

Central Michigan District Health Department

Strategic Plan

2009 ~ 2013

Developed by Central Michigan District Health Department management and staff

Summer/Fall 2008.

Revised December 2010(Replaces May 2010 edition)

Revised December 2011

Revised February 2012

Original Plan was developed with the assistance of:

Janan Wunsch-Smith, Consultant

4090 Westown Parkway-A313

West Des Moines, Iowa 50266

Phone: (515) 490-6222

Fax: (515) 221-0606

jananwunsch@mchsi.com

Introduction

A strategic plan is viewed as a direction, a viable ongoing process. It is an approach which focuses on linking resources and actions together to attain targeted goals. The Central Michigan District Health Department (CMDHD) completed this strategic planning process and plan in preparation for meeting the ongoing public health needs of the people of Central Michigan who live in Arenac, Clare, Gladwin, Isabella, Osceola, and Roscommon Counties. *The goal of the plan is to have strategies designed to build capacity/infrastructure which will enable CMDHD to improve performance and health outcomes.*

The public health needs of the populations it serves are based on the Ten Essential Services of Public Health. The needs addressed in this plan were determined by completing an internal capacity assessment. The assessment was designed to measure the capacity of the health department to provide the Ten Essential Services. This assessment was completed as part of a joint Robert Wood Johnson, National Association of County and City Health Officials (NACCHO) grant project. Based on the assessment results and input from management and staff, the strategic plan was crafted to build capacity in the areas that demonstrated gaps in the provision of services to the public. This strategic planning process provided direction in finding the answers to the following questions for CMDHD: “What are we doing well and what areas of the department activities and services need increased capacity?”.

The assessment tool was based on the NACCHO “Operational Definition of a Functional Local Public Health Department Metrics”. The tool is now being used as one of the sources of information by the National Public Health Accreditation Board in developing the standards for national accreditation of state and local health departments targeted for implementation in 2011. Use of the tool and its results as a baseline assessment, will position the CMDHD well in its preparatory efforts for participation in the national voluntary accreditation process.

Strengths

The assessment results demonstrated that CMDHD has many areas of strength to build upon as it moves forward into the future. CMDHD’s results showed strong capacity in the areas of internal strategic planning, laboratory, legal review, preparedness, regulatory authority, and surveillance.

In Need of Improvement

The capacity assessment results indicated the following topics areas are in need of increased capacity: access to care, best practices, community health assessment and community health plan, data, program/outcome evaluation, quality improvement, culturally appropriate health education, maintaining a competent workforce, legislative process, policy development, and research.

Goal and Strategy Development

Facilitated discussions were held with the entire CMDHD staff to review the assessment results as well as to determine if additional concerns/processes needed to be addressed. Enhanced internal and external communication plans were identified as a cross cutting issue and therefore communication objectives were included in the plan. The staff prioritized the top areas needing improvement as 1) maintaining a competent public health workforce, 2) helping people receive

health services, 3) protecting people from health problems and health hazards, 4) giving people information they need to make healthy choices, and 5) monitoring health status and understanding health issues facing the community. As a follow-up to the district-wide discussion, the management team met to further clarify the issues raised and to offer potential strategies to address the identified improvement areas. A proposed plan provided by consultant Janan Wunsch-Smith was reviewed and revised by management to further reflect the needs and actions of the department. The plan was presented to the Central Michigan District Board of Health for endorsement as well as to the staff, district-wide, in order to offer input into the plan and to receive staff support.

Guiding principals

The development of the strategic plan was based on the concept of Total Quality Improvement. Necessary components of the Total Quality Improvement (Plan, Do, Study, Act) process are included in the strategic plan. Components of planning, “Plan,” include completing a community health assessment and a community health plan, and planning activities for all programs and public health services. Implementation “Do” is included in improving access to care, implementing programs, providing culturally competent public health education and materials, and ongoing advocacy efforts. The goals in the plan that provide the “Study” are data collection and analysis, evaluation/quality improvement process, and updating and repeating the full community health assessment on a regular basis. The “Act” involves updating the programs and community health plans based on data collection, analysis and health assessment. It is the intent that all planning and public health activities will use best practices when available. Strategies identified in the plan will have a companion planning grid developed with identification of the responsible person (champion), a timeline for specific tasks, reporting frequency and to whom, and identification of the measure or activity that will indicate the task has been completed. Every goal area incorporates the quality improvement elements of Deming’s Plan-Do-Study-Act process.

Another guiding principle of the strategic plan is the commitment to include all of the domains associated with NACCHO’s *Operational Definition of a Functional Health Department* - a total of 7 goal statements were developed. During the plan development, in some of the goal statements, the domains were merged in order to reduce redundancy and to streamline the strategies. As an example, Goal VII reads “CMDHD will develop public health policies and plans to facilitate the enforcement of public health laws and regulations”. It combines domains Operational Definition Domain 5 (Develop public health policies and plans) with Domain 6 (Enforce public health laws and regulations). Domains 2 and 3 were also merged to form Goal III “CMDHD will distribute public health information and educational materials to protect people from health problems and health hazards”.

Correlation of assessment results and staff priorities

The correlation between the needed area for improvement from the assessment results and the top five priorities service areas staff felt were most important to address in a strategic plan was significant. Management used the capacity assessment results, as well as the Baldrige Criteria for Performance Excellence (“Are we making progress”) assessment results, staff priorities and board of health input in identifying the seven goal areas for the strategic plan.

The following table provides the correlation from the assessment, staff and goals for the strategic plan.

Key topic areas needing improvement from capacity assessment	Top priority areas from staff planning session in descending order	Goal areas included in strategic plan
Internal workforce	Competent public health workforce	<p>CMDHD will have an internal communication plan.</p> <p>CMDHD will have a staff development plan.</p> <p>CMDHD will increase employee job satisfaction by 8%.</p>
Access to care	Help people receive health services	<p>CMDHD will assess the needs of the community related to accessing preventive health services.</p> <p>CMDHD will develop a plan for the ongoing identification and sharing of information about available community resources and referral methods.</p>
Culturally appropriate health education	<p>Protecting people from health problems</p> <p>Giving people information they need to make healthy choices</p>	<p>CMDHD will develop a policy and procedure for development, distribution, and evaluation of health materials that are culturally appropriate.</p> <p>CMDHD will develop an “external” communication and marketing plan to promote health education and public health services throughout the district.</p>
Community health assessment and health improvement plan	<p>Monitor health status and understand health issues facing the community</p> <p>Engage the community to identify and solve health problems</p>	<p>CMDHD will complete a CHA and CHIP for the District.</p>
<p>Data and data analysis</p> <p>Best practices/research</p>	<p>Contribute to and apply the evidence base of public health</p>	<p>CMDHD will have GIS data available for use in program planning and analysis.</p> <p>CMDHD will engage in research activities that benefit the health of the community.</p>
Evaluation and Quality Improvement	Evaluate and improve programs and interventions	<p>CMDHD will establish a process for evaluation and QI of public health programs.</p>
Legislative process and policy development	<p>Develop Public Health Policies and Plans</p> <p>Enforce Public Health Laws and Regulations</p>	<p>CMDHD will develop public health policies and plans to facilitate the enforcement of public health laws and regulations.</p>

CENTRAL MICHIGAN DISTRICT HEALTH DEPARTMENT
STRATEGIC PLAN
2009-2013

Goal I: CMDHD will maintain a competent public health workforce.

Objective 1: By May 2012, CMDHD will complete the Baldrige “Are We Making Progress” survey. This is to continue to measure the process improvement with the “Are We Making Progress’ 2008 and 2010 summaries where it is noted that another follow-up survey will be conducted within the next 24 months to further learn if we are indeed still “making progress.”(See results from 2010 survey and improvements/disparities from the 2008 survey attached)

Strategies:

- a. An updated Baldrige survey will be conducted at the all-staff district-wide meeting on April 26, 2012.
- b. Results of the Baldrige survey will be compiled, analyzed and a summary provided to all staff by August 2012.
- c. Enhancements to the Internal Communication Is Key! Policy(see policy attached) will be made as a result of the Baldrige summary report and outcomes.

Objective 2: By October 2012, the CMDHD Internal Communication Is Key! (ICK) team will be representative of employees from each division and from each county branch office.

Strategies:

- a. Administration and Supervisors will support the involvement of, at a minimum, one staff person from their division to join the ICK team. Assuring ‘diversity,’ as well as each county branch office being represented, is crucial.
- b. The ICK Team will meet at least quarterly throughout the year and the ICK Team will designate a chairperson/facilitator annually. Meetings will alternate between face-to-face and teleconference.
- c. The ICK Team will publish the ‘Communication Corner’ in the monthly employee newsletter.
- d. The ICK Team will maintain the ‘Internal Communication Is Key! resource library, housed on the agency intranet.
- e. The ICK Team will review the required ‘Responsibilities’ in the ICK! Policy which pertain to internal communication enhancement, education, training and

quality assurance.

- f. The 'Internal Communication' Strategic Plan Google document is accessible to all CMDHD employees, of whom are encouraged to provide input to the plan.

Objective 3: By December 2012 CMDHD will have a staff development plan that will enable organizational and individual training and development opportunities (see current Staff Development Plan attached)

Champion: Carolyn Cardon

Strategies:

- a. Create a process and protocol for staff training including:
 - Assessing the agency job descriptions to identify core public health competencies in each position
 - personal accountability for accessing required trainings
 - protected time to study during working hours is a strategy that is being evaluated by the staff development team with direction from each division on for successful implementation
 - possible offering of university classes to staff in exchange for presentations and other services at universities/colleges
 - a master annual training calendar (each division develop own calendar and have administrative assistant combine into one master.) This calendar will be updated in January each year
 - select training topics using the results of the staff assessment of training needs, required training, and management selections. An employee assessment was completed in May 2007. A new survey will be done in May 2012.
 - Possible topics
 - ✓ Data collection and analysis
 - ✓ Cultural competency and sensitivity
 - ✓ Customer service/Phone Training
 - ✓ Ongoing QI training

- ✓ Time management
 - ✓ Leadership Development
 - Complete a time study for all employees (management and staff) by September 30, 2012
 - Based on the time study, develop a staff use plan
- b. Identify ways for utilizing staff expertise to its fullest
 - c. Cross train staff to assist other staff when workloads increase, someone is ill, on vacation, or while hiring replacements.
 - d. Identify relevant leadership training activities by using internal and external resources.

Objective 4: By June 2012 will increase employee job satisfaction by 8% (Baseline 82%)

Champion: Carolyn Cardon

Strategies:

- a. Recruit and retain a diverse staff
- b. Provide the staff with adequate resources to do their jobs
- c. Provide competitive wages and benefit plan
- d. Conduct Baldrige Survey “Are We Making Progress” in April 2012

Goal II: Help people receive health services.

Objective 1: By December 2010, assess the needs of the community related to accessing preventive health services.

Champion: Kelly Conley

Strategies

- a. Assess customer satisfaction and gaps in access to health services through the use of surveys.
- b. Review hours of operation and scheduling procedures annually and revise to meet the needs of customers.

- c. Reduce transportation barriers CMDHD will collaborate with the Clare County Transit Commission to create a regional medical transportation system which will allow for public transportation providers to be able to transport patients to medical appointments outside of their county boundaries.
- d. CMDHD will participate in efforts to expand access to health care services by:
 - Encouraging enrollment in existing programs, increasing awareness in the elements of the Affordable Care Act, participating in community collaborative efforts to expand Federally Qualified Health Centers and other health services for low-income residents.
 - Provide physical space for free primary care clinics where appropriate.
 - Increase the number of Sexually Transmitted Disease clinics
 - Encourage providers to screen for elevated blood-lead levels
 - Work with school districts to expand the use of community health workers in schools
- e. Promote the availability of 2-1-1 systems to increase awareness of current services available in the district
- f. Assure culturally appropriate services are available within the district.

Objective 2 – Through 2013, CMDHD will provide information on public health issues and public health functions through multiple methods to a variety of audiences.

Champion: Melissa DeRoche

Strategies

- a. CMDHD will maintain an agency marketing committee, whose members will meet quarterly. Membership will be reviewed in February of each year. The actual marketing plan/policy will also be reviewed by current members in February of each year. (See CMDHD Marketing Plan -Attached)
- b. Host annual Public Health Summit each April to provide updated information on the health of the communities. It will also provide an opportunity to review the CMDHD Community Health Plan and make any necessary changes based on emerging health issues, discuss access issues and collectively find solutions.
- c. Maintain a community resources tab on CMDHD website.

- d. An internal resource & referral system will be developed by December 2012.
 1. Information will be brought back from meetings and recorded in the resource and referral system for all health department employees to access.
 2. New information will be shared at staff meetings throughout the district.
- e. Continue to support the 211 efforts in all counties by providing both CMDHD staff and our community partners/residents with 211 contact information.
- f. Utilize and recommend to community partners the CDC's Community Guide for Preventive Services as a source for evidence based practices to address unmet needs.
- g. Increase awareness of access to food distribution trucks, soup kitchens and food donation opportunities.
- h. Institute community campaign to encourage fruit, vegetable and water consumption.
- i. Create better access to farmers' markets for Project Fresh participants.

Goal III: CMDHD will distribute public health information and educational materials to protect people from health problems and health hazards and assure that it is accurate, accessible, and actionable information.

Objective 1: By December 2009, develop a policy and procedure for development, distribution, and evaluation of health promotion/educational materials.

Champion: Kelly Conley

Strategies

- a. Create a health education/health promotion task force with representation from all disciplines to create an agency educational material evaluation policy.
- b. Policies and procedures that will assure public health education materials and all communication with the public are culturally competent and linguistically appropriate. Measures will also be taken to ensure that the information is in an appropriate format to reach target sectors or audiences.
 - Include target populations in the development and evaluation of educational material by having current clients and community members on program advisory councils. These community members also give valuable feedback about programs and services provided.
 - Use customer satisfaction tools to collect information from target populations about what are the best types of materials and where and how to market them.

- Use results of client surveys to improve client education delivery methods.
 - Methods of education distribution will be creative and use new forms of technology using a variety of methods, including information technology such as social media i.e. Facebook or Twitter, and email list serves in order to serve many different audiences.
 - Additional ways of educational information distribution include radio or television programs or interviews, brochures, flyers, newsletters. Methods that target low-literacy individuals could include audio-visual formats and/or written materials that include images to support text.
 - Identify best practices that have been proven to work
- c. CMDHD will assure that all agency brochures, flyers, press releases, reports and other materials bear the name of the Central Michigan District Health Department and our agency approved logo.
 - d. Assure that consistency in the management of communications on public health issues is evident in both the educational materials evaluation policy and in the agency communications policies. This includes responding to requests for information or materials that the health department distributes in its jurisdiction.
 - e. Central Michigan District Health Department shall answer all information requests in a timely and appropriate fashion and should obtain appropriate reviews and approvals of information they disseminate.

Objective 2 – Through 2013, CMDHD will maintain a marketing and external communication plan to promote public health education, health promotion and public health services across the district.

Champion: Melissa DeRoche

Strategies

- a. CMDHD will maintain an agency marketing/communication team, whose members will meet quarterly. Membership will be reviewed in February of each year. The actual marketing plan/policy will also be reviewed in February. (See CMDHD Marketing Plan attached)
- b. Review/update the CMDHD Media Relations Policy, media contact list and Community/Events Calendar Policy on an annual basis (prior to the district-wide meeting)

- c. Assure agency's mission, role and programs are provided to the public through a variety of methods.
- d. Create and implement a social media policy by August 2012 for the agency which addresses both the "terms of use" and its role in marketing to and educating a variety of audiences.
- e. Continue to support and market the Together We Can! effort.
- f. Develop organized communication procedures to keep record of available services in the district and referral methods.
- g. Review available resources on a regular basis and after annual summit to assure public health is not duplicating services and training on topics that can be accessed by all people from other sources.
- h. An internal resource and referral information will be developed and staff will be trained on its use in April 2012.
- i. Coordinate with 2-1-1 service provider(s) in all counties to ascertain availability of the service and provide staff with updates as new information becomes available.
- j. Provide information to the public that is accessible, accurate, actionable and current in a culturally sensitive and linguistically appropriate format for the population served.

Goal IV: Complete a Community Health Assessment (CHA) and Community Health Plan (CHP) every five (5) years

Objective 1: By June 2011, complete a Community Health Assessment for the jurisdiction.
Champion: Mary Kushion/Helen Lee

Strategies

- a. Create a task force to lead the CHA process
- b. Identify local public health data set/ indicators
- c. Identify partners/stakeholders to bring to the table. If possible, combine CHA efforts with other entities community health assessments
- d. Survey CMDHD staff regarding their participation in local community groups identify additional potential survey participants
- e. Select CHA process and survey

- Assure survey includes questions regarding access to preventive health services.
- Add optional questions specific to counties/populations where needed.
- Target special population(s) or community at large for additional open focus groups
- Utilize college/university students/faculty for survey data analysis
- Utilize County Health Rankings and Michigan Department of Community Health as sources of data
- Utilize staff and regional epidemiologists for training in data collection and analysis

Objective 2: By February 2012, complete CMDHD Health Plan for district.
Champion: Mary Kushion/Helen Lee

Strategies

- a. Create a planning coalition from partners who have participated in the Community Health Assessment
- b. Use standard strategic planning process including identification of the issues based on the assessment, prioritization of the issues based on coalition input; establish goal, objectives and strategies.
- c. Where appropriate, include coalition members to be the responsible party(ies) for implementing strategies in the plan to save financial and staffing resources.

Goal V: Contribute to and apply the evidence base of public health (Improved data collection and analysis)

Objective 1: By December 2012, CMDHD will have program specific/community resources available in the form of static maps and/or a Graphic Information System for use in program planning and analysis.
Champion: Craig Clingan

Strategies

- a. Establish a steering committee for planning and implementing GIS use in the department

- b. Identify and partner with the Michigan Health Information Alliance (MiHIA) and Alma College who already use GIS to avoid duplicating what is already being done and if possible use their technology
- c. Identify hardware and software needs to link to the department
- d. Develop internal process for educating, accessing and using GIS data by training at least one staff from each division on GIS use.

Objective 2: By December 2012, have a plan that includes state of the art technology for better document handling and a process for a more paperless system.

Champion: Michelle Patton

Strategies:

- a. Establish a technology task force to complete a technology plan. (Task completed in 2010) Activities for 2012 include:
 - Research document imaging equipment and cost- Task complete in 2011.
 - Determine data collection and analysis needs for the department- Ongoing and remains a part of our RCIP to be reviewed at every monthly/quarterly task force meeting
 - Research programs/software for data collection and analysis that can be used across the department- Task complete for Personal Health, Environmental Health, Accounting, Human Resources by 2011. No plans for Health Promotion and Preparedness division at this time. Will confirm this by June 2012.
 - Identify what capacity is needed on lap tops for field staff, research what is available and cost. Task completed in 2011, but will be re-evaluated annually by December 2012 and every year thereafter.
 - Write a technology plan that includes, needs, types of equipment and software, projected cost, timeline and plan for funding. This plan will be written by December 2012.

Objective 3: By May 2011, engage in research activities that benefit the health of the community.

Champion: Robert Graham

Strategies

- a. Promote public health related evidence-based research on at least a monthly basis and more frequently if indicated by:
 - Send influenza data to healthcare providers during the influenza season
 - Provide the Board of Health with research based recommendations for healthy living with the public through the internet and print media
 - Serve as a resource for academic research into public health issues
 - Utilize and recommend to community partners the CDC's Community Guide for Preventive Services as a source for evidence based practices to address unmet needs
 - Identify appropriate populations, geographic areas, and partners
 - Work with researchers to actively involve the community in all phases of research.
 - Provide data and expertise to support research;
 - Facilitate efforts to share research findings with the community, governing bodies, and policymakers.
- b. Protection of Humans from Harm Involved in Research
 - Place the text of the Belmont Report on the Central Michigan District Health Department's intranet
 - Obtain the permission of the Board of Health to conduct non-pharmaceutical research on humans
- c. Include evidence based research in health department policies and programs.
 - Cite references in protocols and procedures
 - Provide the Board of Health with evidence based research for Board level decisions

Goal VI: Evaluate and improve programs and interventions.

Objective 1: By March 2009, establish a written process for evaluation and QI of public health programs.

Champion: Mary Kushion

Strategies

- a. Establish a department-wide evaluation and QI oversight committee to write process and protocols that include
 - Engaging stakeholders in identification of areas needing improvement
 - Utilizing the results of the CHA and CHP as one basis for identification of areas needing QI
 - Selecting programmatic benchmarks/health outcome indicators
 - Identifying what data exists, ease of reporting and what is needed
 - Developing a method for identifying and institutionalizing change that makes an improvement (PDSA)
- b. Establish ongoing staff education on evaluation and QI.

Goal VII: CMDHD will develop public health policies and plans to facilitate the enforcement of public health laws and regulations.

Objective 1: By May 2012, CMDHD will have a process to assist in public health policy development including policy related to funding of public health activities.

Champion: Mary Kushion

Strategies:

- a. Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity
- b. Monitor and track public health issues that are being discussed by individuals and entities that set public health policies and practices
- c. Engage in activities that contribute to the development and/or modification of public health policy
- d. Inform governing entities, elected officials, and/or the public of potential public health impacts, both intended and unintended, from current and/or proposed policies
- e. Review Existing Laws and Work with Governing Entities and lected/Appointed Officials to Update as Needed
- f. Inform governing entity and/or elected/appointed officials of needed

updates/amendments to current laws and/or proposed laws

- g. Educate Individuals and Organizations On the Meaning, Purpose, and Benefit of Public Health Laws and How to Comply
- h. Ensure that laws and permit/license application requirements are accessible to the public
- i. Conduct and Monitor Public Health Enforcement Activities and Coordinate Notification of Violations among Appropriate Agencies.
- j. Establish an inter-disciplinary advocacy committee
 - ID opportunities to network with legislators
 - Share public health's story with words and pictures
 - Learn legislators' areas of interest
 - Schedule legislative meetings in the district

Notes:

1. Dates are calculated based on January 1, 2009 as a start date for implementation of this strategic plan.
2. Each Champion will report on their objectives during the monthly CMDHD Administrative staff meetings beginning in January 2009. The minutes will be posted for staff on the CMDHD Intranet site and quarterly updates will be given to the Central Michigan District Board of Health.
3. February 2012 revision – Board of Health receives a written update of the plan on an annual basis and is provided with the revisions made to the plan for the upcoming year.



Staff development
Plan FINAL 11 15 10.doc



Internal Commun.
Policy May 2011.doc



BALDRIGE SURVEY
RESULTS 2010 (update)



CMDHD Marketing
Plan 11.23.2011.pdf