

Strategic 2022-2026









TABLE OF CONTENTS

| Letter from Health Commissioner | 2 |
|---|-------|
| Agency Overview | 3 |
| Mission Vision and Values | 4 |
| Ten Essential Services | 5 |
| Alignment with existing plans | 6-7 |
| Strategic Planning Process | 9-11 |
| Strategic Planning Committee | 12 |
| SWOT Analysis | |
| Emerging Trends | 15 |
| Strategic Priorites | |
| Culture of Quality Strategy | 17-18 |
| Workforce Development Strategy | 18-19 |
| Information Management Strategy | 21-22 |
| Fiscal Viability Strategy | |
| Community Engagement and Resources Strategy | 25-26 |
| Signature Page | 27 |
| Revision Page | |



Letter from the Health Commissioner

It gives me great pleasure to present to you the Sandusky County Public Health 2022-2026 Strategic Plan. This comprehensive plan will provide our department with a roadmap to meet our strategic goals for the next five years. The plan gives our staff the tools to continually improve our programs to protect the public health of the residents of Sandusky County. The recent challenges we have faced in dealing with the pandemic only magnify the importance of having a plan to deal with any public health issues that arise.

Our approach in development of the plan was to make a concerted effort to gain input from all sectors of the community in order to meet the diverse needs of our residents. We involved staff, Board members and community stakeholders so we have a clear picture of where our focus needs to be in the next five years. We accomplished this with surveys to measure and evaluate our performance. We also worked to align our strategies and goals with the Community Health Improvement Plan, Community Health

Assessment, QI Plan, Performance Management Plan and Workforce Development Plan.

Our Strategic Planning Committee took this information and developed the strategic priorities, goals and objectives that are outlined in this plan.

A special thank you to all who participated in the development of the plan and provided input. I also want to thank my employees who have met the recent





Sincerely,

Bethany Brown, MSN, RN

Bethany Brown, MSN, RN Sandusky County Health Commissioner



Agency Overview

Sandusky County Public Health is located in Northwest Ohio. The county seat is Fremont. According to the 2020 United States Census Bureau, the population is 58,896. The majority of the population of Sandusky County is White (93.1%). The remaining population is Black or African American (3.4%), American Indian and Alaska Native is (0.4%), Asian (0.5%) and Hispanic and Latino (10.2%). The median annual income of households in Sandusky County is \$54,089.

Sandusky County Public Health (SCPH) is a public health agency with jurisdiction in all of Sandusky County. It operates under the legal authority that is described in the Ohio Revised Code. SCPH offers a wide variety of programs that are designed to meet a wide variety of needs for our residents. These programs include:

- > Help Me Grow
- > Immunizations
- Reproductive Health & Wellness
- Women, Infants and Children (WIC) program
- Maternal and Child Health Services
- Environmental Health Services: Inspection of food service, water systems, campgrounds – pools and beaches, solid waste, sewage, animal bite investigations and rabies
- > Emergency preparedness
- > Birth and Death Certificates
- > Health Planning and Education
- > Public Health Outreach and Education
- > Children with Medical Handicaps (CMH)
- Cribs for Kids Program
- > Communicable Disease Investigations





Vision Statement

Sandusky County Public Health is committed to being a trusted leader in maintaining optimal health and safety for all Sandusky County residents.

Mission Statement

Sandusky County Public Health is dedicated to meeting the needs of our residents by preventing disease, promoting health, and protecting the environment through high-quality cost-effective services.

Values

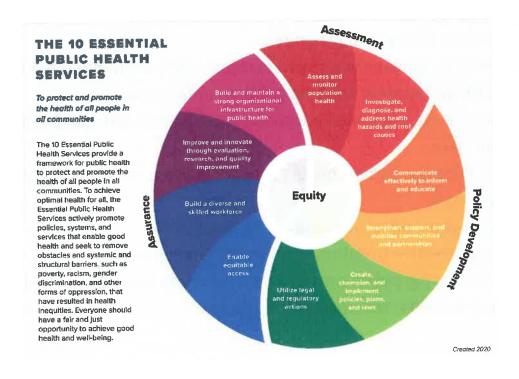
- Providing responsive and timely communication and acting as a trusted resource of health information
- Working collaboratively with partners and communities to improve health and support a strong public health system
- Maintaining a qualified professional work force dedicated to fulfilling their roles
- Providing the highest quality services through individual efforts and teamwork
- Identifying and minimizing health disparities
- Being sensitive to cultural factors influencing health
- Honoring the public's trust and maintaining the highest standards of accountability, transparency and ethics



Ten Essential Services

Sandusky County Public Health continues to work every day to ensure they are meeting all of the Ten Essential Public Health Services.

- 1. Assess and monitor population health status, factors that influence health, and community needs and assets
- 2. Investigate, diagnose, and address health problems and hazards affecting the population
- 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it
- 4. Strengthen, support, and mobilize communities and partnerships to improve health
- 5. Create, champion, and implement policies, plans, and laws that impact health
- 6. Utilize legal and regulatory actions designed to improve and protect the public's health
- 7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
- 8. Build and support a diverse and skilled public health workforce
- 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
- 10. Build and maintain a strong organizational infrastructure for public health





Alignment with existing plans

- SHIP Ohio State Health Improvement Plan
- > CHIP Community Health Improvement Plan

The 2020-2023 State Health Improvement Plan serves as a strategic menu of priorities, objectives and evidence-based strategies to be implemented by state agencies, local Health Departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- > Self-reported health status (reduce the percent of Ohio adults who report fair or poor health)
- Premature death (reduce the rate of deaths before age 75)

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

- 1. **Mental health and addiction** (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
- 2. **Chronic Disease** (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors like nutrition,
- 3. Maternal and Infant Health (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

physical activity and tobacco use)



The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes: health equity, social determinants of health, public health system, prevention and health behaviors, and healthcare system and access.



Alignment with existing plans continued

The 2021-2023 Sandusky County CHIP very closely aligns with the 2020-2023 SHIP priorities:

- Mental health and addiction
- > Chronic disease
- > Maternal and infant health

The 2022-2026 Sandusky County Health Department Strategic Plan aligns with both the 2020-2023 SHIP and 2021-2023 Sandusky County CHIP by making community engagement a priority and completing specific CHIP-rated strategies in which SCHD is the lead agency. SCHD also supports partner organizations, such as the Mental Health and Recovery Services Board of Seneca, Ottawa, Sandusky and Wyandot Counties, in the following CHIP priority areas: mental health and addiction, health behaviors and maternal and infant health.





Strategic Planning Process

Sandusky County Public Health began the Strategic Planning Process in the summer of 2021. This plan is following the guidance of reaccreditation requirement provided by the Public Health Accreditation Board (PHAB). This strategic plan follows the progression from the 2018-2021 plan. The following are the steps taken by SCPH to provide a strategic vision to address the public health needs of our residents in the 2022-2026 Strategic Plan.



1. Developing a roadmap to Plan - The SCPH Health Commissioner began working to develop a process for a successful planning process. An independent consultant was secured to assist the agency through the process. Initial meetings were held to develop a timeline and outline of the steps necessary to complete the plan. The health commissioner then selected a Strategic Planning Committee which represented a cross section of employees in each department as well as two representatives from the Board of the Health.



- 2. Reviewing Mission, Vision and Values At the first meeting of the Strategic Planning Committee, the group looked at the existing Mission, Vision and Values and it was the general consensus that they no longer accurately reflected SCPH's role in the community. The committee looked at the Mission and made revisions, so it reflected SCPH's purpose and how its existence is a value to the community. The Vision was reviewed so it provided a view of what represents SCPH's aspirations for the future. Finally, the Values were reviewed and changed so they better represented the beliefs and principles that guide the agency. The committee made a final review and approval after they had received input from the survey process.
- 3. Conducting an Environmental Scan It was important for the committee to get a wide variety of input from all the stakeholders who are involved with the daily operations of the health department. The surveys were sent out and compiled by the consultant so they would remain unbiased, and everyone felt comfortable returning the surveys. Management only saw compiled results and no individual responses. There were three surveys developed to gauge the perception of the Health Department and its strengths and weaknesses.
 - **Customer Experience Survey** A survey was given to residents who utilized health department services. There were 27 respondents who were surveyed.
 - Employee Survey Employees were sent a survey where they were asked a variety of questions concerning their experience and satisfaction of working for SCPH. There were 15 out of the 30 employees who responded to the survey. Overall, employees were satisfied with working at the health department. The one issue where employees expressed dissatisfaction was over the rate of pay in comparison to other health departments. They also believed the pay disparity created issues with hiring and the retention of employees.
 - Internal Stakeholder Survey This survey was sent to Board of Health members and employees to ask about the Strengths, Weaknesses, Opportunities and Threats faced by the Health Department. There were 14 surveys returned of the 40 distributed.
 - Community Partners Survey This survey was sent to approximately 170 partner
 agencies and community leaders who work with the Health Department. There were 74
 responses. This survey included questions about the perception of SCPH in the
 community, awareness of services offered, COVID 19 pandemic response and SWOT
 analysis questions.
- 4. SWOT Analysis The consultant presented a compilation of all the above survey results and led the group in a SWOT analysis. The committee first reviewed all the results and selected overall themes for the Strengths, Weaknesses, Opportunities and Threats for SCPH. The committee also suggested other issues that they believed should be highlighted in the SWOT analysis.



5. Selecting Emerging and Current Issues

The committee reviewed the Emerging and Current Issues that were presented in the last Strategic plan. Some of the issues were revised, while others were chosen to remain on the list. The committee developed a list of the current issues the Department is facing, as well as emerging issues that may affect strategies in the future. They also discussed the significant issues that have emerged from the COVID- 19 pandemic and how these will affect the department moving forward. A comprehensive list all the issues was compiled and is included on page 14 of this plan.

- 6. Selecting Strategic Priorities and Objectives The committee then worked on selecting the Strategic Priorities and Objectives that would be addressed in plan. They reviewed the SWOT findings, survey results and external factors. The priorities were also linked to the other plans that make up SCPH's direction for the future, including the CHIP, SHIP, QI, Workforce Development and Performance Management Plan. The committee then prioritized the 5 strategic priorities they wanted to select for the plan. Each priority was taken individually, and a goal was selected along with the objectives that would need to be met for each goal. After the objectives were selected, action steps and responsibilities were assigned.
- 7. Writing the Plan The consultant, Health Commissioner and Accreditation Coordinator met to make decisions on the layout of the plan sections and to gain additional data to complete the plan. After the plan was completed, the consultant sent it out for final review to the Strategic Planning Committee. After their approval the plan was submitted to the Board of Health for final approval.
- 8. Implementation of the Plan The implementation phase is an important part of communicating and implementing the strategies outlined in the plan. The plan will be presented to all employees at a staff meeting. They will learn their role and responsibility in implementing and meeting the goals outlined in the plan. The progress toward meeting these goals will be addressed at staff meetings throughout the year. The plan will also be publicized to the community through the website, social media and speaking engagements. Progress toward implementation of goals will be reported in the department's Annual Report.
- 9. Evaluate and Monitor the Plan Since public health is constantly evolving and changing, the plan is a flexible document designed to adapt to those changes. The plan will be periodically monitored and evaluated. Unanticipated changes in priorities, shifting level of resources and opportunities are factored into strategic plan revisions. These revisions will be made as necessary. They will be accomplished by reconvening the Strategic Planning Committee and presenting revisions to the Board of Health for approval.



Strategic Planning Committee

The following are the members of the Strategic Planning Committee who guided SCPH through the 2022-2026 Strategic Planning Process. This group represents a cross section of all departments and the Board of Health members.

Deb Agee - Director of Nursing

Bethany Brown - Health Commissioner

Angie Ruth - WIC Director

Morgan Call - Health Educator

Rachel Calvillo - HMG Home Visitor

Laura Bogard - Health Educator/Accreditation Coordinator

Maria Kuns - Account Clerk

Charlotte Stonerook - Health Education Supervisor

Nan Smith - Board Member

Casey Wilcher - Sanitarian in Training

John Zimmerman - Board Member

Andrea Caudill - WIC Health Professional

Joli Yeckley – Public Health Nurse

Tim Wasserman – Strategic Planning Consultant





SWOT Analysis

The SWOT analysis was completed by the strategic planning committee. Input for the SWOT came from the surveys gathered from Internal Stakeholders, External stakeholders, resident utilizing services and employees.

STRENGTHS

What are you doing well? What sets you apart? What are your good qualities?

OPPORTUNITIES

What are your goals? Are demands shifting? How can it be improved?



WEAKNESSES

Where do you need to improve? Are resources adequate? What do others do better than you?

THREATS

What are the threats you're facing? What are factors outside of your control?

Strengths

- Staff/Leadership
- Community Involvement/Relationships
- Educated employees
- Response to COVID-19 pandemic
- Quality of programs/variety
- Accessibility
- Commitment
- Connections with Community
- Communication
- Knowledge of community & needs
- Engaged with community leaders, residents and schools
- Flexibility
- Responsiveness
- Friendly staff

Weaknesses

- Lack of funding
- Lack of staff/Limited staff
- Anti-government perception by community
- Community doesn't understand the role of department
- Department's location and signage
- Difficulty recruiting bilingual employees
- Utilizing alternative forms of communicating with public
- Recruiting new employees at department's pay structure
- Reaching diverse populations



SWOT Analysis

Opportunities

- Grants and Partnerships
- Increased PR about SCPH
- Using additional media outlets
- Education information provided by Environmental Division to local realtors to new residents and homeowners
- Dental Services
- New levy campaign ideas
- More mobile services
- IT staff member
- Marketing staff member
- Trainings for staff
- New partnerships with schools

Threats

- Levy/Funding
- Anti-Government from residents
- Threats from public
- Government regulations
- Legislative efforts to restrict health departments
- Staff retention
- Pay scale
- Lack of state support/funding
- Competition from other agencies
- Health & well being of staff
- Staff burnout
- Difficulty maintaining coverage





Emerging Trends

The Strategic Planning Committee drafted a list of Emerging Trends based on the issues that SCPH has been facing and believe will affect the department in the future. The committee held a brainstorming session at one of the Strategic Plan meetings. The committee developed the following list of Emerging Trends for the future.

- > Maintaining Accreditation
- Legislative efforts to restrict the powers of the health department
- > COVID-19 Pandemic, other pandemics and unforeseen public health emergencies
- Lack of Public Health Funding
- Opiate epidemic/Behavioral Health
- Potential Workforce changes/staff turnover
- Unfunded state mandates
- > Access to care for underserved populations
- Local leaders not always fully aware of SCPH's programs in the community.
- > Social determinants of health
- Addressing Racism and minority disparities
- > Safety of employees/retribution from residents





Strategic Priorities

The Strategic Planning Committee reviewed all the information over several months that was gained through surveys, the CHIP, SHIP, QI plans, SWOT analysis and Performance Management Plan. The committee then selected five strategic priorities to focus on for the 2022-2026 Strategic Plan.

- 1. Culture of Quality
- 2. Workforce Development
- 3. Information Management
- 4. Fiscal Viability
- 5. Community Engagement and Resources



SMART GOALS

The following pages outline Sandusky County Public Health's five Strategic Priorities using SMART goals

Strategic Priority: highest level of thinking about what needs to be accomplished; core themes

Goal: broad, major initiatives that need to be undertaken to address the priority area

Key Measure: specific metric used to measure progress and success

Objectives: interim steps that address the goal; should be SMART

Action Steps: specific steps that need to be taken to meet the objective

Timeline: timeframe within activities will take place

Responsible Party: who will be responsible for ensuring the objective is met?



Strategic Priority 1 – Culture of Quality – We provide high quality customer focused health services to the residents of Sandusky County. We as a department participate in Quality Improvement Initiatives to ensure we are providing services focused on the needs of our residents. Our staff works together as a team and strive to communicate across all departments to ensure quality services. We train our new employees on the importance of continuous quality improvement. We also provide ongoing training for all employees. We are working to meet the goal of reaccreditation for SCPH.

Goal – Build a culture of quality at the Health Department

| Objective | | Action Steps | Timeline | Responsible Party | Status |
|---|----|--|--|-------------------|--------|
| Objective 1.1 | | Washington I'm | The third twin | | |
| Complete a QI culture survey annually by staff. Completed by September 30 th of each year | 1. | Develop QI culture survey for staff | Completed annually by July 31st. | QI Council | |
| | 2. | Conduct survey | Completed annually by August 31st | QI Council | |
| | 3. | Analyze Survey | Completed annually by September 15th | QI Council | |
| | 4. | Share survey results with staff | Completed annually by September 30th | Ql Council | |
| Objective 1.2 | | | | | |
| Assure all staff participates in annual QI training by October 31 st | 1. | QI council organizes and implements training for all staff. | Completed by October 31 st of each year | QI Council | |
| of each year | 2. | All new hires receive introductory QI training as part of employee orientation | Completed upon hire | QI Council | |
| | 3. | Ensure QI plan meets training requirements | Completed by October 31 st of each year | QI Council | |



| | | at the Health Departm | | Despesible | Status |
|--|------|---|--|------------------------|--------|
| Objective | 78 | Action Steps | Timeline | Responsible Party | Status |
| Objective 1.3 | 1-11 | | | | |
| Develop and distribute customer satisfaction survey to departments by June 30th of each year | 1. | Review and update customer satisfaction survey | By March 31st of each year | Management Team | |
| by June 30 th of each year | 2. | Surveys given to customers after services provided at regularly scheduled intervals | Quarterly April, July, October, January each year | Management Team | |
| | 3. | Analyze and share results with staff | Quarterly | Management Team | |
| | 4. | Evaluate surveys to determine QI projects for areas of improvement | Quarterly | Management Team | |
| Objective 1.4 | | The American III | | | |
| Staff will participate and complete two QI projects each year by December 31st. | 1. | Gather and prioritize QI projects from staff, survey results and management input | Complete by December 31 st each year | QI Council | |
| | 2. | Assess and train QI teams | Prior to starting quarterly surveys | QI Council | |
| | 3. | Select two projects that include an Administrative and Program project | Complete by December 31st each year | QI Council QI Teams | |



Strategic Priority 2 – Workforce Development - A knowledgeable and dedicated workforce is key to creating a positive work environment and providing effective programs to our residents. SCPH values their employees and creates programs that will develop their skills and enable them to be successful in their roles.

Goal – Build an engaged and competent workforce

Key Measure – SCPH will revise and update their Workforce Development Plan, continue to train staff yearly, and complete a succession plan

| Objective | Action Steps | Timeline | Responsible Party | Status |
|---|---|-------------------------------------|---------------------------------|--------|
| Objective 2.1 | | | | |
| Annual staff training will be completed by October 31st | Develop training curriculum | Completed annually by October 31st | Management Team | |
| | 2. Staff complete evaluation of training | Completed annually by October 31st | Management Team | |
| Objective 2.2 | | | | L |
| Staff maintains continuing education requirements and other professional development trainings by December 31 st each year | Staff encouraged t attend continuing education seminar | December 31st each year | Management Team and Staff | |
| | 2. Conduct training needs assessment for staff | Complete by December 31st each year | Management Team and Staff | |
| | 3. Research and share new training opportunities for staff | Complete by December 31st each year | Management Team and Staff | |
| | 4. Match employees with skills to other employees who need training in the skill area. Cross train within Health Department and across divisions as | | Management Team and Staff | |



| Gual - Build all ellgaged | and competent workforce | | | |
|--|---|----------------------|---|--------|
| Objective | Action Steps | Timeline | Responsible Party | Status |
| Objective 2.3 | | | | |
| Create and complete a succession plan by January 2024 | Identify essential positions within SCPH | By July 2023 | Health Commissioner Accreditation Coordinator | |
| | 2. Identify areas of cross training | By September 2023 | Health Commissioner Accreditation Coordinator | |
| | 3. Develop a formal succession plan | By January 2024 | Health Commissioner Accreditation Coordinator | |
| Objective 2.4 | | | | |
| Review and Update Workforce Development Plan by January 2023 | Health Commissioner forms Workforce Development Committee | By June 2022 | Health Commissioner Workforce Development Committee | |
| | 2. Update Workforce Development Plan | | Health Commissioner Workforce Development Committee | |



Strategic Priority 3 – Information Management – Maintaining Information Technology at SCPH enables data to be shared across departments, assists in compliance and helps to coordinate care. It is also important that our technology continues to operate without interruption so there is no disruption of service for our residents.

Goal - To sustain and update technology in all departments

| Key Measure: SCPH will co | | | | | |
|--|----|---|---|--|--------|
| Objective | | Action Steps | Timeline | Responsible Party | Status |
| Objective 3.1 | | | | | |
| Conducted an updated IT equipment and software inventory by December 31st each | 1. | Each Division will begin conducting an IT inventory | January – March each year | Divisions | |
| year | 2. | Recycle or dispose of outdated or unusable equipment | By December 31 st each year | Management Team | |
| | 3. | Clear all data before disposal | By December 31 st each year | IT personnel | |
| | 4. | Outdated but usable IT sold on GovDeals | By December 31 st each year | Management Team | |
| | 5. | Final update of inventory log | By December 31 st each year | Management Team | |
| Objective 3.2 | | | | | |
| Explore feasibility of hiring full time IT coordinator at SCPH by December 31st 2025 | 1. | Research other health departments with similar positions. | January – February 2025 | Health Commissioner and Director of Support Services | |
| | 2. | Assess IT needs within departments | March April 2025 | Health Commissioner and Director of Support Services | |
| | 3. | Determine financial feasibility with Support Services | May – June 2025 | Health Commissioner and Director of Support Services | |
| | 4. | If feasible, develop job description and hire position | Complete by December 31st 2025 | Health Commissioner and Director of Support Services | |



| Strategic Priority 3 – Info | | | | | _ |
|---|-------|---|---------------------|--|--------|
| Goal – To sustain and upd | ate t | | | | |
| Objective | | Action Steps | Timeline | Responsible Party | Status |
| Objective 3.3 | | | | | |
| Explore development of intranet at SCPH | 1. | Benchmark with other departments that have Intranet portal | By February 2024 | Health Commissioner and Director of Support Services | |
| | 2. | Solicit input from employees on intranet needs and data sharing | By April 2024 | Health Commissioner and Director of Support Services | |
| | 3. | Research feasibility of creating an intranet portal | By June 2024 | Health Commissioner and Director of Support Services | |
| | 4. | Based on feasibility move forward with Intranet Portal | By December 2024 | Health Commissioner and Director of Support Services | |
| Objective 3.4 | | | | | |
| Develop improved language assistance services for residents | 1. | Survey departments for language assistance needs | By January 2023 | Management Team | |
| | 2. | Research other communication tools | By February 2023 | Management Team | |
| | 3. | Implement new available tools | By April 2023 | Management Team | |
| | 4. | Train staff on new resources and tools | By May 2023 | Management Team | |



Strategic Priority 4 – Fiscal Viability – SCPH strives to keep a stable funding source for the department to maintain operations and allow for growth in areas where it is necessary. The department will research and secure grants on a local, state and federal level that will fund programs that are needed by the residents of the county. We will also continue to assess the need for additional levies and charge for services to maintain a sound fiscal position.

Goal – Foster a stable fiscal environment to continue to provide services to the community

Key Measure – By December 31 of each year, continue to complete each fiscal year with an increased balance from the previous year

| Objective | | Action Steps | Timeline | Responsible Party | Status |
|--|----|--|--|---|--------|
| Objective 4.1 | | | | | |
| Educate employees on fiscal processes by October 31st of each year | 1. | Develop a fiscal processes education program for new employee orientation | by July 2022 | Health Commissioner and Director of Support Services | |
| | 2. | Include training on fiscal processes in staff meeting | At two staff meetings | Health Commissioner and Director of Support Services | |
| | 3. | Developed fiscal grant management training for employees who administer grants | by July 2022 | Health Commissioner and Director of Support Services | |
| | 4. | Director of Support Services monitor outcomes | by October 31 st of each year | Health Commissioner and Director of Support Services | |
| Objective 4.2 | | | | | |
| Create employee compensation plan by June 2022 | 1. | Conduct wage market analysis of other health departments | Completed by June 2022 | Board of Health Finance Committee, Health Commissioner and Director of Support Services | |
| | 2. | Draft a formal employee compensation plan | Completed by June 2022 | BOH Finance Committee, Health Commissioner & Director of Support Services | |
| | 3. | Present draft to Board of Health | Completed by June 2022 | BOH Finance Committee, Health Commissioner and Director of Support Services | |
| | 4. | Adopt and implement employee compensation plan | Completed by June 2022 | BOH Finance Committee, Health Commissioner and Director of Support Services | |



| | | nvironment to continue | Timeline | Responsible Party | Status |
|--|----|--|--|--|--------|
| Objective | | Action Steps | Ilmeline | nesponsible raity | Status |
| Objective 4.3 | | | | | |
| Share vendor | 1. | Network with other | By June 2022 and | Director of | |
| information | | agencies or departments to gather information on new or existing vendors | yearly | Support Services | |
| | 2. | Create a current vendor list for staff | By June 2022 and yearly | Director of Support Services | |
| Objective 4.4 | | | | | |
| Future budget | 1. | Work with Auditor's | By July 1st each | Health | |
| forecasting to increase and diversify income sources by December | | office to determine appropriate millage for levy request | year | Commissioner and Director of Support Services | |
| 31st of each year | 2. | Review township assessments with budget commission as needed | By July 1 st each year | Health Commissioner and Director of Support Services | |
| | 3. | Research grant opportunities through multiple databases and funding sites | By December 31 st of each year | Health Commissioner Division Directors | |
| | 4. | Research future viability of each program's grants for financial impact | By December 31 st of each year | Health Commissioner Management Team | |
| | 5. | Review and update department's fee schedule as necessary | By December 31 st of each year | Health Commissioner Management Team | |



Strategic Priority 5 – Community Engagement and Resources – One of the important roles of our agency is to make sure that we promote public health to our residents. It is vital for us to publicize our programs as well as educate the public about a diverse range of issues. We also need to use a wide variety of communication tools to get the message to all populations affected in our community.

Goal – Promote and sustain community awareness of SCPH and the services we provide

| Objective | | Action Steps | Timeline | Responsible Party | Status |
|---|----|---|---|--|--------|
| Objective 5.1 | | | | The Avillenia | Entin |
| Continue to implement the 2021-2023 Community Health Improvement Plan by December | 1. | Meet twice per year to monitor program and update CHIP status | By December 31 st of each year | Health Commissioner Accreditation Coordinator Division Directors | |
| 31 st each year | 2. | Report outcome to local consortium (Health Partners) and key stakeholders in the community. | By December 31 st of each year | Health Commissioner and Director of Support Services | |
| | 3. | Implement assigned priorities and action steps outlined in the CHIP | By December 31 st of each year | Health Commissioner and Director of Support Services | |
| | 4. | Director of Support Services monitor outcomes | By December 31 st of each year | Health Commissioner and Director of Support Services | |
| Objective 5.2 | | | | | |
| Identify methods of external communication to increase awareness of | 1. | Staff attend 5 community health fairs and/or other community events | Completed by December each year | Management Team | |
| SCPH by December 31 st of each year | 2. | Develop agency brochure to promote programs and services. | Completed by June 2023 | Management Team | |
| | 3. | Include updated mission, vision and values in outreach materials | Completed by February 2022 and ongoing | Management Team | |
| | 4. | Increase staff involvement on external Boards and Coalitions | Completed by January 2023 | Management Team | |



| Objective | n community awareness of Action Steps | | Timeline | Responsible Party | Status |
|---|--|--|----------------------|---|--------|
| Objective 5.3 | | | | | |
| Review and update marketing communications policies and procedures that promote SCPH by June 2023 | 1. | Review and update marketing plan and branding policy | By June 2023 | Health Commissioner and Accreditation Coordinator | |
| | 2. | Share updated plan for review by staff | By September 2023 | Health Commissioner and Accreditation Coordinator | |
| | 3. | Gain approval by Board of Health | By October 2023 | Health Commissioner and Accreditation Coordinator | |



2022-2026 Strategic Plan Signature Page

The plan has been approved and adopted by the following SCPH representatives

Bethany Brown, Health Commissioner

Ryan Zimmerman, DVM Board of Health - President Date





Revision Page

| Date | Section/Page Revised | Responsible Staff |
|------|-------------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |