



From Listening to Action:

Insights Guiding Health Department Strategic Initiatives

October 28, 2025

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Session Outline

- 1. Objectives
- 2. Purpose & Scope
- 3. Process
- 4. Community Engagement Strategies
- 5. Methodology
- 6. Challenges & Lessons Learned
- 7. Results & Key Takeaways
- 8. Implementation
- 9. Monitoring & Evaluation
- 10. Questions & Feedback





Session Objectives

- 1. Identify at least two (2) strategies used to reduce participation barriers and promote equitable community engagement during the strategic planning listening sessions.
- 2. Describe two (2) ways that cross-sector partnerships between public health and academic institutions can support data collection and analysis for community-informed strategic planning.





Your Strategic Planning Experience

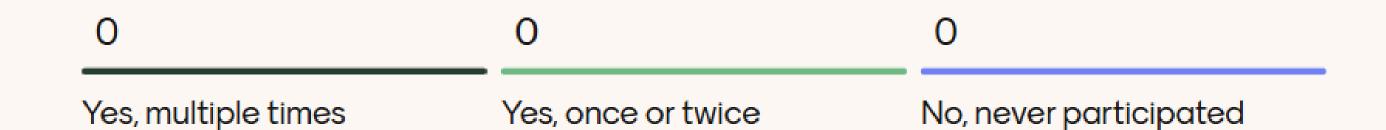
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Purpose & Scope of Strategic Plan

- Serve as a blueprint to strengthen services, community engagement, and collaboration across Genesee County.
- Reflect the shared vision and priorities of residents, partners, and public health professionals through an inclusive, data-driven process.
- Establish clear goals and actionable strategies to address pressing health needs and build organizational capacity.
- Promote transparency, accountability, and equity in guiding GCHD toward a healthier, more connected community.



Genesee County Health Department

Strategic Plan 2025 - 2030





Timeline

Internal Planning with Michigan Public Health Institute (MPHI) Selecting Planning
Team Staff with Diverse
Background
DEC 2023

Completed our
S.W.O.T.
Analysis
FEB 2024

Collected existing local data:

<u>Environmental</u>

JUL 2024

Data Review & Priority Identification

DEC 2025

Partnership with
UM-Flint to facilitate
focus groups
MAY 2025

Review Listening Session Analysis

JUN 2025

Develop Priority Areas Based on Thematic Analysis AUG 2025

Define Department Goals and Objectives

AUG 2025

Set Implementation & Evaluation Plan Timelines SEP 2025

Develop Final Plan Document

SEP 2025

Share our plan with our partners, community members, and our Board of Commissioners

SEP-DEC 2025



Key Activity: SWOT Analysis

- 86 staff members participated (72%)
- Survey open for 3 weeks
- Incentives Provided
 - o Group: Catered lunch for program area with highest participation rate
 - Individual: 3 names drawn at random for gift card prize
- SurveyMonkey and paper submissions accepted
- Sent introductory email with "how to" video of what a SWOT analysis is and how we will use it.

Key Areas for Change

- Staff retention and pay identified as top internal concerns
- Gaps in interdepartmental communication impact collaboration
- Outdated technology and equipment hinder efficiency

Opportunities for Growth

- Strengthen internal/external communication to build trust
- Expand outreach to underserved communities
- Invest in tech upgrades and staff training
- Promote workplace wellness to boost morale and retention





Key Activity: Environmental Scan

Summary assessment of available data

 Identifies key internal and external factors that can affect a program's success

Purpose

- Provides context and evidence for program design
- Highlights opportunities and challenges
- Ensures strategies align with local environment and stakeholder needs

• Examples of documents assessed

- Community Health Needs Assessment
- Genesee County Vital Statistics

	Date Perspective					Source Document/ Date		Substantiation		Relevance		
Data or Information Available	Community	Financial	Health Dept	State, Nat'l L.	Learning and Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High

GENESEE *COUNTY MATERNAL AND CHILD HEALTH SUMMARY GC Maternal and child health is crucial for community wellbeing, with inadequate services posing significant public health challenges. In Genesee County, mothers face higher risks due to factors like teen pregnancy, lower education levels, lack of partner support, and poor health Teen birth behaviors compared to state averages. Access to resources and early intervention is vital for preventing mortality and health complications, Notably, Genesee County's infant mortality rate is double the national average, highlighting a critical area of concern. **PREGNANCY STATISTICS** PRETERM BIRTHS Between 2017 - 2021 · Infant mortality 7 per 1,000 live births Prenatal care in first trimester Tobacco use 62 preterm births less than 32 weeks. In 2021 7.3% 16,5% 413 preterm births less than 37 weeks RACIAL DISPARITY 2023 BIRTH INDICATORS FOR MICHIGAN AND GC Michigan
 Cenesee County In Genesee County, Black residents facing worse outcomes for: Child abuse · Low birth weight Children in poverty · Teenage births Child mortality · Infant mortality Birth Indications WOMEN, INFANT, AND CHILDREN'S (WIC) SERVICES IN GC 2022 TEEN MOMS IN GC 29,406



Key Activity - Listening Sessions



- Gather diverse input from community members and stakeholders to ensure an equitable, countywide planning process.
- Use a data-driven and inclusive recruitment approach to reflect the full range of experiences and perspectives across Genesee County.
- Identify priorities and gaps through structured, consistent questions informed by an environmental scan.
- Ensure ethical, transparent, and representative engagement to guide the development of GCHD's Strategic Plan.



Prioritizing Equitable Participation

Which factors are top priorities for ensuring equitable engagement and participation?



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Which factors are top priorities for ensuring equitable engagement and participation?







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Cross-Sector Partnership Model

WHY We Partnered with a Local University

- <u>Capacity Support</u>: GCHD did not have in-house full-time research staff or facilitation experts
- Research Expertise Needed: Ensured professionally designed sessions and highquality analysis
- Trusted Community Institution: UM-Flint carries local credibility and neutrality
- Reduces Organizational Bias: External facilitators allowed participants to speak more freely
- Strengthened Local Relationships: Opportunity to deepen partnerships with academic institutions
- Student Engagement: Created experiential learning opportunities for public health students

HOW the Partnership Worked

- Contracted with UM–Flint to lead facilitation and analysis
- o GCHD Role: Led outreach, logistics, recruitment and session setup
- <u>UM-Flint Role</u>: Facilitated sessions and conducted thematic data analysis
- Collaborative Approach: Combined local agency knowledge with academic rigor and community trust

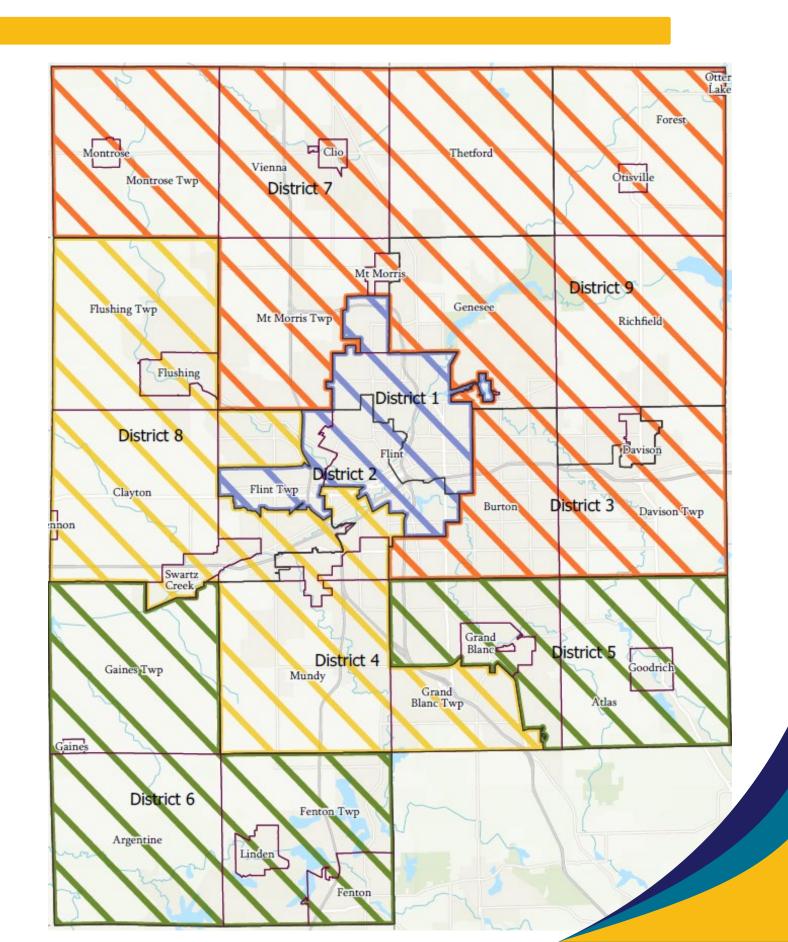




Listening Sessions: Our Process

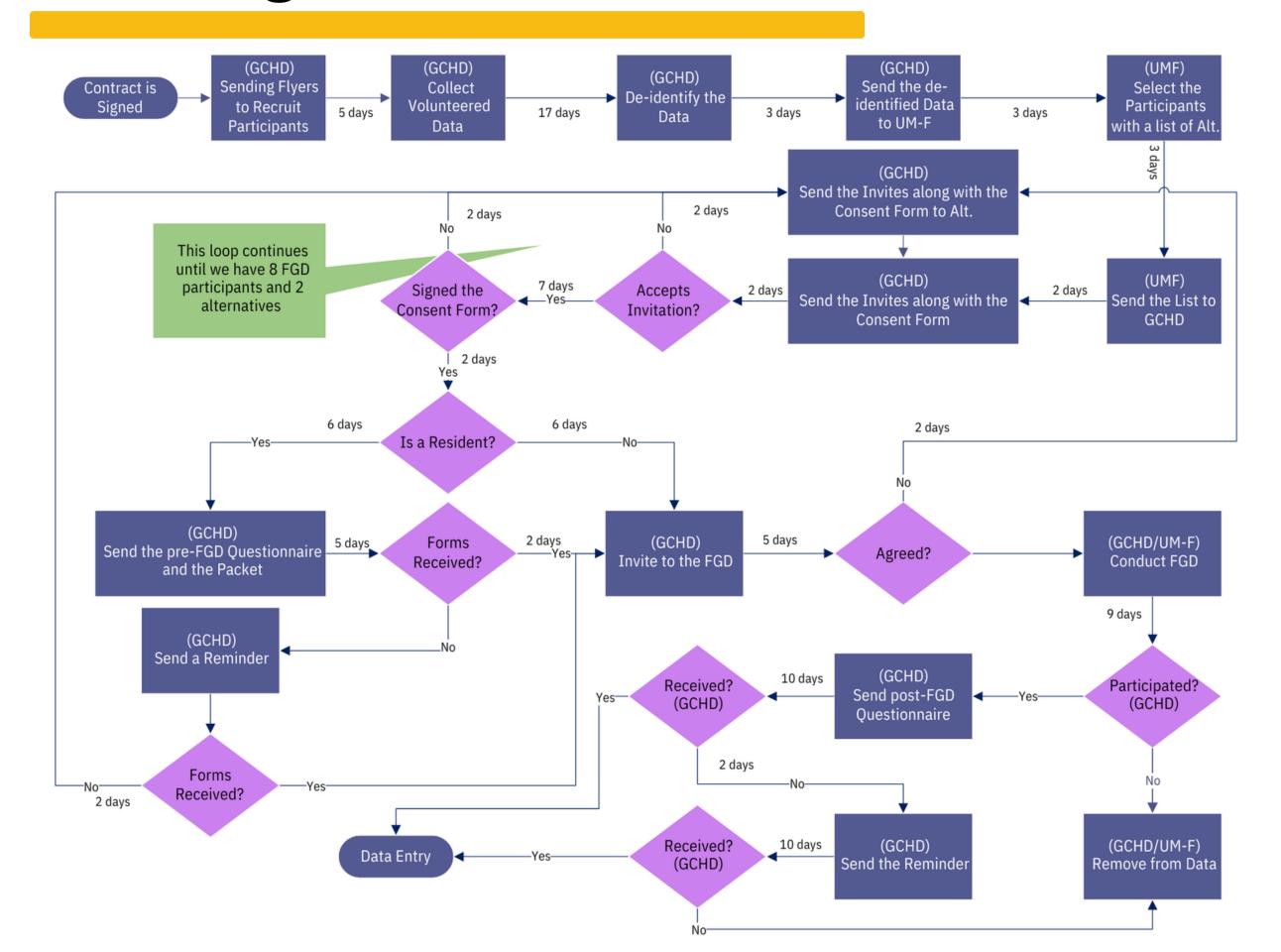
10 Listening Sessions

- 6 Community Groups
 - 4 district based: groupings based upon demographic similarities
 - 1 Spanish speaking, 1 Arabic speaking
 - ASL interpretation offered for all sessions
- 4 Stakeholder Groups
 - Education Professionals
 - Healthcare Professionals
 - Community-Based Organizations
 - Faith-Based Organizations



Listening Sessions: Our Process







Listening Sessions: Our Process



Genesee County Health Department

The work we do.

As a local public health department, we work to improve community health through disease prevention and health promotion.



Our History

In 1929, the GCHD was officially formed.

GCHD was the first health department in the state to have a sanitary code, beginning 1936.

In 1967, the Health Department held an "End Measles Sunday", and 17,500 children were immunized throughout the county. The incidence of measles dropped from 426 cases in 1966 to 11 cases in 1967.

~ 1967 Annual Report



We have received Healthy Start funding every year since 2005. Genesee Healthy Start is a maternal child health initiative focused on improving birth outcomes in Genesee County residents.

HEALTHY START

In 1970, the Flint City Health Department and the Genesee County Health Department merged.



Since January 1, 1966, the Environmental Health Division has licensed all food establishments in Genesee County. ~1970 Annual Report

In 2021, We were the first health department in Michigan to obtain the Binx point-of-care testing system. The devices allow us to test for Chlamydia and Gonorrhea in-house. This way we can treat same day!



Developed Several Key **Tools:**

- Stakeholder Mapping
- Targeted Outreach Materials
- Session Logistics Checklist
- Advance Registration Packet
- Automated Communications
- Media Release



Community Listening Sessions

Your voice matters and will help us build a plan for a healthier future.

What to Expect:

- (%) \$50 Gift Card After Participation
- (7) Mini Homework Assignment

- **Food and Refreshments**

Join the Discussion

RSVP by scanning the QR Code, calling our team at 810-424-4441, or entering the URL into your browser >> https://tinyurl.com/GCHDCommunity *Must be a Genese County resident and 18 years or older to participate*

Time of Day

5:30 pm - Food and Networking 6 pm - 7 pm - Listening Session Discussion

Dates and Location

If selected, you will be assigned to one (1) listening session (based on your address), which will take place on one of the following dates:

0 4/29, 4/30, 5/2, 5/6, 5/7, 5/8







StrategicPlanningComittee@geneseecountymi.gov

Purpose of the Study: You are invited to participate in a research study that will examine health needs and health services. We want to understand better how the Genesee County Health Department (GCHD) sh

Strategies to Engage Community Members



- Sessions offered in English, Spanish, Arabic + ASL
- Transportation
- Food
- Gift Cards
- Partnered with trusted organizations for outreach
- Communication Strategies (email and text message reminders)
- Registration Process
- Location
- Time and Scheduling





Challenges & Lessons Learned

Planning & Recruitment Challenges

- Defining geographic zones for equitable representation was complex
- Limited interest or follow-through in certain areas led to small groups
- Low/no RSVPs for Spanish and Arabic sessions, despite translation availability
- Other community focus groups occurring on the same dates.
- Faith-based session merged with CBOs due to low RSVPs

Logistical & Operational Barriers

Registration system issues created communication gaps with participants

- Inability to track consent form completion prior to sessions
- Overestimated food needs most participants didn't eat
- No-show rates affected group dynamics and data collection
- Commissioner presence influenced participant responses
- Non-registered participants



Real-Time Adaptions & Key Takeaways

On-the-Fly Adjustments

- Held debriefs after each session to address issues promptly
- Ended commissioner involvement at sessions
- Changes in room setup
- Allowing non-registered participants to participate if space allowed
- Added phone call and text message reminders

Key Takeaways for Replication

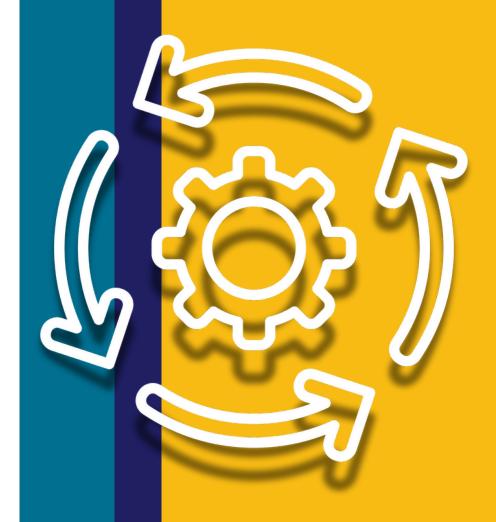
- Expect and plan for no-shows and low turnout
- Build trust with community partners to increase registration follow-through
- Build flexibility into your design what works for one group might not for another
- Keep a rapid feedback loop to adjust logistics session-bysession



Methodology

- Mixed-methods approach: district-level community survey + focus groups across stakeholders
- Stratified design to ensure geographic and demographic representation
- Advance distribution of focus group questions so participants could consult their networks and come prepared
- Students participated as research assistants, building local capacity
- IRB approval and joint data ownership ensured rigor, ethics, and usability

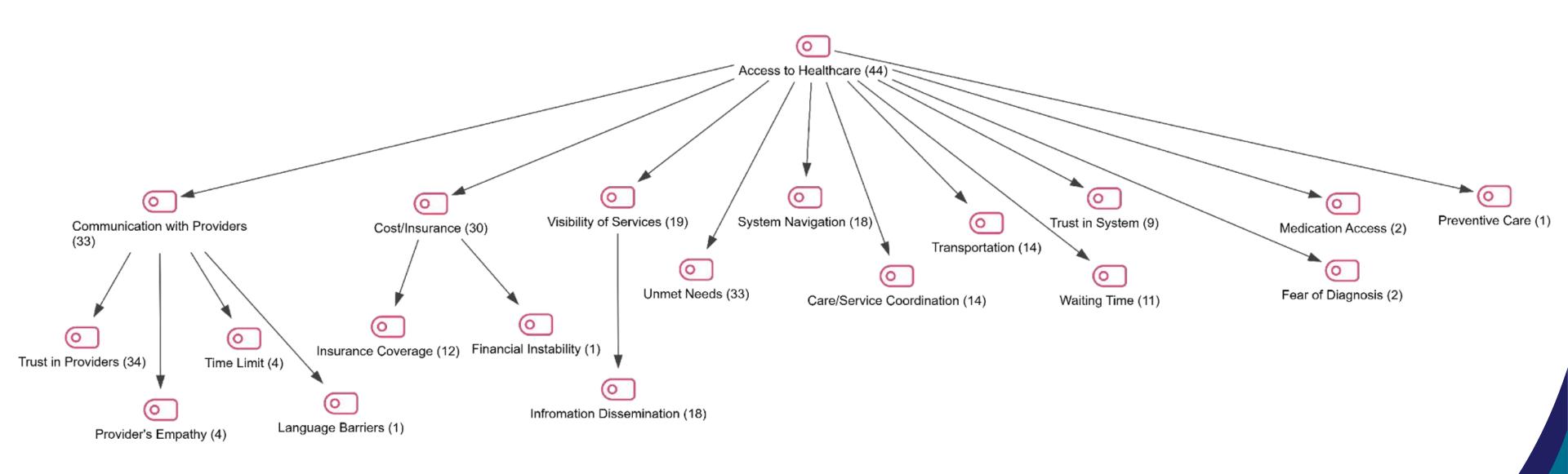






Example of Access to Healthcare Services

Hierarchical Code-Subcodes Model Access to Healthcare Services



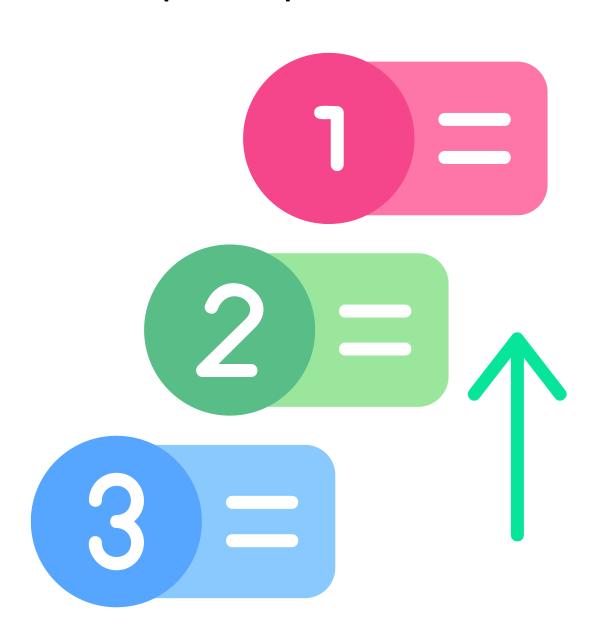


Health Needs Priorities

Which Health Needs do you think were the most important for participants?



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Which health needs do you think were the most important for participants?







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Examples of Key Findings

Access to Care

- Hard to navigate referrals
- Gaps in coordination
- Transportation barriers

Mental Health

- Need for prevention & crisis response
- Stigma and long waits

Takeaway

Beyond insurance → coordination, navigation, stigma





Collaboration with other LHDs

Practical Steps

Establish an academic–LHD partnership early and clarify roles

Combine survey data with structured focus groups (pre-distributed prompts)

Engage students or trainees for expanded capacity

Benefits

- Builds workforce and student skills
- Creates shared ownership of results, easing translation into strategic planning

Takeaway

 This model is scalable; any LHD can adapt it by leveraging nearby academic partners and tailoring survey/focus group design to the local context



GCHD Strategic Plan



The Genesee County Health Department

developed its mission, vision, and values in collaboration with our staff, using the County's core principles as a foundation. Our strategic planning committee used feedback to create actionable values that guide our efforts to

Vision: Aspirational - what we aim to be

Common Purpose: Make a positive impact on Genesee

Mission: Who we are and what we

stand for

County

Values: Actions. Culture, and

Core Beliefs

Vision

improve the health of

our community.

Genesee County's trusted public health resource, supporting communities to thrive.

Mission

To improve public health and equity in Genesee County through exceptional services, advocacy, and meaningful collaboration.

Values

Integrity & Excellence: Operate with professionalism, accountability, and a dedication to the well-being of the community, fostering trust and confidence among all.

Community Driven: Our community-driven approach focuses on building mutual respect, fostering collaboration and partnerships, promoting inclusivity, and supporting all.

Growth-oriented: Commitment to continuous learning and development, through ongoing evaluation and quality improvement.

Health Equity: Creating fair and just opportunities for all to attain their highest level of health.



QR Code to Strategic Plan Webpage

Program Priority Area Summary

The finalized priorities, approved by the SPC, will serve as a foundation for setting program-specific S.M.A.R.T goals and objectives, guiding ongoing efforts to address the needs of the communities we serve.



Each program identified at least two priority areas for focus for continuous quality improvement. The chart below shows the selected priorities for each program.

Program	Priority Area 1	Priority Area 2	Priority Area 3	Priority Area 4	Priority Area 5	Priority Area 6	Priority Area 7
Administration			*		*		*
Children's Special Health Care Services (CSHCS)	*	*	*				
Communicable Disease & Tuberculosis			*		*	*	
Emergency Preparedness				*	*		
Environmental Health					*	*	*
Health Coverage Enrollment Assistance			*	*			
Hearing & Vision	*		*	*			
Immunizations	*		*		*		
Family-Based Public Health Programs	*	*	*			*	
Sexual Health & Family Planning			*			*	
Tobacco & Marijuana Education	*	*	*				



Implementation

Action Steps & Responsibilities

- Measurable actions tied to each goal
- Staff/team assignments with timelines
- Resource needs (budget, tech, training) identified up front

Resource Allocation

- Budget reviewed annually; adjusted as needed
- Workforce planning supports recruitment, retention, and development

Communication & Collaboration

- Quarterly progress updates
- Continued partnerships (e.g., UM–Flint, healthcare, community orgs)

Risk Management

- Anticipate and address barriers (e.g., turnover, funding gaps)
- Build mitigation strategies into implementation phases





Monitoring & Evaluation

Key Performance Indicators (KPIs)

- Defined for each strategic objective
- Selected for impact, feasibility, and data availability
- Examples: vaccine exemption rates, Healthy Start enrollment

Data Tracking & Review

- Real-time data systems + quarterly review meetings
- Annual impact assessment and public dashboard

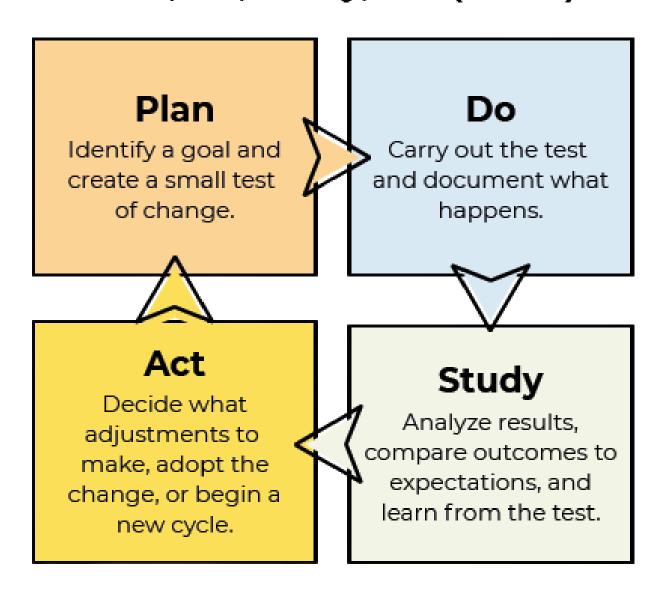
Accountability & Adaptation

- Division Directors oversee evaluation
- Stakeholder feedback integrated annually
- Annual report: outcomes, challenges, next steps

Continuous Quality Improvement (CQI)

- PDSA & Results-Based Accountability frameworks
- Staff-led innovation, training, and process improvement
- Successes documented and celebrated

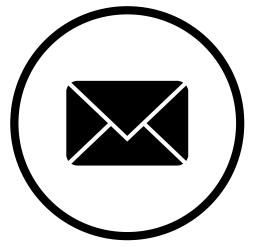
Plan, Do, Study, Act (PDSA)



Questions & Feedback







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