



Barry-Eaton District
Health Department

Be Active • Be Safe • Be Healthy

Strategic Plan

Fiscal Years 2019 to 2023

Approved 11/29/2018

Message from the Health Officer

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 a new 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 strategic priorities the Barry-Eaton District Health Department will be addressing the next five years. Input was gathered from the public, community partners, elected officials, staff, and the Board of Health to develop the new plan. Our community health assessments and community health improvement plans were considered as the plan was developed to assure we were addressing community health priorities.

As we have matured in our use of a strategic plan to guide our work, we have strengthened the plan by adding in measurable goals to help us monitor progress and evaluate our efforts. In addition, we have simplified the plan to make sure it is addressing only our true strategic priorities. The plan will continue to include one-year action plans to help focus our efforts and be responsive to changing times and shifting resources. Quarterly progress reports will be presented to the Board of Health to assure we remain accountable to the plan.

Sincerely,

Colette Scrimger

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

Thank you to those who participated in our 2019-2023 Strategic Planning process!

Board of Health

Ben Geiger, Chair	Barry County	Joe Brehler	Eaton County
David Jackson	Barry County	Blake Mulder	Eaton County
Dan Parker	Barry County	Jane Whitacre	Eaton County

Strategic Planning Input Session Participants

Community Participants

Emily Churchard	Barry County Community Mental Health
Vivian Conner	Barry County Board of Commissioners
David Comeau	Barry Conservation District
Denise Cornelius	Housing Services Mid-Michigan
Diana Debnar	Hayes Green Beach Physician Practices
Ellen Dreps	HGB Hospital / ALIVE
Karla Fales	CareWell Services SW (Aging)
Kara Felder	Barry County Community Mental Health
Kim Freiburger	HGB Hospital / ALIVE
Jean Gallup	WBCH
Christine Histed	Tri-County Office on Aging
Ken Kirsch	Barry County Animal Shelter
Liz Lenz	Barry Substance Abuse Task Force
Jack Miner	Resident
Sarah Nelson	Barry Conservation District
Lisa Null	Michigan State University Extension
Barbara Parrott	Eaton Rapids Medical Center
Lindsay Peters	Eaton Rapids Medical Center
Rob Piercefield	Swede's Restaurant
Kristine Rendon	MI Department of Environmental Quality
Chris Sebastian	Eaton Rapids Medical Center
Nikki Selleck	Eaton Great Start Collaborative / ERESA
Joyce Snow	Resident
Lisa Swinter	Hayes Green Beach PCP Offices
Rich Thieunkey	Barry County Community Mental Health
Tessa Verburg	Barry County Community Mental Health

Staff

Anne Barna*	Planning, Promotion, Evaluation Manager
Clarissa Boggs-Blake	Emergency Preparedness Coordinator
Lauren Cibor	Community Health Promotion Specialist
Jennifer Casarez*	Communicable Disease Coordinator
Heather Colthurst	Community Health Worker
Kailee Curtis	Hepatitis A Response
Gail Duncan	Personal Health Secretary
Laura Fox*	Eaton Behavioral Health
June Gillespie	Consultant
Michele Henry*	Environmental Health Secretary
Teri Johnson	Clinic Assistant
Abbi Lynch	Community Health Promotion Specialist
Laurel McCamman	WIC Coordinator
Rikki Nevins	Community Health Worker
Megan Newton	Nurse
Susan Peters*	Health Analyst
Colette Scrimger*	Health Officer
Kindra Reeser-Smith	Nurse
Kasey Swanson	Sanitarian
Chelsea Switzer	WIC Peer Counselor
Nicole Taubner	Sanitarian
Sue Thuma*	Personal Health Director
Jay VanStee*	Environmental Health Supervisor
Lisa Wegner	Community Health Promotion Specialist
Lisa Watt*	Administrative Services Director
Donna West	Clinic Assistant
Jeff Wilson	Sanitarian
Regina Young*	Environmental Health Director

*denotes member of the Leadership Team

Other Contributing Staff

Additional Leadership Team members who participated in strategic planning activities:

Jackie Anderson	Clinic Coordinator
Carol Balkon	Sanitarian
Greg Cabose	Environmental Health Supervisor
Deb Fuller	Administrative Assistant
Andy Roush	Finance-HR Analyst

Our Mission, Vision, and Values

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

BEDHD's values are 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.

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.

What is a strategic plan?

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it. The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department.

Executive Summary

2019-2023 Strategic Plan



Barry-Eaton District
Health Department

Be Active • Be Safe • Be Healthy

Strategic Priorities:

Fundamental policy questions or critical challenges that must be addressed

1. How do we ensure every child has a strong, healthy start in life?
2. How do we ensure our communities have healthy and safe food, water, and air?
3. How do we protect the community from potential health hazards?
4. How do we enhance involvement, engagement, and collaboration to improve health?
5. How do we operate high-quality, high-performing programs and services that address community priorities?
6. How do we ensure our workforce is healthy, efficient, and proficient?

Goals: the long-term changes we plan to achieve to address the strategic priorities

Goal 1.1 Reduce the risk of preventable diseases.

Goal 1.2 Improve the rates of healthy behaviors.

Goal 2.1 Reduce the risk of waterborne disease or contamination.

Goal 2.2 Improve food safety at restaurants and food service locations.

Goal 3.1 Prepare and respond to public health challenges and threats.

Goal 3.2 Reduce risk of exposure to disease, hazards, or contaminants

Goal 4.1 Improve participant involvement and engagement in our programs and services

Goal 4.2 Promote public health and its functions, services, and programs

Goal 4.3 Improve community conditions that prolong health and improve quality of life

Goal 4.4 Identify and reduce health disparities and health inequity

Goal 5.1 Conduct regular quality improvement activities throughout the agency

Goal 5.2 Decisions are informed by the performance management system and the CHA/CHIP

Goal 6.1 Increase employee retention

Goal 6.2 Use technology to improve efficiency and productivity

Goal 6.3 Improve employee health and wellbeing

Our Process

In 2013, Barry-Eaton District Health Department published its first Agency Strategic Plan, covering the fiscal years 2014 through 2018. Since that time, BEDHD has implemented its strategic plan through the implementation of yearly action plans. To conduct this strategic plan, BEDHD followed the model and resources provided by the National Association of County and City Health Officials' Guide to Agency Strategic Planning.

In preparation for the next five-year strategic plan, we conducted the following activities:

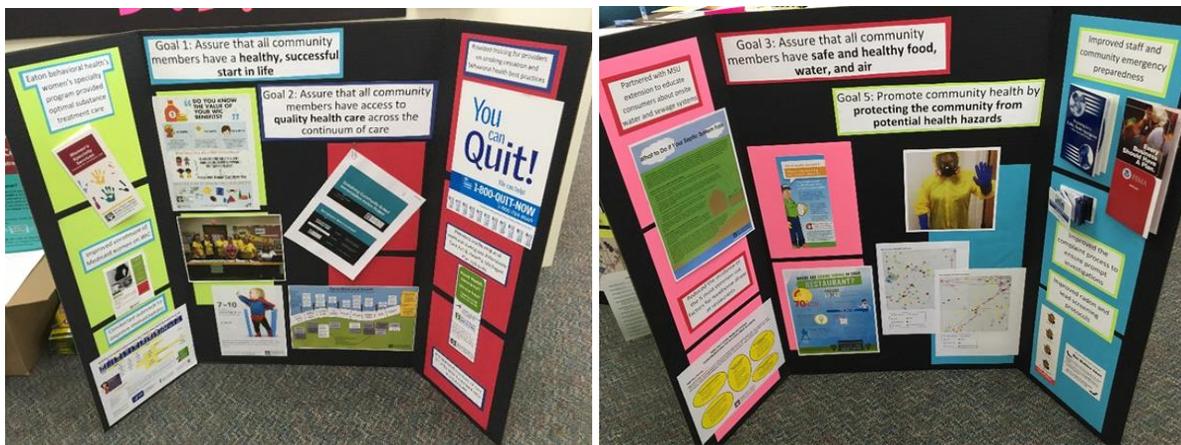
❖ Performed an analysis of the successes and unmet issues in the 2014-2018 plan

Appendix 1 includes an analysis conducted by BEDHD staff of the strategic action plan objectives that were completed October 2013 through June 2018. This analysis was undertaken in order to better understand how much progress was made towards completing each goal area (priority), to understand which strategies were most employed, and identify gaps where little progress was made. This was completed in June 2018.

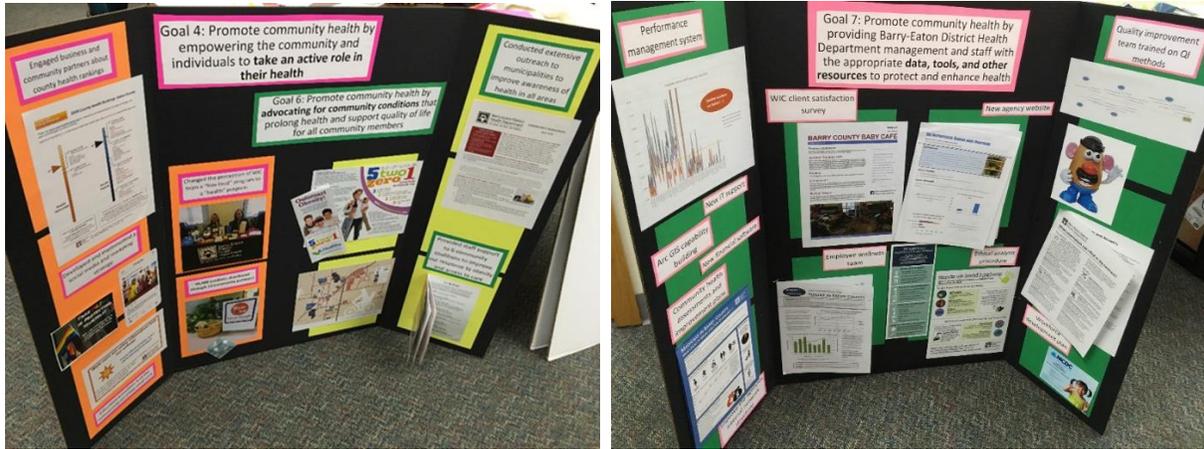
❖ Community and Staff Input Sessions

On June 28, 2018, BEDHD hosted two community and staff open houses, with this purpose in mind: (1) Educate community members and organizations on what the health department does and its impact in our community, (2) share what we accomplished with our first strategic plan (2014 to 2018), and (3) gather new ideas and insights that will inform our next strategic plan.

Using the analysis described above, we prepared displays which highlighted some of the accomplishments that resulted from the 2014-2018 Strategic Plan.



These boards displayed accomplishments relating to goals 1, 2, 3, and 5 from the 2014-2018 Strategic Plan.



These boards displayed accomplishments from goals 4, 6, and 7 of the 2014-2018 Strategic Plan.

Staff engaged participants through discussions about the content of the display boards, and also shared copies of the Annual Report of the agency.

The interactive portion of the events included participants responding to three questions:

1. How does the Health Department add value to the community?
(this question was designed to elicit the community and staff's perception of the strengths and assets of the health department)
2. What could the Health Department do better?
(this question was designed to elicit opportunities for improvement)
3. What is your vision of the Health Department in the next five to ten years?
(this question was designed to elicit feedback on potential strategic directions)



We used a "sticky wall" to allow participants to visually contribute their responses to the discussion questions.

The participant’s answers to the three questions are summarized in the tables below.

How do we add value to the community?	What can we do better?	Your vision for us in the next five to ten years?
<p>The most common/pertinent themes between both counties were:</p> <ul style="list-style-type: none"> ➤ We do a good job with community education, promotion, prevention, and advocacy ➤ We do a good job with providing resources, services, and programming for our community in need. 	<p>The most common/pertinent themes between both counties were:</p> <ul style="list-style-type: none"> ➤ More community involvement, coalitions, education, programs, and resources were requested. ➤ Increasing partnerships with community members, the need for increased communication. 	<p>The most common/pertinent themes between both counties were:</p> <ul style="list-style-type: none"> ➤ To increase environmental health programming or reinstate TOST. ➤ Continue community engagement efforts, access to resources, and communication with key partners.

The results for the event in each county, and detailed analysis is included in Appendix 2.

❖ Strategic Planning Leadership Team Retreat

On July 30, 2018, the BEDHD Leadership Team (comprised of the Health Officer, Directors, Managers, Supervisors, Coordinators, and Union Presidents) gathered for a strategic planning session. The Leadership Team conducted a SWOT (strengths, weaknesses, opportunities, threats) analysis. By looking at how the agency’s internal and external challenges and positive attributes intersect, we can form new ideas about what might be most helpful to select as strategic actions.

STRENGTHS:

The main strengths identified in this exercise focused around our PEOPLE: expertise, culture of quality, passion. In addition, many identified that our relationship and orientation to the COMMUNITY was also a strength of BEDHD. Other strengths included those around resources available to the agency as well as the structure of the agency.

WEAKNESSES:

The main weaknesses focus on challenges with staff, primarily that there are TOO FEW, difficult to retain, and staff morale. FUNDING and COMMUNITY PERCEPTION were also significant weaknesses.

OPPORTUNITIES:

We identified opportunities around our NEW STAFF and WORKFORCE development, COMMUNITY partnerships, using new TECHNOLOGY, including social media, INTEGRATION and emerging issues.

THREATS:

The main threats identified were NEGATIVE PERCEPTIONS about the health department, FUNDING and costs, and WORKFORCE issues. Additional threats included the INTERNAL MINDSETS of staff, and EMERGING PUBLIC HEALTH issues.

A full summary of the SWOT analysis is included in Appendix 3.

Following this, the participants discussed the 2014-2018 priority areas, and discussed ways that they might be revised to better reflect public health needs, the CHA/CHIP of each county, the results of the SWOT analysis, and the results of the community input sessions.

These strategic priorities were retained from the previous strategic plan:

How do we ensure every child has a strong, healthy start in life?

How do we ensure our communities have healthy and safe food, water, and air?

How do we protect the community from potential health hazards?

A few of the previous strategic priorities were duplicative and used similar strategies, so they were combined to create the following:

How do we enhance involvement, engagement, and collaboration to improve health?

One of the previous strategic priorities was too broad, and resulted in the creation of two new, more specific strategic priorities:

How do we operate high-quality, high-performing programs and services that address community priorities?

How do we ensure our workforce is healthy, efficient, and proficient?

The final strategic priority from 2014-2018 (about access to healthcare) was not selected for inclusion in the 2019-2023 strategic plan, due to the prioritization process we followed that resulted in the recognition that this was no longer an overarching priority for the agency compared with the other areas. Please see Appendix 4 for a detailed description of the prioritization process.

❖ Results-Based Accountability Model

Since 2016, BEDHD has been utilizing the Results-Based Accountability™ model to revise and organize our strategic planning and performance management efforts. This model involves the examination of population-level and program-level results and measures, which is particularly relevant for local health departments, who are concerned both with the health of the population of the entire district, as well as the performance of the programs and services we operate. For more information, please visit www.clearimpact.com.

This strategic plan is the first effort to begin to utilize this model within our agency. As we move forward, the strategic plan and the performance management system we've established will likely become interconnected.

❖ Goal Generation

In the previous strategic plan, the “goals” for the agency were basically restatements of the strategic priorities. For 2019-2023, we wanted to identify more specific goal statements. We also wanted to assign measures or indicators to the priority areas and goals in order to better quantify our efforts. This will result in a more measurable strategic plan than in the past. Members of the Executive Team (Health officer, Directors, and Managers) identified goals in August of 2018, and brainstormed potential measures/indicators to go along with them. Population Indicators are those numbers, rates, or other data that quantify some attribute of the district or county as a whole. Program Measures are those numbers, rates, or other data that quantify some attribute of a program, service, or function performed by the health department. As BEDHD continues to refine its Performance Management System, it will incorporate these measures and indicators as part of the strategic planning reporting process.

❖ Community Health Assessments and Improvement Plans (CHA/CHIPs)

Community health assessments (CHAs) have been performed every three years since 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 CHA and participation of a broad stakeholder group. BEDHD staff used the CHA/CHIP to delineate the interests of the community in addressing various public health issues, and determined where gaps should be met by the health department.

❖ Action Planning Process

As in the previous strategic planning cycle, each year, the leadership team develops an action plan with input from health department staff to address the identified priorities, and to increase collaboration and efficiency across the department. This yearly action plan contains SMART objectives, activities, timelines, and responsible parties.

❖ Monitoring and Tracking

Each quarter, persons responsible for the implementation of the yearly strategic action plan enter an assessment of the progress of the completion of the objective. At the end of the year, BEDHD has adopted a process to assure that directors and managers review any unfinished objectives, and determine appropriate next steps, which may include retaining the objective to the following year, modifying the objective, or dropping the objective in lieu of working on other public health priorities.

❖ Link to our Agency Quality Improvement and Performance Management Plan

In 2017, BEDHD revised our initial QI/PM plan for the agency. The expectation is that each year, BEDHD will complete at least two quality improvement projects. These QI projects are typically incorporated into the agency strategic action plan so that progress can be tracked and monitored. In addition, the identification of Population Indicators and Program Measures under each Priority area, will allow for the revision of the Performance Management System to better reflect the agency's strategic priorities.

Our Strategic Priorities for 2019-2023

Strategic priorities are fundamental policy questions or critical challenges that must be addressed in order for BEDHD to achieve its vision. Strategic priorities are also known as ‘strategic issues’, and are written in the form of a question. Strategic priorities are forward thinking and seize on current opportunities.

In order to select this new set of strategic priorities for this cycle, the leadership team members prioritized our previous strategic priorities and refined/combined several.



1. How do we ensure every child has a strong, healthy start in life?



2. How do we ensure our communities have healthy and safe food, water, and air?



3. How do we protect the community from potential health hazards?



4. How do we enhance involvement, engagement, and collaboration to improve health?



5. How do we operate high-quality, high-performing programs and services that address community priorities?



6. How do we ensure our workforce is healthy, efficient, and proficient?

Our Goals, Indicators, and Measures

Each strategic issue/priority included in the strategic plan should have a set of goal(s) and objectives.

Goals are the long-term change we plan to achieve. Goals are the overarching intention/ aspiration for achievement of the agency’s mission. Another name for goals is **result** (used in the Results Based Accountability model).

Objectives describe how goals will be met. Objectives are the intended change or outcome, have a shorter time-span, and are included in the yearly Strategic Action Plan, not in this document.

Population Indicators measure an attribute of the district or county as a whole. Where possible, we have used population indicators in connection with our goals. This is because our purpose as a health department is to improve the health of the population.

Program Measures measure an attribute of a program, service, or function performed by the health department. They reflect the efforts of management and staff to operate quality programs and services.

Both the population indicators and the program measures listed here are subject to change slightly based on data availability.

Priority 1. A strong, healthy start in life

Goal 1.1 Reduce the risk of preventable diseases.

Population Indicator: % of children fully protected against vaccine-preventable disease

Goal 1.2 Improve the rates of healthy behaviors.

Population Indicator: % of adolescents who are overweight or obese

Population Indicator: % of adults 18-64 with health insurance

Program Measure: % of WIC infants breastfed at 6 months

Priority 2. Healthy and safe food, water, and air

Goal 2.1 Reduce waterborne disease or contamination.

Population Indicator: Rate of waterborne diseases

Program Measure: % of public pools that are up-to-date with State pool requirements

Goal 2.2 Improve food safety at restaurants and food service locations.

Population Indicator: % of facilities with a certified food safety manager

Priority 3. Protect the community from potential health hazards

Goal 3.1 Prepare and respond to public health challenges and threats

Program Measure: % of staff who have participated in EP training

Goal 3.2 Reduce risk of exposure to disease, hazards, or contaminants

Population Indicator: % of children with elevated blood lead levels

Priority 4. Enhance involvement, engagement, and collaboration

Goal 4.1 Improve participant involvement and engagement in our programs and services

Program Measure: % of health department programs that incorporate specific involvement elements

Goal 4.2 Promote public health and its functions, services, and programs

Program Measure: Number of media interviews, news stories, social media activity

Goal 4.3 Improve community conditions that prolong health and improve quality of life

Population Indicator: % of communities with access to healthy food

Goal 4.4 Identify and reduce health disparities and health inequity

Population Indicator: Difference between groups in mortality

Priority 5. Assure high-quality, efficient operations aligned with community priorities

Goal 5.1 Conduct regular quality improvement activities throughout the agency

Program Measure: # of QI projects conducted and % of divisions

Goal 5.2 Decisions are informed by the performance management system and the CHA/CHIP

Program Measure: % of staff/leadership/exec meetings utilizing the PM system

Priority 6. A healthy, efficient, and proficient workforce

Goal 6.1 Increase employee retention

Program Measure: % of BEDHD staff with 2 years or more longevity

Goal 6.2 Use technology to improve efficiency and productivity

Program Measure: Staff perception

Goal 6.3 Improve employee health and wellbeing

Program Measure: % of staff participating in an EWT or IST activity/event

Our Strategies

Strategy is the overall approach the organization chooses to take to address strategic issues. It's a coherent set of actions that has a reasoned chance of improving results. For example, an agency may determine that a strategy for addressing a particular health issue and impacting health disparities is community engagement. With every action that is taken to address the health problem and reduce the health disparity, community engagement is part of the process.

BEDHD's potential strategies to address public health issues are listed below. Each year, the leadership team will determine which strategies are appropriate to address the goal and associated objectives for each strategic priority area.

RELATIONSHIPS

- Community engagement
- Partnerships with community organizations

COMMUNICATIONS

- Communications with the public
- Communications with customers/clients/patients
- Communications with staff

CONNECTIONS

- Connect people with resources
- Improve intra-agency collaboration
- Coordinate actions across the community

KNOWLEDGE and SKILLS

- Strengthen individual knowledge and skills
- Improve employee health and wellness

INFORMATION FOR DECISION-MAKING

- Data Analysis and Surveillance
- Provide public health expertise and technical assistance
- Community Health Assessment

EVALUATION, QUALITY, and PERFORMANCE

- Evaluate public health program efficacy
- Conduct organized quality improvement efforts
- Track program-level and population-level performance

PLANNING

- Community health improvement planning
- Provide technical assistance for policy development and community planning
- Promote best practice models and local successes with community improvement initiatives, and encourage local implementation

TAKING ACTION

- Improve the utilization of best practice models among health care providers
- Enforce public health laws
- Use a health equity lens in the development of local policies
- Integrate community priorities in program planning
- Implement policy and systems-level changes that improve health
- Implement evidence-based programs

RESOURCES for PUBLIC HEALTH

- Assure sustainable funding to support agency operations
- Utilize technology to maximize efficiency, accessibility, productivity and transparency
- Promotion of the practice of public health

Appendix 1.

Summary of Objectives met in the 2014-2018 Strategic Plan

As part of the planning process for the 2019-2023 Strategic Plan, BEDHD staff conducted an analysis of objectives completed through June 2018. These are presented below.

Goal 1:

Assuring the community has the best opportunity for a healthy, successful start in life.

Strategies and Highlighted Successes from 2014-2018:

Promoting healthy behaviors before, during, and after pregnancy-

- Through the Women's Specialty Program, monitored women who are pregnant to be sure they are connected to pre-natal care, are drug and alcohol free, and have access to on-going community supports for themselves and their children.
- Measured services by: Initial Intake Screening form completed by clerical staff; completion of Women's Specialty Forms in clinical file reviewed by program manager and clinical staff; and quarterly Women's Specialty reports submitted to CMH/CEI-CA.
- Increased the percentage of Medicaid enrolled pregnant women who are enrolled in WIC in 2014.
- Assured that every client encounter for WIC nutrition education will use the "client centered" approach as defined by MDCH.
- Maintained enhanced status for Women's Specialty Services and improved trauma-informed environment.
- Screened at-risk children for Fetal Alcohol Spectrum Disorder (FASD).
- PPE and PCH staff developed and implemented a comprehensive Communicable Disease outreach, prevention, control, epidemiology, and treatment strategy.
- Established and integrated a professional lactation consultant to increase WIC breastfeeding duration rates at 6 months postpartum.

Improving system of care to remove barriers for preconception, prenatal care and well child care-

- Implemented an outreach plan that helped to increase participation of clients enrolled in WIC
- Created a work group to determine improvements needed to reduce re-traumatization in treatment services.
- Partnered with early childhood coalitions to present one showing of the series "The Raising of America" in Barry County.

- Increased the number of clients served in the EBH specialty treatment and case management program.

Reducing preventable diseases-

- Finished the implementation of the 2015/2016 Immunization Outreach Plan.

Goal 2:

Assuring that the community has access to health care across the continuum of care.

Strategies and Highlighted Successes from 2014-2018:

Leading the implementation of health care reform locally-

- Delivered education on ACA implementation to community members and community agencies through Barry Co Access to Care Workgroup, Barry Community Resource Network, and Eaton County Human Service Collaborative.
- Increased access to information about eligibility for Health Care Coverage.
- Ensured that uninsured EBH clients received information and resources to gain insurance.
- Increased access to those who need assistance with marketplace applications.

Assuring the existence of a health care provider for vulnerable populations-

- Assessed vaccines for children provider rates in each county and developed recommendations regarding need to increase provider participation based on analysis of data.
- Maintained a full-time contracted clinician at Eaton County Youth Facility.
- Improved mental health of EBH participants by identifying the appropriate screening tools for mental health symptoms and incorporated them into all assessments.
- Consistently included mental health care plans in discharge planning.
- Maintained a contracted primary care physician for Women's Specialty clients.
- Determined demand for Women's Peer Support group.

Improving the utilization of the best practice models among providers-

- Identified Eaton Behavioral Health training needs, trained staff, and implemented best practices in the six vital areas of health and wellness practice: Ethics, self-empowerment, reducing barriers to access, use of multi-media, use of holistic/integrated practices, and use of best practices.
- Provided training opportunities for staff, community stakeholders and other providers in the use and implementation of behavioral health best practice models.
- Offered auricular acupuncture as an adjunct to treatment to increase retention and improve treatment environment and outcome.
- Implemented Ask-Advise-Connect work plan in accordance with MDCH Cancer Control Program guidelines.

- Explored potential connections between key Eaton County hospital stakeholders, BEDHD, and ECSAAG to identify areas for ongoing collaboration and to exchange information on Integrated Care opportunities and initiatives.

Serving as a connector to resources-

- Provided the community with information, local resources, and hands-on skills for health living.
- Created a policy and procedure for regular communication and clarification of roles with mental health service providers.
- Increased access to smoking cessation information and the Michigan Tobacco Quit line for food service workers.

Goal 3:

Assuring the community has access to healthy food, water, and air.

Strategies and Highlighted Successes from 2014-2018:

Reducing the risk of food borne illness, water borne illness, and air borne illness-

- Reduced the incidence of the five most common risk factors for Food Bourne Illnesses within our foodservice establishments.
- Partnered with MSU Extension to host a Homeowner Education session regarding onsite water supplies and/or onsite sewage systems.

Promotion of healthy, nutritional food systems-

- Provided staff support for two years in a row to the Eaton Good Food group to increase availability of healthy food to low-income residents.
- Increased participation and engagement in Eaton Good Food council through expanded outreach efforts.

Goal 4:

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

Strategies and Highlighted Successes from 2014-2018:

Strengthening individual knowledge and skills-

- Identified eight Behavioral Health self-care skills that can be easily learned and effectively shared through agencies and individuals that address stress, increasing coping skills, promoting holistic wellness and impact substance abuse and other behavioral health disorders, obesity, sleep disorders and pain management.
- Changed the perception of WIC from a “free food” program to a “Health and Wellness” program. Implemented MDCH’s “Grow Healthy Kids” campaign.
- Completed a comprehensive evaluation of best practices in tobacco cessation, and adjusted previous activities accordingly.

- CSHCS participants increased their involvement in decision making regarding CSHCS service delivery.
- The majority of individuals enrolled in the Pathways Program successfully incorporated one or more Pathway strategies into their daily living.
- Implemented “graduation” celebrations for client achievements in programs.

Enhancing community education-

- Coordinated a community forum to increase community support and involvement in providing safe and healthy communities that support increased behavioral health.
- Through the Eaton RESA Regional Training Center, provided training to improve behavioral health and behavioral health care.
- Increased community awareness of the shift toward integrated care and benefits to the consumer.
- Developed and implemented a comprehensive social media education and marketing plan for the agency.

Educating providers-

- Provided outreach to three community groups to promote the services that we offer.

Provide technical assistance for policy development and community planning-

- Provided targeted education on the following topics to all coalitions that PPE Unit staff participate in.: Health In All Policies, Built Environment and Environmental Change, Health Reform Implementation and Service Integration, Tobacco Cessation and Control, and Role of Public Health.
- Developed two new partnerships to build relationships with educational institutions, such as Olivet College, Kellogg CC, LCC, Coordinated School Health efforts, or PTO Groups to consider health in school policies.
- Engaged business partners through presentations on County Health Rankings and Roadmaps at two chambers of commerce, and two community groups, and documented dialogue that includes potential employer and community actions to improve health.

Goal 5:

Protecting the community from potential health hazards.

Strategies and Highlighted Successes from 2014-2018:

Assuring public health response to community emergencies and events-

- Majority of the staff received the appropriate Emergency Response training annually.
- Increased community awareness of emergency preparedness and improved staff preparedness.
- Approached more than three local businesses within jurisdiction to increase community preparedness.

Investigating the response to outbreaks-

- Enhanced relationships with the schools to ensure timely and accurate response to health emergencies and events and effectively enforce public health laws.

Reducing the risk of exposure to harmful environmental contaminants/agents-

- Increased testing for radon in homes in areas with low utilization of testing or other barriers to accessing test kits.
- Developed a quality assurance process to ensure Barry and Eaton County families who have children identified with elevated blood lead levels receive MDCH recommended education and intervention.
- Conducted quality improvement project to improve the radon test kit.
- Determined the validity of implementing a home based lead education program for families whose children screen high for lead exposure through capillary screening
- Educated food service operators on the importance of controlling FOG (FATS, Oils, and Grease); as a prevention measure against sewer back-ups and the potential for disease transmission with raw sewage.

Enforcing public health laws-

- Reviewed (non-food) the complaint investigation processes and tracking mechanisms to align with MPR requirements and to improve the form provided for community members to request an investigation of their environmental health related concerns.

Goal 6:

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

Strategies and Highlighted Successes from 2014-2018:

Providing public health expertise and technical assistance-

- Provided staff support, technical assistance, and leadership to 3 county-level and community-level coalitions to address obesity and chronic disease, and supported 3 tobacco coalitions to address tobacco use through the B. Healthy Coalition.

Promoting the consideration of the impact on health and health equity in the development of all local policies-

- Initiated and completed an evaluation of Community Outreach Initiative and develop next steps recommendations, then developed and implemented Phase 3 of the Community Outreach Initiative.
- Strengthened municipality outreach efforts to provide technical assistance and increase awareness of Health in All Policies concepts.

Promoting the best practice models and local success with community improvement initiatives-

- Established a website to collect and highlight community improvement successes and strategies in Barry and Eaton Counties, and featured one success story in the Community Outreach Highlights document each month.

Goal 7:

Providing health department staff with the appropriate data, tools, and other resources to protect and enhance health.

Strategies and Highlighted Successes from 2014-2018:

Assuring a competent public health work force-

- Provided specific skills training for staff twice a year for integrated health care including behavioral health: substance abuse, mental health with co-occurring physical health disorders such as obesity, high blood pressure and stress-induced physical ailments.
- Explored staffing options within the Personal Health Division to promote stability and longevity within the Communicable Disease Program, including developing a succession plan for Medical Director and CD Coordinator.
- Developed a comprehensive workforce development plan to guide future development within the agency.
- Conducted policy review in accordance with PHAB standards.
- Created an ethics policy and procedure in accordance with PHAB standards.
- Improved personnel processes to assure accurate benefit explanation and efficient exit interview data collection.
- Identified and met training needs of Eaton Behavioral Health staff on the topic of Integrated Care.
- Built staff capacity for responding to mental health emergencies.
- Implemented a new strategy for Workforce Development.
- Developed a Personal Health orientation plan for new the Medical Director.
- Updated the Workforce Development Plan, including identifying strategies over the next three years to bring the WDP into compliance with PHAB standards for reaccreditation.

Utilizing technology to maximize efficiency, accessibility, productivity and transparency-

- Explored options for increasing the efficiency and speed of connectivity between the two offices and between office and field work.
- Moved the CSHCS program to an EMR format.
- Incorporated electronic communication into Choices and Peer Support Programs.
- Used technology to communicate information on services provided off-site.
- Evaluated the current network directories, reduced outdated content, and created a simplified structure to improve staff access to common resources.
- Developed a system to monitor and manage the agency's outreach activities.
- Coordinated with Eaton County GIS to develop and implement ESRI ArcGIS online, and restore an enhanced EH GIS capability.

- Created a replacement website for the agency that has increased functionality and improved organization.
- Implemented the new Sage 300 software system for financial management.
- Established a system for IT request tracking and follow up.

Improving intra-agency collaboration-

- Each employee will identify with one or more agency goal/strategy.
- Improved communication and agency culture.
- Assessed additional means of communication and collaboration across the agency.

Improving employee health and wellness-

- Provided staffing to Employee Wellness Team and technical expertise in health education, health promotion, and policy change to implement employee health improvement efforts.
- Implemented an employee wellness plan.
- Ensured employees maintained a high level of protection against vaccine preventable diseases by requiring up-to-date vaccinations.
- Implemented strategies to improve employee well-being, particularly in stress reduction.

Developing a performance management plan-

- Participated in the development of the Performance Management Plan to assure measurable objectives and outcomes, and assured each division had a plan to access necessary data for population health monitoring relevant to their program areas.
- Provided QI Technical Assistance to divisions to set QI plan for agency.
- Implemented CSHCS program staff meetings which included chart audit component, program policy review and case management up-date.
- Submitted MDCH quarterly Vision and Hearing reports by January 15th, April 15th, July 15th and October 15th each year.
- Developed program policy regarding staff coverage in Vision and Hearing Program for summer months.
- Incorporated EBH performance measures into the agency performance management system, and utilized outcome data to develop strategies for Agency Action Plan, and identified opportunities for quality improvement efforts.
- Developed the Agency Performance Management System that included a set of Performance Measures, a Performance Management Plan, and links to the Quality Improvement Plan and the Agency Strategic Plan.
- Provided QI Technical Assistance to divisions to set QI plan for agency.
- Developed and trained a QI Cadre of BEDHD employees who will serve as quality improvement experts on at least one QI project in the fiscal year. One team (with QI Cadre participants as well as other staff) will conduct a QI project with three or more completed PDSA cycles.

- Reviewed, revised, and updated our QI plan.

Assuring sustainable funding to support agency operations-

- Developed a funding, sustainability, and development system for Eaton Behavioral Health division.
- Established a bi-annual meeting with finance department to assess fiscal stability of CSHCS budget.
- Explored funding options to expand Early Intervention services.
- Sought funding to support programs and activities that addressed unmet needs or priority health issues across the district.

Integrating community priorities in program planning-

- Surveyed staff, stakeholders and clients twice yearly to determine continuing needs.
- Determined demand for adolescent Peer Lifestyle Coaches.
- Began yearly implementation monitoring of Community Health Improvement Plans in each county.
- Developed and implemented a WIC client customer satisfaction survey.
- Implemented a system to analyze, report to staff and implement any changes in regards to the WIC Satisfaction Survey.

Community Health Assessment Processes, Communication, and Data Availability

- Assured Eaton County had community health assessments and community health improvement plans that conform to PHAB standards.
- Assured availability of county-level population data to measure health status, health behaviors, and other key measures relating to health.
- Established an agency-wide, comprehensive, communications plan that includes emergent and routine communications, goals, objectives, staff responsibilities, timelines, policies and procedures, outcome measures, and evaluation plan.
- Developed a transitional agency annual report that included items from the strategic plan and/or performance management system.
- Published Healthy Capital Counties Community Health Profile in collaboration with area hospitals and health departments. This serves as the Eaton County CHA.
- Participated in Barry County's CHA and CHIP processes by providing public health expertise and providing access to data and analysis resources.
- Revised Data Section of the Agency Website to include the most relevant, accurate, and timely data sources available.
- Developed a partnership to assure Medical Director coverage.
- Assured long-term IT support.

Appendix 2.

Detailed results from the strategic planning input sessions

Eaton County Strategic Planning Open House Sticky Wall Answers		
How do we add value to the community?	What can we do better?	Your vision for us in the next five to ten years?
<ul style="list-style-type: none"> • Help develop a proper response and prevention plan to public health issues that impact us <u>all</u> • Knowledge and expertise of public health issues can provide leadership in the community around prevention initiatives • Local response during health emergencies • Advocates for the health of the public • The household hazardous waste disposal is so valuable! • Provides health food options with WIC • Involved with “Can Do” and “Charlotte Rising” • Expertise on local issues which cannot be found elsewhere • Provide resources for families and children • Health education and resources • Bat Testing! ☺ • I truly appreciate BEDHD’s willingness to assist and provide guidance to other groups 	<ul style="list-style-type: none"> • The board of health should address the gap left in the absence of the TOST program by working on solutions as they said they would • Transparency in efforts • There may be a stigma about coming to the health dept. Maybe do more screenings out in the community at events (HIV tests, etc.) • Build trust with local leaders, help them be leaders in public health • Start a breastfeeding coalition with community partners • More outreach for WIC • The board of health should reinstate TOST ordinance as soon as possible • Signs by entrances for specific programs (can be seen from parking lot) • There are lots of city, villages, towns, in our counties. But when downtown Charlotte has events -- farmers markets, parades – I 	<ul style="list-style-type: none"> • Team of data-driven professionals who provide individuals and local leaders with the skills and data to make great choices • Continue to be a strong partner in the community • Increase environmental programs • Communicating effectively with all community members • Environmental issues will have increasing importance. How will we respond? • More awareness and appreciation of BEDHD and all that you do. Thank you! • Hopefully to get some of the programs we lost back • Better support for environmental health programs • incorporate work on addressing social determinants of public health

<p>and agencies in the county</p> <ul style="list-style-type: none"> • By being a conduit for best practices in health on a local basis • The health department provides the community with resources, information and services. Additionally, the knowledge relating to public health that BEDHD provides and promotes is a needed guideline for public well-being • Education, resources, and support for the community. • Behind the scenes advocating for the public's health and wellness • Provide resources to make communities safer • Education, collaboration, prevention, 'advocation' • Protects and improves the health of our counties • Brings expertise and science for sound decision making • Education, screenings, prevention, and connection to resources • BEDHD is the local brain trust for public health • Works for us 24/7 • Advocacy, support, education, connection to resources • Teaches safe practices for food safety 	<p>don't see BEDHD in the community</p> <ul style="list-style-type: none"> • Provide more breastfeeding support time to WIC mothers • Have off site WIC clinics combined with an imm's clinic • Communication and support across/between departments • Entrances to WIC clinic more accessible for moms carrying car seats/babies such as automatic doors and stork parking spots • Maybe help develop transportation for those needing to get to the health department • More substance abuse awareness campaigns... • Study and promote our success stories • More resources for seniors • Measure the efforts of the TOST change • Better signs outside, people come in lost everyday • Really explain to the community the difference between public and personal health • More community education • Relationship building with community partners and members to foster department and program support 	<ul style="list-style-type: none"> • Focus on environment/ 'prevention', particularly water quality • Being able to address health issues from a broader, collaborative perspective • More funding for more staff • The health department will continue to provide information and resources relating to ongoing community health needs as well as new risks as they arise • Continue to partner with other local organization to improve programming and reach. • That they will work with the board of health to show the need for an environmental health program that addresses the issues with failing septic systems in our community
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<ul style="list-style-type: none"> • BEDHD has a wonderful, capable, friendly staff that bring valuable programs to our communities. Thanks for improving our quality of life! 		
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Qualitative Analysis – Eaton County

How do we add value to the community?	What can we do better?	Your vision for us in the next five to ten years?
<p>There were three main themes found.</p> <ul style="list-style-type: none"> ➤ We do a good job with community education, promotion, prevention, and advocacy ➤ We exhibit expertise and knowledge through our education and collaborative efforts, and; ➤ We do a good job with providing resources, services, and programming for our community in need. Many listed specific programs such as bat testing, food safety, and waste disposal. 	<p>There were four main themes found.</p> <ul style="list-style-type: none"> ➤ Multiple persons expressed the need for the TOST program and want it back as soon as possible. ➤ The need for increased communication, building relationships, and transparency between the Barry and Eaton offices, as well as between BEDHD and community partners was expressed multiple times. ➤ More community involvement, coalitions, education, programs, and resources were requested. Some of the programs/support specifically requested included: more WIC/breastfeeding support and resources, more involvement in the community, substance abuse campaigns, and resources for seniors. ➤ Finally, many expressed the need for better signage on the outside of the building that can be seen by the parking lots to minimize client confusion when parking and entering the 	<p>There were three main themes found.</p> <ul style="list-style-type: none"> ➤ The most prevalent vision was to reinstate TOST or to instate a program that is similar to TOST. Environmental health programming. ➤ Next, some envision that we will continue community engagement efforts, access to resources, and communication with key partners. ➤ Inter-departmental efforts and unity in terms of: being more data driven, addressing health issues as a team, more awareness and appreciation for efforts, and more funding for staff.

	building. Clients have a hard time finding the clinic and enter in the wrong doors frequently.	
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Barry County Strategic Planning Open House Sticky Wall Answers

How do we add value to the community?	What can we do better?	Your vision for us in the next five to ten years?
<ul style="list-style-type: none"> • Partnerships (SATF + SWOC, etc.) • Promoting safe, happy, and healthy lifestyles 😊 • Sets high standards in the protection of public health. Leaders in data + research efforts to continuously improve. • B. Healthy • Household Hazards waste collection!! • The health dept. adds value to the community on helping people know where they can safely dig wells, have programs as far as reducing the spread of STIs, and having programs for healthy living. • Collaboration • Working collaboratively with community partners • Providing crucial health services to people who might now otherwise get them • Education, outreach, environmental services • Education, collaboration 	<ul style="list-style-type: none"> • Allow health educators more time to work collaboratively with others • Higher presence in Barry county office • Get people out and seen (fairs, comm. Events, schools, etc.) • More programs to benefit the community • When in Barry, be in Barry. Recognize the unique qualities and differences between the 2 counties. • More services: Hep A & STI clinics and access in Barry • Continue to build and participate in local emergency preparedness exercises, planning teams, and event response • Move towards true connections and collaboration • Grow WIC and other programs, along with policy work and public health education 	<ul style="list-style-type: none"> • Increase positive community recognition of the health department • Focus on wellness, physical health, mental health, and spiritual health • Become a bigger presence in the community. More face to face engagement with public • Seen in a more positive light by the community and appreciated • Communicating effectively to all people about health • Resource for population health for the entire lifespan • Data + actions = positive change → policy work, education, services • Working together • Outreach to other non-profits who touch clients that health department reaches (MSU extension) • Offer more hands on learning opportunities to promote healthy families

<ul style="list-style-type: none"> • Data, health education, collaboration/presence • Collaboration with other community partners • Awareness, programs, education • Investigate and correct public health nuisances • CD education and programming • Emergency preparedness and response activities in local emergencies • Growing healthy babies & afterbirth care • Education on health and disease • Environmental education • Ensure safe water supplies and adequate sewage systems. 	<ul style="list-style-type: none"> • Correcting illicit residential sewage discharge • Help get the work out to the younger people of Barry County (where to receive food) • More real engagement with community members and partners. Move away from policy alone, to actual outreach where people are. • Increase buy in from community members • Go out to communities. I haven't seen anyone at twp. Meetings in a while • Customer service – I get a lot of negative comments about being closed at lunch. • Be louder about efforts • More rural actions and outreach • Expand reach with seniors related to public health issue of dementia, shingles, and healthy eating • Increase relationships with other government agencies • Include food pantries in Delton and out-lying communities in outreach • Partnering with food pantries to check that clientele know about services in Barry/Eaton counties 	<ul style="list-style-type: none"> • Better communicate the public health significance of environmental health risk factors • More staff • I have noticed a lack of engagement with customers not just health department. When someone is seeking info it seems their question is answered but in offices there is more information that links to their question that they should be offered even if they don't want it. • Looked at as an expert resource for health programs and services • To develop a program to replace the TOST program to continue protecting public health through safe water.
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	<ul style="list-style-type: none"> • Reach out to non-traditional groups/partners • Seek out new partnerships/existing partnerships while planning (like today😊) 	
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Qualitative Analysis – Barry County

How do we add value to the community?	What can we do better?	Your vision for us in the next five to ten years?
<p>There were three main themes found.</p> <ul style="list-style-type: none"> ➤ First, we do a good job with community education, promotion, prevention, and advocacy. ➤ We have built strong relationships and partnerships with the community and are able to collaborate well with them. ➤ We do a good job with providing resources, services, and programming for our community in need. The programs and services commonly listed included environmental health, communicable disease, and B. Healthy. 	<p>There were two main themes found.</p> <ul style="list-style-type: none"> ➤ Increasing partnerships with community members and increasing customer service, such as participating in more local EP events, increasing relationships with other gvt. Agencies, and partnering with other resources in the community (food pantries) to reach a greater population. ➤ Continue to grow and implement services to community members. Some listed included: more presence in the community (health fairs/twp. Meetings), more rural outreach, expand senior resources, where to receive food, grow WIC, and more services in Barry in general. 	<p>There were two main themes found.</p> <ul style="list-style-type: none"> ➤ Increasing community perception of the health department. Many believe that the health dept. isn't in the community enough, and needs to be seen in a more positive light. ➤ Increasing resources that meet the needs of the community, more hands on activities, physical, mental, and spiritual health, and replacing the TOST program.

Appendix 3.

BEDHD Strategic Planning SWOT (Strengths, Weaknesses, Opportunities, Threats)

July 30, 2018

A Strengths, Weaknesses, Opportunities, and Threats analysis is a classic tool in strategic planning. By looking at how the agency’s internal and external challenges and positive attributes intersect, we can form new ideas about what might be most helpful to select as strategic actions.



	Opportunities (external, positive)	Threats (external, negative)
Strengths (internal, positive)	<p>Strength-Opportunity strategies</p> <p>Which of the company's strengths can be used to maximize the opportunities you identified?</p>	<p>Strength-Threats strategies</p> <p>How can you use the company's strengths to minimize the threats you identified?</p>
Weaknesses (internal, negative)	<p>Weakness-Opportunity strategies</p> <p>What action(s) can you take to minimize the company's weaknesses using the opportunities you identified?</p>	<p>Weakness-Threats strategies</p> <p>How can you minimize the company's weaknesses to avoid the threats you identified?</p>

STRENGTHS

The main strengths identified in this exercise focused around our PEOPLE: expertise, culture of quality, passion. In addition, many identified that our relationship and orientation to the COMMUNITY was also a strength of BEDHD. Other strengths included those around resources available to the agency as well as the structure of the agency.

Staff Expertise:

- We have technically and scientifically knowledgeable staff.
- We have knowledgeable and expert staff.
- We have a lot of cumulative knowledge and expertise.
- We have a variety of education/skills amongst staff from diverse backgrounds.
- We are good at community education.

Culture of Quality:

- Our staff have a culture of continuous improvement and adapt/accept change.
- We are willing to undergo self-assessment and improvement.
- We have a great team approach to helping the community (EH, CD, EP, PPE).
- We are adaptable, have been able to change and thrive in difficult times.
- We persist to get things done, even if it's not always in the timeframe we'd like.
- We are public health educators.

Staff Passion:

- We are always willing to go the extra mile for the community- we stretch outside of required to ensure people have what they need.
- We have passionate staff that care a lot!
- We are ambitious, looking ahead, willing to grow and take on challenges.
- We have staff committed to providing good quality care.
- We try to think outside the box to help educate and start new programs.

Community-oriented:

- We are responsive to the community.
- We are responsive, ready to react/respond to community needs.
- We initiate collaboration and are willing to take an active part.
- We partner with other agencies/funders.
- We are a leader in our community coalitions.

Agency Resources:

- We have access to updated technology and tools.
- We promote staff education.
- We are committed to upholding/providing essential public health services.
- We are a team of creative professionals using multiple modes.

Agency Structure:

- We have equal representation on BOH from each county.
- We have the efficiency of shared administrative structure.

WEAKNESSES

The main weaknesses focus on challenges with staff, primarily that there are TOO FEW, difficult to retain, and staff morale. FUNDING and COMMUNITY PERCEPTION were also significant weaknesses.

Too Few Staff:

- We have a small number of staff members and cannot always respond the way the community may desire.
- Less funding leads to smaller staff leads to fewer services, which may encourage people to go to larger places for services which continues the cycle.
- We have decreasing numbers of staff.
- Our staff resources are limited and we have no bench strength.
- There are not enough staff to get everything done.

Retention:

- We struggle to maintain staff and we have a high turnover.
- We struggle with recruitment/retention limitations, not prepared for changing workforce.

Staff Morale:

- Staff are stretched and overwhelmed.
- A few negative staff impact the morale of a division.
- Staff have different levels of accountability, and some have negative views of management.
- Staff perceive there is poor communication.

Lack of funding:

- There are restrictions limiting our flexibility.
- We have increasing costs, and our legacy costs make it difficult.
- There is not enough money.
- There is not enough funding to do all the things we want to do.
- PPE has become too dependent on grant funding.
- We have inconsistent funding for some programs/staff.
- We have decreased or stagnant funding from local sources.
- We face funding limitations.
- There are funding constraints for community needs and programs.

Community Perception:

- The community's perception of us is split regarding our reputation; we are either awesome or bad.
- Misconceptions exist of the health department by some groups of people.
- The perceived value of BEDHD from some is "healthcare" oriented.
- The public has a hard time understanding what public health does.
- Sometimes we have a lack of community support, usually topic or program-specific.
- We struggle with [negative] community perceptions about BEDHD.

Systems:

- Our phone system is very difficult for some people in the public to navigate.

OPPORTUNITIES

We identified opportunities around our NEW STAFF and WORKFORCE development, COMMUNITY partnerships, using new TECHNOLOGY, including social media, INTEGRATION and emerging issues.

New Staff:

- We have many new staff already working, and vacant positions to fill. New staff can bring enthusiasm, motivation, and new energy.
- Our new staff provide us with an opportunity to learn and advocate.

Workforce and Workplace Development:

- Our staff are dedicated to the community and like to serve.
- We have the opportunity to embrace change if we can inspire staff.
- Workplace = workforce development; flexibility in terms of time and place.
- We have an opportunity to improve staff and patient schedule flexibility.
- We have an opportunity to rethink the workplace and workforce.
- We have an opportunity to increase diversity, inclusiveness, and leadership in the workplace.
- We have an opportunity to focus in and regroup.

Community Partnerships:

- Our community partners voiced interest in improved partnerships, so we can make change through shared vision and collaboration.
- We have opportunities to build better partnerships with our regulated facilities.
- We have opportunities to engage the public in what we do.
- Research how best to engage community and agency partners.

Technology:

- We can take advantage of technology in doing our jobs.
- Keeping up with or ahead of technology is an opportunity.
- The skillset and knowledge of Eaton IT and GIS can assist us in staying safe and moving forward.
- We can update our software.
- We have an opportunity to use technology, such as automated processes, such as texting, appointment check-in, and data collection.

Social Media:

- We can use social media as 2-way engagement rather than 1-way media.
- Continue to expand our use of social media.

Integration:

- The integration of mental health as a public health priority is an opportunity.
- There is an opportunity to align with new and changing structures of health care systems, such as merging hospitals, new care sites, and delivery services.
- There is an increased focus and public support of behavioral and mental health integration.

Emerging issues:

- Emerging issues like HAB, opioids, PFAS, vector borne disease can allow effective messaging in a real-time/just-in-time way.
- We can create **resilient** staff, people, and communities.
- We have an opportunity to conduct programming around aging.
- We have new funding on emerging issues.

THREATS

The main threats identified were **NEGATIVE PERCEPTIONS** about the health department, **FUNDING** and costs, and **WORKFORCE** issues. Additions threats included the **INTERNAL MINDSETS** of staff, and **EMERGING PUBLIC HEALTH** issues.

Negative Perceptions and Anti-Government Sentiments:

- The power of a few to influence many is a threat.
- People repeating mis-information about us is a threat.
- Community misperception of the health department is a threat.
- Negative community perceptions of BEDHD are a threat.
- Anti-government perceptions and sentiments are a threat.
- Negative perception among community members who are anti-BEDHD causes discouragement among staff.
- BEDHD's programming is often viewed as social welfare or overreach in a political environment of personal responsibility.
- Many community members and our governance body see "government" as negative.

Funding and Costs:

- There is a tendency of funding to support one-time items and not invest in infrastructure and staff.
- Our legacy costs are a threat.
- Lack of funding is a threat.
- Funding barriers are a threat.
- We have money barriers.
- Decreasing funding and lack of funding for programs is a threat.

Workforce:

- We have a changing workforce and being not adaptable to attract and retain staff is a threat.
- A lack of institutional knowledge and staff competency is a threat.
- We have a combination of "old" and "new" staff. Inability to change is a threat.
- Staff retirements and turnover challenges are a threat.
- It's difficult to retain staff long-term.

Our Mindsets (internal):

- We tend to focus on "seen" rather than "unseen" work.
- We have a lack of readiness for change.
- Being stuck in the old ways not looking for new ways is a barrier.
- Having poor relationships between administration and staff, and a lack of trust, is a threat.

Public Health Concerns:

- Communicable diseases that are drug-resistant.
- Emerging environmental issues, such as PFAS.

Other:

- Both counties not being desirable places to live and work for upcoming staff (compared to more urban locations) is a threat.
- Messaging of public health risks using fear instead of shared values is a threat.

Appendix 4.

Results of Prioritization Exercise for Strategic Issues

July 30, 2018

Each participant was given six cards that they were allowed to assign to any of the proposed strategic issues. The four “green” cards represent various scenarios using different attributes of priority. There was one “orange” card, meaning a less strong priority, and one “red” card, meaning the least strong or clear priority for the health department. Based on this analysis, we removed one priority for this cycle. Previous to this prioritization, we had already (through discussion), broken out the previous “Goal 7”, a general internal agency goal, into two; Workforce and Quality/Performance. We also combined the goals on community engagement with empowering individuals and creating community conditions that improve health.

Green Scenario Cards

EXCITE: A new employee has started. What priority would you share first, because it’s exciting and motivating to the rest of your staff?

IMPORTANCE: The media has approached you and asked you for the most important priority. What do you say?

IMPACT: A private foundation will double our current budget for one strategic priority. Which do you choose?

VISION: Aliens have invaded the Department and are sabotaging our work so we cannot succeed in our vision. What priority would they most likely target?

Orange Scenario Card

UNCLEAR: A new employee has started. What priority would you hesitate to share, perhaps because it’s too difficult to see how it applies to their work or difficult to explain?

Red Scenario Card

ELIMINATE: The federal government has come to us and has said we must eliminate a strategic priority. Which do you eliminate?

How do we ensure every child has a strong, healthy start in life?

EXCITE IMPORTANCE IMPACT

How do we ensure everyone has access to quality healthcare?

IMPORTANCE IMPORTANCE IMPACT VISION ELIMINATE ELIMINATE ELIMINATE ELIMINATE ELIMINATE

How do we ensure our communities have healthy and safe food, water, and air?

IMPORTANCE IMPORTANCE IMPORTANCE IMPACT IMPACT VISION VISION VISION VISION VISION

How do we protect the community from potential health hazards?

IMPORTANCE IMPORTANCE UNCLEAR UNCLEAR

How do we partner and engage communities in improving health?

EXCITE EXCITE EXCITE IMPORTANCE IMPACT IMPACT VISION VISION UNCLEAR UNCLEAR UNCLEAR
UNCLEAR

How do we operate high-quality, high-performing programs and services that address community priorities?

EXCITE EXCITE IMPACT VISION UNCLEAR UNCLEAR ELIMINATE ELIMINATE ELIMINATE ELIMINATE

How do we ensure our workforce is healthy, efficient, and proficient?

EXCITE EXCITE EXCITE IMPACT IMPACT UNCLEAR