Butte County
Public Health Department
Strategic Plan

2015 – 2018

Mission: Protect the public through promoting individual, community, and environmental health

Director's Message

Cathy Raevsky, Director

The Butte County Public Health Department's Strategic Plan for 2015 – 2018 provides a roadmap for the department to remain a vital part of an effective public health system today and into the future. The plan provides a path to making our vision a reality and prioritizing our efforts.

The department's vision statement gives us a picture of our purpose and values – it truly reflects what we work and strive for each day. The plan keeps this vision at the forefront, while defining the nuts and bolts of how to get there:

"We are dedicated public health leaders and valued community partners who foster a healthy and safe Butte County."

We currently face a change in the nature of preventable disease and illness in our county. To remain part of an effective future public health system, we must modernize some of our important business tools and practices as well as focus work on our priority goals.

In 2014, the department started pursuing accreditation through the national Public Health Accreditation Board (PHAB). Achieving and maintaining accreditation will assist us to continue to be the high performance public health department we strive to be. We are proud of the work we do, and this strategic plan will keep us moving down the path to providing quality and valued service to the residents of our County.

While this strategic plan does not attempt to list all areas we will work on in the coming years, it does reflect our priorities in focusing our work and in developing future budgets. In carrying out the elements of this plan, the department remains fully committed to working with our public health partners and communities as we continue our mission to protect the public through promoting individual, community and environmental health.

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Introduction

Butte County Public Health Department (BCPHD) has realigned its priorities to develop internal capacity and strengthen partnerships to have a broader impact on population health. The department has undergone a transformation to align its work with national, state and local health improvement efforts including the National Prevention Strategy,[1] Healthy People 2020[2] and the Butte County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).[3]

This Strategic Plan serves as a tool to help the department promote a healthier Butte County by setting the foundation to drive organizational improvement. This document is supplemented by the department's policies and work plans, the Community Health Improvement Plan (CHIP) and PHAB's Standards and Measures Version 1.5 for public health accreditation.

The purpose of the BCPHD Strategic Plan is to:

- Establish goals, objectives, indicators and activities consistent with our mission within a realistic time frame and within the organization's capacity for implementation.

- Communicate goals, objectives, indicators and activities to staff, the broader community and community health partners.

- Provide a framework for evaluating ongoing progress towards the department's long range goals.

- Provide an organizational focus to guide staff alignment towards the department's strategic goals.

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[1] National Prevention, Health Promotion and Public Health Council. (2011). *National Prevention Strategy.* Rockville, MD: Office of the Surgeon General. Retrieved from http://www.surgeongeneral.gov/initiatives/prevention/strategy/report.pdf

[2] U.S. Department of Health and Human Services. (2013). *Healthy People 2020.* Retrieved from http://www.healthypeople.gov/2020/default.aspx

[3] (Insert link for Butte CHIP) Butte County Public Health Department. (2015*). Butte County Community Health Improvement Plan 2015-2020.* Retrieved from www.togetherwecanbc.com

Department Background

The Butte County Public Health Department (BCPHD) provides a wide range of services in more than 50 programs that are designed to promote and protect the health of all County residents and visitors. The department strives to address the core public health functions as mandated by the State of California. These essential functions consist of promoting and protecting community health through attention to women and children's health issues and communicable and infectious diseases, planning for and responding to disasters, providing adult indigent care and protecting our County's valuable natural resources while improving the environment.

In implementing its programs, the department is organized into four major divisions with the following functions:

Nursing Services Division – Provides a wide array of services to promote health and wellness including: health assessments, nursing case management and occupational/physical therapy services for children with physically disabling health care needs under the California Children's Services program, education and food vouchers to pregnant and breastfeeding women and to children up to age five through the Women, Infants and Children's Program, nursing services for foster children, family planning clinic services, immunizations, substance abuse treatment, pregnancy care resources and case management through the Maternal Child and Adolescent Health program, childhood lead poisoning prevention, dental health, injury prevention and low cost child car seats program.

Communicable Disease, Emergency Response (CDER) and Community Health Division – Provides diagnosis, education, surveillance, epidemiological follow-up and monitoring of treatment for communicable diseases, such as sexually transmitted diseases; enteric diseases; hepatitis A, B and C; salmonella; meningitis and tuberculosis. The Public Health Laboratory provides advanced testing capabilities to detect agents of infectious disease and other threats to the public's health including plans for bioterrorism and disaster preparedness.

The Emergency Response and Preparedness Program works in collaboration with local hospitals, health care providers, fire departments, Office of Emergency Management, law enforcement and other partners to protect the public from negative health outcomes in times of emergencies and disasters.

Community Health provides data collection and analysis, systematic program review, health education, community outreach and promotion. This division also includes the Supplemental Nutrition Assistance Program-Education (SNAP-Ed). SNAP-Ed provides nutrition education with an emphasis on obesity prevention through classes and presentations.

Environmental Health Division – Provides services as required by State law and County ordinances to meet environmental health and sanitary needs within the County. The Environmental Health Division includes the following programs: inspection of food establishments, public swimming pool inspections, small water systems inspections and monitoring, hazardous waste management, solid waste, liquid waste, water well permitting and inspections, underground and aboveground storage tanks, land use regulations and permitting of water wells and wastewater systems and inspection of correctional/detention facilities.

General Administration - Provides overall fiscal, contractual and operational management of the department, including information systems, personnel management, purchasing services and interdepartmental relations. Another key program in this division is vital statistics where all births and deaths in the County are registered and certificates issued, including burial permits, in accordance with State law. The process of becoming an accredited agency through PHAB is a function of General Administration. Accreditation is a process aimed at advancing the quality and performance of the Public Health Department.

The division also provides a full range of animal control services within the unincorporated portions of the County. These services include rabies control, animal licensure, investigation of bites and animal quarantine, containment of stray dogs, sheltering, investigation of animal nuisances and cruelty and dead animal pickup on County roadways.

Vision, Mission and Values

BCPHD's vision and mission statements have been revisited and updated in order to better reflect the identity of the department to the public as well as to affirm the work that is conducted by staff. Value statements were created identifying what the department stands for, what it believes in, and what guides our behavior and decision-making.

Vision: We are dedicated public health leaders and valued community partners who foster a healthy and safe Butte County.

Mission: The mission of the Butte County Public Health Department is to protect the public through promoting individual, community and environmental health.

Values:

Integrity	Conducting all business transparently and truthfully, in the best interests of our clients.
Client Centered	Always striving to meet the needs of those we serve.
Collaborative	Committed to work together with respect and cooperation.
Respectful	Working together with mutual respect and cooperation.
Compassionate	Understanding, respecting and welcoming the diversity of all people in our community.
Innovative	Embracing new ideas and encouraging imagination and initiative to improve service delivery to our clients.
Results Oriented	Knowing what our priorities are and dedicating resources to accomplish them.

Strategic Priority Areas

An initial assessment process informed the strategic plan priority development and resulted in the following four priority areas:

Priority 1: Improve Quality of Life

Quality of life is considered by the National Center for Chronic Disease Prevention and Health Promotion to be "a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life". In other words, it is the general well-being of individuals and societies. The physical environment influences quality of life and affects physical and mental health. These factors are connected with different levels of community engagement.

Priority 2: Enhance Community Access, Engagement and Collaboration

The Public Health Accreditation Board (PHAB) indicates that health improvement efforts are most effective when the health department collaborates and engages with the community it serves. Aligning and coordinating efforts towards health promotion and health equity across a wide range of partners is essential to the improvement and success of the department. Continuous community engagement and collaboration allows for increased efficacy in addressing public health issues and concerns.

Priority 3: Foster Employee Engagement, Development and Performance

A health department workforce development plan can ensure that staff development is addressed, coordinated, and appropriate for the health department's needs. Staff job duties and performance should be regularly reviewed to note accomplishments and areas that need improvement. This approach can provide workforce development guidance for the individual and may point out gaps in competencies and skills for the health department.
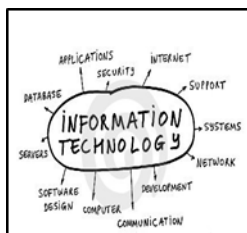
Priority 4: Increase the Efficacy of our Business Practices through Innovations, Process Improvement and Maximizing Efficiencies

The U.S. Department of Health and Human Services defines public health quality as, "the degree to which policies, programs, services and research for the population increase desired health outcomes and conditions in which the population can be healthy." To achieve the highest quality and efficacy, we must continuously analyze and improve the structure, processes and financing of our department.

Strategic Planning Process

The BCPHD Strategic Plan is the product of an inclusive planning process initiated in February 2015 and completed in May 2015. A series of planning sessions that included BCPHD senior leadership, staff and community stakeholders resulted in the development of this document. See **Appendix-1** for a complete listing of strategic planning session dates and the purpose of each.

The BCPHD Strategic Planning Team is comprised of a cross-section of personnel from all department divisions. See **Appendix-2** for a complete list of BCPHD Strategic Plan Team members as well as internal staff and external stakeholders who participated in the planning process. Two consultants also provided assistance with facilitation and plan development.

The Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis was conducted in order to understand the internal and external forces that may affect our department's ability to move toward our mission and vision. See **Appendix-3** for complete SWOT analysis results.

BCPHD Strategic Planning Team

Linkage to Community Health Improvement Plan and Quality Improvement Plan

In 2014, BCPHD helped form the partnership [Together We Can! Healthy Living in Butte County](). Consisting of hundreds of local agencies and community members, the partnership's first task was to develop a shared vision of a healthier Butte County.

The partnership's work has produced a written countywide Community Health Assessment (CHA) which describes the County's health status, defines areas for improvement and identifies assets that can be mobilized to improve health for everyone in Butte County. The CHA was then the basis for the development of a Community Health Improvement Plan (CHIP). The CHIP outlines the agreed upon action steps to address the priority health issues and the parties responsible for implementing those steps.

The CHIP is a result of community deliberation, and as such, many objectives within the document are owned by other organizations. The objectives that have CHIP alignment within the strategic plan are owned by BCPHD and have been copied directly from the CHIP where appropriate.

Along with the CHA and CHIP, this document represents our efforts to incorporate quality improvement methods in all facets of the department's operations. BCPHD is committed to the ongoing integration of all quality improvement initiatives, including the department's communication plans, accreditation reports, Quality Improvement (QI) plan, performance management system and Workforce Development plan. The systematic review and subsequent updating of the BCPHD Strategic Plan will include reviewing these programs and materials to identify gaps and solutions. See **Appendix-4** for the Strategic Plan Review/Revision log.

Monitoring, Evaluation and Alignment

A detailed work plan has been developed to achieve our strategic objectives. Each objective and corresponding activity designates lead staff, team members, start and end dates and performance metrics.

In order to integrate the strategic plan into the functions of the department, each program's annual operating plan has been aligned with the departmental objectives to which they contribute. This creates alignment from both top-down and bottom-up approaches for work in the department.

Our Strategic Planning Team developed four strategic priority areas and twelve strategic goals. While the priorities of public health are numerous, with a great degree of difficulty, we narrowed our goals to focus areas that require immediate attention while remaining achievable with limited or no additional resources.

These performance measures help refine and focus the goals by identifying a measurable activity that determines progress in attaining the goal. There may be times in which our actions are not fulfilling their intended function. If that is the case, steps will be taken to edit or update the plan.

The Accreditation Program Manager is responsible for evaluating and reporting progress on the Strategic Plan. The Accreditation Program Manager reports to the Department Director, is a full-time, County-funded position, and presents Strategic Plan progress reports to the Senior Leadership Team. The Senior Leadership Team will review progress on the departmental performance measures bi-annually.

Progress in meeting the department's performance measures will be communicated to staff, Butte County stakeholders, and community partners through a variety of methods. Communication tools used to convey the department's work includes the website, the BCPHD intranet, data dashboards, annual reports and department all-staff meetings.

The goals, objectives, strategies and performance measures are described in the following pages.

Priority Area #1: Improve Quality of Life

Quality of life is considered by the National Center for Chronic Disease Prevention and Health Promotion to be "a broad multidimensional concept that usually includes subjective evaluations of both positive and negative aspects of life". In other words, it is the general well-being of individuals and societies. The physical environment influences quality of life and affects physical and mental health. These factors are connected with different levels of community engagement.

Goal 1.1: Promote Healthy Lifestyles and Environments

GOAL 1

FOCUS AREA

Health promotion involves a wide range of social and environmental changes that allow and encourage the population to be healthy. Health promotion policies, programs, processes, and interventions are mainstays of BCPHD's operational efforts. Health promotion can involve health education, communication, collaboration with the media and other stakeholders, social marketing, community mobilization, community development, and policy changes to bring about environmental and behavioral changes.

FACTORS INFLUENCING SUCCESS

In order to successfully promote healthy lifestyles and environments, BCPHD must develop and implement sound promotion strategies. Our strategies must:

- Be evidence-based.
- Be developed through community engagement - including input, review and feedback from our target audiences.
- Be focused on social and environmental factors that promote good health.
- Be proactive in the use of various marketing and change methods including digital media and social marketing.

Goal 1.1 - Promote healthy lifestyles and environments.

Objective 1.1.1 - Improve outpatient treatment for opiate addiction by increasing the number of healthcare providers offering suboxone services for patients with Medi-Cal from 2 to 4 by December 31, 2017 *(Leads: Monica Soderstrom/Jean Ayers)*.

Strategy 1.1.1.1 - Identify healthcare providers to target for provision of services.

Strategy 1.1.1.2 - Bring in qualified trainers to work with identified healthcare providers.

Strategy 1.1.1.3 - Monitor special licenses issued.

Strategy 1.1.1.4 - Monitor how many providers with special licenses accept Medi-Cal.

Strategy 1.1.1.5 - Follow-up to determine which healthcare providers are actually offering services.

Measure 1.1.1.1 - Number of healthcare providers offering suboxone to Medi-Cal patients.

Objective 1.1.2 - Improve childhood health by collaborating with the community on at least two evidence-based practices that are intervention focused, by December 31, 2017 *(Leads: Monica Soderstom/Georgia Nelson/Ann Dickman)*.

Strategy 1.1.2.1 - Implement Inter-conception Care Program.

Strategy 1.1.2.2 - Collaborate on reducing Adverse Childhood Experiences (ACEs).

Measure 1.1.2.1 - Number of evidence based practices adopted in collaboration with the community.

Objective 1.1.3 - Improve childhood nutrition by increasing the number of fruits and vegetables consumed by middle and high school age children by 5% over the baseline rate of XX, by December 31, 2016 *(Leads: Aimee Critser/Kiyomi Bird)*.

Strategy 1.1.3.1 - Conduct classes to reach middle and high school students. Classes will be designed to increase knowledge and improve related behaviors with an emphasis on consumption and access to healthy foods and beverages.

Strategy 1.1.3.2 - In conjunction with a middle/high school or after school program, conduct a youth-led project engaging at least one middle or high school youth team to address an identified issue with consumption and access to healthy foods and beverages in their environment and identify solutions applying public health approaches.

Strategy 1.1.3.3 - Provide middle and/or high schools and afterschool sites with recipes, educational materials, and food supplies to conduct nutrition education and tasting demonstrations.

Strategy 1.1.3.4 - Utilize social media to promote fruit and vegetable consumption.

Strategy 1.1.3.5 - Partner with a middle school to implement changes from the Smarter Lunchroom program to promote fruit and vegetable consumption. Changes may include renaming foods, better placement of healthy foods, and attractive containers for fruits and vegetables.

Strategy 1.1.3.6 - Work with a minimum of one retail store within the vicinity of a middle or high school to create a mural promoting healthy food messaging and the consumption of fruits and vegetables.

> Measure 1.1.3.1 - Percent of middle and high school students reporting that they consume five fruits and vegetables a day.

Objective 1.1.4 - Improve food safety by reducing the percent of restaurants with major violations observed during routine inspections by 20%, by Dec. 31, 2016 *(Leads: Elaine McSpadden/Brad Banner)*.

Strategy 1.1.4.1 - Review the education modules used to address risk factors and select preferred modules for Butte County.

Strategy 1.1.4.2 - Identify the most commonly occurring major violations, implement interventions to reduce occurrences.

Strategy 1.1.4.3 - Implement supervisor Quality Assurance (QA)/Quality Improvement (QI) program to monitor staff performance for inspection frequency and equitably distribute facility inventories.

> Measure 1.1.4.1 - Percent of restaurants with major violations observed during routine inspections.

Goal 1.2: Provide More Evidenced-Based Services in the Community

FOCUS AREA

Reducing health problems when there are limited resources demands the use of proven strategies to improve health. Increased use of evidence-based practices will assure that BCPHD's resources are being used in the most effective and efficient manner.

FACTORS INFLUENCING SUCCESS

In order to successfully provide evidence-based practices, our department will need to:

- Systematically evaluate the effectiveness and cost benefits of our current and proposed programs;
- Prioritize programs and activities based on evidence of effectiveness;
- Conduct literature reviews to identify programs where there is evidence of effectiveness;
- Establish policies and protocols that assure evidence based practices will become a normal part of the department's strategic planning process.

GOAL 1

Goal 1.2 - Provide more evidenced-based services in the community.

Objective 1.2.1 - Ensure the adoption of at least three identified evidence-based practices by CHA/CHIP partners by January 1, 2016 *(Leads: Sandy Henley/Gene Azparren)*.

Strategy 1.2.1.1 - Provide CHA/CHIP partners with literature search results for community identified priorities to choose from when selecting programs.

Strategy 1.2.1.2 - Identify which practices were adopted and when by CHA/CHIP partners.

Measure 1.2.1.1 - Number of evidence-based practices adopted by CHA/CHIP partners.

Objective 1.2.2 - Improve the impact of health department programs/services by increasing from XX to XX the (number/percent) of programs/services that are evidence-based *(Lead: Assistant Director)*.

Strategy 1.2.2.1 - Establish a response team representing all essential department functions.

Strategy 1.2.2.2 - Conduct quarterly drills or participate in real-time events.

Strategy 1.2.2.3 - Prepare written roles and specific staff assignments.

Strategy 1.2.2.4 - Evaluate the response team's effectiveness following each exercise or real-time event and document needed improvements and responsible staff.

Measure 1.2.2.1 - Percent of programs at BCPHD that are evidence-based.

Goal 1.3: Prevent and Respond to Public Health Challenges and Threats

FOCUS AREA

BCPHD plays an important role in preparing for and responding to emerging threats, such as the spread of disease, environmental public health hazards, and injuries by helping to assure the quality and accessibility of needed services and assisting our communities in recovery following a disaster.

Conducting drills and exercises are critical to being prepared for effective public health action during disasters and similar emergency events and for building community resilience over time.

FACTORS INFLUENCING SUCCESS

BCPHD is better prepared to respond to emerging threats when there is:

- Involvement in emergency preparedness activities within all divisions and staffing levels of the department.
- Engagement in collaborative emergency planning with other government and community agencies.
- Continuous reviews of BCPHD emergency preparedness/response plans.
- Development of After Action Reports (AAR's) following emergency exercises and/or real-time events.
- Availability of BCPHD emergency plans to all department staff.

Goal 1.3 - Prevent and respond to public health challenges and threats.

Objective 1.3.1 - Improve Department's response to public health challenges and threats by increasing the number of annual table-top and/or functional exercises from two per year to at least four per year, beginning July 2015 *(Leads: Kiyomi Bird/Brandy Miller)*.

Strategy 1.3.1.1 - Establish a response team representing all essential department functions.

Strategy 1.3.1.2 - Conduct quarterly drills or participate in real-time events.

Strategy 1.3.1.3 - Prepare written roles and specific staff assignments.

Strategy 1.3.1.4 - Evaluate the response team's effectiveness following each exercise or real-time event and document needed improvements and responsible staff.

Measure 1.3.1 - Number of table top exercises per year.

Priority Area #2: Enhance Community Access, Engagement and Collaboration

The Public Health Accreditation Board (PHAB) indicates that health improvement efforts are most effective when the health department collaborates and engages with the community it serves. Aligning and coordinating efforts towards health promotion and health equity across a wide range of partners is essential to the improvement and success of the Butte County Public Health Department. Continuous community engagement and collaboration allows for increased efficacy in addressing public health issues and concerns.

Goal 2.1: Increase Awareness about Public Health Services

GOAL 2

FOCUS AREA

The Butte County Public Health Department (BCPHD) utilizes Facebook and Twitter accounts to efficiently, effectively, and affordably communicate valuable public health information and resources to the residents of Butte County. Social media accounts aid the department in building a stronger connection with the community with the ability to communicate in real time, yielding higher rates of content distribution to community members, media and partner organizations. Active social media accounts include:

Twitter: @BC_PubHealth (https://twitter.com/BC_PubHealth)
Facebook: (https://www.facebook.com/buttecountypublichealth)

Our aim is to increase awareness about public health services by utilizing social media to connect with public health partners in Butte County in order to easily educate, communicate and share information. The more information we can share with the community about all public health services, the greater access people will have to those services.

We will work to promote public health on social media by:

- Increasing the BCPHD Facebook fan base
- Identifying health partners in Butte County that have Facebook pages
- "Like" health partner pages on Facebook
- "Follow" health partners on Twitter
- "Share" or "re-tweet" information posted by health partners
- "Tag" health partners in our content postings when appropriate

While our aim is to promote health partners in Butte County, we will also raise awareness about public health services available through the department. Each month a division and/or programs within a division will be featured on social media. Feature items will include facts, photos, services, videos stories, etc.

FACTORS INFLUENCING SUCCESS

We alone cannot increase awareness about comprehensive public health services in the community. The more health partners that have social media pages that we can connect with, the more successful we will be. The bigger our web, the broader our reach. Our success will be based on how many health partners we can connect with on social media and how many fans each of those health partners has. Although we may readily share information posted by health partners, getting health partners to share the department's information is an uncontrollable factor.

Goal 2.1 - Increase awareness about public health services.

Objective 2.1.1 - Increase Public Health Facebook fans by 50% (from 383 to 574) by June 30, 2016 *(Lead: Lisa Almaguer).*

Strategy 2.1.1.1 - Increase the links to community partners and resources on social media.

Measure 2.1.1.1 - Percent increase in shared information on Facebook.

Strategy 2.1.1.2 - Utilize the Community Resource Guide provided by Butte 211.

Strategy 2.1.1.3 - Feature a new division of Public Health each month.

Measure 2.1.1.2 - Percent of months where a new division or program from health department featured.

Goal 2.2: Identify and Reduce Community Health Inequities/Disparities

GOAL 2

FOCUS AREA

The Centers for Disease Control (CDC) indicates that health equity is achieved when every person has the opportunity to "attain his or her full health potential" and no one is "disadvantaged from achieving this potential because of social position or other socially determined circumstances." Health inequities are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment.

Factors that contribute to these differences are many and varied and include the lack of opportunities and resources, economic and political policies, discrimination, and other aspects of a community that impact on individuals' and the population's resilience.

FACTORS INFLUENCING SUCCESS

To make an impact on our community's health equity, BCPHD must focus on the root causes of health inequities and health disparities. BCPHD and partners must strategize to address social change, social customs, community policy, levels of community resilience, or the community environment to produce change. Internally, the department must develop and/or revise policies and procedures for the inclusion of health equity considerations of specific populations in all facets of program development. National initiatives such as Healthy People 2020 and the National Prevention Strategy are excellent resources to help meet this purpose.

Goal 2.2 - Identify and reduce community health inequities/disparities.

Objective 2.2.1 - Assess, identify gaps and define data sets and policies that contribute to disparities in health by June 30, 2016 *(Lead: Assistant Director).*

Strategy 2.2.1.1 - Conduct an environmental scan and use the data to identify and address health disparities, especially disparities related to race/ethnicity, age, gender/gender identity, disability, socioeconomic status, or other characteristics historically linked to discrimination or exclusion.

Strategy 2.2.1.2 - Identify public policies that address social conditions impacting health and aid in closing the health status gap by XX.

Strategy 2.2.1.3 - Enhance our public health communications internally and externally (i.e. providing culturally competent materials, etc.).

Strategy 2.2.1.4 - Inform the community of health disparities through expanded media campaigns (print, TV, internet and social media).

Priority Area #3: Foster Employee Engagement, Development and Performance

A health department workforce development plan can ensure that staff development is addressed, coordinated, and appropriate for the health department's needs. Staff job duties and performance should be regularly reviewed to note accomplishments and areas that need improvement. This approach can provide workforce development guidance for the individual and may point out gaps in competencies and skills for the health department.

Goal 3.1: Provide a Workplace that Fosters Qualified, Well-Trained, Supported and Customer-Oriented Staff

FOCUS AREA

Well-developed staff at all levels provide improved professional guidance and leadership for our stakeholders and help focus our efforts towards new public health challenges we face. By focusing on staff development and using resources effectively, we will be able to prepare staff as strong leaders and contributors to both local and national public health efforts and be able to support the local health jurisdictions in their participation in these efforts.

Efficient and effective training and development approaches will ensure that our staff has the skills and expertise needed to accomplish their public health work. We will design our workforce development plan with tools to successfully prepare to replace an aging and largely retirement eligible workforce. The plan will ensure effective use of scarce resources and that processes are standardized to be of most benefit to all department staff.

FACTORS INFLUENCING SUCCESS

Staff and resources are committed to the entire success of the project.

- We solicit and value input from all staff.
- We can make reasonable assumptions on recruitment and retention activities in a changing environment.
- We create a Workforce Development plan that is flexible and nimble enough to adjust to on-going changes in the department and community.
- We collaborate with other county departments and community stakeholders for guidance/feedback.
- We change our current processes and commit to new ways of doing business in the areas of training, improvement, and recruitment.

Goal 3.1 - Provide a workplace that fosters qualified, well-trained, supported and customer-oriented staff.

Objective 3.1.1 - Develop a PHAB compliant department-wide workforce development plan by August 2016 *(Leads: Gene Azparren/Jennifer Reinhardt)*.

Strategy 3.1.1.1 - Conduct a department-wide workforce needs assessment, analyze data and report results by October 2015.

Measure 3.1.1.1.1 - Percent of staff participating in needs assessment.

Strategy 3.1.1.2 - Form a Workforce Development Taskforce to review needs assessment results and to develop a gap analysis to direct the workforce development planning.

Strategy 3.1.1.3 - Review BCPHD competencies for alignment with national public health workforce core competencies by XX.

Strategy 3.1.1.4 - Launch online Learning Management System (LMS) by XX.

Objective 3.1.2 - Increase staff job satisfaction survey scores from xx% to XX% by XX *(Leads: Gene Azparren/Jennifer Reinhardt)*.

Strategy 3.1.2.1 - Create an employee recognition program by XX.

Measure 3.1.2.1.1 - Percent of staff indicating they are "satisfied" or "very satisfied" with question "Overall, how satisfied are you with your position with Butte County?"

Strategy 3.1.2.2 - Develop and/or revise policies likely to increase job satisfaction by XX.

Measure 3.1.2.2.2 - Percent of planned policies that are developed or revised.

Strategy 3.1.2.3 - Collaborate with Butte County Risk Management to implement county wellness initiatives for staff.

Objective 3.1.3 - Develop a customer satisfaction process that can be used by all health department programs May 2016 *(Leads: Gene Azparren/Jennifer Reinhardt)*.

Strategy 3.1.3.1 - Research best/promising practices from other health departments on customer satisfaction process by January 2016.

Strategy 3.1.3.2 - Pilot chosen customer satisfaction survey process with 3 programs by April 2016.

Strategy 3.1.3.3 - Analyze results of pilot and implement customer satisfaction process throughout health department by January 2017.

GOAL 3

Goal 3.2: Improve the Department's Social, Cultural and Linguistic Competence and Capabilities

FOCUS AREA

The National Institutes of Health describe culture as the combination of a body of knowledge, a body of belief and a body of behavior. Culture involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values and institutions that are often specific to ethnic, racial, religious, geographic or social groups. Increasing the department's cultural competency will have a positive effect on services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of a diverse population.

It is important for our department to understand how values, norms and traditions of the populations we serve affect how individuals perceive, think about, and make judgments about health, health behaviors, and public health services. Those values, norms, and traditions affect how populations interact with public health workers, how open they are to health information and health education, and how they can change health behaviors.

FACTORS INFLUENCING SUCCESS

- Creation of departmental policies/procedures for the development of interventions and materials that address areas of health inequity among specific populations and are culturally and linguistically appropriate for the population we serve.
- Continuous self-assessment of our department's cultural competence and knowledge of health equity.
- Health equity and cultural competency training provided for all BCPHD staff.

Goal 3.2 - Improve the department's social, cultural and linguistic competence and capabilities.

Objective 3.2.1 - Develop a PHAB compliant cultural competency plan and/or policy by April 2016 *(Leads: Wendi Engasser/Yvonne Nenadal/Gene Azparren).*

Strategy 3.2.1.1 - Administer, analyze and report findings from a department-wide cultural competency assessment by November 2015.

Strategy 3.2.1.2 - All employees receive cultural competency training by March 2016.

Measure 3.2.1.2.1 - Percent of staff trained in cultural competency by March 2016.

Goal 3.3: Become an Accredited Health Department

FOCUS AREA

Our aim is to become an accredited health department through the Public Health Accreditation Board (PHAB). Accreditation will provide a means for the department to identify improvement opportunities, enhance management, develop leadership and team work, and strengthen relationships in our community.

The accreditation process will challenge us to think about our roles and responsibilities and how we fulfill them. It will encourage and stimulate quality and performance improvement. Accreditation will demonstrate our capacity to deliver the three core functions and the ten Essential Services of Public Health.

FACTORS INFLUENCING SUCCESS

Achieving accreditation will require a department wide effort. Involvement in the process will be different for each of us, but all staff will play a role. To be successful, all BCPHD personnel must:

- Understand the purpose of accreditation.
- Become familiar with the PHAB standards and measures.
- Contribute ideas and/or materials for documentation purposes.
- Demonstrate enthusiasm and support for accreditation.

Goal 3.3 - Become an accredited health department.

Objective 3.3.1 - Prepare and submit PHAB accreditation documentation by September 2016 *(Lead: Gene Azparren).*

Strategy 3.3.1.1 - Educate and involve staff in accreditation initiatives by July 2015.

Measure 3.3.1.1.1 - Percent of staff involved in accreditation initiatives.

Strategy 3.3.1.2 - Conduct a self-assessment of accreditation readiness by August 2015.

Strategy 3.3.1.3 - Complete the 3 pre-requisites (strategic plan, CHIP, CHA) and submit our PHAB Statement of Intent (SOI) and Application by August 2015.

Priority Area #4: Increase the Efficacy of our Business Practices through Innovations, Process Improvement and Maximizing Efficiencies

The U.S. Department of Health and Human Services defines public health quality as "the degree to which policies, programs, services and research for the population increase desired health outcomes and conditions in which the population can be healthy." To achieve the highest quality and efficacy, Butte County Public Health leaders and staff must continuously analyze and improve the structure, processes and financing of our department.

Goal 4.1: Reduce our Carbon Footprint

GOAL 4

FOCUS AREA

With a growing emphasis on green practices and the reduction of current burdens on natural resources, we strive to reduce our carbon footprint, in part, by lowering our consumption of paper, energy and toner. This will include minimizing the number of documents that need to be printed, employing default settings for double-sided printing, providing alternatives to printing documents and emphasizing the use of black and white versus color printing when possible.

These changes will require not only technological adjustments, but also changes in the way that staff think of the environment in which we work and the way that our behaviors and practices impact the environment outside of our office doors.

The advancement of technology also allows for extensive changes in our IT infrastructure. Servers are becoming smaller, requiring less energy to power and thereby creating less heat, which lowers the cost of cooling a data center. The advent of virtualization allows for even more consolidation and reductions as the functions of several servers can now be accomplished on a single device, cutting costs even more substantially.

When looking at the cradle to grave lifespan of equipment as well, in addition to the operational costs and the reduction of energy consumption, our impact on the environment is reduced by helping to lower the cost of production and the impacts on landfills and toxicity when disposing of computer equipment.

FACTORS INFLUENCING SUCCESS

- All of the leased copiers will need to be adjusted such that the default settings can be changed to allow for the efficiencies that are desired.
- Staff need to be trained on new procedures, and new ways of thinking about resources will be paramount in making this happen.
- Baselines must be established and procedures created to track and record changes.
- The new hardware and software that will be required to achieve these ends will be expensive. Justifying the return on investment and the benefits to the department will require skillful negotiating.
- IT staff will need to acquire new knowledge and skills to implement and maintain new systems.

Goal 4.1 - Reduce our carbon footprint.

Objective 4.1.1 - Decrease the number of printed pages from leased Public Health copy machines from current baseline of XX copies to 20% less by June 30, 2016 *(Lead: Mart Brown).*

Strategy 4.1.1.1 - Educate staff on sustainability practices.

Measure 4.1.1.1.1 - Percent of staff that use high use copiers that are trained on sustainability.

Measure 4.1.1.1.2 - Percent of trained staff that state they will reduce use of copying at end of training session.

Strategy 4.1.1.2 - Identify copy locations for pilot study of reducing copier use.

Measure 4.1.1.2.1 - Percent of printed pages from leased Public Health copy machines (highest usage copiers).

Objective 4.1.2 - Decrease power consumption of ML server room from X servers to 1 server by December 31, 2015 *(Lead: Mart Brown).*

Strategy 4.1.2.1 - Educate staff on efficient use of servers.

Measure 4.1.2.1.1 - Percent of staff trained.

Strategy 4.1.2.2 - Procure hardware and software.

Strategy 4.1.2.3 - Migrate servers to a more energy efficient server.

Measure 4.1.2.3.1 - Percent of power consumption decreased.

Goal 4.2: Our Staff use a Performance Management System and Quality Improvement Methods to Increase Effectiveness and Eliminate Waste

GOAL 4

FOCUS AREA

Our aim is to establish and integrate performance management and quality improvement practices and processes in all facets of the department's operations. Performance management identifies actual results against planned or intended results.

Performance management systems ensure that progress is being made towards the department's goals by systematically collecting and analyzing data to track results to identify opportunities and targets for improvement.

Quality improvement is an element of performance management that uses processes to address specific targets for effectiveness and efficiency.

FACTORS INFLUENCING SUCCESS

A successful performance management and quality improvement program will require a long-term commitment from both staff and leadership. All BCPHD personnel must understand what a performance management system is and why it is being utilized. The department needs to ensure staff competence in the appropriate use of tools and techniques for monitoring and analyzing goals, objectives and indicators.

Goal 4.2 - Our staff use a performance management system and quality improvement methods to increase effectiveness and eliminate waste.

Objective 4.2.1 - Develop a quality improvement program that is integrated into all programmatic and operational aspects of the department by XX *(Leads: Assistant Director/Sandy Henley).*

Strategy 4.2.1.1 - Educate leadership and staff on quality improvement tools and techniques.

Measure 4.2.1.1.1 - Percent of leadership staff trained in quality improvement tools and techniques.

Measure 4.2.1.1.2 - Percent of selected staff that are participating on QI teams that are trained in quality improvement methodology.

Strategy 4.2.1.2 - Establish a quality improvement oversight team that includes staff at all levels by XX.

Strategy 4.2.1.3 - Establish quality improvement policies and procedures by XX.

Strategy 4.2.1.4 - Develop a quality improvement plan that is PHAB compliant by XX.

Measure 4.2.1.4.1 - Percent of Administrative quality improvement projects completed by XX.

Measure 4.2.1.4.2 - Percent of Programmatic quality improvement projects completed by XX.

Objective 4.2.2 - Establish a performance management system that is integrated into all levels of department operations by XX *(Leads: Assistant Director/Sandy Henley).*

Strategy 4.2.2.1 - Identify and input performance measures in Community Health Improvement Plan (CHIP), Strategic Plan and Quality Improvement (QI) Plan into a performance management system by XX.

Measure 4.2.2.1.1 - Percent of selected performance measures from CHIP, Strategic Plan, and QI Plan integrated into the performance management system.

Strategy 4.2.2.2 - Educate leadership and staff on performance management tools and techniques.

Measure 4.2.2.2.1 - Percent of leadership staff trained in performance management tools and techniques.

Measure 4.2.2.2.2 - Percent of staff trained in performance management tools and techniques.

Objective 4.2.3 - Monitor and evaluate the effectiveness of the performance management and quality improvement processes *(Leads: Assistant Director/Sandy Henley)*.

Strategy 4.2.3.1 - Create a reporting process with templates for staff to regularly provide feedback on progress toward achieving stated objectives.

Measure 4.2.3.1.1 - Percent of measures and key indicators that report progress toward goals.

Goal 4.3: Our Public Health Data is Protected from Loss

GOAL 4

FOCUS AREA

There has been a great trust placed not only in the direct care providers but also in our support and IT staff as well to be custodians and keepers of valuable information about our clients. This takes on multiple meanings to IT as they work to secure data both from disclosure and from inadvertent loss. Mitigating the loss of information through systems and technology alone will never remove the risks that are inherent to being custodians of such data.

Private health records in the form of PHI and PII are sacred to those who have entrusted that information to us. To safeguard it is our duty and obligation. Making data secure yet available to those who need it are sometimes conflicting but necessary components to a data security scheme as is the ability to recover from disastrous conditions that may threaten the integrity and availability of these records.

Our aim is to:

- Mitigate the loss of data.
- Ensure proper and complete backups are made.
- Ensure proper and complete backups are available for restoration upon request.
- Provide disaster recovery through off-site storage and redundancy of data stores.
- Establish proper security of resources to mitigate risk of hacking and accidental or deliberate disclosures, compromises, or destruction.

FACTORS INFLUENCING SUCCESS

- We must acquire and implement new hardware and software to manage the off-site and redundant solutions. This equipment will not be inexpensive.
- Staff will need to be trained on the use of certain aspects of the data system.
- Redundant data storage will need to be placed in a secure location that we have control over and that has sufficient network (bandwidth) infrastructure to handle the volume of traffic required for quality off-site disaster recovery standard backups.
- As IT staff get busy with a myriad of projects and tasks, it is too easy to forget to test the capabilities of important things like data recovery. We will need to perform routine maintenance and testing of our ability to recover from a catastrophic loss of data or an incapacitation of our primary data center.

Goal 4.3 - Our public health data is protected from loss.

Objective 4.3.1 - Establish disaster recovery plans for "critical" public health IT applications by XX *(Lead: Mart Brown).*

Strategy 4.3.1.1 - Increase system's capabilities of data protection by providing offsite data redundancy by June 30, 2016.

Measure 4.3.1.1.1 - Percent of identified "critical" systems with data redundancy in place.

Measure 4.3.1.1.2 - Percent of staff trained in data protection.

Goal 4.4: Expand our Point of Sale and Online Business Capabilities

FOCUS AREA

We plan to implement initiatives that are aimed at enhancing the services provided to our customers. In many instances, technology can be used to improve responsiveness to customer needs by allowing easier and more efficient access to information. This goal relates to our "Point of Sale" (POS) transaction capabilities for both physical locations and online platforms. By accepting more forms of payment options (e.g. credit card), the department will provide a convenience for our customers along with reducing our outstanding debt. The department's increased POS capacity will improve long-term financial sustainability.

FACTORS INFLUENCING SUCCESS

- Analysis of BCPHD programs where POS functions would be most effective.
- Executing and/or revising contracts with a vendor to provide POS service.
- Collaboration with other county departments who are utilizing POS functions.
- Training of BCPHD personnel to utilize POS equipment.

GOAL 4

Goal 4.4 - Expand our Point of Sale and Online Business Capabilities.

Objective 4.4.1 - Increase the number of Public Health programs that accept point of sale credit card payments from 2 to 4, by Dec. 31, 2015 *(Leads: Jodi Nicholas/Jennifer Reinhardt).*

Strategy 4.4.1.1 - Train relevant staff on how to administer Pay Gov. credit card system and process deposits of funds.

Strategy 4.4.1.2 - Acquire point of sale credit card equipment.

Strategy 4.4.1.3 - Develop signage for customers regarding payment options.

Measure: 4.4.1.1 - Number of Public Health programs that accept point of sale credit card payments.

Objective 4.4.2 - Increase the number of Public Health programs that accept online credit card payments (E-Commerce) from 0 to 2, by Dec. 31, 2016 *(Leads: Jodi Nicholas/Jennifer Reinhardt).*

Measure 4.4.2.1 - Number of Public Health programs that accept online credit card payments.

Strategy 4.4.2.1 - Coordinate with Butte County Administration to enable online payment capability via the Public Health website.

Strategy 4.4.2.2 - Conduct internal assessment to determine which public health functions require online payment capabilities.

Strategy 4.4.2.3 - Promote online payment capability options to our client base.

Appendices

Appendix 1: Strategic Planning Session Information

ACTIVITY	TIMELINE	PARTICIPANTS
PHASE ONE – Develop/Validate Mission, Vision, Values and Goals		
Initial Vision, Mission, Values Brainstorm	February 2015	Health Department Senior Leadership
Strengths, Weaknesses, Opportunities, and Threats Analysis (SWOT)	February 2015	Health Department Senior Leadership
Development of Priority Areas	February - March 2015	Health Department Senior Leadership, Community & Public Organizational Partners
Initial identification of Goals	February 2015	Health Department Senior Leadership
PHASE TWO - Identify Objectives to meet goals; Strategies to achieve Objectives; Develop Accountability Links and Performance Measures to meet Objectives		
Initial identification of Objectives and Strategies	March 2015	Health Department Senior Leadership
Confirmation and feedback solicited of Vision, Mission and Values	March 2015	Health Department Senior Leadership
PHASE THREE – Engage Stakeholders and Partners		
Confirmation and feedback solicited of Vision, Mission and Values and Priority Areas	March 2015	Health Department Staff, Community & Public Organizational Partners
Strategic Plan work plans developed	March 2015	Health Department staff, Community & Public Organizational Partners
Strategic Plan work plan input from Senior Department Leadership	March 2015	Health Department Senior Leadership
Revision and refinement of objectives and work plans	April 2015	Program Managers, Health Department Senior Leadership
Community Health Assessment (CHA) completed and disseminated to staff and partners	April 2015	Health Department staff, Community & Public Organizational Partners
Strategic plan finalized	May 2015	Health Department Senior Leadership
PHASE FOUR – Implementation		
Chart and track progress quarterly/semi-annually	September 2015	All Staff, Community & Public Organizational Partners
PHASE FIVE - Evaluation		
Evaluate and review – What did we accomplish? What do we change/modify?	May 2016	All Staff, Community & Public Organizational Partners

Appendix 2: Strategic Planning Participants

BCPHD Strategic Planning Team

- ❖ Cathy Raevsky – Director
- ❖ Dr. Mark Lundberg – Health Officer
- ❖ Brad Banner – Environmental Health Director
- ❖ Kiyomi Bird – Communicable Disease/Emergency Response (CDER) Director
- ❖ Monica Soderstrom– Nursing Director
- ❖ Yvonne Nenadal – Director, First 5 Butte County Children and Families Commission
- ❖ Jodi Nicholas – Fiscal Manager
- ❖ Jennifer Reinhardt – Supervisor, Administrative Analyst
- ❖ Gene Azparren – Program Manager (Accreditation)
- ❖ Brandy Miller – Program Manager (Emergency Response)
- ❖ Linda Haller – Program Manager (Animal Control)
- ❖ Mart Brown – Program Manager (Information Technology)
- ❖ Wendi Engasser – Administrative Assistant Sr.
- ❖ Lisa Almaguer- Communications Manager
- ❖ Beth Heckathorn – Administrative Analyst Sr.
- ❖ Sandy Henley – Epidemiologist

BCPHD representatives who participated in the strategic planning process

- ❖ Cheryl Damm – Nursing Supervisor
- ❖ Jean Ayers – Clinic Manager
- ❖ Aimee Critser – Supervisor, Public Health Education
- ❖ Elaine McSpadden – Supervisor, Environmental Health
- ❖ Dr. Linda Lewis – Epidemiologist (Contract)
- ❖ Michelle Aguila– Administrative Assistant
- ❖ Melissa Jackson – Administrative Assistant
- ❖ Mary Cianelli – Public Health Nurse Sr.
- ❖ Victoria Escalante – Client Services Specialist
- ❖ Rocio Izaguirre – Administrative Assistant Sr.
- ❖ Melissa Carpenter – Public Health Assistant Sr.

- ❖ Tou Chanh – Public Health Education Specialist
- ❖ May Thao – Public Health Nurse Sr.
- ❖ Nancy Miller – Public Health Nurse Associate
- ❖ Nancy Jennings- Public Health Nurse
- ❖ Leslie Roberts – Environmental Health Specialist Sr.
- ❖ Mimi Gray – Public Health Nurse
- ❖ Kimberly Brown – Administrative Analyst Associate
- ❖ Stephanie Rorie – Personnel Operations Specialist
- ❖ Angela Miller – Administrative Analyst Sr.
- ❖ Kalyn Burnell – Supervisor, Public Health Nutritionist
- ❖ Anna Dove – Administrative Analyst
- ❖ Felicia Styles – Public Health Nurse
- ❖ Susie Dingman – Administrative Assistant
- ❖ Julia Allison Scannell – Animal Control Officer Sr.
- ❖ Cierra Hancock – Environmental Health Hazmat Specialist
- ❖ Richard Torres – Information Systems Analyst Sr.
- ❖ Danielle Hopkins – Public Health Microbiologist Sr.
- ❖ Kimberly Hunt – Environmental Health Specialist
- ❖ Charlotte Waters – Environmental Health Specialist Sr.
- ❖ Paul Thao – Environmental Health Specialist
- ❖ Ryan Soulsby- Animal Control Officer Sr.
- ❖ Breanna Cheung – Supervisor, Public Health Nutritionist
- ❖ Cassie Miracle – Public Health Education Specialist
- ❖ Peter Kim – Information Systems Analyst

External partners/stakeholders who participated in the strategic planning process

- ❖ County of Butte (Administration, Board of Supervisors, Behavioral Health, Information Systems)
- ❖ Butte County residents
- ❖ Sacramento Valley Med Share
- ❖ Salvation Army – Oroville
- ❖ Hmong Cultural Center of Butte County
- ❖ California State University, Chico

- ❖ Stonewall Alliance
- ❖ Northern Valley Indian Health
- ❖ Sacramento County Environmental Health
- ❖ California Department of Public Health
- ❖ Orchard Hospital
- ❖ Far Northern Regional Center
- ❖ Feather River Recreation and Parks District (FRRPD)
- ❖ Community Action Agency of Butte County
- ❖ Youth For Change (African American Family and Cultural Center, Family Resource Center)
- ❖ Northern Valley Catholic Social Services
- ❖ Feather River Hospital
- ❖ Butte County Child Abuse Prevention Council
- ❖ Enloe Medical Center
- ❖ Butte County First Five Commission
- ❖ Nevada County Health and Human Services

Appendix 3: SWOT Analysis Results

The following provides a detailed SWOT analysis of the _external_ workings of the department, with a focus on market forces and the department's stakeholders.

Market Forces: An assessment of competition the department must face, _including industry trends and competitive analysis._

STRENGTHS	WEAKNESSES
- We do things in which there is no competition - Specialize in some services - Subject matter expertise - Partner with others instead of competing - Embrace changes and trends - Fiscal responsibility allows flexibility and opportunities to be responsive - Dedicated and competent staff	- Not always most efficient and flexible (vs. private sector) - Don't maximize capacity/resources - Not fully promoting our services - Don't fully invest in our present and future employees - Not always data drive/evidence based - Public doesn't know what our services are
OPPORTUNITIES	THREATS
- Innovation – new ways of thinking and doing - Transition services to other agencies (if a better fit and/or they can accomplish more efficiently) - Capitalize on health issues being in "the public eye" i.e. Ebola, measles - Story telling "changing the way we present ourselves and our services - Establish continuous quality improvement culture/program	- Not nimble in response - Structure isn't as flexible - Bound by funding/work plans and what we are expected to provide - Public perception and trust issues

Stakeholder Analysis: Identification of stakeholders and delineation of their needs.

STRENGTHS	WEAKNESSES
- Engagement of hospital and agency CEOs - Broad based participation (new to public health) - Community health assessment process has delineated stakeholder needs	- Relationships exist but are not strong yet - Shared responsibility does not yet exist - Competition amongst stakeholders
OPPORTUNITIES	THREATS
- Build robust relationships with partners and stakeholders - Affordable Care Act public health funding - Shared responsibility may improve results - Community Health Improvement Plan process should eliminate duplication and leverage resources	- Stakeholders collaboration can negatively impact achievement of goals – lack of "community health" value - Stakeholders loss of funding can negatively impact achievement of goals - Our potential loss of funding could affect stakeholders

The following provides a detailed SWOT analysis of the _internal_ workings of the department, with a focus on technology, workforce development, communication, financial sustainability, and process capabilities.

Technology: An internal and external assessment of technology to find opportunities for potential innovation.

STRENGTHS	WEAKNESSES
- Compliance with federal and state requirements/laws such as HIPPA, COMEA, data sharing - Strong IT structure - Competent workforce - Innovative applications technology i.e. GIS - Proactive to employee and organizational needs - Subject matter experts with IT backgrounds - Advanced training available for staff - Management support for IT	- Obsolete and/or time consuming and complex applications/programs i.e. effects productivity and job deliverables - Employee retention and recruitment - Non-competitive wages for IT staff - Lack of project tracking and completion - Lack of continuing education/training for IT professionals
OPPORTUNITIES	THREATS
- High demand for data sharing - Creating a community of learning/partners - New innovative ways of: applications, programs, data sharing, education and communication/collaboration - Changes in regulations and service delivery to facilitate data sharing, cost reduction and analysis - New ways of engaging the public i.e. social media - Participation in Health Information Exchange	- Wage competition with private sector - Interoperability of systems applications i.e. trakit, envision, CERS - Silos of information - Funding for equipment and services - Outdated policies and procedures not reflecting current IT needs - Inability to protect against cyber-attacks i.e. protecting public health information

Workforce Development

OPPORTUNITIES	THREATS
• Additional funding for all staff trainings • Changes in recruiting a young skilled workforce • Diversity in department	• Outside competition • Unions/MOUs

Communication

STRENGTHS	WEAKNESSES
• Access to mobile devices • Easy access to management • Internal Public Information Officer • Press releases	• Lack of infrastructure • Inconsistent communication from Administration
OPPORTUNITIES	THREATS
• Intranet site • Social media • Ability to work from home - telecommuting	• Tightening of security standards • Dependent on county communication

Financial Sustainability

STRENGTHS	WEAKNESSES
• Embarking on accreditation process • Vision of upper management • Responsible fiscal staff	• Dependent on state/grant funding • Transfer of funds
OPPORTUNITIES	THREATS
• Attaining and maintaining accreditation	• Shrinking funding • Cost of regulations

Process Capabilities

STRENGTHS	WEAKNESSES
• Division/Program specific software	• We use too much paper
OPPORTUNITIES	THREATS
• Paperless • Electronic payment	• Cumbersome administrative processes

Legal and Regulatory Factors

A view of how the organization can favorably address legal and regulatory factors and minimize any threats by relevant legislation and regulation. A review of regulations that impact/guide your work prior to setting the strategic direction, i.e. – federal laws, statutes, and regulations.

STRENGTHS	WEAKNESSES
• Behavioral health HIPPA updates • Representation in CHEAC – subject matter experts • County lobbyist • Liaison in Administration • County Counsel • Participation in policy development and advocacy i.e. First 5 County • Public health law center	• Lack of in-house legal expertise resources and personnel • Turn-around time for legal opinions from county counsel
OPPORTUNITIES	THREATS
• Increase communication and partnerships with agencies that are more specialized • Training opportunities for staff	• Changes in state and federal legislation that are adverse to our plan/goals • AB 109 • Measure 48 • Competing interest groups

Appendix 4: Strategic Plan Revision Tracking

DATE	SECTION/PAGES AFFECTED	RESPONSIBLE STAFF	CHIP ALIGNMENT	QI PLAN ALIGNMENT

Glossary

Accreditation - Accreditation for public health departments is defined as:
1. The development and acceptance of a set of national public health department accreditation standards;
2. The development and acceptance of a standardized process to measure health department performance against those standards;
3. The periodic issuance of recognition for health departments that meet a specified set of national accreditation standards; and
4. The periodic review, refining, and updating of the national public health department accreditation standards and the process for measuring and awarding accreditation recognition.

(Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.0.* Alexandria, VA. May 2011)

Adverse Childhood Trauma Experiences - Adverse Childhood Experiences (ACEs) are stressful or traumatic experiences, including abuse, neglect and a range of household dysfunction such as witnessing domestic violence, or growing up with substance abuse, mental illness, parental discord, or crime in the home. ACEs are strongly related to development and prevalence of a wide range of health problems, including substance abuse, throughout the lifespan. http://captus.samhsa.gov/prevention-practice/targeted-prevention/adverse-childhood-experiences/1

After Action Report (AAR) - An After Action Report is a narrative report which captures observations of an exercise (for example: table top, functional exercise, or full scale exercise) and makes recommendations for post-exercise improvements; this is supplemented by an Improvement Plan (IP), which identifies specific corrective actions, assigns them to responsible parties, and establishes targets for their completion. (Adapted from: US Department of Homeland Security. *Exercise and Evaluation Program (HSEEP) Volume 1: HSEEP Overview and Exercise Program Management.* Washington, DC: The Department; 2007)

Alignment - Alignment is the consistency of plans, processes, information, resource decisions, actions, results and analysis to support key organization-wide goals. (Baldrige National Quality Program, 2005).

Community Health Assessment (CHA) - Community health assessment is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. (Turnock, B. *Public Health: What It Is and How It Works.* Jones and Bartlett, 2009).
This definition of community health assessment also refers to a Tribal, state, or territorial community health assessment.

Community Health Improvement Plan (CHIP) - Community health improvement plan is a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. (http://www.cdc.gov/stltpublichealth/cha/plan.html)

Core Public Health Competencies - Core public health competencies is a set of skills desirable for the broad practice of public health, reflecting the characteristics that staff of public health organizations may want to possess as they work to protect and promote health in the community (i.e., deliver the Essential Public Health Services). (Council on Linkages between Academia and Public Health Practice. *Core Competencies for Public Health Professionals [online]. 2010 [cited 2012 Nov 6].* http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx)

Cultural and Linguistic Competence - Cultural and linguistic competence refers to a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Department of Health and Human Services Office of Minority Health (US). *National Standards for Culturally and Linguistically Appropriate Services in Health Care* [online]. 2001 [cited 2012 Nov 6]. http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf)

Essential Public Health Services - The essential Public Health Services are the ten services identified in *Public Health in America* developed by representatives from federal agencies and national organizations to describe what public health seeks to accomplish and how it will carry out its basic responsibilities. The list of ten services defines the practice of public health. See http://www.health.gov/phfunctions/public.htm and www.cdc.gov/nphpsp.

Evidence-based Practice - Evidenced-based practice involves making decisions on the basis of the best available scientific evidence, using data and information systems systematically, applying program-planning frameworks, engaging the community in decision making, conducting sound evaluation, and disseminating what is learned. (Brownson, Fielding and Maylahn. *Evidence-based Public Health: A Fundamental Concept for Public Health Practice.* Annual Review of Public Health).

Goals - Goals are general statements expressing a program's aspirations or intended effect on one or more health problems, often stated without time limits. (*Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.*)

Health Disparities - Health disparities are differences in population health status (incidence, prevalence, mortality, and burden of adverse health conditions) that can result from environmental, social and/or economic conditions, as well as public policy. These differences exist among specific population groups in the United States and are often preventable. (*Adapted from: National Association of County and City Health Officials (US). *Operational Definition of a Functional Local Health Department [online].* 2005 [cited 2012 Nov 8]. Available from URL http://www.naccho.org/topics/infrastructure/accreditation/OpDef.cfm. National Cancer Institute (US). *Health Disparities Defined [online]. 2010 [cited 2012 Nov 8]* http://crchd.cancer.gov/disparities/defined.html*)

Health Equity - Health equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
(http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34)

Healthy People 2020 - Healthy People 2020 is a document that provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across sectors, guide individuals toward making informed health decisions and measure the impact of prevention activities. (www.healthypeople.gov/2020)

National Prevention Strategy -The National Prevention Strategy includes actions that public and private partners can take to help Americans stay healthy and fit and improve our nation's prosperity. The strategy outlines four strategic directions that are fundamental to improving the nation's health. Those four strategic directions include building healthy and safe community environments, expanding quality preventive services, empowering people to make healthy choices, and eliminating health disparities.
(www.healthcare.gov/center/councils/nphpphc/strategy)

Objectives - Objectives are targets for achievement through interventions. Objectives are time limited and measurable in all cases. Various levels of objectives for an intervention include outcome, impact, and process objectives. (*Turnock, B.J. Public Health: What It Is and How It Works. 4th ed. Sudbury, MA: Jones and Bartlett; 2009.*)

Performance Management System - A fully functioning performance management system that is completely integrated into health department daily practice at all levels includes: 1) setting organizational objectives across all levels of the department, 2) identifying indicators to measure progress toward achieving objectives on a regular basis, 3) identifying responsibility for monitoring progress and reporting, and 4) identifying areas where achieving objectives requires focused quality improvement processes. (Public Health Accreditation Board. *Standards and Measures Version 1.0.* Alexandria, VA, May 2011)

Public Health Accreditation Board (PHAB) - The Public Health Accreditation Board is the national accrediting organization for public health departments. A nonprofit organization, PHAB is dedicated to advancing the continuous quality improvement of Tribal, state, local, and territorial public health departments. PHAB is working to promote and protect the health of the public by advancing the quality and performance of all public health departments in the United States through national public health department accreditation. (Public Health Accreditation Board. *Guide to National Public Health Department Accreditation Version 1.0.* Alexandria, VA, May 2011)

Quality Improvement (QI) - Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health.* Journal of Public Health Management and Practice. January/February 2010)

Strategic Plan - A strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward. (Swayne, Duncan, and Ginter. *Strategic Management of Health Care Organizations.* Jossey Bass. New Jersey. 2008)

Suboxone - Suboxone is a medication approved for the treatment of opiate dependence. Suboxone contains the active ingredient buprenorphine hydrochloride, which works to reduce the symptoms of opiate dependence.
(http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm191523.htm)

Workforce Development Plan - A public health workforce development plan sets forth objectives and strategies that are aimed at training or educational programs to bring public health employees up to date on the skills necessary to do their jobs better or to train the next generation of public health workers and leaders (Rowitz, L. *Public Health Leadership, 3rd Ed.* Jones and Bartlett, 2014)