan of the authority or district are performed as described in ORS 435.205, as follows. These activities shall include but not be limited to:
 - a. Epidemiology and control of preventable diseases and disorders;
 - b. Parent and child health services, including family planning clinics;
 - c. Collection and reporting of health statistics;
 - d. Health information and referral services; and
 - e. Environmental health services.

In addition to services mandated by law, Public Health also is responsible for what the Institute of Medicine [IOM] identified in the 1988 report, “The Future of Public Health,” as the “functions and responsibilities that *only* governmental agencies can undertake from those that should be shared with or left to the private sector,” (IOM 1988, p. 139).

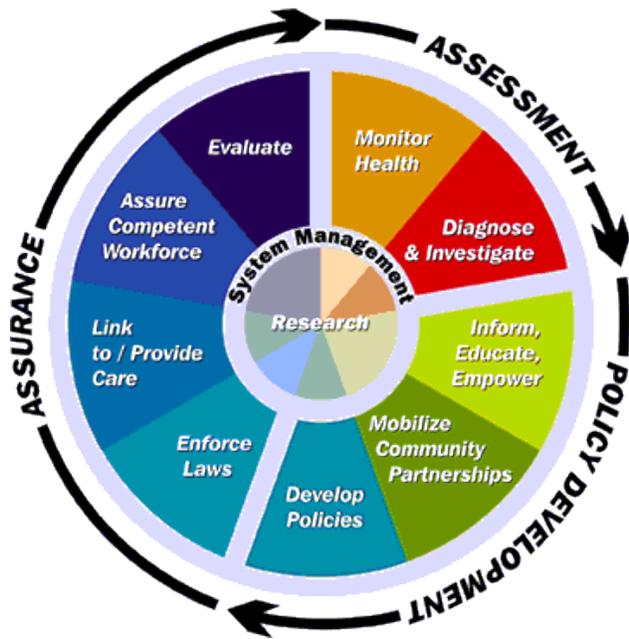
These core functions of Public Health are defined as Assessment, Policy Development and Assurance, divided into 10 Essential Services of Public Health, as shown Figure 1.

The IOM summarized these core functions as follows:

Assessment

- The committee recommends that every Public Health agency regularly and systematically collect, assemble, analyze, and make available information on the health of the community,

Figure 1.



including statistics on health status, community health needs, and epidemiologic and other studies of health problems.

Policy Development

- The committee recommends that every Public Health agency exercise its responsibility to serve the public interest in the development of comprehensive Public Health policies by promoting use of the scientific knowledge base in decision making about Public Health and by leading in developing Public Health policy. Agencies must take a strategic approach, developed on the basis of a positive appreciation for the democratic political process.

Assurance

- The committee recommends that Public Health agencies assure their constituents that services necessary to achieve agreed upon goals are provided, either by encouraging action by other entities (private or public sector), by requiring such action through regulation, or by providing services directly.
- The committee recommends that each Public Health agency involve key policymakers and the general public in determining a set of high priority personal and communitywide health services that governments will guarantee to every member of the community. This guarantee should include subsidization or direct provision of high-priority personal health services for those unable to afford them.

21st-Century Public Health

In 2002, the IOM updated their recommendations with “The Future of Public Health in the 21st Century,” which proposed six key areas for improving Public Health, as shown in Figure 2.

Figure 2.

Key Areas to Public Health Improvement

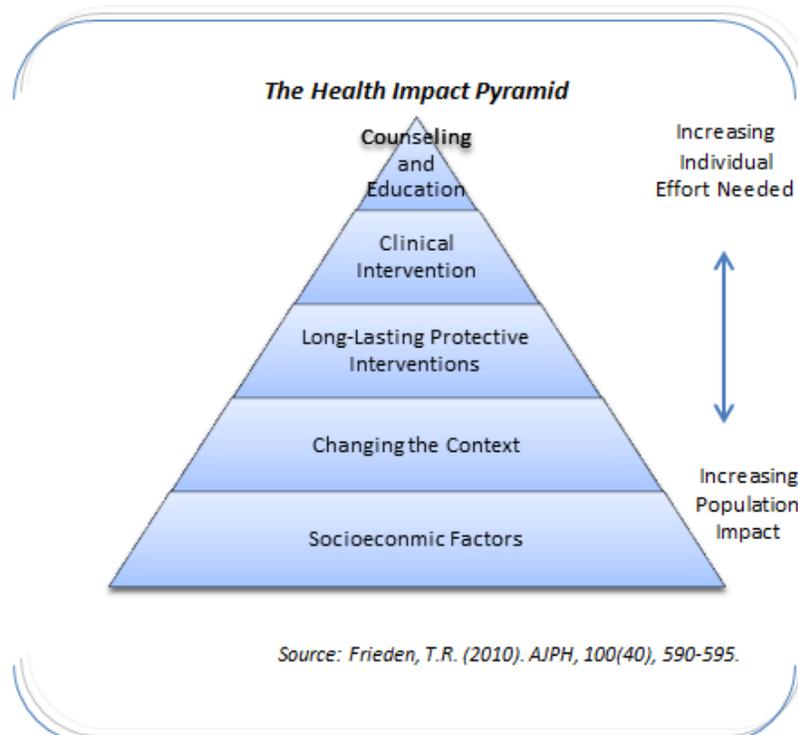
1. Adopt a population health approach that considers the multiple determinants of health.
2. Strengthen the governmental Public Health infrastructure.
3. Build a new generation of intersectoral partnerships that draw on the perspectives and resources of diverse communities and actively engage them in health action.
4. Develop systems of accountability to assure the quality and availability of Public Health services.
5. Make evidence the foundation of decision making and the measure of success.
6. Enhance and facilitate communication within the Public Health system (e.g., among all levels of the governmental Public Health infrastructure and between Public Health professionals and community members).

Key among these is the emphasis on a population health approach, which considers many factors that contribute to health, including the social and physical environments. This is an important distinction from the typical understanding of public health as merely a safety-net clinic for those without access to health care. The expansion of Medicaid and private insurance under the Patient Protection and Affordable Care Act (ACA) has done much to address the issue of health care access. While this is an important step toward improving the health of Americans, access to health care is a less important influence on disease and death in the population than are social and environmental factors, such the emotional support of friends and family, living in safe housing, earning a living wage and good education. As such, Lincoln County Public Health uses Frieden's (2010) Health Impact Pyramid (Figure 3) to guide our service development and delivery toward achieving the largest population impact. We do this by focusing on the root causes and barriers to improved health status. To meet the demands of this level of work, Lincoln County Public Health will need:

1. Quality customer service that is informed by client and community partner needs and input.
2. Targeted workforce development that meets the needs of a modern public health system.
3. To be an organization that is driven by continuously improved performance.

These three priorities, as well as the frameworks provided by the IOM and Frieden, serve as a foundation in the development of this strategic plan. Achieving the goals, strategies and objectives outlined below will thus guide Lincoln County Public Health in advancing the health status of everyone who lives, works and plays in Lincoln County using public health best practice principles for meeting the needs of the community in the 21st Century.

Figure 3.



PUBLIC HEALTH SERVICES

PREVENTION

Public Health prevents illness by addressing the risk factors that can result in illness. Public Health prevention activities are available through one-on-one services provided in a clinic or home setting. Lincoln County's prevention activities primarily target families and young children because many studies demonstrate that the first few years of life are the most influential for health outcomes later in life.

Home Visiting

Public Health offers at least one home visit to every new and expectant parent in Lincoln County. Families in need of additional support are referred to more intensive home visiting services, which are free, voluntary, and available in English and Spanish to pregnant women, families with children age 0-3, and to children with special health needs through age 21. Home visitors bring research-based information to families on child development, nutrition, health and safety recommendations, and help families apply for Medicaid coverage, find a primary care provider, and connect with resources such as housing, food assistance, domestic violence services, drug and alcohol treatment, mental health services, WIC or other support identified by the family. Home visiting is provided through the following programs: Nurse Family Partnership, Maternity Case Management, Babies First!, CaCoon, and Healthy Families Oregon.

Women, Infants and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a nutrition education program that helps families to identify healthy nutrition choices and improves lifetime nutrition and health behaviors in targeted populations. The program provides food vouchers to help families obtain healthy foods, breastfeeding help, including breast pumps for moms who need them, and extra foods for moms who are breastfeeding and do not get formula from WIC. Moms who are not breastfeeding can obtain infant formula through the program.

PROMOTION

Public Health aims to promote the health of the population by improving everyone's ability to engage in healthy behaviors. This includes community education and policy initiatives that address behavioral (such as smoking, exercise and diet), social (such as the shared health habits of families and friends), or environmental (such as having sidewalks, parks and bike lanes to get exercise, or reducing exposure to second-hand smoke) factors that influence health. While Health Promotion seeks to make a healthy lifestyle available to everyone, these activities can help to close the gaps in health differences that exist in different groups and communities. Key areas of health promotion in Lincoln County include:

Tobacco Prevention & Control

Health Promotion staff educate the public and promote community engagement to address the harms of tobacco and nicotine use. The overarching goals are to raise awareness in the community about the harms of new products, such as e-cigarettes (aka vape pens), increasing local willingness to address the marketing tactics used by the tobacco industry to appeal to youth, and increase the number to tobacco-free indoor and outdoor properties. The tobacco education program also encourages every tobacco user to quit by promoting the Oregon Tobacco Quit Line, and developing tobacco cessation resources for Lincoln County.

Mental Health Promotion and Addiction Prevention

Health Promotion reduces stigma associated with mental illness, and increases support for community members in times of stress, anxiety, depression or other mental illnesses through outreach and education, including Mental Health First Aid courses. Health Promotion also works to prevent addiction and addictive behaviors for alcohol and drugs (both illicit and pharmaceutical), and raise awareness about problem gambling. Much of this work is done in collaboration with community coalitions, including the Partnership Against Alcohol and Drug Abuse (PAADA) and Community Efforts Demonstrating the Ability to Rebuild & Restore (CEDARR).

Healthy Eating and Active Living

Health Promotion convenes and collaborates with many other community organizations as part of the Healthy Lifestyles Work Group, developed as part of the 2014 Community Health Improvement Plan (CHIP). The primary aims of the group are to improve access to fresh fruits and vegetables and nutritious, affordable meals, and increase physical activity in our community. The group is open to the public and welcomes participation from any community organization or private citizen.

PROTECTION

Public Health protects the population from the risk of disease by examining how disease spreads in the environment and intervening to protect against exposure of the disease causing agents – whether spread from person-to-person, animal-to-person or another source such as unclean drinking water or improperly handled food. Protecting health through monitoring proper sanitation and community cleanliness is the backbone of public health’s role in assuring the whole population is able to live in a healthy and safe community.

Immunizations

Lincoln County Public Health Division follows the Centers for Disease Control and Prevention guidelines to immunize infants, children, and adults in order to protect against viral and bacterial

communicable diseases. The Lincoln County clinics that provide vaccinations are Newport Public Health, local School Based Health Centers, and Lincoln Community Health Centers located in Newport and Lincoln City.

Communicable Disease

The Communicable Disease program identifies, monitors, and reports all diseases of “public health significance” as described by Oregon Health Authority Guidelines. This process requires contact investigations, partner notification, testing, and treatment to limit the spread of disease. Public Health also provides risk reduction education as part of every communicable disease interview. The most commonly required treatments are to prevent the spread of sexually transmitted infections, including HIV, and tuberculosis. At times, clusters of illness cases will appear in closely contained settings, such as long-term care facilities, which require more intense investigation to identify illness patterns and causes, and enhanced control to prevent the development of new cases.

Drinking Water, Solid Waste, and Facility Inspections

Environmental Health ensures proper sanitation to prevent the spread of disease. This is done by assuring that public drinking water is in compliance with the Safe Water Drinking Act; by routinely inspecting and licensing food service, schools, organizational camps, day cares, swimming pools and spas, and traveler’s accommodations for safe practices and sanitation compliance; and by working to reduce solid waste accumulated on properties.

Vital Statistics

Public Health tracks and maintains vital records as a means of gauging health markers. Vital Statistics services include registration of all births and deaths in Lincoln County.

Emergency Preparedness

Emergency Preparedness develops and implements practices and protocols to prepare for and respond to major, acute threats and emergencies that affect the health of the citizens and visitors of Lincoln County. This includes ensuring sufficient health resources are available, and training health care providers to prevent, respond to and recover from public health incidents. The program also identifies strategies to address the needs of higher risk populations, such as those with a disability, and ensures the capacity to manage and support displaced populations.

STRATEGIC PLAN PROCESS

A core strategic planning committee (SP Committee), the Public Health Quality Improvement Committee and all Public Health staff developed Lincoln County Public Health's strategic plan. The core strategic planning committee consisted of Public Health managers and quality improvement committee members, senior leadership from Public Health's umbrella organization Lincoln County Health and Human Services (HHS), the Lincoln County Board of Commissioners, and community members from the Public Health Advisory Council.

The strategic planning committee met in four two-hour meetings, facilitated by Dr. John Baker of Northwest Management Specialists. The quality improvement committee finished strategic plan tasks not completed in these meetings. Public Health staff offered feedback during regularly scheduled Public Health Division meetings. The process is outlined in Figure 4.

The intention behind this process was to ensure all Public Health staff had ongoing opportunities to review and provide input on decisions made by the strategic planning and QI committees. As a result of the participation solicited throughout this process, this strategic plan has the input from key stakeholders, backing of HHS senior leadership, key insights from community members and ownership by Public Health staff.

Figure 4.

SP Committee Meeting 1, Feb. 23, 2015: Develop mission and vision

SP Committee Meeting 2, March 9, 2015: Conduct environmental scan

PH Division Meeting, March 18, 2015: Review mission and vision; identify core values

SP Committee Meeting 3, March 26, 2015: Situational Statement Brainstorm

QI Committee Meeting, April 2, 2015: Goal, Objective and Strategy Development

SP Committee Meeting 4, April 9, 2015: Situational Statement Brainstorm

PH Division Meeting, April 15, 2015: Review and revise Guiding Principles, developed from core values.

QI Committee Meeting, April 23, 2015: Goal, Objective and Strategy Development

PH Division Meeting, May 20, 2015: Review and revise draft strategic plan

SP Committee & PH Division, June 25, 2015: Celebration of Strategic Plan Completion

MISSION, VISION & GUIDING PRINCIPLES

The mission and vision of Lincoln County Public Health were newly crafted during the first strategic planning session. Developing the mission was an opportunity clearly to articulate the role Lincoln County Public Health plays in the community – what we do – that is more specific than defined by the mission of Lincoln County HHS. It also allowed for Public Health to develop a shared vision – the desired result of our efforts – that is both unifying and motivating for all Public Health employees.

Mission: Lincoln County Public Health, in collaboration with our community partners, provides leadership to assure the conditions for healthy communities.

Vision: A thriving community of active, healthy people of all ages, abilities and cultures who are living, learning, working and playing together in a safe environment.

The guiding principles were developed by all Public Health staff through identifying the core shared values for Public Health work. Each staff contributed two core values they bring to work at Lincoln County Public Health. These are captured graphically in a word cloud in Figure 5, with the size of each word determined by the number of individuals who identified that value. The top five shared values informed the development of the guiding principles by the QI committee, and revised by public health staff. The participation of all Public Health staff in crafting of the guiding principles both reflected and fostered ownership of these values.

Figure 5.



Guiding Principles:

Respect: We honor the dignity and diversity of all people regardless of sex, race or ethnicity, age, language, religion, national or social origin, physical or mental disability, health status, sexual orientation or civil, political, or social status.

Honesty: We serve our community in a manner that is truthful and allows for transparent processes and decisions in order to be accountable to those we serve.

Collaboration: We strive to work as a team within Public Health and with community partners in order to achieve our vision.

Compassion: We serve the community in a caring and supportive manner that seeks to prevent and resolve the issues that contribute to poor health outcomes.

Trust: We strive to build confidence with our community and clients through the use of evidence-based practices and demonstrated success.

ENVIRONMENTAL SCAN & SITUATIONAL ANALYSIS

The Strategic Planning Committee conducted an environmental scan through reviewing several existing data sources that provide foundational information about the state of the organization and community. These documents included:

- SWOT analysis completed by Lincoln County HHS in 2012
- Lincoln County Community Health Assessment completed in 2013
- Forces of Change analysis conducted during the CHIP process in April 2014
- Public Health Staff Satisfaction Survey completed in January 2014
- Local Public Health System Assessment completed in August 2014

After reviewing the documents, the planning committee updated the SWOT to reflect the current strengths, weakness, opportunities and threats for Lincoln County Public Health (see Appendix A). Additionally, the group reviewed the Local Public Health System Assessment, Forces of Change and Staff Satisfaction Survey, and identified key opportunities for improvement, as well as some potential benefits and challenges for realizing each opportunity. Several common themes emerged in this analysis, which helped to define the two primary goal areas and three strategic priorities that drive this plan. The two goals are Improve Health and Wellbeing; and Excel as an Organization. The three strategic priorities are Customer Service, Workforce Development, and Organizational Performance. Finally, the group engaged in a process of brainstorming situational statements for each of the four strategic priority areas, which defined the strategies and SMART objectives detailed in the following section.

GOALS, STRATEGIES & OBJECTIVES

Goal: Improve Health and Wellbeing.

Priority: Customer Service

Strategy 1: Identify and meet the needs of our clients and community.

Objective 1.1. By June 30, 2016, at least two Public Health sections will annually implement and analyze one standardized customer satisfaction or community partnership survey each year to at least 90 percent of current clients, customers and community partners.

Objective 1.2. By June 30, 2017, all Public Health sections will annually implement and analyze one standardized customer satisfaction or community partnership survey to at least 90 percent of current clients, customers and community partners.

Objective 1.3. By June 30, 2018, all Public Health sections will implement at least one improvement identified in the survey to enhance customer satisfaction and public health leadership with community partners.

Objective 1.4. By June 30, 2020, Public Health will implement trauma-informed approaches to the delivery of all services, supervision and coworker interactions in a manner that is collaborative with approaches used by other community services.

Strategy 2: Improve the use of outreach and technology to enhance services and communication with our clients and community.

Objective 2.1. By June 30, 2016, develop and implement one written communications and outreach plan utilizing CDC recommended tools and templates to define outreach processes, and Public Health social marketing and branding requirements.

Objective 2.2. By June 30, 2019, Public Health will improve our communications and outreach with community partners and local citizens by offering at least 50% of our communications through digital and social media platforms, in addition to traditional methods of outreach.

Strategy 3: Provide evidence-based public health programs and services that meet the needs of the community.

Objective 3.1. By June 30, 2017, document public health leadership and collaboration with community partners on the implementation of evidence-based strategies for at least 50% of the objectives in the Lincoln County Community Health Improvement Plan (2014-2019).

Objective 3.2. By June 30, 2018, all public health sections will identify and initiate one or more interventions to move the program impact to a lower level of the Health Impact Pyramid (see p. 6).

Objective 3.3. By June 30, 2019, document public health collaboration with community partners on the implementation of evidence-based strategies for at least 85% of the objectives in the Lincoln County Community Health Improvement Plan (2014-2019).

Objective 3.4. By June 30, 2020, all public health sections will continuously implement and evaluate the effectiveness of interventions targeting lower levels of the Health Impact Pyramid (see p. 6).

Goal: Excel as an organization

Priority: Workforce Development

Strategy 4: Improve Public Health core competencies.

Objective 4.1. By Dec. 31, 2015, all PH staff will complete an assessment of current public health competencies to assure our capacity to perform the Public Health 10 Essential Services. Competencies will include assessment, program planning, communications, cultural competency, community-based strategies for population-based interventions, finance and management, and leadership, in addition to job-specific skills.

Objective 4.2. By June 30, 2017, Public Health staff will have improved knowledge and skills in at least two gap areas identified in the public health competency assessment.

Objective 4.3. By June 30, 2020, all Public Health staff will meet a baseline of knowledge on all public health competency requirements, and new staff will participate in orientation trainings to assure competence.

Objective 4.4. By June 30, 2020, Public Health will have the competencies and skills to perform the 10 Essential Services.

Strategy 5: Improve Public Health recruitment and retention.

Objective 5.1. By June 30, 2017, identify and implement at least 5 evidence-based retention strategies.

Objective 5.2. By June 30, 2019, evaluate the effectiveness of 100% of recruitment and retention strategies.

Priority: Organizational Performance

Strategy 6: Implement a performance management system to document how Public Health work contributes to population health outcomes.

Objective 6.1. By Dec. 31, 2015, develop and implement one written Quality Improvement plan that has targeted goals for QI in Public Health.

Objective 6.2. By June 30, 2016, identify and formalize the performance standards and measurement collection.

Objective 6.3. By June 30, 2017, develop and implement an evaluation and reporting process for all performance standards.

Strategy 7: Achieve national accreditation through the Public Health Accreditation Board (PHAB).

Objective 7.1. By Oct. 31, 2015, submit accreditation application (CHA, CHIP, Strategic Plan and fee) to PHAB.

Objective 7.2. By May 30, 2016, identify and resolve any gaps in required accreditation documentation.

Objective 7.3. By Nov. 30, 2016, prepare and submit all required accreditation documentation.

Objective 7.4. By May 30, 2017, successfully pass PHAB accreditation site visit.

Strategy 8: Improve budget literacy, awareness, participation and analysis in a manner that aligns with best practices.

Objective 8.1. By July 1, 2015, develop and implement an expense and revenue tracking system for each Public Health manager.

Objective 8.2. By June 30, 2016, train 100% of Public Health staff on reading and understanding the program budgets relative to their position.

Objective 8.3. By June 30, 2018, all Public Health managers will be trained on budget analysis and use these skills in budget development.

Objective 8.4. By June 30, 2020, PH managers will have the competency to ensure that all PH financial processes are in accordance with the Government Accounting Standards Board practices.

IMPLEMENTATION & EVALUATION

The success of this strategic plan requires leadership, collaboration, and participation from all levels of Public Health staff. An implementation and evaluation plan for each year will be developed using the template in Appendix B. For each objective, Public Health leadership will assign project management and staff responsibilities, as appropriate, throughout the department to ensure milestones toward each objective can be accomplished in a timely manner.

It is also important to note the relationship between the Strategic Plan and the many other plans that define and comprise our daily work. The Community Health Assessment and Community Health Improvement Plan identify the needs and priorities of the community, thus providing direction and areas of emphasis for the strategic plan. Additionally, internal plans including the communications plan, the quality improvement plan and individual program work plans all collectively work to provide structure to our goals: Improve Health and Wellbeing and Excel as an Organization. As a result, the development and refinement of several of these plans, including the Communications Plan and Quality Improvement Plan, are defined as key objectives to realizing these goals. Additionally, these plans help to improve and inform other existing plans including our program work plans, which define the practical day-to-day work of Public Health staff. Figure 6 demonstrates this relationship graphically.

Figure 6.



APPENDIX A.

ENVIRONMENTAL SCAN & SITUATIONAL ANALYSIS

Strengths, Weaknesses, Opportunities and Threats

	Internal	External	
Strengths	<p>Leadership within Public Health</p> <p>Connections to other health departments, state departments, and specialists</p> <p>IT equipment support (from county)</p> <p>Dedication of staff</p> <p>Input from advisory groups</p> <p>New website platform</p> <p>Work environment is generally positive and job satisfaction high</p> <p>Bilingual staff</p>	<p>Health Care Integration with FQHC, Americorps VISTA, Oregon State University & OCCC student internships and clinical rotations</p> <p>Community Partnerships</p> <p>Engaged Business Community</p> <p>CHA & CHIP</p>	Opportunities
Weaknesses	<p>Lack of resources/unpredictability of resources/sustainability of resources</p> <p>Requirements of grants don't necessarily meet the needs of our communities- but we need (want) the funds</p> <p>Improved access to modern technology (social media)</p> <p>Lack understanding of what other Public Health sections do; limited cross training of positions.</p> <p>Infrastructure (geographic dispersion)</p> <p>No one central location</p> <p>Workforce Development</p> <p>Variability of work performed</p> <p>Technology use -- not used to its fullest advantage</p> <p>Communications and Media - internal barriers to use</p> <p>Policy process is unsystematic</p> <p>Need succession plan and better workforce development</p> <p>Lack of financial transparency for managerial decisions</p>	<p>Community doesn't yet understand the role or value of population-based approaches to Public Health.</p> <p>Prevalence and persistence of poverty and other social determinants of health</p> <p>Disconnect between medical community and Public Health</p> <p>Decision makers at state and federal government unaware of and unconcerned with how their decisions impact rural communities.</p> <p>Lack of affordable Housing diminishes the quality of life for local residents and makes staff recruitment difficult.</p> <p>Funding instability for governmental Public Health</p>	Threats

Key Focal Areas for Goal Development

Priority	Potential Benefit	Potential Barrier
Technology Use	Better delivery of services and reach to population; ability to engage in emerging best practices	Cost and learning how to use it most effectively
Communications and Outreach	Broader reach to public; marketing will help shift understanding of role and identity of Public Health; better health promotion reach	Internal policies; fear of social media by senior leadership and elected officials
Public Health Policy and Population-level Services	Greater reach and impact of Public Health work	Staff and tax-payers don't understand the value; outside of people's comfort zones; steep learning curve for those accustomed to direct service models
Workforce Development	More highly skilled and able workforce to meet the needs of the community; ability to credential more staff with CPH or CHES	Time and money for training; staff push-back on additional training requirements; inability to provide incentives for development (e.g. pay increase or promotion)
Improved Monitoring and Evaluation	Improved services through strategic use of QI	Seen as added workload by staff
Emerging Best Practices and Research	Opportunity to collaborate with and benefit from OSU-School of Public Health through translating research into practice	Need to build relationships and identify best opportunities for partnership

Situational Statement Brainstorm, by priority area and identified theme

Customer Service

People from other agencies don't know about all Public Health services.
Public Health staff don't know about all Public Health services.
Access to Public Health services is lacking.
Bilingual staff are needed.
Public Health staff don't know the roles of all of their coworkers.
We do not currently use a trauma-informed approach to customer service.
Public Health had not told our story or promoted our service as widely as we could.
Public Health has not conducted client satisfaction surveys to identify what our community wants.
Public Health advisory committee role or status has not been formally reviewed.
Public Health staff do not have enough knowledge about all HHS services for a "no wrong door" approach.
It is unknown whether services adequately address the needs of the community.
Reaching the right person through the HHS phone tree is challenging.
We do not have fully integrated services.
Public Health services are limited to Newport and Lincoln City.
Public Health has not clearly identified the interpersonal standards or skills necessary for good customer service.

Workforce Development

Many other community partners are retiring or the positions are turning over, requiring ongoing partnership development.
There is a lack of common knowledge about other community services.
There is a lack of consistent understanding and identity of the Public Health role in the community.
There is no recognition for doing a high quality job.
There is no institutional process or plan for recognizing employee performance.
Subject Matter Experts do not have adequate permissions to accomplish Public Health tasks.
Employees often lack autonomy to make decisions regarding their work.
There is a lack of mentoring for succession.
Applicants to Lincoln County tend not to be diverse.
Salaries are too low to retain staff.
Recruitment and retention in Newport is challenging.
Many senior employees are retiring or nearing retirement.
Current PH staff are not trained on the social determinants of health.
Staff lack training on meeting the needs of special populations.
PH staff are unaware of the work and roles of coworkers
PH staff are unaware of all PH services.
There is no opportunity for offering promotions or raises tied to training and development.
Non-monetary incentives for development are not available.
There are limited social rewards for employee development.
Insufficient resources (e.g. time and money) for training.

PH has not been trained on updating the web site.
Training does not include use of latest technology, equipment and media for PH purposes.
There is a lack of cross training for key roles.

Organizational Performance

Not all policies are up to date.
There is not a systematic process for reviewing and updating policies.
Some policies are outdated or no longer relevant.
Some practices are not in policy, leaving room for ambiguity.
Organizational information and website are outdated.
There is not an established process for making updates to the website or outreach materials.
We do not have access to social media.
Operational and administrative costs for internal services are not clear.
Cross-departmental and internal communication is lacking.
Systematic and clear process guides are not established.
Institutional knowledge is often shared ad hoc, without a formal process or documentation.
No communication for updates; institutional knowledge is not always current.
Lack internal evaluation and assessment
As a whole health department, we do not do enough training on:

- diversity
- health equity
- special populations

As a health department, we do not recognize that there is cultural variance within a race or ethnic group.
We do not pay sufficient attention to health literacy levels.
We do not offer sufficient training to understand variation in family culture.
We do not offer Public Health or program specific orientation.
Public Health does not take advantage of the services available through IT.
Public Health does not have a PIO.
Internal policies make outreach with the public difficult.
We do not systematically collect feedback on our services from the public.
We do not do internal program evaluation.
We do not have systematic processes for routinely collecting and reporting data internally.
We do not systematically document our work and processes.
We have not evaluated internal policies and protocols to identify process improvements and barriers to providing the best possible services to our community.
Not all mandated policies are incorporated department-wide, but live in the program areas.
There are not clear travel expectations regarding decorum and the line between when you are "on" and "off" duty.
Mandated hourly requirements are not realistic for many Public Health staff.
Strict 8 to 5 schedules required of represented employees are not accommodating for our clients.
Public Health cannot directly communicate with the BOH due to internal policies.
County government is unaware of our communications policies.
Policies prohibit Public Health staff from conversing with the BOC, even if the BOC calls or asks the person directly.
The BOH does not clearly understand the work of Public Health.

There is no process for orienting newly elected commissioners on Public Health.
We do not routinely provide the BOH with updates on Public Health.
Public Health does not have a system to collect and develop an organizational fact sheet that documents our comprehensive annual work.
Some of our programming is based on funding and not community need.
There is sometimes a tendency to "chase the money" rather than find grants that fit our needs.
There is a disconnect between accreditation standards and how HHS does business.
The cost of accreditation has not been discussed.
Public Health does not educate the leadership of HHS on the accreditation requirements.
HHS doesn't get information from the state in time for the budget process.
There is a clear "mismatch" between revenue & expenditure projections.
There is no budget analysis
Public budget process doesn't reflect accurately.
Budgets aren't built upon actual numbers and projections are "soft" numbers.
Every employee should have knowledge and be familiar with their budget.
Budgeting process for Public Health (and Lincoln County) is perceived as complex and not widely understood.
We lack employee education on budgets.
Staff training is non-existent in budget process and budget software.
Public Health doesn't regularly discuss mismatch between revenues and expenditures.
We shouldn't put all the budgeting and fiscal responsibility on one person.
Many policies have been developed autonomously & not collaboratively between all HHS departments.
It is important that every staff person to understand their part & role in the budget.
There is no opportunity for meaningful public input during the budget development.
HHS doesn't get budget updates often.
There is no understanding of the true cost of credentialing.
Budget process is not understood by most staff internally.
We need a strong public informational system.
Not all employees have access to Incode.
There isn't a strong link between budget process & budget document.
Not always clear on what is a budgetary prioritization.
There's a disconnect between accreditation standards & how HHS does business.
We have a tendency to "chase" the money.
Budget document doesn't clearly align with priorities, goals & outcomes.
Financial policies aren't reflective of strategic plans.
Financial policies should align with accreditation.
People don't understand the rationale for budget decisions like funding streams, OARS, federal and grant requirements.
There needs to a strong rationale for funding decisions.
We don't have a culture that reflects Cheryl's fiscal philosophy.
Budget process is antiquated.
Organizational structure for the department isn't clear.

APPENDIX B
IMPLEMENTATION & EVALUATION PLAN TEMPLATE

Implementation & Evaluation Plan				
Strategy:	Objective:			
<i>What's being done?</i>	<i>By whom?</i>	<i>By when?</i>	<i>How will we know it worked?</i>	
Activities	Responsible	Timeline	Baseline	Outcome
Strategy:	Objective:			
<i>What's being done?</i>	<i>By whom?</i>	<i>By when?</i>	<i>How will we know it worked?</i>	
Activities	Responsible	Timeline	Baseline	Outcome

APPENDIX C GLOSSARY OF TERMS AND ACRONYMS

CHA (Community Health Assessment): A demographic and health profile conducted on the communities and/or population served by the organization.

CHIP (Community Health Improvement Plan): A community-based process that results in a set of shared goals and objectives for improving the health of the community or population served. Decisions made for the CHIP are informed by the CHA.

Environmental Scan: A process of gathering, analyzing and data internal and external to the organizational environment for tactical or strategic purposes.

Forces of Change: An assessment process that identifies and describes what threats or opportunities are impacting the local public health system, based on current changes in the environment.

Goal: Long-range outcome statements that are broad enough to guide the organization's programs, administrative, financial and governance functions.

Mission: The organization's purpose; what the organization does and why.

Situational Statement: A value-free statement of current organizational status that can help clarify what organizational needs and issues are most prominent (see Appendix A).

SMART Objective: An objective that is Specific, Measurable, Achievable, Realistic, and Time-bound.

Strategic Issue: A fundamental policy question or critical challenge that must be addressed for a local health department to achieve its vision.

Strategy: The overall approach an organization chooses to accomplish its mission.

SWOT Analysis: An assessment tool used to identify the strengths, weakness, opportunities and threats of the organization and community.

Trauma-informed approaches: Systematic strategies, policies and approaches that recognize the signs and symptoms of trauma, and actively seek to provide support and avoid retraumatization.

Vision: Futuristic view regarding the ideal state or conditions that the organization aspires to change or create.

Values: Principles, beliefs and underlying assumptions that guide the organization.

