

Barry-Eaton District Health Department

Strategic Planning Final Report

August 2013

Approved: September 26, 2013

Prepared for
Barry-Eaton District Health Department
Charlotte, MI
www.barryeatonhealth.org

Prepared by
Public Sector Consultants, Inc.
Lansing, MI 48917
www.pscinc.com

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Barry-Eaton District Health Department
An Accredited Public Health Agency
www.barryeatonhealth.org

August 21, 2013

Dear Community Partners,

On behalf of the Board of Health and the staff of the Barry-Eaton District Health Department, I am pleased to share our 5-year Strategic Plan which will serve to bring us closer to realizing our vision of **a community where everyone can live a long, active, healthy life**. The plan outlines the goals the Barry-Eaton District Health Department is committed to achieving over the next 5 years and the strategies we will be asserting to accomplish those goals. The goals and strategies were identified after the department and Board of Health considered our communities' health needs assessment processes and health improvement plans; current evidence-based best practices; input from community stakeholders, the Board of Health and department staff; and the expertise of the department's Leadership Team.

Perhaps most significant is that this is the first time our work will be guided by a comprehensive strategic plan that reflects our role of protecting and promoting the public's health in our community and holds us accountable. As the department monitors implementation of the plan over the next five years, we will share reports of our progress with you.

We will be challenged to stay focused, while remaining flexible to adapt to changes in the broader health care system over the next few years. The Barry-Eaton District Health Department's strategic plan provides the guidance we will need to keep us heading in the right direction while providing an opportunity to remain responsive to future needs.

Sincerely,

Colette Scrimger, MSW
Health Officer
Barry-Eaton District Health Department

Caring for the Community since the 1930s

Barry County Office: 330 W. Woodlawn Ave, Hastings MI 49058 ~ Phone: 269-945-9516 ~ Fax: 269-818-0237
Eaton County Office: 1033 Health Care Dr., Charlotte, MI 48813 ~ Phone: 517-543-2430 ~ Fax: 517-543-7737
Eaton Substance Abuse Program: 1033 Health Care Dr., Charlotte, MI 48813 ~ Phone: 517-543-2580 ~ Fax: 517-543-8191

Executive Summary

The Barry-Eaton District Health Department (BEDHD) completed strategic planning activities in 2012 and 2013 to discuss the identity of the department in a changing health care environment due to federal health reform and to prepare their application to receive national accreditation through the Public Health Accreditation Board (PHAB). The BEDHD's strategic planning process was grounded in the essential functions of public health, developed by the National Association of City and County Health Officials (NACCHO) and aligned with the requirements of the PHAB.

In spring 2012, the BEDHD executive team, consisting of key administrators and management staff of the BEDHD and the chair of the Barry-Eaton District Board of Health, met over the course of three sessions to:

- review the Core Public Health Functions and 10 Essential Public Health Services of public health;
- conduct an informal SWOT analysis to identify the BEDHD's strengths, weaknesses, opportunities, and threats in relationship to the core functions and essential health services;
- create a vision for the BEDHD's future role;
- identify priorities grounded in the SWOT analysis and tied to the envisioned role for the BEDHD; and
- suggest strategies to move the organization forward during the next three to five years.

The work of the executive team provided a framework for the BEDHD's development of a broader, community-based strategic plan to guide the work of the health department and the Board of Health over the next three to five years. Beginning in March 2013, the BEDHD was awarded funding through an Accreditation Readiness Mini-Grant to conduct the second phase of strategic planning. The BEDHD leadership team met over the course of four meetings to review the mission, vision, and value statements of the department; review, confirm, and add to the analysis of strengths, weaknesses, opportunities, and threats (SWOT analysis); and identify goals (i.e., priorities) and strategies that the organization could implement to move forward during the next three to five years.

Mission

Our mission is to protect and enhance health by promoting and providing innovative, community based programs and initiatives.

Vision

A community where everyone has the opportunity to live a long, healthy, and active life.

Value Statements

The BEDHD executive team identified the following values intrinsic to its service to the community:

- We are committed to helping people.
- We will treat people with dignity and respect.
- We will assure good health and wellness.
- We will fulfill the essential public health functions.

Goals

The Barry-Eaton District Health Department will work to assure that all community members have:

- A healthy, successful start in life.
- Access to quality health care across the continuum of care.
- Safe and healthy food, water, and air.

The Barry-Eaton District Health Department will work to promote community health by:

- Empowering the community and individuals to take an active role in their health.
- Protecting the community from potential health hazards.
- Advocating for community conditions that prolong health and support quality of life for all community members.
- Providing Barry-Eaton District Health Department management and staff with the appropriate data, tools, and other resources to protect and enhance health.

Community health needs assessments (CHNAs) were conducted in 2011–2012 with broad participation of stakeholders (e.g., advisory councils, community member town hall meetings or forums) in both Barry and Eaton counties. Then community health improvement plans were developed in both counties, which were informed by the CHNA and participation of a broad stakeholder group.

Finally, the leadership team developed action plans with input from health department staff to address the identified priorities, and to increase collaboration and efficiency across the department. The resulting strategic plan, presented in this report, provides a roadmap for BEDHD for the next three to five years.

Mission, Vision, and Value Statements

MISSION

Our mission is to protect and enhance health by promoting and providing innovative, community based programs and initiatives.

VISION

A community where everyone has the opportunity to live a long, healthy, and active life.

VALUE STATEMENTS

- We are committed to helping people.
- We will treat people with dignity and respect.
- We will assure good health and wellness.
- We will fulfill the essential public health functions.

ENVISIONED ROLE

Our role in the future is to assess, educate, advocate, lead and participate in efforts to promote and protect health for the population of our community.

Summary of Strategic Priorities (Goals)

The BEDHD executive team drafted a list of goals based on their expertise and knowledge of the community as informed by the results of the community health needs assessments completed in Barry and Eaton counties. The full leadership team then reviewed and refined the goal statements and developed the rationale for each goal statement below.

The Barry-Eaton District Health Department works to assure that all community members have:

1. A healthy, successful start in life.

A healthy, successful start in life begins before birth and sets the stage for a healthy life course. There are a number of factors that contribute to healthy pregnancies, good birth outcomes, and early childhood development—including healthy behaviors before, during, and after pregnancy; prenatal care; pregnancy planning; violence prevention and response; substance abuse prevention and treatment; well child care; and education on child development.

2. Access to quality health care across the continuum of care.

One of the primary functions of public health is to assure that all community members have access to health care, either through direct provision of services or linkages to health care services. To increase the potential for improved health outcomes, the accessibility and quality of health care must be addressed across the continuum of care—including preventative, primary, and specialty medical care; mental and behavioral health services; dental care; and palliative care.

3. Safe and healthy food, water, and air.

Everyone in our community benefits from efforts to maintain the quality of our food, water, and air. These efforts include regulation of environmental conditions that surround us and affect our health, including systems for sewage and drinking water, restaurant and food safety, and smoke-free air. Availability and access to *healthy* food choices is another important aspect of our food systems that contributes to a long, healthy, and active life for members of our community.

The Barry-Eaton District Health Department works to promote community health by:

4. Empowering the community and individuals to take an active role in their health.

Community members benefit from a knowledge and understanding about the importance of personal health and the link between personal health and community health. Empowering and motivating individuals to make changes in the management of their health and wellness may include education and information on healthy behaviors; strategies, tools, and skills to achieve healthy behaviors; and opportunities and supports for engaging in healthy behaviors.

5. Protecting the community from potential health hazards.

Potential health hazards include conditions and situations that could present an imminent danger to individuals or the population as a whole. They may include communicable disease outbreaks, accidents, violence, and environmental hazards such as toxic spills or exposure to mold and lead. Sometimes broad-scale efforts, such as emergency preparedness and response, are necessary to prevent or mitigate harm. In other cases, providing education and information allow people to take personal action to protect themselves.

6. Advocating for community conditions that prolong health and support quality of life for all community members.

Our community benefits when community conditions support individuals' choices that prolong their health and support their desired quality of life. Community policies and practices can help residents make their first choice a healthy choice, no matter their age or ability, race or ethnicity, gender, or income. Policies that affect our built environment—such as safe and accessible neighborhoods, parks, and roads—are one example.

7. Providing Barry-Eaton District Health Department management and staff with the appropriate data, tools, and other resources to protect and enhance health.

The composition and distribution of staff, opportunities for professional development, attention to employee well-being, and ability to share resources across the health department are all factors that contribute to maintaining a strong network of competent public health professionals. To increase effectiveness and efficiency, staff at all levels must be responsible for identifying and contributing their skills and assets—data, tools, expertise, or other resources—to support the work of the department in any area that may benefit.

Strategies

The full leadership team brainstormed a preliminary list of strategies which the executive team then used, along with the department's goals (priorities) and rationale, and opportunities identified through the SWOT analysis, to propose a list of strategies to the full leadership team. The full leadership team reviewed the strategies, taking into account input from department staff, and came to consensus on cross-cutting strategies that could contribute to all goals and individual strategies, as presented below.

The following strategies could contribute to all of the BEDHD goals:

- Data availability
- Community health needs assessment processes
- Community collaboration
- Partnerships
- Communication
- Promotion of the practice of public health

Goal 1: A healthy, successful start in life

Strategies:

1. Promote healthy behaviors before, during and after pregnancy
2. Improve system of care to remove barriers for preconception, prenatal care and well child care
3. Reduce preventable diseases

Goal 2: Access to quality health care across the continuum of care

Strategies:

1. Lead implementation of health reform (Affordable Care Act or ACA) locally
2. Assure the existence of a health care provider for vulnerable populations
3. Improve the utilization of best practice models among health care providers
4. Serve as a connector to resources

Goal 3: Safe and healthy food, water, and air

Strategies:

1. Reduce risk of food borne, water borne, air borne illness
2. Promote healthy, nutritional food systems

Goal 4: Empowering the community and individuals to take an active role in their health

Strategies:

1. Strengthen individual knowledge and skills
2. Enhance community education
3. Educate providers
4. Provide technical assistance for policy development and community planning

Goal 5: Protecting the community from potential health hazards

Strategies:

1. Assure public health response to community emergencies and events
2. Investigate and respond to outbreaks
3. Reduce risk of exposure to harmful environmental contaminants/agents
4. Enforce public health laws

Goal 6: Advocating for community conditions that prolong health and support quality of life for all community members

Strategies:

1. Provide public health expertise and technical assistance
2. Promote consideration of the impact on health and health equity in the development of all local policies.
3. Promote best practice models and local successes with community improvement initiatives, and encourage local implementation
4. Promote accident/injury prevention

Goal 7: Providing BEDHD management and staff with the appropriate data, tools, and other resources to protect and enhance health

Strategies:

1. Assure a competent public health work force
2. Utilize technology to maximize efficiency, accessibility, productivity and transparency
3. Improve intra-agency collaboration
4. Improve employee health and wellness
5. Develop a performance management plan
6. Assure sustainable funding to support agency operations
7. Integrate community priorities in program planning

Action Plans

The director of each division of the BEDHD was assigned to develop an action plan for the upcoming year with the help of staff. Using all of the strategic planning documents (e.g., SWOT analysis, strategic plan components, community health needs assessments), directors met with staff to develop measurable, time-framed objectives and actions for each strategy to be implemented. The action plans under development for 2014, for each division of the BEDHD, are presented in the attachment.

Strategic Plan Crosswalk with CHIP and QI Plans

COMMUNITY HEALTH IMPROVEMENT PLANS (CHIP)

During the strategic planning process, the BEDHD leadership team used information identified through community health needs assessments completed in both Barry (2011–2012) and Eaton (2012) counties to help identify strategic priorities. The results of the CHNA for each county are summarized below, and the related BEDHD goals and strategies are shown in parentheses.

Barry County Community Health Needs Assessment Strategic Priorities 2011–2012

- Increase **access to health care** in Barry County (BEDHD Goal 1, Strategy 2; Goal 2, Strategies 1–4)
- Reduce use of **tobacco** and protect people from the harmful effects of tobacco use (BEDHD Goal 1, Strategy 3; Goal 3, Strategy 1; Goal 4, Strategies 1–4)
- Reduce **obesity** in Barry County
 - Strategies for obesity prevention include:
 - Increase awareness of healthy lifestyle to those who live, work and play in Barry County. (BEDHD Goal 1, Strategy 1; Goal 4, Strategies 1 and 2)
 - Increase awareness of importance of policy and environmental driven approaches and develop and implement a comprehensive policy driven approach to affect positive change. (BEDHD Goal 4, Strategy 4; Goal 6, Strategies 3 and 4)
 - Increase physical activity levels in Barry County. (BEDHD Goal 4, Strategies 1 and 2)
 - Increase access to healthy foods to those who live, work and play in Barry County. (BEDHD Goal 3, Strategy 2)

Eaton County Strategic Priorities, as part of the Healthy! Capital Counties Community Health Needs Assessment

Priority: Safety and Social Connection

Create safe neighborhoods and communities by decreasing crime, violence, and accidental injury, and promoting and supporting social connections.

- Implement and strengthen policies and programs to enhance transportation safety. (BEDHD Goal 6, Strategies 1–4)
- Support community and streetscape design that promotes safety and prevents injuries. Maintain conditions of sidewalks, adding sidewalks where they are needed, and removing snow in the winter so that pedestrians are not forced into the streets. (BEDHD Goal 4, Strategy 4; Goal 6, Strategies 3 and 4)
- Strengthen policies and programs to prevent violence. (BEDHD Goal 6, Strategies 1–4)
- Facilitate social connectedness and community engagement across the lifespan.
- Provide individuals with knowledge, skills, and tools to make safe choices in safe places. (BEDHD Goal 1, Strategy 1; Goal 4, Strategy 1)

Priority: Child Health

Promote an environment that encourages and assures good health among children and adolescents.

- Reduce the number of preventable hospitalizations among children and adolescents. (BEDHD Goal 1, Strategies 2 and 3; Goal 2, Strategies 1–4; and Goal 6, Strategy 4)
- Increase the proportion of children and adolescents practicing positive health behaviors. (BEDHD Goal 1, Strategy 1; Goal 3, Strategy 2; Goal 4, Strategy 1)
- Increase health-related self-efficacy among children and their caregivers. (BEDHD Goal 4, Strategies 1 and 2)

Priority: Connection to Resources

Promote awareness of and connect individuals to community resources, find and fill gaps in services and resources, and ensure that everyone can access resources to live in good health.

- Increase the number of individuals connected to traditional community resources (human services programs) via the 2-1-1 system. (BEDHD Goal 2, Strategy 4)
- Reduce the gaps in services and resources and increase the utilization of services and resources. (BEDHD Goal 1, Strategy 2; Goal 2, Strategy 3)
- Improve the quality of existing resources and services.
- Promote positive social interactions and support healthy decisions.
- Increase the connection of individuals with health promotion resources to encourage and enable individuals to achieve and maintain healthy lifestyles. (BEDHD Goal 4, Strategies 1 and 2)

Priority: Obesity

Create a community context where everyone can attain and maintain a healthy weight by increasing access to healthy foods and physical activity opportunities.

- Increase access to healthy and affordable foods in communities. (BEDHD Goal 3, Strategy 2)
- Implement organizational and programmatic nutrition standards and policies, and improve the quality of foods served at worksites, organizations, and institutions. (BEDHD Goal 3, Strategy 2; Goal 4, Strategy 4)
- Help people recognize and make healthy food and beverage choices. (BEDHD Goal 1, Strategy 1; Goal 3, Strategy 2; Goal 4, Strategies 1 and 2)
- Promote breastfeeding through policies and programs to increase the number of infants who breastfeed at birth and the proportion still breastfeeding at six months. (BEDHD Goal 1, Strategy 1)
- Establish a coordinated, interconnected food policy system. (BEDHD Goal 3, Strategy 2; Goal 4, Strategy 4; Goal 6, Strategy 3)
- Encourage community design and development that supports physical activity. (BEDHD Goal 4, Strategy 4; Goal 6, Strategy 2)
- Promote and strengthen school and early learning policies and programs to increase physical activity. (BEDHD Goal 4, Strategy 4; Goal 6, Strategies 1, 2, and 3)
- Facilitate access to safe, accessible, and affordable places for physical activity by developing new places, and promoting and maintaining current places. Support workplace policies and

programs that increase physical activity. (BEDHD Goal 4, Strategies 2, 3, and 4; Goal 6, Strategies 1–4)

Priority: Access to Quality Health Care

Increase access to affordable health care services, and improve the quality of health care services.

- Increase the percentage of people with health insurance coverage. (BEDHD Goal 2, Strategies 1 and 2)
- Increase the percentage of people with a specific source of primary care. (BEDHD Goal 2, Strategies 1 and 2)
- Increase utilization of clinical and community preventive services. (BEDHD Goal 2, Strategies 3 and 4)
- Enhance coordination and integration of clinical, behavioral, and complementary health services, and reduce barriers to accessing health care services. (BEDHD Goal 2, Strategy 3)

QUALITY IMPROVEMENT (QI) PLANS

BEDHD has been working towards establishing and increasing quality improvement capacity for a number of years. In 2006, BEDHD was one of a handful of QI grantees from the Michigan Department of Community Health’s Cardiovascular Disease section to establish, train, and implement a QI system in the Health Connections Primary Care Clinic. This work continues today through the work of the Health Connections Performance Improvement Team. In 2012, BEDHD Management and key staff formed the BEDHD Leadership Team, which completed a Leadership Development Process in 2013. This process enhanced the skills and abilities of management and key staff to understand quality improvement and performance management concepts.

In early 2013, BEDHD completed the “Quality Improvement Supplement” as part of the State of Michigan’s Local Public Health Accreditation process. This supplement included the following activities:

- Board of Health Resolution in support of Quality Improvement and Performance Management
- Completed an assessment of existing quality improvement activities using the NACCHO Roadmap to Quality Improvement Model
- Completed a Performance Management Self-Assessment
- Identified strategies to move to the next phase of QI Development. These include:
 - Enhance leadership and management commitment via training and communication
 - Improve employee empowerment and commitment via all-staff orientation to QI
 - Continue to establish the QI Infrastructure through revision of the Performance Management Self-Assessment tool with Leadership Team
 - Determine the best QI process model for the agency
 - Establish Agency-wide QI plan.

As the agency-wide quality improvement plan is developed, it will be tied to the strategic plan.

Appendix A: Strategic Planning Participation

Following is a list of the BEDHD executive team (ET) and leadership team (LT) members engaged in the strategic planning process:

- Jackie Anderson, Cancer Screening Coordinator (LT)
- Carol Balkon, Sanitarian I (LT)
- Anne Barna, Health Analyst II (LT)
- Greg Cabose, Environmental Health Supervisor (LT)
- Janey Donnini, Human Resources Coordinator (LT)
- Terri Geiger, Secretary II (LT)
- June Gillespie, Personal Health Coordinator (ET, LT)
- Tamah Goul, Health Educator II (LT)
- Janet Graham, Communicable Disease/Sexually-Transmitted Infections Coordinator (LT)
- Jack Jesse, Eaton Behavioral Health Director (ET, LT)
- Taresa Lucas, Finance Supervisor (LT)
- Mitch Miller, Nurse II (LT)
- Eric Pessell, Environment Health Director (ET, LT)
- Matthew Radocy, Emergency Planning Coordinator (LT)
- Robert Rogers, Management Information Systems Manager (LT)
- Heather Sanders, Women, Infants, and Children Coordinator (LT)
- Robert Schirmer, MD, Medical Director (ET, LT)
- Colette Scrimger, Health Officer (ET, LT)
- Lisa Smith, Administrative Director (LT)
- Sue Thuma, Personal Health Director (ET, LT)
- Regina Young, Environmental Health Supervisor (LT)

The BEDHD would like to acknowledge the participation of the following community stakeholders who provided input to the BEDHD:

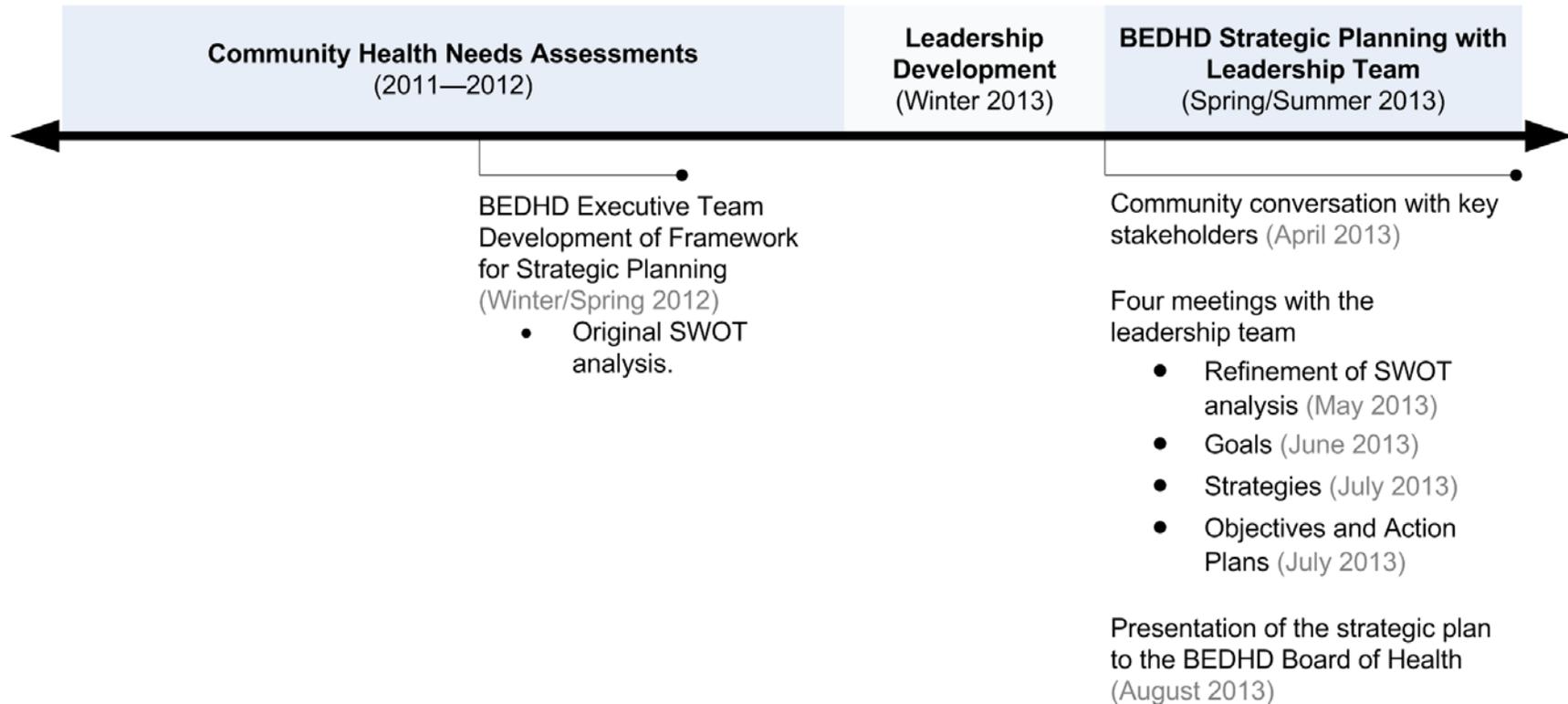
- Joe Brehler, Eaton County Commissioner, BEDHD Board of Health
- Michael Brown, County Administrator, Barry County
- Tim Click, Director, Barry and Eaton County Department of Human Services
- Jim Dull, Barry County Commissioner, BEDHD Board of Health
- John Fuentes, County Controller, Eaton County
- Ben Geiger, Barry County Commissioner, BEDHD Board of Health
- Tim Johnson, President and CEO, Eaton Rapids Medical Center
- Jan Mclean, Executive Director, Barry County Community Mental Health
- Blake Mulder, Eaton County Commissioner, BEDHD Board of Health
- Matt Rush, President and CEO, Hayes Green Beach Memorial Hospital

- Robert Sheehan, Executive Director, Clinton-Eaton-Ingham Community Mental Health Board
- Craig Stolsonburg, Barry County Commissioner, BEDHD Board of Health
- Jane Whitacre, Eaton County Commissioner, BEDHD Board of Health

The BEDHD also appreciates the experience and expertise of community members who participated in community health needs assessment activities and BEDHD staff who contributed to the process.

The BEDHD retained Public Sector Consultants, Inc. to facilitate the strategic planning process (including preparing agendas and meeting materials, facilitating executive and leadership team meetings, preparing meeting summaries) and the conversation with key community leaders. The BEDHD also retained a consultant to facilitate leadership development sessions, which informed its overall strategic planning process.

Appendix B: Summary of the Strategic Planning Process



Appendix C: Methods of Stakeholder Engagement

COMMUNITY HEALTH ASSESSMENT

In 2011 and 2012 the BEDHD administered, along with partners in the community, CHNAs in both Barry and Eaton counties. In Barry County, the BEDHD Health Officer co-chaired the CHNA steering committee on the B.Healthy Coalition responsible for evaluating county health data, providing input based on her expertise, and analyzing data obtained via telephone surveys of residents. In Eaton County, the BEDHD collaborated with two local public health departments and four local hospital systems, and engaged residents in three counties (Healthy! Capital Counties) to conduct a CHNA. The BEDHD assisted with data collection (both primary and secondary data) to inform discussions of the community advisory committee and help it identify priorities.

LEADERSHIP DEVELOPMENT

Following the appointment of a new Health Officer in September 2012, key staff of the agency were selected to participate in a staff development process that trained staff in new concepts around leadership, strategic planning, communications, and interpersonal dynamics. Participants were offered self assessments of their leadership/work styles and were given both individual and group coaching. The purpose was to initiate a cultural change within the organization that inspires staff to work towards a shared vision. The “Leadership Team” was formed as a result of this process in order to continue to support the cultural change and enhance capacity in the areas of leadership, strategic planning, communications, and interpersonal dynamics. The leadership team has been instrumental in the development of the BEDHD strategic plan.

ENGAGEMENT OF HEALTH DEPARTMENT STAFF

The BEDHD executive and leadership teams reached out to health department staff throughout the strategic planning process to keep them informed, solicit input, and obtain feedback on the results of their work (e.g., strategies and action plans). Executive team members engaged staff in discussions about strategic planning during regular staff meetings and one-on-one conversations, and the leadership team sent e-mails to staff following each strategic planning meeting to provide updates, and also sent a survey to all health department staff to obtain feedback on strategies. Executive team members likewise engaged staff to develop measurable, time-framed objectives and actions to implement strategies (i.e., action plans).

DEPARTMENT LEADERSHIP TEAM MEETINGS

In March 2013, PSC led the BEDHD leadership team through a strategic planning process after the department was awarded an Accreditation Readiness Mini-Grant. This phase of the strategic planning was rooted in the ten essential functions of public health, and built on the framework developed by the executive team in spring 2012. PSC facilitated the following discussions with the leadership team over four meetings in 2013:

- **Review of the Mission and Vision.** During the meeting held on May 9 with the department leadership team, PSC provided an overview of the PHAB requirements and the strategic planning process, including the importance of connecting performance management, quality improvement, community health needs assessments, and community health improvement

plans. PSC then reviewed and confirmed the department's mission and vision statements with the leadership team.

- **SWOT Analysis.** Also during the May 9 meeting, PSC helped the leadership team refine the SWOT analysis completed in spring 2012. The leadership team was asked to confirm and add any strengths, weaknesses, opportunities, and threats for the BEDHD in relationship to the core functions and essential services of public health. The community health needs assessments and community health improvement plans being developed at the time, in both Barry and Eaton counties, were used to inform the discussion. The results of the completed SWOT analysis (see Appendix D) provided the foundation for the leadership team to identify goals (priorities), strategies, and action plans.
- **Identification of Priorities and Strategies.** During the meeting held on May 21, PSC facilitated a discussion with the department leadership team to confirm, refine, and expand on the priorities and strategies proposed by the executive team. The SWOT analysis, health improvement plans of each county, and findings from the conversation with key stakeholders informed this discussion. Then, given the priorities, PSC worked with the department leadership team to identify strategies that the organization should implement to move forward during the next three to five years.
- **Development of Action Plans.** The department leadership team developed action plans to address the identified priorities during its third (June) and fourth (July) meetings in 2013. Each participant identified the assets (e.g., knowledge, experience, skills, data, existing relationships with community partners) he/she or staff could contribute to each of the goals. Then leadership team members were broken into small groups to link the identified assets to the list of BEDHD strategies for each goal. Division leaders were tasked with taking the drafted plans back to health department staff to continue developing them. During the final meeting of the department leadership team, PSC reviewed the strategic planning process completed to date, and facilitated a working session for team members to continue identification of objectives and actions for each strategy.

BOARD OF HEALTH

Barry-Eaton District Board of Health members and key community leaders (e.g., business leaders, other health care providers, educators, and/or representatives of community service organizations) participated in a community conversation to obtain their perspectives on the role of the BEDHD in the community now and in the future, and how that role might be strengthened through collaborative efforts. Discussion questions were designed to obtain input on the SWOT analysis completed in spring 2012 and the vision and goals developed by the executive team in winter 2013. The findings from this discussion (see Appendix E) were shared with the department leadership team to inform the development of the health department's action plan.

Appendix D: SWOT Analysis

In February 2012, the BEDHD executive team conducted an informal SWOT analysis with management staff and the board chair to identify the BEDHD’s strengths, weaknesses, opportunities, and threats in relationship to the core functions of public health and essential health services. This exercise allowed participants to examine the internal and external context, features, and influences on the public health mission of the Barry-Eaton District Health Department. It was later shared with community stakeholders for comment in April 2013. In May 2013, the original SWOT was shared with and expanded upon by the BEDHD leadership team, and is provided in the table below.

	Strengths	Weaknesses	Opportunities	Threats
Essential Service 1: Monitor health status to identify and solve community health problems.				
<ul style="list-style-type: none"> • Population-based community health profile • Current technology to manage and communicate population health data • Maintenance of population health registries 	<ul style="list-style-type: none"> • Collect population data through community assessments and Behavioral Risk Factor Surveys (BRFSSs). • Dedicated staff resources (health analysts and health educators) to support assessment activities. • Partner with ICHD Epidemiologist as needed. • Community partners call upon BEDHD for data. • Technology is up-to-date and capacity is available for different/expanded use of technology. • Access to registries through the state; health analyst is able to pull data. • BEDHD is able to conduct real time data analysis 	<ul style="list-style-type: none"> • Community assessments are not consistently used within BEDHD programs or incorporated into daily work. • BEDHD’s role as a partner in community health improvement plans is not clearly defined and, therefore, is difficult for staff to understand. • All community partners are not engaged to address problems (e.g., child abuse and neglect) across disciplines. • Data on the health status of school aged children are limited at the local, state, and national levels. • The environmental contributors to individual 	<ul style="list-style-type: none"> • Continue partnering with ICHD Epidemiologist to monitor population data. • Use data to support and provide information for health information exchange set up and ACA implementation. • Strengthen relationships with hospitals and business sector. • Build on capacity to use a variety of media (e.g., social media); IT support can be restructured as needed. • Integrate environmental health measures/indicators of health into community health assessment and planning activities. 	<ul style="list-style-type: none"> • Lack of resources to support specific needs of the community. • Reluctance within the community to address needs due to stigmas or philosophical beliefs (e.g., perception of imposing government). • Societal lack of sense of community (e.g., community good vs. individual benefit).

	Strengths	Weaknesses	Opportunities	Threats
	<p>during outbreaks and maintains trend data.</p> <ul style="list-style-type: none"> • BEDHD’s environmental health staff regularly monitors environmental concentrations in the water and air. • BEDHD’s environmental health staff collaborates with other agencies in the community. 	<p>and community health status are not conveyed to the extent that they could be.</p> <ul style="list-style-type: none"> • Current forms of media are outdated. 	<ul style="list-style-type: none"> • Demonstrate/promote how environmental factors influence the health of individuals and the community. • Obtain more qualitative data from community members about their health and the conditions in which they live and work. • Incorporate data from Child Death Review Team into the community health assessment process. 	
Essential Service 2: Diagnose and investigate health problems and health hazards in the community.				
<ul style="list-style-type: none"> • Identification and surveillance of health threats • Investigation and response to public health threats and emergencies • Laboratory support for investigation of health threats 	<ul style="list-style-type: none"> • Public Health Emergency Response Team is excellent in investigating and addressing emergencies (e.g., communicable disease outbreaks). • Strong relationships with the regional public health laboratory and epidemiologists. • BEDHD is very visible in communicable disease investigations done in partnership with hospitals. • BEDHD has an in-house, full-time dedicated resource (i.e., Medical Director). • BEDHD monitors community events to ensure regulations are followed and hazards are 	<ul style="list-style-type: none"> • Generating reports to the state and maintenance of outbreak files could be improved upon. • Response to chronic disease (e.g., obesity, diabetes) and STDs at the population level is limited. • Surveillance of population health threats is impeded when community partners perceive the health department as a threat instead of a partner. • Demand of current programs limits ability to follow through on strategies for reducing chronic disease. 	<ul style="list-style-type: none"> • Monitoring and responding to health issues of the community (e.g., chronic diseases). • Utilization of staff to address chronic disease. • Build partnerships to address prevention and wellness at population level. • Identify and obtain funding to support environmental investigations in areas typically under the purview of other community partners (e.g., watershed quality). • Enhance visibility of the health department and expand real-time 	<ul style="list-style-type: none"> • Funding is tied to high incidence. • Perception of public health as regulators instead of partners.

	Strengths	Weaknesses	Opportunities	Threats
	<p>addressed.</p> <ul style="list-style-type: none"> • BEDHD collaborates with other agencies to monitor and address environmental regulations (e.g., watershed quality investigations). • BEDHD responds immediately to possible environmental hazards and conducts investigations to identify the contributing factors. 	<ul style="list-style-type: none"> • Availability of resources to support the health department in responding to hazards identified by other agencies. • Timeliness of physician reporting of potential outbreaks to the health department. 	<p>communication about investigations and potential hazards in the community by using outlets such as Facebook.</p> <ul style="list-style-type: none"> • Educate physicians about what the health department can do as a partner to prevent large outbreaks, if caught early. • Expand communicable disease reporting to pharmacies. • Use hazardous incidents (e.g., meth lab bust) to build community awareness of potential hazards. 	
Essential Service 3: Inform, educate, and empower people about health issues.				
<ul style="list-style-type: none"> • Health education and promotion • Health communication • Risk communication 	<ul style="list-style-type: none"> • At least one article in a newspaper every week. • Within each program area individuals are educated as they come to us or we go to them. • Group education programs are offered within BEDHD clinics. • Recent addition of health educators to liaison with community planners and other units of local government (e.g., schools, townships, municipalities, etc.). • BEDHD staff provide one- 	<ul style="list-style-type: none"> • Uncertain to what extent schools are following the Michigan Model for health education. • Don't have measures for communication efforts (e.g., how many people go to website due to billboard). • Inability to measure success of health promotion and prevention efforts. • Relationship with business sector in the community is limited. 	<ul style="list-style-type: none"> • Ensure that health information and education is being done within the community. • Partner with colleges to inform and educate younger populations. • Use the local education system as a vehicle to inform the community (e.g., influence curriculum and cafeteria menus, use as a media outlet). • Expand health education messages for chronic disease from the clinic out into the community. 	<ul style="list-style-type: none"> • Resources limit staff capacity to fulfill requests from community, such as, requests for help creating healthy menus or a presentation on blood borne pathogens. • Other health partners perceive expanded health education efforts as competition. • BEDHD internal debate regarding the role of BEDHD health educators as community health

	Strengths	Weaknesses	Opportunities	Threats
	<p>on-one education at teachable moments (e.g., environmental health staff educate partners while on site).</p> <ul style="list-style-type: none"> Regular emergency preparedness planning updates are provided to the community and partners. 		<ul style="list-style-type: none"> Be the public health experts for community partners. For example, staff can work to inform decision makers about public health interventions and insert a public health perspective in planning efforts. Utilize social media more, in addition to print and radio. Enhance public health messages with appreciation of risks (e.g., tobacco, personal hygiene). Translate research into information demonstrating effect of interventions on the local community. Use incidents in the community to educate the public about “hot topic” issues and empower individuals to do what they can to reduce risks and improve community health. Improve internal communication and coordination of information to make sure health department staff know about “hot topic” issues. For example, use IT to effectively disseminate information to staff (e.g., 	<p>educators versus program health educators.</p> <ul style="list-style-type: none"> Difficulty measuring success of initiatives. Not everyone believes the published research. Identified health risks are not acted on by partners. For example, following a restaurant outbreak, protocols to reduce a future outbreak are not consistently implemented by staff at the restaurant.

	Strengths	Weaknesses	Opportunities	Threats
			<p>regular updates to the staff section of the website, establish protocols to distribute information via e-mail distribution list).</p> <ul style="list-style-type: none"> • When providing facts to media partners while reports are being developed, include information to help the community understand the role of public health. • Develop strategies to address root causes of compliance issues (e.g., work with restaurant suppliers to encourage the sale of effective cleaning products). 	
Essential Service 4: Mobilize community partnerships and action to identify and solve health problems.				
<ul style="list-style-type: none"> • Constituency development • Community partnerships 	<ul style="list-style-type: none"> • BEDHD has maintained relationships with human services organizations within Barry and Eaton counties, plus the Lansing area. • Relationships with local hospitals have continued to strengthen. • BEDHD has health records of uninsured through the clinics. • Meaningful partnerships with community mental health and an exchange of services. • BEDHD is currently leading 	<ul style="list-style-type: none"> • Risk communication and partnering with community partners. • Community partners don't reach out to BEDHD for wellness promotion community initiatives. • BEDHD is not on the same EMR system as the hospitals, therefore, it is not as easy to share information. • Constituency development (for example, identification of stakeholders and key partners, developing 	<ul style="list-style-type: none"> • Develop relationship with local school districts and colleges. • Strengthen relationship with local hospitals and describe what the health department can offer of value (e.g., information sharing about population health, information on the uninsured population). • Partner with Accountable Care Organizations (e.g., hospitals, CMH) to coordinate services, (e.g., non-emergency ER patients referred to the 	<ul style="list-style-type: none"> • Hospitals may not perceive the value of partnering with local health (e.g., small player in a large world). • The effort of the health department on the local hospitals' bottom lines is not established. For example, if public health's focus is on prevention and the hospital's focus is on getting people in the door, how do the two mesh to drive quality

	Strengths	Weaknesses	Opportunities	Threats
	<p>a community health needs assessment effort with a coalition of hospitals and health departments in the capital area.</p> <ul style="list-style-type: none"> • BEDHD is engaged with the community capital area substance abuse collaborative. • The Health and Wellness Committees, established from the Access to Care Summit five years ago, have shifted to implementing the Healthy Community Model in Grand Ledge and Eaton Rapids. Hastings is building their model for Barry County. • Developed and presented “Public Health 101” for incoming health board members. • BEDHD’s environmental health staff work with watershed groups to help complete investigations and develop best practices that have been shared with and implemented by other counties. In addition, these best practices have been considered at the state level to make potential changes in policies across the state. • BEDHD has created partnerships using MOUs for specific purposes such as emergency planning and 	<p>immediate and long-term strategies for engagement).</p> <ul style="list-style-type: none"> • Local, state, and federal policy makers and legislators have limited knowledge of BEDHD role and activities. • Relationship with business sector in the community needs development. 	<p>health department clinic), obtain reimbursement for BEDHD services, and help assure population health.</p> <ul style="list-style-type: none"> • Continue to coordinate services and partner with the Ingham County Health Department. • Reach out to larger hospitals in the capital region to “get a seat at the table.” • Assist non-profit hospitals with ACA required community health needs assessments. • Partner with local free clinic to provide primary care services to new Medicaid patients, as of 2014. • Identify core constituencies to engage. • Conduct outreach to potential community partners at a variety of meetings to engage additional partners. • Build messages to the public about what individuals can do to protect and improve the health of the community. • Strengthen partnerships to prepare for any emergency (disease and otherwise): create 	<p>care within a system?</p> <ul style="list-style-type: none"> • Uncertainty regarding implementation of Affordable Care Act.

	Strengths	Weaknesses	Opportunities	Threats
	<p>preparedness protocols and agreements.</p> <ul style="list-style-type: none"> • BEDHD initiates regular meetings with various local partners (e.g., food service providers, well and septic installers and evaluators, realtors, hospitals) for health improvement efforts. BEDHD staff actively participate in state-level forums to improve community mobilization. 		<p>protocols for real time communication and action to address emergencies and engage additional partners, such as local businesses and police departments.</p> <ul style="list-style-type: none"> • Initiate meetings with other entities in the community, such as nursing homes, to discuss ways to partner. • Evaluate the partnerships the health department has to assess the effectiveness of these partnerships. 	
Essential Service 5: Develop policies and plans that support individual and community health efforts.				
<ul style="list-style-type: none"> • Governmental presence at the local level • Public health policy development • Community health improvement process and strategic planning • Plan for public health emergencies 	<ul style="list-style-type: none"> • Public health emergency plan is in place. • Community health needs assessments are conducted with hospitals. • Policy development is done for some areas, e.g., sewage. • BEDHD staff identifies community issues and presents data, research and best practices to board of health on an ongoing basis. • The Summit on Access to Care engaged the community and some resulting initiatives are still going. • Internally the health 	<ul style="list-style-type: none"> • BEDHD is not doing as much policy development as would like to be doing. • BEDHD has not done as much strategic planning, as compared to assessments. • BEDHD has not requested the health board to implement specific policies (e.g., requiring restaurants to post nutrition information). • BEDHD has not worked with local schools to develop school wellness plans or influence school policies related to health. 	<ul style="list-style-type: none"> • Work with schools, boards, commissioners, and policymakers to implement policies that the health department recommends for population health improvement (e.g., nutrition information posted at restaurants). • Encourage health promotion policy development at other levels of government. For example, advocate for county buildings to have healthy food policies. • Make a conscious effort to address social determinants of health 	<ul style="list-style-type: none"> • Policies may be perceived as stepping on personal choices. • High turnover in policymakers. • Health is generally thought of by individuals as “a personal choice,” without consideration of the impact on community health.

	Strengths	Weaknesses	Opportunities	Threats
	<p>department is adopting healthy policies (e.g., healthy foods, healthy snack, smoking) and trying to be a model for other entities within the community.</p> <ul style="list-style-type: none"> • BEDHD’s environmental health department works with partners on zoning and master planning efforts. • BEDHD has plans in place to respond to emergencies and conducts table top exercises to improve response and strengthen and influence policy and planning with partners. • In the past year, BEDHD has conducted outreach to work with local municipalities on areas they can influence (e.g., building sidewalks to increase physical activity). BEDHD staff have begun to educate policymakers about policies they should consider. 		<p>through support/advocacy in local policy decisions (e.g., access to safe spaces for exercise).</p> <ul style="list-style-type: none"> • Work with local schools to develop wellness plans and policies related to health (e.g., healthy vending machines). • Work with local businesses to develop employee and worksite wellness policies. • Educate the public on how individual health affects the health of the community as a whole. • Promote policies and best practices when “hot topic” issues emerge in the media (e.g., pharmaceuticals in drinking water). 	
Essential Service 6: Enforce laws and regulations that protect health and ensure safety.				
<ul style="list-style-type: none"> • Review and evaluation of laws, regulations, and ordinances • Involvement in the improvement of laws, regulations, and ordinances • Enforcement of laws, regulations, and ordinances 	<ul style="list-style-type: none"> • BEDHD is intentional about improving communication with schools, for example, tracking immunizations of students. • Communication with other partners. • Health department staff is 	<ul style="list-style-type: none"> • The role of public health in protecting and ensuring safety is not well-marketed. 	<ul style="list-style-type: none"> • Build on BEDHD’s success and reputation for treating people with respect. • More involvement with MALPH to advocate for public health (e.g., public health code opening up in 2012). 	<ul style="list-style-type: none"> • Perception of public regarding regulations (e.g., conflict with philosophy of less government). • Revision of the Michigan public health code. • Continually re-

	Strengths	Weaknesses	Opportunities	Threats
	<p>very knowledgeable within their areas of expertise.</p> <ul style="list-style-type: none"> • Educational efforts are ongoing to ensure the health department staff know about current regulations and enforcement. • When working with partners and clients, BEDHD staff treat people with respect and communicate creatively in a way that people can accept and understand. • BEDHD is involved with the Michigan Association of Local Public Health (MALPH) board. • BEDHD's good relationship with local judges is supportive of enforcement needs. • BEDHD has ability to educate and advocate for policies (e.g., TOST) with solid information. • BEDHD enforces regulations pertaining to environmental concentrations (e.g., water and air quality). • BEDHD monitors community events to ensure regulations are followed and hazards are addressed. 			<p>educating board members and policymakers due to turn over.</p> <ul style="list-style-type: none"> • Economic restrictions and downsizing result in additional demands on BEDHD resources. For example, the health department is asked to address issues that are the responsibility of another agency that no longer has the necessary capacity. • Community partners do not have resources to ensure enforcement of areas under their authority (e.g., police enforcement of smoke free parks). • Some members of the public exhibit an intentional lack of cooperation or a "go ahead and make me" attitude toward public health regulations. • Public perceptions of the role of health inspectors and the health department in general are not realistic.

	Strengths	Weaknesses	Opportunities	Threats
	<ul style="list-style-type: none"> • Health department staff is intentional about improving communication with community agencies and partners. • Health department staff participate in discussions at the state level to review and/or revise regulations (e.g., DEQ process improvement, MALEHA, MEHA, substance abuse coalition). • Staff refer individuals and organizations to agencies with the proper authority to enforce laws that the health department does not have authority to enforce. • BEDHD is available and visible for partners to contact regarding enforcement issues. • Environmental health staff work collaboratively with partners to enforce laws. • BEDHD has the authority to quarantine (e.g., TB cases) to protect the health of the community. 			

Strengths	Weaknesses	Opportunities	Threats	
Essential Service 7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.				
<ul style="list-style-type: none"> • Identification of personal health service needs of populations • Assuring the linkage of people to personal health services 	<ul style="list-style-type: none"> • BEDHD is constantly involved in identification of the community's needs (e.g., community discussions regarding difficulty people have accessing primary care, mental health and substance abuse services). • The health department offers a primary care clinic. • Substance abuse services are integrated within BEDHD. • BEDHD partners with community mental health to provide services to the clinic population. • The health department provides immunizations and other public health services. • BEDHD staff regularly connect people to services and additional resources for other health issues identified during contact with clients (e.g., WIC, STD, Health Connections Clinic, environmental health). For example, during WIC visits, information and resources to support use of child car seats and safe sleep practices may be shared with clients. • BEDHD has a social worker on staff to help other staff 	<ul style="list-style-type: none"> • Challenges with linking uninsured/underinsured with services when providers are not available. • The health department is limited in the number of people it can serve due to resource limitations of each individual program. • It is not always the best fit for BEDHD to be the service provider when program expenses are high and utilization is low. 	<ul style="list-style-type: none"> • Explore possibilities with current free clinics to expand services to individuals newly insured or receiving Medicaid coverage due to the ACA. • Identify who else in the community could be providing services like family planning; ensure services are available in the community. • Build upon partnership with CEI-CMH (e.g., strengthen relationship between mental health and substance abuse). • Consider replicating CEI-CMH's methods to enroll Medicaid eligible individuals. • Make it easier for staff to make referrals to community resources. For example, retrain staff on how to use the CARD database or how to refer clients to 2-1-1. • Partner with unconventional resources (e.g., faith-based organizations) to provide services or help link people to services. • Work with community partners to develop a 	<ul style="list-style-type: none"> • Shortage of providers. • Funding limitations. • Population needs help to navigate through system and referrals to other services. • Number of new Medicaid patients anticipated due to federal health reform. • Perception of the health department as "the doctor" for an individual who doesn't have a regular physician. • Michigan will have a federally-run health care exchange rather than a state-run exchange so new funding will not be passed down to local health departments to support the exchange. • There are some issues that the health department cannot "fix" for individuals or that a community partner has run out of resources to address. • Privacy laws can prevent sharing of individual information across agencies even

	Strengths	Weaknesses	Opportunities	Threats
	<p>respond to clients with difficult social and/or behavioral health issues.</p> <ul style="list-style-type: none"> • There is a pending application for BEDHD to link with the Cherry Street Clinic to allow BEDHD to grow or to sustain personal health services. 		<p>better, shared understanding of privacy restrictions and strategies for responding to individuals' issues while protecting confidentiality.</p> <ul style="list-style-type: none"> • Enter into agreements with other agencies for information sharing in order to respond effectively to client needs and issues. 	<p>though the information may be necessary to address individuals' issues.</p>

Strengths	Weaknesses	Opportunities	Threats	
Essential Service 8: Assure competent public and personal health care workforce.				
<ul style="list-style-type: none"> • Workforce assessment, planning, and development • Public health workforce standards • Life-long learning through continuing education, training, and mentoring • Public health leadership development 	<ul style="list-style-type: none"> • Annual budgets include mandatory and elective continuing education and training for staff. • Reassignment of staff rather than terminations creates loyalty within the organization and among staff. • Staff are identified and sent to public health leadership trainings. • Staff regularly participate in trainings to maintain certifications and meet continuing education requirements. • BEDHD provides opportunities for staff to earn continuing education credits at no cost to the individual. • BEDHD partners with MSU to host both nursing and public health interns. • BEDHD provides tuition reimbursement for staff to earn a higher degree or additional certifications. • BEDHD has reestablished regular staff meetings to increase understanding of work across divisions. 	<ul style="list-style-type: none"> • Due to staff restructuring, assigned staff may not have skills/competencies matching their current positions. • Opportunities for lifelong learning are limited. For example, staff who could make good public health nurses are not given flex time to go back to school. • Information learned in workshops is not applied or disseminated throughout the organization. • Employee evaluations are not conducted consistently. • Internships create a burden for current staff. 	<ul style="list-style-type: none"> • Continue professional development opportunities to increase staff competencies. • Use regular staff meetings as opportunities to help everyone understand what is going on within the agency and link activities to public health functions. • Improve on competency type checklist. • Create mechanisms for staff to share information learned at training events and workshops. • Develop staff evaluation process and staffing plan. • Complete an agency-wide plan for workforce assessment and development (also a PHAB requirement). • Structure internship experiences to provide a benefit for BEDHD staff as well as the students. • Model best practices of employee wellness and invest in health and wellness of staff. 	<ul style="list-style-type: none"> • Resources to support professional development. • Lack of a qualified public health workforce pool to pull from to fill positions at the department or help with emergencies in the community. • About 47% of BEDHD staff are nearing traditional retirement age and have the potential to retire in the next five to ten years. • Staff turnover rate. • Changes in state law regarding insurance premiums (20% cap), unions (right to work), and risk to pensions create a challenge for recruitment and retention of staff.

Strengths	Weaknesses	Opportunities	Threats	
Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.				
<ul style="list-style-type: none"> • Evaluation of population-based health services • Evaluation of personal health services • Evaluation of the local public health system 	<ul style="list-style-type: none"> • Personal health services are evaluated against standards. • BRFSS is done every few years (including measures of access to care). • Patient satisfaction surveys are conducted. • Substance abuse division evaluates completion rates and retention and conducts quality of life surveys to compare different parts of program to see impact of the programs (e.g., pre and post surveys). • Evaluation data is being used to develop programs (e.g., TOST in environmental health). • The Performance Improvement Team within Health Connections uses the Plan, Do, Study, Act model for program improvement. 	<ul style="list-style-type: none"> • Population based evaluation doesn't happen unless it is a funding requirement. • Not evaluating effectiveness (outcome measurements) of programs. • The data that is gathered is tied to funding, so doesn't tell you if there are a behavior changes at the individual level. • Do not have the tools to provide an "absolute" or potential cause-effect link for incidents. 	<ul style="list-style-type: none"> • Improve use of data to demonstrate outcomes for local public health and help educate partners and the community. • Build on national public health quality improvement initiatives. • Develop a quality improvement plan (also a PHAB requirement). 	<ul style="list-style-type: none"> • Evaluation is tied to funding. • Capacity of staff to conduct evaluations. • It is difficult to measure something that is not happening, so conveying the value and importance of public health prevention and promotion to partners and the community is a significant challenge.

Strengths	Weaknesses	Opportunities	Threats	
Essential Service 10: Research for new insights and innovative solutions to health problems.				
<ul style="list-style-type: none"> • Fostering innovation • Linkage with institutions of higher learning and/or research • Capacity to initiate or participate in research 	<ul style="list-style-type: none"> • MS TRIP study. • Tobacco research project. • Partnered with judicial system and MSU researchers to reduce shaken baby syndrome. The health department provided home visits based on research protocols. • MSU partnered with the BEDHD environmental health division to conduct a research project on the effectiveness of sand filter design. • BEDHD location allows relationships with research universities. • BEDHD was the first health department to amend the local sanitary code to allow alternative waste and water treatment technologies and has served as a model for other local health departments for greater flexibility in land use. 	<ul style="list-style-type: none"> • BEDHD does not reach out to universities to partner on research efforts. 	<ul style="list-style-type: none"> • Solicit support from universities for research projects that provide benefits to both the university and BEDHD (e.g., improvements in population health, expanded capacity for service delivery, enhance reputation). • Identify grant opportunities to use in approaching research universities with potential projects that would benefit BEDHD. 	<ul style="list-style-type: none"> • Competing demands on staff time and resources. • Lack of resources to conduct research. • Public's perception of public health's role in research; people want the department to be active.

Appendix E: Summary of the Strategic Planning Discussion with Community Partners

April 25, 2013

In April 2013, Public Sector Consultants (PSC) facilitated a discussion with the Barry-Eaton District Board of Health members and key community leaders to obtain their perspectives on the role of the Barry-Eaton District Health Department (BEDHD) in the community now and in the future, and how that role might be strengthened through collaborative efforts. PSC designed the discussion questions to gain an understanding of how community partners view the health department's role in the community; obtain input on the department's strengths and opportunities and envisioned role, as developed by the executive team; and obtain ideas on how the department can move forward engaging community partners. The following discussion summary will be shared with the department leadership team in May to inform the development of the health department's action plan.

THE COMMUNITY'S PERSPECTIVE

Participants were asked to describe what comes to mind when they think of BEDHD and its role in the community. Participants said they think of the health department as providing direct services to the community, such as:

- physical health services to individuals who otherwise do not have access to health care;
- environmental health services, such as well and septic inspections;
- health promotion and outreach, including conducting community wellness activities, assuring immunizations for students, and protecting the public from communicable diseases; and
- enforcing regulations, such as food inspections.

Participants also recognized the department's broader role in the community to:

- bring partners (e.g., hospitals, community mental health, human services) together to manage health issues at the community and regional levels, and
- evaluate and monitor health status of the community through data collection, analysis, and planning.

The broader role of the health department became the focus of further discussion as the participants talked about the health department's strengths and opportunities for the future.

STRENGTHS AND OPPORTUNITIES

Participants were asked to review and provide input on the health department's strengths and opportunities as identified by the executive team during a SWOT analysis conducted in the spring of 2012. Participants said they see the health department serving three primary roles in the community: 1) providing direct health care services; 2) being a leader in bringing community partners together; and 3) being an honest "broker" of health information.

Provide direct health care services

One of the roles the participants see the health department continuing to play in the community is providing direct health care services. One person said, “[The health department is] an asset for the local community, a place to go for assistance and to help [individuals] reach their personal goals.” Another said “It is not a historic role of most local health departments to provide direct care services. I am proud of the health department for offering those services.” One person mentioned that the health department serves those who do not have health care insurance; the health department is the “last line of the safety net.”

Bring community partners together

Participants said the health department has the opportunity to enhance their role as a leader in the community by bringing partners together to work collaboratively. One participant said, “The health department has the opportunity to be the team builder because it interacts with everybody and has the opportunity to bring partners together.” Another said, “[The health department] knows who to put together in the room, whereas we don’t know who needs to be in the room.”

As a leader and team builder, it was suggested that the health department think about having an active role in policymaking—being the entity to say “here is the information and here is where we should be going.” One participant gave the example: “A healthy community is an economically prosperous community, there is an economic development component in the work of the health department” to reach out to those potential partners, build relationships, and demonstrate how partners together can be responsive to the health of the community.

Participants recognized that there is a tension for all community agencies between the roles of policy advocate and neutral source of information. Perhaps even more so for the health department because of its broad responsibility for community health. Whether these roles can both be performed by BEDHD to serve the community is open for further discussion. To address this tension, participants said it is very important for all partners to be honest about potential biases. As one said, “open, honest communication is critical.”

“Honest broker” of health information

As health care continues to move toward a “population health” focus, participants said the health department’s skills and expertise position it well to serve as a neutral “broker” of information or “think tank” to the community. One participant described the role as: “An honest broker—a resource for hospitals, doctors, human services, community mental health, chambers of commerce.” He said the health department could provide a forum to educate partners, to collect and give information. Another participant said that the department is unique in that it monitors the health of the community (i.e., population) while most agencies are working at the individual level. There is an opportunity for the health department to help community partners see the broader picture of the community.

According to participants, the health department could engage potential partners to work together to monitor community health status and build relationships among community partners, thereby contributing to a better understanding of each other’s roles and responsibilities. For example, one participant described a recent project between the health department and a local school to analyze alcohol use by students. He said there should be many opportunities for the department to do similar projects with other partners. Another participant suggested that the department could partner with local hospitals and physicians to collect and analyze data to improve services to their population. He said, “[Hospitals/physician practices] don’t know what information or language we should be putting in our take home information. We aren’t thinking about [the patient’s]

whole life. There are lots of opportunities to think about how [the health department can help us] add to our patient interactions.”

ENVISIONED ROLE OF THE HEALTH DEPARTMENT

In spring 2012, the BEDHD administrative team discussed the future role for BEDHD centered on the two principle roles BEDHD has historically filled: personal care for the uninsured and underserved populations, and community health promotion and prevention. Subsequently, the BEDHD developed a vision statement and identified goals during recent training sessions (see the components of the BEDHD strategic plan below).

Components of the Barry-Eaton District Health Department Strategic Plan

Vision

A community where everyone has the opportunity to live a long, healthy, and active life.

Mission

The Barry-Eaton District Health Department is committed to caring for the community in order to protect and enhance health by promoting and providing innovative, community based programs and initiatives. Integrity, dignity and respect are core values inherent in our services to the community.

Goals

- Healthy, successful pregnancies
- Access to health care for all residents
- Safe and healthy food and water systems
- Empowering people to take an active role in their health
- Protecting the community against health hazards
- Providing management and staff with the appropriate tools, resources and data to implement actions
- Assuring community conditions that prolong health

Envisioned role

Assess, educate, advocate, and participate to promote health for the population of the community and assure access for individuals

Assuring Access	BEDHD Role
<ul style="list-style-type: none"> • WIC • Children’s Special Health Care services • STD screening 	BEDHD continues to provide services directly to the population in the community
<ul style="list-style-type: none"> • Immunizations • Vision and hearing screening • Substance abuse treatment/case management and navigation • “New” case management and navigation 	BEDHD continues to provide these services directly to the population in the community and perhaps through contractual relationships with other community partners (e.g., ACO, FQHC, CMH)
<ul style="list-style-type: none"> • Primary care services for underserved and remaining uninsured • Family planning • Breast cancer and cervical cancer screenings 	BEDHD collaborates with community partners to link people to these needed personal health services and assure the provision of health care when otherwise unavailable

Promoting Community Health	BEDHD Role
<ul style="list-style-type: none"> • Healthy lifestyle promotion • Chronic disease prevention • Environmental health • Communicable disease surveillance 	BEDHD provides assets to the community and health system partners in form of data and analysis, community assessments, education, monitoring, regulation, policy recommendations, and advocacy

In the discussion with community partners, participants were asked to review and respond to the envisioned role of the health department to assure access and promote community health. Most participants agreed with the approach of the administrative team and liked the clear presentation of the responsibilities of the health department. One participant said the prominence of assuring access in the envisioned role was “bold.” Another participant noted that the role of the department in leading community efforts should be emphasized more in the presentation. In addition, one person suggested clarifying to whom the health department would be providing services and how services are funded.

HOW TO MOVE FORWARD ENGAGING PARTNERS

Participants were asked to provide suggestions on how the health department could move forward to engage community partners in collaborative work. Participants recommended the following next steps:

- BEDHD could provide community partners with information about what the health department does, how it is financed, what is mandated versus a priority of the Board of Health, and what is the health department uniquely positioned to do. By doing this, participants said any potential department biases would be exposed, which builds the trust of partners and enables the health department to be the “honest broker” of information.
- BEDHD could also provide information to partners describing best practices that demonstrate how health departments can partner with other agencies. Participants said it would be helpful to know about best practice models to understand the possibilities and begin discussions about partnering to address health in the community.
- It was suggested by participants that the health department reach out to one or two partners at a time to develop and implement an in-depth project with measureable results. This will allow a “hands on” approach to understanding what each partner does and how they influence the community’s health, while building community partners’ confidence in collaboration.

Appendix F:

Summary of Planning with the Executive Team

At its strategic planning session on March 15, 2012, the Barry-Eaton District Health Department's (BEDHD) administrative team was asked what role they see for BEDHD in the future. The administrative team discussed changes taking place in health policy and practice that will affect BEDHD; the core values for BEDHD that will drive decisions; how BEDHD could redefine itself; and how BEDHD might partner with other entities in the future (e.g., assets the health department has to offer to partners). Key points and a summary of the discussion are presented below.

Opportunity to Redefine the Barry-Eaton District Health Department

With the changes taking place in health care—including creation of accountable care organizations (ACOs), expansion of Medicaid, increases in the proportion of the population with health insurance, and requirements for non-profit hospitals to conduct community needs assessments—the administrative team recognizes it is an opportune time for the Barry-Eaton District Health Department to rethink its role. Increased demand for health care will create pressure on a health care delivery system that is already strained by shortages of providers. The complex needs of people who become newly insured and those who are newly eligible for Medicaid will create additional challenges for providers. Team members also noted that ACOs may need partners in order to provide the comprehensive services required and achieve improvements in health outcomes, efficiencies, and cost savings. Other providers—including federally-qualified health centers (FQHCs) and other local health departments—could become important partners for BEDHD in assuring access to care for vulnerable populations and the remaining uninsured.

While recognizing the difficulty of making decisions in the face of many unknowns, team members said that the health department should not wait to see what hospitals, insurers, and other health system entities are going to do. Rather, BEDHD needs to decide what role it will play, identify and engage potential partners, and become “part of the conversation” to determine how the community as a whole will address the health concerns of the population. Team members talked about assets that BEDHD has to offer potential partners, particularly knowledge of and experience serving people with complex needs. BEDHD also provides important resources that contribute to the health of the broad population, which ultimately affects individual health outcomes and health care costs.

The administrative team identified BEDHD's commitment to helping people, treating people with dignity and respect, assuring good health and wellness, and fulfilling public health functions as the foundation for BEDHD's role in the past. These core values will continue to drive decisions about BEDHD's role in the future.

Barry-Eaton District Health Department's Future Role

The administrative team's debate of the future role for BEDHD centered on the two principal roles BEDHD has historically filled: personal care for uninsured and underserved populations, and community health promotion and prevention. Several questions were posed by team members during the discussion. To fulfill its responsibility to assure access to care, should BEDHD become a medical home or provide personal care services in partnership with others? Should such partnerships be contracted as fee-for-service or include a share of savings accrued? In the area of

community health promotion and prevention, should BEDHD expand efforts in chronic disease prevention and case management? How can BEDHD gain recognition of community health promotion and prevention as an asset to other providers?

Three possible models emerged from the discussion: (1) BEDHD as a patient-centered medical home contracting with other providers for some required services; (2) BEDHD as a full partner in ACOs created with another health care entity in each of the district's counties; and (3) BEDHD as a provider of personal care services under contracts with ACOs (or other entities), while continuing to provide community health promotion and prevention services. The consensus of the administrative team was that BEDHD does not have a large enough patient base to become a medical home. And without status as a federally qualified health center, BEDHD is not in a strong position to negotiate a full partnership in an ACO as described in the second model. However, BEDHD does have the expertise and experience to provide personal care services under contracts with other health care entities.

Personal Care

In this model, contracts could be negotiated with other health care entities so that BEDHD would receive fees for personal care services provided by BEDHD to clients of the other health care entity (e.g., an ACO), and possibly even a share of any cost savings that accrue to the ACO. BEDHD also might continue to provide clinic services, such as primary care, family planning, and breast and cervical cancer screening, in partnership with others (e.g., ACO, FQHC, CMH, other local health department). In these partnerships, BEDHD may provide the service under contract or serve as a satellite site for the other provider.

Under this model, BEDHD could fill a niche that many partners may not want or be able to fill by contracting to provide specific personal care services to high-risk populations. As one team member said, "BEDHD has the local perspective necessary to fulfill that role." But team members also stressed that it will be important for BEDHD to avoid assuming sole financial responsibility for services to the highest risk, most vulnerable populations. BEDHD will need to work with all health system partners to assure that services are available and accessible for all populations.

There are a number of services that the BEDHD might provide to assist Accountable Care Organizations and their partners with the provision of comprehensive services under health reform, including:

- case management,
- patient education to help partners achieve better health outcomes,
- patient navigation of the health care system (e.g., enrolling for Medicaid or private insurance, helping newly insured learn how to work with a doctor's office),
- linkage to wrap around services such as resources for employment, information on adequate housing or shelter and food, and
- monitoring of population health outcomes (e.g., diabetes control).

Community Health

With respect to community health promotion and prevention, the BEDHD administrative team said the department's role could be described as "assess, advocate, educate, and participate in order to get all our community resources on the same page". Team members said BEDHD can engage with other partners by providing data and assessments, offering seed money for community health promotion and prevention efforts, organizing coalitions or supporting existing efforts, and recommending policy interventions.

BEDHD may want to focus more on chronic disease prevention in the future, and shifting resources away from clinic services would free up some resources for this purpose. Some examples suggested for how BEDHD could increase efforts in chronic disease prevention were to become a stronger advocate for policies to improve healthy lifestyles (e.g., going to Delta Township to advocate for more sidewalks), provide matching funds for community health promotion projects (e.g., to build more sidewalks or make a park more accessible), and organize community coalitions to address community health problems.

Team members said the community health promotion and prevention work done by BEDHD is an asset to other health system providers and needs to be conveyed as such. Community education and advocacy, as well as case management, can prevent chronic disease and help people with chronic disease manage their disease, thereby keeping patients out of the hospital and reducing costs. BEDHD’s expertise monitoring population health could also be valuable to other providers responsible for improving health outcomes for the population they serve.

The following table summarizes the BEDHD administrative team’s discussion of services that a redefined BEDHD might provide and how these services might be provided through partnerships with other health system partners.

DRAFT
Barry-Eaton District Health Department’s Envisioned Role

*Assess, educate, advocate, and participate
to promote health for the population of the community and assure access for individuals*

Assuring Access

WIC Children’s Special Health Care services STD screening
Immunizations Vision and hearing screening Substance abuse treatment/case management and navigation “New” case management and navigation
Primary care services for underserved and remaining uninsured Family planning Breast cancer and cervical cancer screenings

Promoting Community Health

Healthy lifestyle promotion Chronic disease prevention Environmental health Communicable disease surveillance
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Key	
	BEDHD continues to provide services directly to the population in the community
	BEDHD continues to provide directly to the population in the community <u>and</u> under contract with ACO/FQHC/CMH
	BEDHD collaborates with ACO/FQHC/CMH or other LHD as a satellite site or a contracted provider
	BEDHD provides assets to the community <u>and</u> health system partners in form of data and analysis, community assessments, education, monitoring, regulation, policy recommendations, and advocacy

Appendix G: Array of Services (2013)

Assuring Access	BEDHD Role
<ul style="list-style-type: none"> • Women, Infants, and Children (WIC) • Children’s Special Health Care services • Sexually Transmitted Illness (STI/STD) screening 	<p>BEDHD continues to provide services directly to the population in the community</p>
<ul style="list-style-type: none"> • Immunizations • Vision and hearing screening • Substance abuse treatment/case management and navigation • “Health Reform” case management and navigation • Dental care for low-income persons 	<p>BEDHD continues to provide these services directly to the population in the community and perhaps through contractual relationships with other community partners (e.g., Accountable Care Organizations, Federally Qualified Health Centers, Community Mental Health, Michigan Community Dental Clinics)</p>
<ul style="list-style-type: none"> • Primary care services for underserved and remaining uninsured • Family planning • Breast cancer and cervical cancer screenings 	<p>BEDHD collaborates with community partners to link people to these needed personal health services and assure the provision of health care when otherwise unavailable</p>
Promoting Community Health	BEDHD Role
<ul style="list-style-type: none"> • Healthy lifestyle promotion • Chronic disease prevention • Environmental health • Communicable disease surveillance 	<p>BEDHD provides assets to the community and health system partners in form of data and analysis, community assessments, education, monitoring, regulation, policy recommendations, and advocacy</p>

Appendix H: Annual Reports of Progress

Annual reports of progress toward the goals, strategies, and objectives in the BEDHD strategic plan, including monitoring and conclusions on progress toward meeting targets, will be provided to the Board of Health each year following the acceptance of the BEDHD strategic plan by the Barry-Eaton Health Board.

Following adoption of the strategic plan, ongoing monitoring will occur through the regular meetings of the Executive Team (weekly) and the Leadership Team (6 times/year). At these meetings, progress will be monitored, challenges addressed, support identified, and revisions made as necessary. In addition, the Board of Health will be given regular updates on progress throughout the year at their meetings. The divisions will also include discussions of the plan in their regular staff meetings to assure that staff continue to be aware of and engaged in the process.