

# Strategic Plan



ONEIDA COUNTY  
HEALTH DEPARTMENT

2020-2023

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# LETTER FROM THE DIRECTOR

I am pleased to share with you the Oneida County Health Department's four-year strategic plan. This plan outlines our mission, vision, and strategic priorities that define the purpose, direction, and guiding principles of our department. Within the strategic priorities, you will find goals and objectives that represent our firm commitment to assuring not only a high-functioning health department, but also a healthy community for all of our residents. This plan lays the groundwork for our department to continue to be a leader in public health. As a Public Health Accreditation Board (PHAB) accredited health department we operate at a high level and this reflects our commitment to public accountability, effective community engagement, and ability to manage our resources and assets.

The strategic plan is one tool we are using to improve public health services, value, and accountability to stakeholders. The plan provides guidance for decisions about future activities and resource allocation, and is a working document. With a constantly changing environment, new opportunities, and emerging threats, there is a need to maintain flexibility and adapt to change.

Every day, we work to protect our communities from health threats such as foodborne illnesses and toxic exposures, and conduct prevention activities to decrease the burden of issues like chronic illnesses and injuries. Oneida County Health Department has also prioritized health equity to reduce health disparities and improve health outcomes for all within our new strategic plan. We will do this by leveraging partnerships, advocating for policies, and improving our built environment.

All staff have a part to play in ensuring the plan is implemented and that we are successful in improving community health, maintaining an effective public health system, developing a competent workforce, and building a culture of quality.

This document is one part of a comprehensive effort to advance quality and performance within the Oneida County Health Department and fulfill our mission to protect, nurture, and advance the health of our community.

Yours in health,

Linda Conlon



## Introduction and Purpose

The Oneida County Health Department Strategic Plan for 2020 to 2023 presents a trajectory for organizational advancement that supports health equity, community engagement, continuous improvement and innovation. The mission, vision, and strategic priorities were selected to improve health outcomes and prioritize the allocation of resources to maximize community benefit. Utilizing feedback from both partners and customers and conducting a robust self-appraisal, the plan lays the groundwork for building infrastructure to help us realize both health and equity.

Public health practice has grown considerably in recent years and intentionality has grown around addressing the social determinants of health, which include access to safe, healthy, and affordable housing, education, employment, etc. To make meaningful gains in health outcomes, Oneida County Health Department (OCHD) recognizes the need to expand and strengthen its involvement in those respective activities. Additionally, this plan emphasizes access to services across the county. Given the rural, large geographical area of Oneida County, OCHD will explore and work to decrease service “deserts.”

## About the Plan’s Four Strategic Priorities

This plan outlines strategies to advance OCHD’s work in the community to reduce health inequities, increase access to programs and services, and support public health professionals. First, advocacy and education must be done to maintain and grow public health funding, establish new partnerships, and implement policies that support health. The public health workforce that will do this work must also be taken care of by providing learning opportunities, continuing to support physical and mental well-being, and also recruiting qualified individuals to become part of the OCHD team. Thus, the first strategic priority focuses on **Sustainability**. Second, the department will work to engage community members and increase their voice in program, policy, and service development and delivery. Partnerships will be expanded, communication will be strengthened, and OCHD will improve access to its services across the county. All of these activities fall within the second strategic priority, **Community Focus and Engagement**. Next, the department will continue to be responsive to community needs by conducting an updated community health assessment and developing a revised community health improvement plan, all with a health equity lens. The third strategic priority under which these will be accomplished is **Promote and Protect Health**. Finally, the fourth strategic priority that transcends across all others and one that is necessary in a community with limited resources, is **Continuous Improvement and Innovation**. Oneida County Health Department prides itself on its national public health accreditation status and strong culture of quality. The agency is committed to growing skills and knowledge around results-based accountability, design-thinking, and other mechanism that support innovation to improve the public’s health. Oneida County Health Department looks forward to making progress on the goals, objectives and strategies within this plan and having a meaningful impact on population health outcomes, all with the groundwork laid out by these four strategic priority areas.

## OVERVIEW

The mission defines our organization's purpose; what our organization does and why. Our vision outlines our hopes for the future. The four strategic priority areas provide the cornerstone for our decision-making process around the allocation of resources and provide a focus on the organization's overarching goals to ensure coherent and considered action.

## MISSION AND PURPOSE

To protect, nurture and advance the health of our community.

## OUR VISION

In five years, the Oneida County Health Department will be even stronger than it is today. Internally, there will be an environment that embraces change, staff input and advancement, cooperation, and great new ideas. There will be a strong sense by the governing body and staff members that the department is thriving. Operations will reflect solid funding, strong and diverse partnerships, consistency, use of best practices, innovation, and a commitment to exceeding standards. Publicly - the department will be (and will be recognized as) the go-to resource for public health knowledge in the community. OCHD will be a leader in public health in the region, state, nation, and if the opportunity arises, beyond national boundaries. The department will be highly valued by partner organizations and will be a catalyst for change in Oneida County and beyond.

## VISION STATEMENT

Embracing change, partnerships, and best practices to lead Oneida County to a healthy and equitable future.

## GUIDING PRINCIPLES

The four guiding principles that establish a culture that reinforces the organizational vision are:

Integrity

Commitment to Excellence

Health Equity

Respect for All

## STRATEGIC PRIORITY AREAS

Sustainability



Customer  
Focus/Engagement



Promote and Protect  
Health



Continuous  
Improvement and  
Innovation

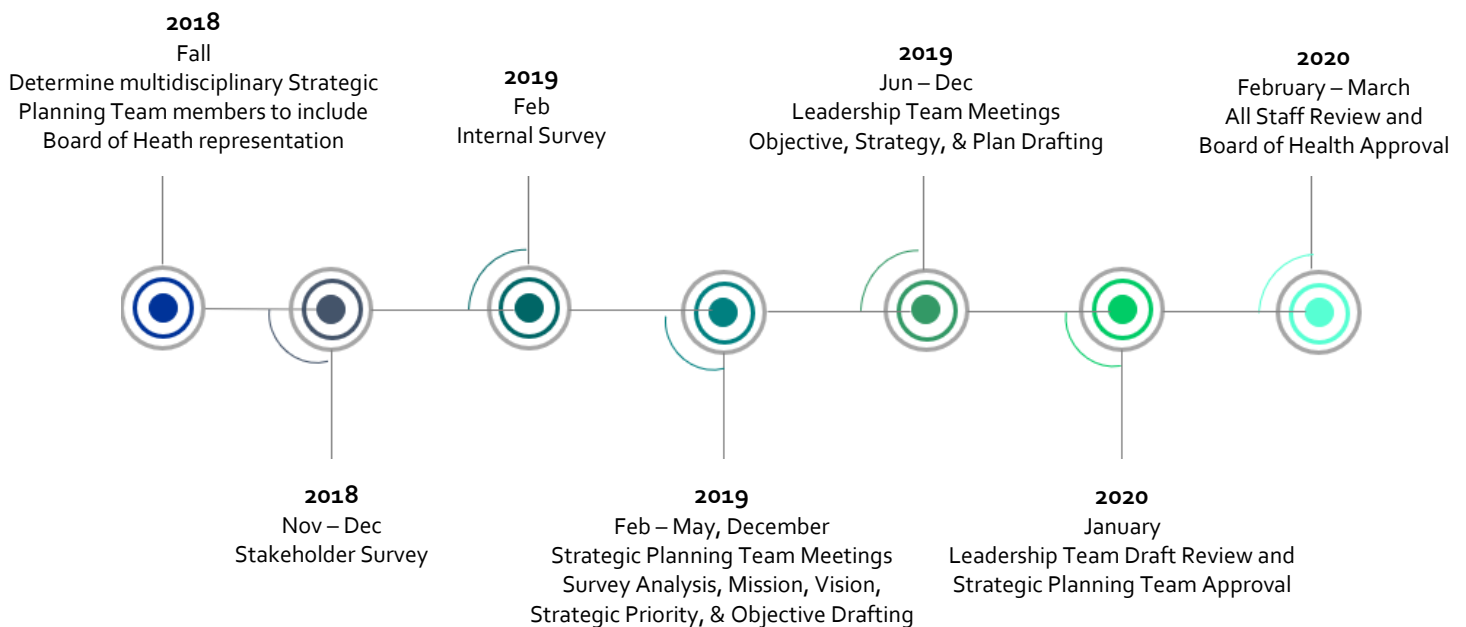


## OVERVIEW OF THE PROCESS

The 2020-2023 Oneida County Health Department Strategic Plan sets forth what the organization plans to achieve, how it will achieve it, how it will know if it has achieved it and also provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. The plan was developed through a strategic planning process largely following the National Association of City and County Health Officials (NACCHO) Strategic Planning Guide and Public Health Accreditation Board guidance. Within this plan is a work plan that includes goals, objectives, and strategies that provide the trajectory for the future state of Oneida County Health Department. The work plan will be reviewed quarterly. Each year, trends, priorities, resources, and long-term objectives will be reviewed and revised as needed. An explanation of changes will be documented on the Record of Changes. The department strategic plan will be renewed in 2023.

### STRATEGIC PLAN DEVELOPMENT TIMELINE

A multidisciplinary strategic planning team was convened to carry out the strategic planning process. Below is an overview of the strategic plan development activities and associated timeframes.



## REACCREDITATION

In March 2014 Oneida County Health Department was awarded accreditation status by the Public Health Accreditation Board (PHAB). PHAB is a nationally recognized organization that accredits tribes, states, territories and local public health agencies. While this accreditation is voluntary at this time, it is anticipated that OCHD may be able to leverage funding, training, and other opportunities because of its accreditation status. Accreditation provides a means for health departments to identify performance improvement opportunities, improve management, develop leadership, and improve relationships with the community. This process challenges us to think about improving public health practice, building on an already strong culture of quality, intentionally working to address health equity, and exploring public health innovation. Maintaining accreditation is an ongoing process that promotes consistent and high-quality public health practice, transparency, and accountability. This plan is compliant with PHAB Standard 5.3.



## ENVIRONMENTAL SCAN

As part of the strategic planning process, the department conducted an environmental scan utilizing the Minnesota State Department of Health Center for Public Health Practice tool to identify key trends, create a big-picture view of what is going on inside and outside the organization, and inform the strategic plan goals, objectives, and strategies. This data and information provide understanding about the historical perspective of the organization, current context, and future outlook. Figure 1, shows the topics analyzed to build the environmental scan.

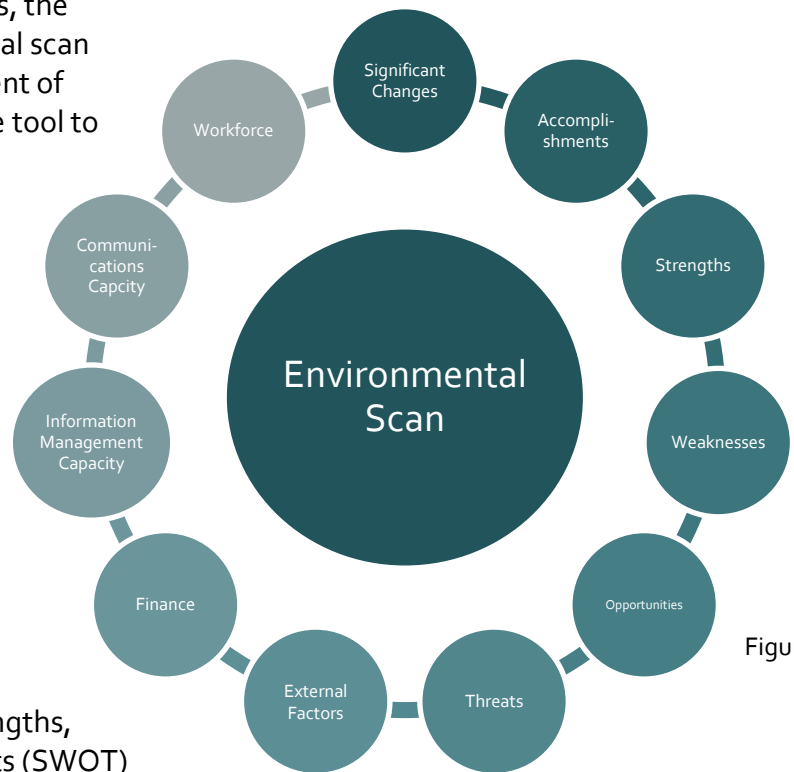
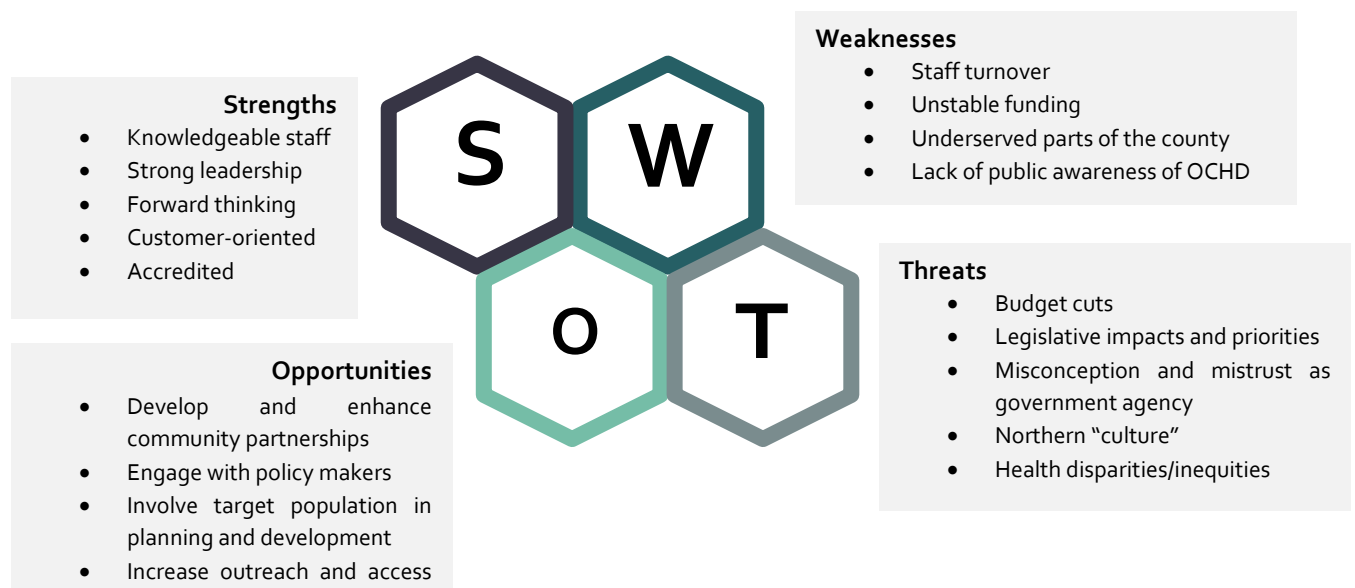


Figure 1

## SWOT ANALYSIS

OCHD conducted an agency-wide Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis as well as individual program SWOT analyses. The SWOT analysis is a tool to learn how our organization is functioning. The results help determine where changes are needed and help establish priorities. All employees, partners, stakeholders, and community members were invited to participate in the SWOT analyses through department program meetings and an online survey. Valuable information was gained by learning employee and stakeholder perceptions about department strengths, weaknesses, opportunities, threats, challenges, values, purpose and direction. The following SWOT themes were extracted from the above-mentioned program analyses:



\*For the complete environmental scan and SWOT analysis, see Appendix 1.



## KEY CONSIDERATIONS

### INFORMATION MANAGEMENT

OCHD is committed to confidentiality and HIPAA compliance and thereby has procedures in place to best manage health information. Cloud-based, secure systems that store client HIPAA-protected information like Wisconsin Immunization Registry, Rosie, and Lytec and systems that maintain non-confidential data that assists in the monitoring of agency performance data are utilized by OCHD. These systems prioritize security and confidentiality. Organizational and programmatic performance measure progress is tracked and reported on a quarterly basis and released to the public in program and annual reports to support transparency and accountability. OCHD will continue to work with county IT as new, potentially useful platforms are released to assure the security, compatibility, and functionality within the county information management infrastructure.

### WORKFORCE DEVELOPMENT

OCHD understands the value of its workforce and is committed to the development of a competent, skilled, and dynamic professional public health workforce. The organization will continue to provide staff opportunities to increase their skillsets so they can contribute to the organization and its strategic direction, and ultimately improve the quality of public health services and programs offered to the residents of Oneida County.

### COMMUNICATION AND BRANDING

Communication with the public for not only the purposes of education and outreach, but also awareness around what public health is and what OCHD does will be a priority within this plan. Additionally, communication with partners, stakeholders, and decision makers will be necessary to support collective impact strategies, gain and sustain funding, and demonstrate the value of OCHD. With communication and increasing awareness comes branding efforts that include logo reintroduction, assuring agency logo placement on all agency and collaboration materials, etc.

### FINANCIAL SUSTAINABILITY

A variety of state and federal grants, local tax levy, and program generated revenues and fees support our budget. With a reduction in state and federal funding, we also recognize that continuing to provide exceptional public health services under these circumstances requires creative and innovative thinking about the entire capacity of the public health system. As an accredited and well-respected agency, OCHD will continue to seek out and procure funding to fulfill all of the functions and duties of the health department including the strategic goals and objectives. Information regarding comparison of OCHD's past funding is available in the agency annual reports.





## PLAN LINKAGE AND ALIGNMENT

OCHD recognizes that successful health departments operate with a systems-based approach. The Strategic Plan and all of the large foundational plans are not intended to be standalone documents, but rather contribute to the larger organizational system of a highly effective and efficient health department. This plan aligns with important assessment, planning, and evaluation work such as the community health assessment, community health improvement plan, state-wide health improvement plan, quality improvement plan, workforce development plan, and other operational plans.

The figure below demonstrates the interrelatedness of large agency systems as well as responsible staff/teams, timeline, and fiscal practice (Figure 2).

▲ The **mission** and the **vision** of the health department are the driving force of all activities, and establish the foundation of the strategic plan. The **strategic plan** is the internal guide to OCHD's work with the community and prioritizes health department plans, especially the **CHA** and **CHIP** process and highlights the need for partnerships and community engagement in order to collectively impact health outcomes. The strategic plan's guiding principles and values reinforce the agency's focus on **performance management**.

▲ **Performance management** assures a greater return on investment, greater accountability of funding, increase of the public's trust, decreased duplication of services, better understanding of priorities and successes, increased emphasis on quality over quantity, and more efficient and effective problem solving.

**Performance measures** which are identified within the performance management system support progress, innovative practices, and continuous quality improvement.

▲ OCHD's **performance measures** influence **quality improvement** projects by identifying improvement opportunities from measures unmet over a period of time. Conversely, **quality improvement** project outcomes may influence

new **performance measures** in order to assure outcomes sustainability. **Accreditation** is found solidly in the middle of the pyramid because it influences OCHD infrastructure both up the pyramid and down.

▲ **Workforce development** assures a competent, skilled, and dynamic professional public health workforce who systematically pursues opportunities to increase their skillsets so they can contribute to the organization and ultimately improve the quality of public health services and programs offered to the residents of Oneida County.

▲ Finally, the base of the pyramid is what the community sees and the foundation of public health. These are a result of the other layers and ultimately improve health outcomes: **programs, policies, and interventions**.

➔ All of these layers are conducted within the scope of **fiscally responsible practice** and a consideration for **ethics and health equity**.

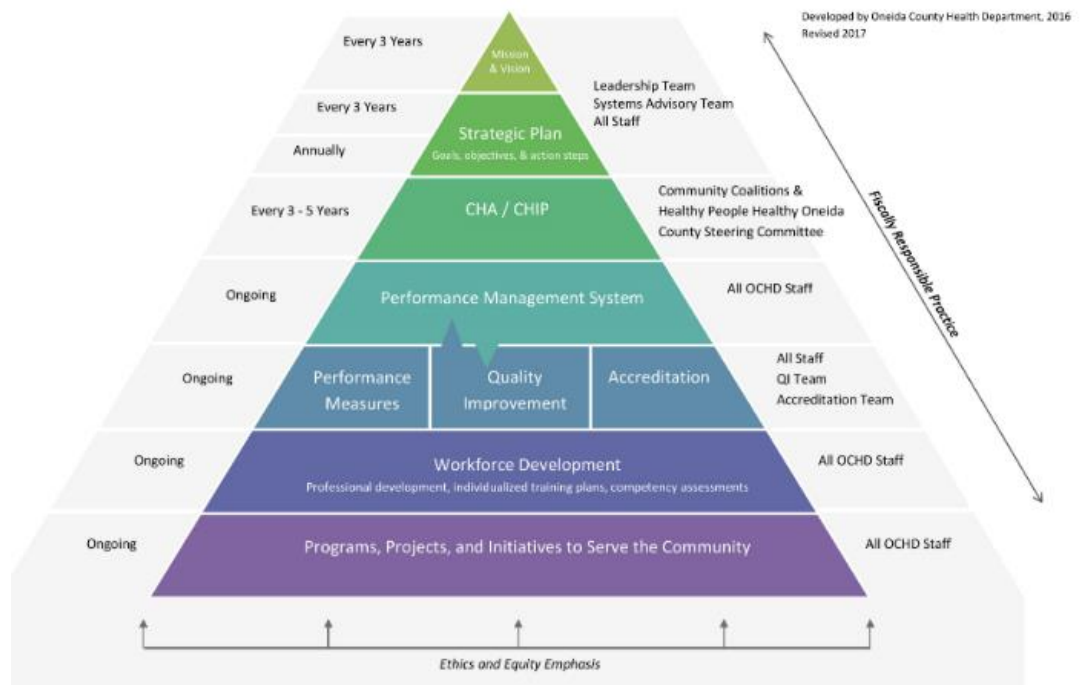


Figure 2

# STRATEGIC PRIORITY 1: SUSTAINABILITY



## What We Intend to Accomplish

This strategic priority is dedicated to advancing the public health agendas, expanding partnerships, and assuring adequate succession of public health professionals. The Oneida County Health Department will continue to advocate and educate the community, stakeholders, and decision-makers related to public health policy and impacts and gain or strengthen partnerships to address policy issues collaboratively. Without a strong public health workforce, the strategies within this plan would not be accomplished. Maintaining the current public health workforce will be a focus by supporting professional development opportunities and assuring a supportive work environment that provides opportunities for both physical and mental well-being.

## Goal 1: Advance public health through advocacy and education

Objective 1.1: By April 30 of each year, establish a public health policy agenda and action plan using criteria to guide the decision-making

Strategy 1.1.1: By January 31 of each year, identify public health policy areas utilizing resources such as joint public affairs committee, NACCHO priority areas, and PHNCL.

Strategy 1.1.2: By February 28 of each year, prioritize public health policy areas based on local need, CHA/CHIP, current trends, community interest, etc.

Strategy 1.1.3: By March 31 of each year, develop and implement an action plan to guide decision-making.

Responsible: Leadership Team and Coalition Leads

Objective 1.2: By December 31, 2022, increase advocacy partnerships with other organizations to advance mutual advocacy issues collaboratively.

Strategy 1.2.1: By January 31, 2022, explore new and emerging policy areas that include Social Determinants of Health (SDOH), health equity, health across the lifespan, health in all policies, or other areas identified in the CHA or CHIP, etc.

Strategy 1.2.2: By March 31, 2022, identify two policy issues that align with policy issues of partners.

Strategy 1.2.3: By December 31, 2022, leverage partnerships to collaboratively advance mutual advocacy issues.

Responsible: Leadership Team and Coalition Leads

Objective 1.3: By December 31, 2021, increase the skills and capacity of OCHD governance, staff, and coalitions to advocate for policies and positions at the local and state level.

Strategy 1.3.1: By June 30, 2020 and annually thereafter, educate OCHD governance, staff, and coalitions on public health issues and increase public health awareness.

Strategy 1.3.2: By September 20, 2021, provide advocacy training for governance, staff, and coalitions on public health policy issues, elections, and education of elected officials.

Responsible: Leadership Team and Coalition Leads

## **Goal 2: Recruit, hire, retain, and train a competent and diverse workforce [or invest in workforce]**

Objective 2.1: By June 30, 2022, develop a plan for increased staff engagement in monthly staff development meetings.

Strategy 2.1.1: By January 31, 2021, convene an ad hoc committee of staff members and leadership.

Strategy 2.1.2: By April 30, 2021, assess the current staff development process.

Strategy 2.1.3: By January 31, 2022, as a result of the assessment and analysis, update staff development process.

Responsible: Management and Ad Hoc Committee

Objective 2.2: By December 31, 2020, implement at least two strategies that provide opportunities for staff to improve their physical or mental well-being.

Strategy 2.2.1: By February 28, 2020, identify champion(s) to explore approaches to improve physical or mental well-being.

Strategy 2.2.2: By May 31, 2020, determine worksite wellness opportunities to improve physical or mental well-being.

Strategy 2.2.3: By December 31, 2020, implement at least two strategies for staff to improve their physical or mental well-being.

Responsible: Management and Identified Champions

Objective 2.3: By December 31, 2023, explore alternative methods in recruiting qualified and diverse individuals for OCHD positions.

Strategy 2.3.1: By April 30, 2023, research hiring tools.

Strategy 2.3.2: By July 31, 2023, survey other LHDs on their recruitment processes.

Strategy 2.3.3: By October 31, 2023, pilot new recruitment tools, as applicable.

Strategy 2.3.4: By December 31, 2023, adopt recruitment practice, as applicable.

Responsible: Management and Oneida County Labor Relations and Employee Services

## STRATEGIC PRIORITY 2: COMMUNITY FOCUS AND ENGAGEMENT



### What We Intend to Accomplish

Community and target population voice has become a large focus for Oneida County Health Department to assure that the agency is implementing policy, programs, and services *with* the community and not *to* the community. The organization will work to intentionally identify and seek feedback from vulnerable, at-risk, and other target populations as programs and services are enhanced or developed. To assist in target population engagement, OCHD will need to create or set new parameters within partnerships. Additionally, access to services continues to be a need as barriers unique to rural, geographically large counties continue to be an issue and will therefore be addressed within this strategic priority.

### Goal 1: Engage the target population in program and policy development and implementation

Objective 1.1: By December 31, 2021, identify target populations within agency programs, coalitions, and interventions.

Strategy 1.1.1: By December 31, 2020, use data analytics to determine current clients and compare to county data (if population is reflected).

Strategy 1.1.2: By December 31, 2020, utilize Mobilizing for Action through Planning and Partnerships (MAPP) assessment process to identify pockets of vulnerable or at-risk populations.

Strategy 1.1.3: By June 20, 2021, conduct outreach to different community and governmental organizations to determine opportunity for partnering with public health to broaden target population.

Responsible: Program and Coalition Leads, Coalition Members, Program Staff

Objective 1.2: By December 31, 2023, identify and address at least 3 gaps or needed improvements in services for the target population served by OCHD.

Strategy 1.2.1: By May 31 annually, identify which program will explore target population needs.

Strategy 1.2.2: By September 30 annually, hold at least one focus group per year in order to prioritize the community voice and deepen our understanding of the causes of health inequities.

Strategy 1.2.3: By December 2021, and annually after, implement at least one strategy from target population focus groups in coalition or program work.

Responsible: Management, Program and Coalition Leads, Coalition Members, Program Staff

## Goal 2: Improve outreach to partners and community members

Objective 2.1: By December 31, 2022, develop two strategies to develop and enhance relationships with key community partners to support public health.

Strategy 2.1.1: By December 31, 2022, two programs will conduct at least two outreach activities to strengthen relationships with elected officials and policymakers.

Strategy 2.1.2: By December 31, 2022, expand staff participation on non-traditional community collaborations, coalitions, committees, and other work groups that can influence health outcomes and policy (including those that affect SDOH).

Responsible: Program and Coalition Leads, Program and Coalition Staff

Objective 2.2: By December 31, 2023, develop three strategies to improve communication with community partners and the public.

Strategy 2.2.1: By November 30, 2022, provide opportunities for media relations training.

Strategy 2.2.2: By January 31, 2023, expand the agency's participation in an annual health marketing schedule for a planned approach to develop and implement health promotion activities.

Strategy 2.2.3: By February 28, 2023, increase the use of digital media to promote public health messages and enhance health marketing materials.

Strategy 2.2.4: By February 28, 2023, identify at least three opportunities to promote key agency accomplishments within the community.

Strategy 2.2.5: By June 30, 2023, increase community use and awareness of OCHD digital communications (growing newsletter subscriptions, website traffic, Facebook likes).

Responsible: Leadership Team, Program Leads, Account Technician/Support Specialist

Objective 2.3: By December 31, 2023, all OCHD programs will produce at least one product using infographics, videos, and/or storytelling to bring data to the **community**.

Strategy 2.3.1: By August 31, 2022, provide technical support to staff to increase competency in developing materials for data presentation.

Responsible: OCHD Staff

## Goal 3: Assure inclusive and equitable access to services across the county

Objective 3.1: By December 31, 2023, increase OCHD service locations in geographic areas with a high need for service.

Strategy 3.1.1: By June 30, 2022, use data to identify the greatest areas of need in the county that align with the OCHD mission.

Strategy 3.1.2: By December 31, 2022, talk with stakeholders in the identified area(s) to determine physical location, marketing, and implementation strategies.

Strategy 3.1.3: By December 31, 2023, pilot service delivery and evaluate outcomes.

Responsible: Program Leads and Staff

Objective 3.2: By November 30, 2023, increase OCHD's use of remote access online and telehealth services to reduce transportation and time barriers.

Strategy 3.2.1: By May 31, 2023, explore remote access online and telehealth service opportunities; consider what other agencies are currently utilizing and technical infrastructure required.

Strategy 3.2.2: By June 30, 2023, determine which programs could use online and telehealth services.

Strategy 3.2.3: By August 31, 2023, develop a policy and procedure for online and telehealth services.

Strategy 3.2.4: By October 31, 2023, pilot and evaluate online and telehealth services.

Responsible: Leads and Staff in Reproductive Health, WIC, WWWP, PNCC

# STRATEGIC PRIORITY 3: PROMOTE AND PROTECT HEALTH



## What We Intend to Accomplish

To achieve health equity, reduce health disparities, and improve population health outcomes across the lifespan, OCHD will conduct a community health assessment and build a community health improvement plan that is responsive to community needs and built off of community voice. The organization will continue to build, strengthen, and provide learning opportunities to coalitions that will work to implement the objectives highlighted in the community health improvement plan. All of this will be done with special attention to health equity by providing content specific training, assuring program work plans include at least one health equity objective, and conducting the health assessment and improvement planning process under a health equity lens.

## Goal 1: Assess community health needs

Objective 1.1: By December 2020, utilize an evidence-based public health tool to conduct a community health assessment.

Strategy 1.1.1: By August 31, 2020, conduct an assessment that includes the whole community, including target populations and social determinants of health.

Strategy 1.1.3: By October 31, 2020, identify strategic/priority issues from the community health assessment.

Responsible: Leadership Team, CHPC, Coalition Leads

Objective 1.2: By December 31, 2020, increase local health system data use in the community health assessment process.

Strategies 1.2.1: By March 31, 2020, identify community health indicators from Healthiest WI 2020 to be shared (ongoing) across health care systems or other partners and public health.

Strategies 1.2.2: By September 30, 2020, share data with community coalitions and CHPC to analyze and draw conclusions.

Strategy 1.2.3: By December 31, 2020, incorporate this data into the CHA.

Responsible: Leadership Team, CHPC, Coalition Leads



## **Goal 2: Develop and implement the community health improvement plan.**

Objective 2.1: By December 31, 2021, collaboratively, formulate goals, objectives, and strategies with community partners and the community.

Strategy 2.1.1: By March 31, 2021, in partnership with CHPC, community partners, and the community, identify and develop goals and strategies.

Strategy 2.1.2: By August 31, 2021, after goals and strategies are developed, gain input through outreach (social media, focus groups, presentations, etc).

Strategy 2.1.3: By August 31, 2021, assure populations with health inequities are engaged in community coalitions and Collaborative Health Planning Committee.

Strategy 2.1.4: December 31, 2021, finalize the community health improvement plan.

Responsible: Leadership Team, CHPC, Coalition Leads

Objective 2.2: By December 31, 2023, collaboratively partner with CHIP coalitions to actively advance at least two strategies within each CHIP priority.

Strategy 2.2.1: By December 31, 2022 and annually after, use data driven tools to support the work led by CHIP coalitions such as health impact assessments, policy evaluation, environmental changes, etc.

Strategy 2.2.2: By December 31, 2022 and annually after, lead at least three multi-stakeholder Collaborative Health Planning Committee roundtables to support priority CHIP strategies.

Responsible: Leadership Team, CHPC, Coalition Leads

Objective 2.3: By October 31, 2022 implement two capacity-building opportunities for partners and staff to achieve policy and systems change that advance CHIP goals.

Strategy 2.3.1: By May 31, 2022, develop and offer a training course for OCHD staff and partners to build and or deepen their skills to engage in public health policy change efforts.

Strategy 2.3.2: By July 31, 2022, develop and offer a revised training course for OCHD staff and partners to build essential skills for leading multi-stakeholder collaborations.

Responsible: Leadership Team, CHPC, Coalition Leads

## **Goal 3: Transform departmental capacity, culture, and practice to promote health equity**

Objective 3.1: By January 31, 2022, implement at least three administrative practices and at least three programmatic practices to improve health equity.

Strategy 3.1.1: By June 30, 2021, conduct at least one staff development training on a health equity or cultural competency related topic.

Strategy 3.1.2: By December 31, 2021, assure that health equity is built into the CHA and CHIP process and plan.

Strategy 3.1.3: By January 31, 2022, assure that health equity objectives are written into program and coalition work plans.

Responsible: Program Leads, Leadership Team, Management

## **Goal 4: Expand and strengthen community partnerships to improve health**

Objective 4.1: By March 31, 2023, programs and coalitions will gain at least one new partner.

Strategy 4.1.1: By June 30, 2022, identify which organizations or sectors would add value.

Strategy 4.1.2: By March 31, 2023, select the most appropriate partners and secure their active involvement.

Responsible: Program and Coalition Leads

Objective 4.2: By December 31, 2021, assure that populations most affected by identified issues are engaged and empowered in the community health assessment and improvement process.

Strategy 4.2.1: By March 31, 2020, identify and map which individuals and groups have the power to make decisions in the community.

Strategy 4.2.2: By May 31, 2020, identify and map which individuals that have health inequities.

Strategy 4.2.3: By July 31, 2020, assure populations with health inequities are included throughout the community health assessment and improvement process.

Responsible: Leadership Team, CHPC, Coalition Leads

## STRATEGIC PRIORITY 4: CONTINUOUS IMPROVEMENT AND INNOVATION



### What We Intend to Accomplish

Oneida County Health Department prides itself on its advanced culture of quality, strong performance management system, and continuous learning environment. The organization is eager to maximize quality improvement activities to achieve efficiency goals and program and service outcomes. More recently, public health innovation and creative practices has become a focus as resources, both time and funding, continue to be a need. OCHD aspires to develop innovative strategies and share lessons learned across region, state, and nation in an effort to contribute to public health promising practice.

### Goal 1: Enhance the culture of quality improvement and innovation within the department

Objective 1.1: By December 31, 2023, implement PM/QI work plan to build staff competency in performance management and quality improvement initiatives.

Strategy 1.1.1: By July 31, 2022, complete QI Self-Assessment Tool (SAT) to identify areas of need bi-annually.

Strategy 1.1.2: By December 31 all staff complete performance improvement competencies annually.

Strategy 1.1.3: By December 31 annually, develop annual PM/QI work plan based on identified areas of need from QI SAT and performance improvement staff competency assessments.

Strategy 1.1.4: By March 31 complete work plan and develop report on progress annually.

Responsible: QI/PM Team

Objective 1.2: By August 31, 2022, implement a design thinking training to support staff to be innovative in program and service development and delivery

Strategy 1.2.1: By November 30, 2021, identify design thinking training content.

Strategy 1.2.2: By April 30, 2022, implement design thinking training content.

Strategy 1.2.3: By August 31, 2022, evaluate design-thinking training and develop a plan for building on knowledge.

Responsible: Leadership Team

### References:

NACCHO Strategic Planning Guide, <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf>

County of Los Angeles Department of Public Health Strategic Plan 2018-2023

Strategic Plan 2018-2022 El Paso County Public Health

Riley County Health Department Strategic Plan January 2017-December 2019

2017-2020 Strategic Plan Lane County Public Health Division

Minnesota Department of Health Strategic Planning Guidance, <https://www.health.state.mn.us/communities/practice/assessplan/lph/org/strategicplan.html>

## ACKNOWLEDGEMENTS

The Oneida County Health Department would like to thank the strategic planning team for leading our strategic planning process. We appreciate the experience, knowledge, and patience of the members as we identified who we are and who we want to be. We would also like to thank all of our community partners, stakeholders, and community members that took time out of their busy schedules to provide feedback on the work we do, what we do well, what we can do better, and what they envision our future to look like. We could not make an impact on the health of our community without our community partners. Thank you to the Board of Health for their participation in the strategic planning process and approval of our strategic plan. Your input was essential in providing feedback to the strategic planning team and in the development of our strategic plan. Finally, thank you to the Oneida County Board of Supervisors for their continued support of the Oneida County Health Department.

## STRATEGIC PLANNING TEAM MEMBERS

Linda Conlon, Director

Marta McMillion, Assistant Director

Steven Schreier, Board of Health Member

Jenny Chiamulera, Community Health Specialist

Kyla Waksmonski, Community Health Specialist

Rebecca Lohagen, Public Health Nurse

Liz Whalen, Reproductive Health Nurse

Joneil Tess, Account Technician/Support Specialist

Lindsey Brost, Former WIC Director

Jody McKinney, Environmental Health Specialist, Registered Sanitarian

## Record of Changes

Date	Who Made the Change	Brief Description

## APPENDIX 1

# Summary of Reports and Key Trends

For strategic plan guidance, visit: [www.health.state.mn.us/lphap](http://www.health.state.mn.us/lphap).

\* = Topics included in the environmental scan

## Significant Changes\*

*Note significant changes for the agency and community since the last round of data collection and assessment.*

Staff turnover, more unstable funding, more competing priorities, stricter grant requirements, political climate, difficulty hiring staff

## Accomplishments\*

*Identify the agency's accomplishments in the last assessment and planning cycle; consider the community health improvement plan, QI plan, and previous strategic plan.*

Successful grant writing, more staff participating in regional/statewide groups, re-vamp of AODA/MH coalition, successful new partnerships, QI becoming a norm at OCHD, program workplans, increased knowledge of health equity, formalizing health ethics, recognition of programs/staff

## Priorities: Strengths

*Prioritize three to five organizational strengths. Consider the organizational assessment against national standards.*

Staff capacity (knowledge, experience, flexible), strong leadership, innovative, media relationship, forward thinking, customer oriented staff, staff represent OCHD well, varied programming, continual staff development, community and client respect, good reputation, accredited

## Priorities: Weaknesses

*Prioritize three to five organizational weaknesses. Consider the organizational assessment against national standards.*

Limited resources, staff turnover, other parts of the county underserved, not much public presence, bureaucracy slows down delivery, need more staff, partner perceptions and opinions aren't always valued, project management, communication with other departments and law enforcement, some resistant to change, increased workload, funding unstable, are we really reaching different populations, need more outreach, underutilization of services

## Threats

*Identify needs or risks the agency might encounter in the next three to five years.*

More IT/technology, budget cuts, loss of funding, legislative impacts and priorities, politics, competition for services, misconception of what we do and perception of government, competing with social media

as educational source, incorrect information, anti-vaccination groups, northern culture and beliefs, limited community support, lack of access to services, length of time of response can reflect negatively on OCHD

## Opportunities\*

*Identify the organization's opportunities.*

Develop and enhance community partnerships, increase non-traditional partners, community engagement, engage with policy makers, advertise for services, outreach to community, seek out grants, increase funding, look at collaborating with other counties to increase funding, involve clients in planning, engage public and encourage feedback

## External Factors\*

*Identify external trends, events, or factors that might affect the agency. Consider the impact of health care reform on public health.*

Health Care reform, opioid/drug use, increased technology use in young children, social media and false information, transportation issues, SDOH, aging population, not a large tax base for improvements in parks, housing, etc, political climate

## Finance\*

*Consider the agency's finance outlook, sustainability.*

Too dependent on short term grants, county always looking to cut tax levy, increase costs in health insurance=increase costs to grant dollars increased flu income, stable EH revenue, water lab is a new and consistent revenue source

## Information Management Capacity\*

*What is the agency's capacity related to information management?*

Dependent on county IT, not a lot of employees with high IT skills, some internal resource people for IT help, Data driven decision making has increased, increased usage of NN, Increased electronic medical records, IT has increased its Information Management system i.e, security, confidentiality, hardware replacement

## Communications Capacity\*

*What is the agency capacity regarding communication, including branding?*

We are good here, but could update beyond regular media to increase our outreach (Facebook, in person outreach) branding has improved but could be better. Miss a large population with non-traditional outreach, developing 1 pagers as well as target pop questionnaire and literacy checklist has improved our communications. Do a good job informing our BOH/governing entity.

## Workforce\*

*Does the agency have issues related to recruitment, retention, or workforce development?*

Turnover, difficulty hiring certain positions, physical location of state impacts this as well as non-electronic application. County HR policies. Pay may not be equal to other counties, state or private.



## APPENDIX 2

### PHAB DOMAIN 5 GUIDANCE

a. Mission, vision, guiding principles/values	a. The health department's mission, vision, and guiding principles/values for the health department.		
b. Strategic priorities	b. The health department's strategic priorities.		
c. Goals and objectives with measurable and time-framed targets	c. The health department's goals and objectives with measurable and time-framed targets (expected products or results). Measurable and time-framed targets may be contained in another document, such as an annual work plan. If this is the case, the companion document must be provided with the strategic plan for this measure.		
d. Consideration of key support functions required for efficiency and effectiveness	d. The strategic plan must consider capacity for and enhancement of information management, workforce development, communication (including branding), and financial sustainability.		
e. Identification of external trends, events, or factors that may impact community health or the health department	e. The identification of external trends, events, or other factors that may impact community health or the health department.		
f. Assessment of health department strengths and weaknesses	f. The analysis of the department's strengths and challenges.		
g. Link to the health improvement plan and quality	g. Linkages with the health improvement plan and the health department's quality improvement plan. The strategic plan need not link to all elements of the health improvement plan or quality improvement plan, but it must show where linkages		

<b>1. Use a planning process to develop the organization's strategic plan:</b>	<b>1. The health department must document the process that it used to develop its organizational strategic plan.</b> The planning process may have been facilitated by staff of the health department or by an outside consultant.  If the health department is part of a super health agency or umbrella agency (see PHAB Acronyms and Glossary of Terms), the health department's process may have been part of a larger organizational planning process. If that is the case, the health department must have been actively engaged in the process and must provide evidence that public health was an integral component in the process.
a. Membership of the strategic planning group	a. A list of the individuals who participated in the strategic planning process and their titles must be provided. Participants must include various levels of staff as well as representatives of the health department's governing entity.  Documentation could be, for example, meeting minutes, a report that presents the members of a strategic planning committee, or other formal listing of participants.
b. Strategic planning process steps	b. Documentation must include a summary or overview of the strategic planning process, including the number of meetings, duration of the planning process, and the methods used for the review of major elements by stakeholders. Steps in the planning process must be described, for example, opportunities and threats analysis or environmental scanning process, stakeholder analysis, story-boarding, strengths and weaknesses analysis, and scenario development.

<p><b>1. Progress towards achievement of the goals and objectives contained in the plan</b></p>	<p><b>1. The health department must provide reports developed since the plan's adoption showing that it has reviewed the strategic plan and has monitored and assessed progress towards reaching the goals and objectives.</b></p> <p>The reports must include how the targets are monitored. Progress is evidenced by completing defined steps to reach a target, by completing objectives, or by addressing priorities and implementing activities. Reports must be completed no less frequently than annually. The plan may be revised based on work completed, adjustments to timelines, or changes in available resources.</p> <p>If the plan has been adopted within the year, progress reports of a previous plan may be provided or detailed evaluation plans may be submitted.</p>	<p><b>2 reports</b></p>	<p><b>1 report dated within 14 months; second report may be older</b></p>
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