

# Kent County Health Department Strategic Plan 2013-2018



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**HEALTH**  
DEPARTMENT  
*Caring today for a healthy tomorrow*

*Inside front cover*

## Message from the Administrative Health Officer

**January 2013**

To the Kent County Board of Commissioners and to the Citizens of Kent County:

Over the past several years, we have experienced many changes as a community, and as an organization. There have been ups and downs, but one thing has remained constant – the dedication of our public health workforce. With commitment of Kent County public health practitioners, we knew we had the right people but more recently have realized that we needed to create the right plan.

There are many new opportunities on the horizon for the Kent County Health Department. Whether working towards voluntary national public health accreditation, exploring options for new programs to address the most pressing public health issues, or improving the support and recognition offered to health department staff, there will undoubtedly be a lot of change over the next five years. Change does not come without challenges, so we must be prepared to be flexible in order to improve the way we do business and to achieve our mission: *To serve, protect and promote a healthy community for all.*

For these reasons, the Kent County Health Department has undertaken a dynamic and inclusive strategic planning process. Since September 2012, input was sought and taken from every level of staff at the health department, members of the Community Health Advisory Committee, and County Commissioners. A number of strategic planning sessions occurred over the course of three months, and the information gathered has culminated in the formation of this plan.

Quality improvement is the focal point of this strategic plan. As public health practitioners, we cannot continue to do things as they have always been done. We need to ensure that what we are doing is actually making a measurable difference in the health of the community and that we are effectively using the scarce resources that are available to us.

It is my pleasure to present the Kent County Health Department's 2013-2018 Strategic Plan.

In good health,



Cathy Raevsky  
Administrative Health Officer



## Table of Contents

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Strategic Plan Revision Page	<u>5</u>
Prelude	<u>6-7</u>
Need for a Plan	<u>7-8</u>
Commitment to Achieving Health Equity	<u>8</u>
Planning Process	<u>9</u>
Vision, Mission, Guiding Principles	<u>9</u>
KCHD SWOC Analysis	<u>9-11</u>
KCHD Strategic Directions	<u>11-15</u>
Connection to Community Health Improvement Plan	<u>16</u>
Continuous Learning and Improvement	<u>16</u>
Appendices	<u>16</u>

Approved this 22 day of January 2013



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Cathy Raevsky, Administrative Health Officer



## Prelude

### **Where We Have Been**

The Michigan Public Health Code<sup>1</sup> states a local health department's role is to "...continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs...". To fulfill this role, there are core programs and services, ranging from food protection to hearing and vision services, that the Kent County Health Department (KCHD) is mandated by state law to provide within its jurisdiction.

KCHD has effectively addressed state mandates, as well as a number of additional non-mandated public health programs and services for the past several years. This has been demonstrated by the "accredited" status held by KCHD during the past four cycles of the Michigan Local Public Health Accreditation Program. Michigan's Accreditation Program<sup>2</sup> is a process conducted by the State to assure that local health departments maximize their potential to protect and improve the health of Michigan residents. The goals of the program are to:

- Assist in continuously improving the quality of local public health departments
- Establish a uniform set of standards that define public health and that serve as a fair measurement for all local public health departments
- Establish a process by which the state can ensure there is capacity at the local level to address core functions of public health
- Provide a mechanism for accountability so that public health can demonstrate that financial resources are being effectively used and community needs are being met

As a state accredited health department, the Kent County Health department has made a long-term commitment to achieving and often exceeding minimum program requirements and established performance standards in the following areas:

#### Administrative Capacity

Local Health Department Powers and Duties

#### Categorical Services

Breast and Cervical Cancer Control Program  
Women, Infants, and Children  
Children's Special Health Care Services

#### Essential Public Health Operations

Food Service Sanitation  
General Communicable Disease Control  
Hearing  
Immunization  
On-Site Wastewater Treatment Management  
On-Site Drinking Water Quality  
HIV/AIDS and Sexually Transmitted Disease  
Vision

<sup>1</sup> [http://www.legislature.mi.gov/\(S\(k0iy0hmipml1wo33y24ond45\)\)/mileg.aspx?page=GetObject&objectname=mcl-act-368-of-1978](http://www.legislature.mi.gov/(S(k0iy0hmipml1wo33y24ond45))/mileg.aspx?page=GetObject&objectname=mcl-act-368-of-1978)

<sup>2</sup> <http://www.accreditation.localhealth.net/2005%20Tool/2005%20Introduction%20&%20Overview.pdf>

## Where We Are Going

The health department is renewing its focus on quality improvement during this strategic plan's duration to make certain the department is making the most effective use of resources and to ensure programs and services are functioning optimally.

As one instrument of improvement, the strategic plan does not represent the entire scope of current health department services, but instead reflects on areas that have a documented need for expanded health department involvement or improvement. Since many of the capacities, operations, and services measured by Michigan's Accreditation Program are also state mandated local health department functions, KCHD will continue to provide these programs and services, regardless of whether they explicitly appear in the strategic plan.

The 2013-2018 Strategic Plan represents KCHD's priority internal and external concerns based on 2011 Community Health Needs Assessment<sup>3</sup> data, 2012 Employee Survey data, results of a department Strengths, Weaknesses, Opportunities, and Challenges (SWOC) analysis, and other areas of needed improvement.

Looking to the future, the 2013-2018 Strategic Plan will guide KCHD's decision-making related to program development, strategic investments, establishing new priorities, and fulfilling the department mission. This plan is the first step in charting the future course for the health department.

## Need for a Plan

The purpose of this strategic plan is to define roles, responsibilities, priorities, and the direction of KCHD for the next five years. There are a number of reasons why it was time to engage in a strategic planning process. These factors include:

→ **National Public Health Accreditation:** With the launch of the Public Health Accreditation Board's (PHAB) national accreditation program for local, state, and tribal health departments in fall 2011, KCHD leadership and staff have been working to ensure that the department is well-positioned to submit an application to PHAB in January 2013. The lack of a current and functional strategic plan was identified as a significant gap in accreditation readiness.

→ **Focus on Accountability:** KCHD is committed to demonstrating to the public, policy makers, and funders that the department has the capacity and commitment to

"A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it" – Public Health Accreditation Board

<sup>3</sup> [www.kentcountychna.org](http://www.kentcountychna.org)

continuously improve public health programs and service delivery to positively affect the health of Kent County residents.

- **Need for New Approaches:** Health departments have learned a great deal from translating research findings into practice during the last decade. We need to begin moving away from the “business as usual” mindset and increase emphasis on policy development, creating healthy environments, strengthening community partnerships, and considering root causes of health conditions in order to make achieving a healthy life easier for all people who live, work, learn, and play in Kent County.
- **Effective Use of Available Resources:** The current economic situation has led to significant reductions in public health funding over the past several years. This type of environment requires us to evaluate what services and programs are provided by the health department, while also ensuring that we are making strides to do our work in a more efficient and effective manner to meet customer and client expectations.
- **Importance of Continuous Learning and Improvement:** Constantly monitoring progress and making necessary adjustments in program and service delivery are critical actions for ensuring we are achieving intended public health outcomes. Establishing an organizational culture of continuous learning and quality improvement guided by research and identified needs of partners, clients, and customers is imperative.

### Commitment to Achieving Health Equity

Public health research convincingly illustrates the differing levels of health risks, disease burden, and poor health outcomes among populations based on demographic, geographic, and socioeconomic factors. These health disparities<sup>4</sup> are persistent and affect the health of the people living in the communities we serve.

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<sup>5</sup>. KCHD has taken steps to educate and engage staff, as well as community partners in dialogue around health equity and social justice issues by providing two-day workshops throughout 2012 and will continue to do so during 2013. Encouraging conversation on this sensitive subject is the first step in a long journey toward changing the way we think about health issues in our community.

Addressing health disparities and working toward achieving health equity in Kent County is an overarching priority of the health department. Beginning with the implementation of this strategic plan, the health department will make concerted efforts to integrate health equity considerations into new and existing programs and services as we work to achieve optimal health for all who live, work, learn, and play in Kent County.

<sup>4</sup> Health disparity: a particular health difference that is closely linked with social or economic disadvantage.

(<http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>)

<sup>5</sup> <http://minorityhealth.hhs.gov/npa/templates/browse.aspx?lvl=1&lvlid=34>



## Planning Process

The KCHD Strategic Plan is the product of an inclusive planning process initiated in August 2012 and completed in January 2013. A series of planning sessions that included KCHD leadership, middle managers, staff, community partners, and County Commissioners resulted in the development of this strategic plan.

In August, a strategic planning consultant was engaged, and an internal strategic planning team (SPT) was formed. The SPT consisted of a cross-section of staff from all four KCHD Divisions with varying roles and titles. See Appendix A for a complete listing of strategic planning participants and Appendix B for a list of strategic planning session dates and the purpose of each.

## Vision, Mission, and Guiding Principles<sup>6</sup>

### ***Vision:***

**A healthier and safer Kent County for all**

### ***Mission:***

**To serve, protect, and promote a healthy community for all**

### ***Guiding Principles:***

→ **Flexibility and Innovation**

*We believe that flexibility and innovation can help us meet the needs of our constantly changing community*

→ **Communication and Collaboration**

*We believe that communication and collaboration among Divisions and staff promotes better service for the public*

→ **Responding to Need**

*We believe in working with our community through timely response to public health needs*

→ **Focus on Equity**

*We believe in a commitment to achieving health equity in the Kent County community*

## KCHD SWOC Analysis<sup>7</sup>

Two SWOC sessions were held during the KCHD strategic planning process. The first was conducted with the Senior Management Team on October 8, 2012 and the second SWOC session was held with the Strategic Planning Team on October 11, 2012.

Based on the information gathered throughout these sessions, key themes were identified.

<b>Strengths</b>		
<b>Key Themes</b>	<b>Senior Management SWOC</b>	<b>Strategic Planning Team SWOC</b>
KCHD Employees, Workforce	X	X
Programs, Infrastructure, Finance	X	X
Technology, Service Delivery	X	X

<sup>6</sup> Appendix C for description of process used to formulate vision, mission, and guiding principles

<sup>7</sup> Appendix D for complete SWOC analysis results

Response, Community Collaboration		X
Facilities		X
<b>Weaknesses</b>		
<b>Key Themes</b>	<b>Senior Management SWOC</b>	<b>Strategic Planning Team SWOC</b>
Organizational Structure, Culture	X	X
Communication	X	X
Data Use and Sharing	X	
Community Image		X
Technology		X
Infrastructure		X
Staff Satisfaction, Retention		X
<b>Opportunities</b>		
<b>Key Themes</b>	<b>Senior Management SWOC</b>	<b>Strategic Planning Team SWOC</b>
National Accreditation	X	
Data Sharing/Better Analysis	X	X
Technology	X	X
Using Social Media/Networking	X	X
Collaboration	X	X
Integrating Health Equity	X	X
Collective Impact	X	
Increasing Revenues	X	
Possible Update of Public Health Code	X	
Community Transformation Grant	X	
Smart Development	X	
Push for Regionalization by AHRQ	X	
Public Health Prevention Fund	X	
Relationship Building	X	
New Political Leaders	X	X
Education		X
Increased Access to Care		X
<b>Challenges</b>		
<b>Key Themes</b>	<b>Senior Management SWOC</b>	<b>Strategic Planning Team SWOC</b>
Technology Infrastructure	X	
Control of Messaging	X	X
Diminishing Workforce	X	
Poor Economic Outlook	X	
Funding Reductions	X	X
Non-Competitive Pay Scale	X	
Environmental Justice Issues	X	
Unfunded Mandates	X	
Achieving Health Equity	X	
Affordable Care Act	X	X
Right to Work	X	
Communication		X

Population Shift		X
Language Barriers		X
Budget	X	X

### **KCHD Strategic Directions<sup>8</sup>**

Through the strategic planning process, the health department identified six strategic directions.

- 1. Achieve organizational excellence by means of highly skilled people, improved processes, and effective systems**
- 2. Explore innovative ideas for program and service improvements and embrace technological advances that have the potential to improve departmental operations**
- 3. Incorporate health equity and diversity in programs, services, and policies**
- 4. Foster community partnerships in order to accurately assess current health status and to achieve optimal public health outcomes**
- 5. Promote a healthy lifestyle and improved quality of life among Kent County residents**
- 6. Ensure a safe and healthy environment**

Below, the strategic directions are listed with their accompanying goals and SMART<sup>9</sup> objectives. Key strategies were proposed by the strategic planning team and other KCHD staff and were later adopted by KCHD management to address each objective. A Division and lead staff person have been identified for each strategy and are responsible for developing and ensuring the implementation of their respective strategy's action plan<sup>10</sup>. As we move forward in implementing the 2013-2018 KCHD Strategic Plan, these action plans will be drafted and added to Appendix G.

**Strategic Direction #1**  
**Achieve organizational excellence by means of highly skilled people, improved processes, and effective systems**

### **GOAL 1: Strive to become an accredited health department**

#### **Objectives**

- 1.1.1 Maintain state accreditation status during Cycle 5 of the Michigan Local Public Health Accreditation Program
- 1.1.2 Become a Project Public Health Ready health department by December 31, 2014
- 1.1.3 Become a nationally accredited health department by the Public Health Accreditation Board (PHAB) by December 31, 2014

<sup>8</sup> Appendix E for description of process used to formulate strategic directions

<sup>9</sup> SMART = specific, measurable, achievable, realistic, time-bound

<sup>10</sup> Appendix F for goals, objectives, strategies, lead division, and lead staff information

## **GOAL 2: Strengthen workforce competency and capacity**

### Objectives

- 1.2.1 Establish a system for evaluating, tracking, and addressing individualized workforce needs by May 31, 2013
- 1.2.2 Increase staff competence by at least 25% in a minimum of two key topic areas, as defined in the KCHD workforce development plan, by December 31, 2014

## **GOAL 3: Enhance communication between and across all levels of staff and Divisions**

### Objectives

- 1.3.1 Establish a system for evaluating and addressing staff-identified communication needs by June 30, 2014

## **GOAL 4: Improve employee job satisfaction**

### Objectives

- 1.4.1 At least 75% of KCHD staff will have Job Satisfaction Survey scores consistent with job satisfaction By December 31, 2014

### Strategic Direction #2

**Explore innovative ideas for program and service improvements and embrace technological advances that have the potential to improve departmental operations**

## **GOAL 1: Embrace a culture of quality improvement**

### Objectives

- 2.1.1 Accomplish at least 90% of goals and objectives contained within the KCHD QI Plan by December 31, 2013
- 2.1.2 Achieve at least 90% annual staff involvement in at least two QI initiatives, trainings, or other QI activities by December 31 of each year

## **GOAL 2: Provide adequate technological support to all staff so they can efficiently accomplish their jobs**

### Objectives

- 2.2.1 At least semi-annually, evaluate the adequacy of technology and technological support provided to KCHD staff and implement improvements, when possible

### Strategic Direction #3

## **Incorporate health equity and diversity in programs, services, and policies**

### **GOAL 1: Build capacity and an organizational foundation for institutionalizing cultural competence and cultural humility**

#### Objectives

- 3.1.1 Complete a comprehensive cultural competency/humility assessment that complies with PHAB requirements by May 31, 2013
- 3.1.2 Construct a cultural competency/humility implementation plan for the health department by December 31, 2013

### Strategic Direction #4

## **Foster community partnerships in order to accurately assess current health status and to achieve optimal public health outcomes**

### **GOAL1: Coordinate and improve the collection of demographically representative data**

#### Objectives

- 4.1.1 Youth-serving agencies will implement a system of collecting and sharing a set of common core indicators of youth risk and protective factors by Fall 2015\*
- 4.1.2 A demographically representative 20% of school districts in Kent County will complete the 2013-2014 cycle of the Michigan Profile for Healthy Youth (MiPHY) by Spring 2014\*
- 4.1.3 At least four school districts representative of the Kent County elementary-age population will participate in a modified version of the MiPHY by Spring 2015\*

*\* Indicates objective derived from the 2012 Kent County Community Health Improvement Plan*

### **GOAL 2: Systematically assess environmental and community health issues**

#### Objectives:

- 4.2.1 Complete a comprehensive environmental health assessment by December 31, 2014
- 4.2.2 Review and update the Kent County Community Health Needs Assessment by December 31, 2014
- 4.2.3 Review and update the Kent County Community Health Improvement Plan by December 31, 2015

### **GOAL 3: Sustain, expand, and improve collaboration**

#### Objectives

- 4.3.1 Complete a collaborative review of existing service assessment data by December 31, 2014 to identify gaps and duplication of public health services
- 4.3.2 Enhance the level of participation by community partner organizations in the community health needs assessment and improvement planning processes by at least 30% by December 31, 2014

### **Strategic Direction #5**

### **Promote a healthy lifestyle and improved quality of life among Kent County residents**

### **GOAL 1: Improve oral health among adults and children in Kent County**

#### Objectives:

- 5.1.1 Increase by 5% the proportion of adults who report having visited a dentist in the past 12 months by October 1, 2015 \*\*
- 5.1.2 Reduce by 10% the disparity between adults with less than a high school education and all adults who report having visited a dentist in the past 12 months by October 1, 2015\*\*
- 5.1.3 Increase by 10% the number of children under 10 years of age that have a dental provider by October 1, 2015\*\*

*\*\* Indicates objective aligns with objectives in the Kent County Oral Health Coalition's workplan*

### **GOAL 2: Promote a healthy weight for all Kent County residents to reduce chronic disease risk**

#### Objectives:

- 5.2.1. Decrease the prevalence of early childhood obesity in children 2 to 5 years of age by 1.5% by December 31, 2018
- 5.2.2. Reduce the obesity rate among 7<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> grade students by 5% by December 31, 2018
- 5.2.3. Reduce the obesity rate among adults by 5% by December 31, 2018

### **GOAL 3: Reduce incidence and disparities in Kent County infant mortality**

#### Objectives:

- 5.3.1 Increase by 5% the number of parents in KCHD home visiting programs who report the practice of the "ABCs of Safe Sleep" to prevent sudden unexplained infant deaths
- 5.3.2 Increase by 10% the number of women in KCHD home visiting programs who report satisfaction with access to support services by September 30, 2015
- 5.3.3 Decrease low birth weight and prematurity by 5% by December 31, 2018

- 5.3.4 Reduce the infant mortality rate among African Americans by 5% by December 31, 2018
- 5.3.5 Reduce the infant mortality rate among Hispanics by 5% by December 31, 2018
- 5.3.6 Reduce by 10% the number of women in Kent County who experience unintended pregnancies by December 31, 2018
- 5.3.7 Increase by 5% the number of pregnant women on Medicaid who enter into prenatal care in their first trimester by September 30, 2015\*

*\* Indicates objective derived from the 2012 Kent County Community Health Improvement Plan*

## **Strategic Direction #6**

### **Ensure a safe and healthy environment**

#### **GOAL 1: Promote the relationship between population health, the built environment, and access to green space**

Objectives:

- 6.1.1. Provide information regarding the associations between health, the built environment, and access to green space to all local leaders in Kent County by December 31, 2015
- 6.1.2. Reduce by 5% the proportion of Kent County adults that participate in no leisure time physical activity by December 31, 2018
- 6.1.3. Complete at least one health department-led Health Impact Assessment (HIA) by September 30, 2016
- 6.1.4. Increase the number of community partners educated on HIA from zero to 20 by September 30, 2016
- 6.1.5. Increase the number of KCHD staff actively involved in HIA work from zero to four by September 30, 2016

#### **GOAL 2: Evaluate and address unmet environmental health needs in Kent County**

Objectives:

- 6.2.1 Increase the proportion of consumers who follow key food safety practices by 5% by December 31, 2018
- 6.2.2 Decrease the percentage of failing septic systems in Kent County by 10% by December 31, 2018
- 6.2.3 Increase the percentage of dwellings conforming to the Department of Housing and Urban Development's "Healthy Home" definition 5% by December 31, 2018
- 6.2.4 Increase the number of dogs licensed in Kent County to at least 50,000 by December 31, 2018
- 6.2.5 Increase the proportion of Kent County elementary, middle, and high schools that have an indoor air quality management program by 5% by September 30, 2014
- 6.2.6 Reduce the average hourly concentration of particulate matter by 5% by December 31, 2018

## Connection to Community Health Improvement Plan

There is a clear and intentional link between the KCHD 2013-2018 Strategic Plan and the 2012 Kent County Community Health Improvement Plan (CHIP). As a lead organization in the development, implementation, and evaluation of the CHIP, KCHD has a responsibility for ensuring that the goals, objectives, and strategies for which we are identified as the lead agency are completed successfully and according to the timeline prescribed by the CHIP.

Contained within the KCHD 2013-2018 Strategic Plan, there are objectives that are clearly identified as “derived from the CHIP”. This is our way of easily identifying the areas we have taken leadership in and have woven the objectives into our department-specific plan.

## Continuous Learning and Improvement

With fewer resources and increased emphasis on accountability in public health, it no longer remains economical to wait until the end of a program or process to determine if it is effective in achieving its intended objective. It is imperative that KCHD and its employees become engaged in a process of continuous learning, allowing for the identification of problems and solutions throughout the implementation of a program or process, rather than waiting for the conclusion.

To that end, KCHD will regularly collect information to decide whether or not progress is being made toward the objectives contained within this 2013-2018 Strategic Plan. Progress toward achieving identified performance measures will be evaluated, and the KCHD Performance Management Council<sup>11</sup> will determine what is working, what is not working, and why. Through this process of regular review, the goal is improved department effectiveness, efficiency, and customer satisfaction.

Goals and objectives contained within this plan will be adjusted as they are met. This part of KCHD’s work is so critical that a separate plan, the KCHD Quality Improvement Plan, has been developed to help guide these important efforts.

## Appendices

<u>Appendix Name</u>	<u>Content</u>
<a href="#">Appendix A</a>	List of Strategic Planning Participants
<a href="#">Appendix B</a>	List of Strategic Planning Sessions & Purpose of Each
<a href="#">Appendix C</a>	Description of Vision, Mission, Guiding Principle Process
<a href="#">Appendix D</a>	Description of SWOC Analysis Process and Findings
<a href="#">Appendix E</a>	Description of Strategic Direction Identification Process
<a href="#">Appendix F</a>	Goals, Objectives, Strategies, Division, and Lead Staff
<a href="#">Appendix G</a>	Completed Action Plans

<sup>11</sup> The KCHD Performance Management Council is a department committee comprised mostly of senior and middle managers, tasked with monitoring performance measures, quality improvement efforts, and providing oversight of KCHD’s state and national accreditation efforts



## Appendix A: List of Participants

Thank you to the many Kent County Health Department staff, County Commissioners, and community partners who participated in the 2012 strategic planning process.

### KCHD Strategic Planning Team

Cathy Armstrong	Brandy DeMan	Sara Juilleret-Moore	Mary Reading
Kevin Bakos	Pat Draper	Erin Lammers	Norma Salgado
Christopher Bendekgey	Joan Dyer	Steve Lane	Sara Simmonds
Karla Black	Shane Green	Lisa LaPlante	Jim Smedes
Teresa Branson	Brian Hartl	Yolanda Lara	Mary Stapleton
Linda Brott	April Hight	Carly Luttmann	Aaron Toffoli
Ingrid Cardenas	Laura Homrich	Tracy Malinowski	Rachel Van Horn
Asia Chidzikwe	Pam James	Judi Momber	Lee Westrate
Cheryl Clements	Janine Johnson	Jill Myer	Kim Williams
Joe Dainelis	Michelle Johnson	Lynn Pall	Portia Yarbrough

*\* Participated as an ad hoc addition to the October 25<sup>th</sup> strategic planning session*

### KCHD Senior Management Team

Bill Anstey, Deputy Health Officer	Adam London, Division Director
Gail Brink, Finance Director	Roberta Peacock, Division Director
Dr. Mark Hall, Medical Director	Cathy Raevsky, Health Officer
Joann Hoganson, Division Director	

### Community Health Advisory Committee & County Commissioners

Mishelle Bakewell, Metro Health Hospital	Norine Mulvihill, American Heart Association
Candace Chivis, County Commissioner	Lori Pearl-Kraus, Davenport University
Candace Cowling, Family Futures	Shana Shroll, County Commissioner
Carol Hennessy, County Commissioner	

In addition, all Kent County Health Department staff were invited to provide input at various points throughout the process. Their contribution was very valuable to the process.

We thank the following people for helping to facilitate the strategic planning process:

- Tamber Bustance, Grand Rapids Community College, Woodrick Diversity Learning Center, who facilitated the strategic planning process
- Chelsey Chmelar, Quality and Performance Manager, who coordinated the strategic planning process from within the health department
- Barb Hawkins-Palmer, Planner/Evaluator, who assisted with the coordination of the strategic planning process from within the health department

## Appendix B: Strategic Planning Session Dates and Session Purpose

<u>Meeting Date</u>	<u>Purpose</u>	<u>Who Attended</u>
September 20, 2012	Developing a Vision, Mission, and Guiding Principles	Strategic Planning Team
September 26, 2012	Senior Management Approval of Vision, Mission, and Guiding Principles	
October 8, 2012	Senior Management SWOC	Senior Management Team
October 11, 2012	Strategic Planning Team SWOC & Revisiting the Vision	Strategic Planning Team
October 25, 2012	Setting Strategic Directions and Strategy Development	Strategic Planning Team, Senior Management Team, CHAC Members, County Commissioners, Ad hoc Strategic Planning Team members
November 7, 2012	Refining goals, objectives, and strategies	Volunteer subset of Strategic Planning Team and Senior Management Team
November 14, 2012	Refining goals, objectives, and strategies	Volunteer subset of Strategic Planning Team and Senior Management Team
November 20, 2012	Refining goals, objectives, and strategies	Senior Management Team
November 27, 2012	Refining goals, objectives, and strategies	Senior Management Team
December 5, 2012	Refining goals, objectives, and strategies	Senior Management Team
December 12, 2012	Refining goals, objectives, and strategies	Senior Management Team
December 19, 2012	Refining goals, objectives, and strategies	Senior Management Team

## Appendix C: Vision, Mission, and Guiding Principles

The KCHD SPT participated in a facilitated session on September 20<sup>th</sup>, 2012, where they spent three hours brainstorming ideas and completing different activities that resulted in draft vision, mission, and guiding principle statements. Following the session, the draft statements were transferred into an online survey that was then sent to all health department staff for input.

Once the online voting was completed, the top three vote-getting vision and mission statements, as well as the top ten guiding principles were taken to senior management for review and approval. Senior management easily approved the top vote-getting mission statement and top four vote-getting guiding principles. Two internally-focused and two externally-focused guiding principles were selected.

Development of the vision statement was revisited at a later SPT facilitated session on October 11<sup>th</sup>, 2012. SPT members worked in small groups to draft vision statements that reflected on the question, "*How would you describe an ideal version of Kent County?*" Draft statements were developed and voted on during this session by SPT members. The top three vision statements were taken to senior management for review, selection, and approval.

## Appendix D: KCHD SWOC Analysis

### Senior Management SWOC Analysis

Two SWOC sessions were held during the KCHD strategic planning process. The first was conducted with the KCHD Senior Management Team on October 8, 2012. Session attendees were instructed first to individually brainstorm strengths and weaknesses of the health department. The results of this brainstorming activity are presented in Table 1.

Strengths		
Key Themes	Actual Statements	
<b>People, KCHD Employees</b>	Good, logical, dedicated employees who like what they do Exceptional staff Exceptional senior staff Forward looking ability to flex together Committed, educated staff Exceptional middle managers Meet weekly as senior leadership and Division Directors Educated staff Committed Have all staff meet 3 times per year People	Professional problem solvers Willing to look outside the box Dedication Employees will rise to the occasion Capacity and capability Ability to respond and handle situations without major issues Reputation helps to continue to draw brightest/ best Community dialogue Very deliberate and not rash in decision making Administrative support
<b>Programs, Infrastructure, and Finances</b>	Documentation Evidence-based programs Good facilities Monopoly on some services Inter-conception Care Program Financial management Animal welfare TB treatment Multiples sites/locations	Facility doesn't feel or look like a health department Commitment Funding levels are good relative to other health departments Vision and hearing program Medicaid enrollment Open access - outside agencies know they can depend on our programs
<b>Technology</b>	We do a good job keeping data secure No main data breaches, etc KCHD IT is significantly ahead of many other local health departments in technology Movement/buying with technology and how it is used Electronic medical records	Use of technology to achieve efficiency (we look for this and make it happen) Technical advisors for community and MDCH Have good data system to track clients and services provided
Weaknesses		
Key Themes	Actual Statements	
<b>Structure/ Culture</b>	Institutional inertia (the way we've always done it) Lack of flexibility Political influences of Board of Commissioners Lack of administrative support Inability to react quickly Time it takes to do things and provide client services	Lack of coordination Stretched thin Silo structure Lack of shared vision for all Work atmosphere Poor recognition of good work (put emphasis here) Culture of tension between non-exempt employees and management

	Not a strong community voice Protective of "turf" Many directions for KCHD Community perception of KCHD Lacks coherent plan for future	Challenge of balancing resources vs. public health needs Tied to money and few flexible dollars Upgrade to education structure needed
<b>Communication / Data</b>	Sharing of data to those who can use it Communication to general public on services we provide	Communication needs to be more transparent timely and organized Focus on counting, not on outcome

After completing the analysis of organizational strengths and weaknesses, the session participants were asked to work in small groups to develop a list of external opportunities and challenges that could impact community health or the health department's ability to conduct business as usual. The results of this activity are illustrated in Table 2 below.

Table 2. <i>Senior Management Identified External Opportunities and Challenges</i>	
<b>Technological/ Scientific Factors</b>	
<b>Opportunities</b>	<b>Challenges</b>
National accreditation New county budget-finance system Increased data sharing Digital documentation Paperless application and evaluation processes Remote sensing as a surveillance tool KCHD Apps for smart phones Environmental Health scan Field friendly technologies More prominent website Electronic medical records Social networking Increased collaboration with medical community and universities	Infrastructure (Costs, keep up talent perspective)
<b>Social Factors</b>	
<b>Opportunities</b>	<b>Challenges</b>
Health equity initiative Social media Social collective impact One Kent Better geographic understanding/analysis of health issues	Message control Organizations retrench (only work on things related to their core mission as a result of funding reductions) Diminishing public health workforce
<b>Economic Factors</b>	
<b>Opportunities</b>	<b>Challenges</b>
Enhanced billing/ maximize revenues Grant opportunities Private foundation funding Utilize accredited status to secure funding	Poor economic outlook Shrinking funding in programs Non-competitive pay scale
<b>Ethical/Legal/Political Factors</b>	
<b>Opportunities</b>	<b>Challenges</b>
Update public health code Health equity Public Health Prevention Fund	Environmental justice issues Unfunded mandates Health equity

New Commissioners New County Administrator New MDCH director Replacement HR director Political years Story telling/ relationship building Perception of KCHD by County Administration	Term limits Open vs. closed union environments Affordable Care Act Right to Work
Environmental Factors	
Opportunities	Challenges
Regional groundwater mapping assessment Expand farmers markets Dental clinic in South county Governor's 4x4 plan National Accreditation Community Transformation Grant Community Health Improvement Plan Reorganization push Smart development (community design) Walkable communities Transportation system	Shrinking public health workforce

**Strategic Planning Team SWOC Analysis**

The second SWOC session was held with the Strategic Planning Team on October 11, 2012. First, the Strategic Planning Team brainstormed perceived strengths and weaknesses of the health department. The results of this activity can be found in Table 3.

Table 3. <i>Strategic Planning Team identified KCHD Strengths and Weaknesses</i>		
Strengths		
Key Themes	Actual Statements	
<b>Programs and Resource Availability</b>	Breastfeeding promotion Health education to the community Maternal Infant Health Program Use of evidence-based programs/services	Good employee benefits Good financial resources Availability of resources
<b>Technology and Service Delivery</b>	Innovative use of information technology Supporting women and children in the community Good delivery of well-defined and mandated services	Variety of programs and services TB follow-up Customer service Education and communication on many topics Use of technology
<b>Staff/Workforce</b>	Passionate and energized staff Not just a job, but a passion Diverse experience levels of staff Support from supervisors Caring employees Committed and passionate staff Culturally diverse Great staff Caring, compassionate to each other and public	Inter-departmental collaboration Community outreach Community Connections with other organizations Serve as a professional resource Staff ensure credentials are up to date through participation in continuing education All staff educated on issues of health equity

<b>Response and Community Collaboration</b>	Strong community partnerships Good response to large scale events (i.e. H1N1)	Response to community needs Effective community response Communicable disease response and control
<b>Facilities</b>	Countywide presence Nice physical appearance of facilities TB and PHS clinics	Centralized locations with easy access to bus routes
<b>Weaknesses</b>		
<b>Key Themes</b>	<b>Actual Statements</b>	
<b>Organizational Culture</b>	Risk Adverse Detachment between department and programs Lack of knowledge and ability to advocate for policy and legislative issues Personal biases Perceived lack of trust Lack of clear leadership from top-down Lack of flexibility Too much focus on productivity in numbers – people are not widgets “This is the way its always been done” “Time-warp” mind-set when it comes to management styles No infrastructure for innovation No method for sharing ideas Fear of innovation Disconnect between upper administration and staff Upper Administration control of budget	Lack of collaboration between divisions Support and encouragement of mediocrity Lack of holding correct persons accountable for their actions/lack of Contradiction between statements and actions Lack of autonomy Shot-gun approach to planning Lack of follow-up Inconsistent staff attendance at all-county or all-department meetings Lack of all-staff interaction Doing things “good enough” Grant-driven vs. data/priority driven Negative trickle-down Too much control from individual people in Upper Administration Micro-management and control Inconsistency in standard protocols for staff development and interdivision meetings
<b>Community Image</b>	Health department’s image in the community Perceived lack of value for community partnership Lack of trust for external partners Fit in the community and public health system	Lack of defined role of public health in healthcare Negative community image Public perceives health department to be damage control vs. preventive Lack of clarity about public health role Sub-par knowledge of services by community and staff
<b>Technology</b>	Apprehension about emerging technology	Technology and social media access by programs, divisions, and staff is prohibited
<b>Infrastructure</b>	Hard to get things done/approved Budget Payroll on paper Unclear boundaries on scope of position/decisions	Bureaucracy restricts access to resources Kinks in the pipes! Performance Management system Quality improvement
<b>Staff Satisfaction and Retention</b>	Lack of support and understanding for impact of attrition on a department Staffing levels Retirements and loss of institutional knowledge Frequent turnover in middle	Staff retention Valuing staff Supporting staff and families Support from supervisors Telling staff they are “replaceable” Hard time keeping talented people

	management Lack of training opportunities Lack of staff development	Lack of communication from top down-entire KCHD
<b>Communication</b>	Communication Not all people give information out that is consistent with what the HD values are (i.e.-telling someone" I wouldn't get the flu vaccine")	Sub-par communication between divisions Knowledge (lack of) regarding what other departments/divisions are doing Communication (internal)

To capture the opportunities and challenges portion of the SPT SWOC analysis, participants completed a “forces of change” analysis. This exercise first asked participants to identify key trends, factors and events across five different categories (economic, technological/scientific, social, environmental, legal/political/ethical) that could potentially affect the health department’s ability to provide programs and services for the community. Trends were defined as “patterns over time”, factors were defined as “specific elements”, and events were defined as “one-time occurrences”.

Once trends, factors, and events were reported back to the larger group for discussion, SPT members identified challenges and opportunities that were the result of these trends, factors, and events.

Table 4. <i>Strategic Planning Team Forces of Change Analysis</i>		
<b>Economic</b>		
Trend, Factor, or Event	Challenges	Opportunities Created
<b>Recession and trickle down economic effect</b>	Doing more with less	Developing methods to streamline processes or services
<b>Reduction in charitable contributions</b>	Doing more with less Prioritization of funding/expenses	Focus on specific community needs
<b>Balancing budgets</b>	Negative impact on service delivery Doing more with less Prioritizing funding	Focus on specific community needs
<b>Technological, Scientific</b>		
Trend, Factor, or Event	Challenges	Opportunities Created
<b>Emergence of electronic medical records and health information exchanges</b>	Cost-benefit of new technologies Internet data security challenges Resistance to use of new technologies Challenge of getting all systems to work together Negative response to EMR/HIE usage	Increased public health access to healthcare data through (EMR/HIE) Improved patient information Better ability to track data related to possible food borne illnesses
<b>Technology divide (economic, racial, age)</b>	Misuse of social media leading to negative impact on organization Resistance to using social media Lack of client access to technology, like smart phones and internet	Developing methods to streamline processes or services Social media use leading to positive impact on organization Better communication to clients in



	Challenge of getting all systems to work together	certain demographic groups
<b>Emergence of synthetic drugs, new tobacco products, and e-cigarettes</b>	Lack of surveillance on synthetic drug use and new tobacco products Does the definition of public health lend itself to addressing the synthetic drug issue? Current infrastructure for addressing these issues	Increased communication and education on these issues (including Rx resistance) Opportunity to advocate for new tobacco taxes on these products Evaluation of take-back drug campaign effectiveness Media and advocacy on this issue Increased partnership with other organizations to collect unused drugs Increased education and policy awareness related to tobacco-free school policies
<b>Social</b>		
<b>Trend, Factor, or Event</b>	<b>Challenges</b>	<b>Opportunities Created</b>
<b>Unemployment</b>	Biases based on geographic location and education Language barriers	Improved educational/training opportunities
<b>Increased number of children living in poverty</b>	Population shift	Improved educational opportunities Access to more well-rounded schools with more resources
<b>Racial disparity in infant mortality</b>	Embrace cultural differences Biases based on geographic location and education	Embrace cultural differences Educate people of risks associated with certain beliefs/actions
<b>Poor access to health and dental care</b>	Inability to meet needs due to limited resources Biases based on geographic location and education Language barriers Lack of health insurance	Putting health services geographically closer to the areas of highest need Educate people of risks associated with certain beliefs/actions Obama Care
<b>Movement toward achieving health equity</b>	Language barriers Cost of transportation	Educate people of risks associated with certain beliefs/actions Obama Care
<b>Movement of people out of the city</b>	Population shift Cost of transportation	Increased use of public transportation
<b>Environmental</b>		
<b>Trend, Factor, or Event</b>	<b>Challenges</b>	<b>Opportunities Created</b>
<b>Recognized relationship between built environment/green space and health</b>	More jobs/different jobs created Aging structures/infrastructure	Better access to food Improved recreational areas Increased tourism More jobs Healthier environment
<b>Water/air pollution</b>	Antibiotic resistance/shortages Direct & indirect impact of drugs and pesticides Bioterrorism	Increased communication on this issue

<b>Global warming</b>	Weather extremes Ozone issues Doubting the effects of climate change Natural disasters	Defining public health's role in addressing climate change issues Preparedness and community planning for climate change issues Education of health department staff on climate change issues
<b>Invasive species</b>	Upsets natural food chain Fishing issues – food production	Increased communication on this issue
<b>Legal, Political, Ethical</b>		
<b>Trend, Factor, or Event</b>	<b>Challenges</b>	<b>Opportunities Created</b>
<b>Obama Care</b>	A lot of unknowns	Implementation of Obama Care Improved access to and promotion of preventive services
<b>Presidential Election</b>	Getting the correct messages to the public vs. being politically correct Public hearing only “sound bites” in the elections	
<b>HIPAA/ Confidentiality issues</b>	Family member translation issues Public receiving information from unqualified persons about health issues Internet	Education of risks related to sharing information over the internet Methods of complying with HIPAA regulations
<b>Extreme non-bipartisanship</b>	Conservative county Communication to constituents	

## Appendix E: KCHD Strategic Directions

### *Selecting Strategic Directions*

KCHD strategic directions were identified through a deliberate process that began with an assessment of existing data from the 2011 Kent County Community Health Needs Assessment (CHNA), Senior Management SWOC Analysis, Strategic Planning Team SWOC Analysis, data from a health equity forum held on May 17, 2012, and themes that resulted from a health department employee survey that was conducted in September 2012.

Based on the available data, 17 strategic directions were drafted and presented at the October 25<sup>th</sup> strategic planning session. The Strategic Planning Team, Senior Management Team, Community Health Advisory Committee (CHAC), and present County Commissioners voted for their top two internally focused and top two externally focused strategic directions. This vote resulted in three internally focused and three externally focused strategic directions, for a total of six, which will guide the work of KCHD for the next five years.

Once the strategic directions were determined, the meeting participants worked in small groups using available data to develop innovative strategies and time-framed, measurable objectives that were considered for inclusion in the final strategic plan. Data from the SWOC analyses conducted with both the Senior Management Team and the Strategic Planning Team were utilized to help the small groups brainstorm innovative strategies for addressing the six strategic directions and their associated objectives.

Following this meeting, an ad hoc group of volunteers continued to refine and brainstorm strategies and objectives to present as recommendations to Senior Management.

## Appendix F: Goals, Objectives, Strategies, Division, and Lead Staff

Strategic Direction #1			
Achieve organizational excellence by means of highly skilled people, improved processes, and effective systems			
Goal 1: Strive to become an accredited health department			
Objectives	Strategies	Responsible Division	Lead Staff
1.1.1 Maintain state accreditation status during Cycle 5 of the Michigan Local Public Health Accreditation Program	Prepare for and complete the MI accreditation process	Administration	J. Smedes
1.1.2 Become a Project Public Health Ready health department by December 31, 2014	Prepare for and complete the PPHR process	Administration	K. Black
1.1.3 Become a nationally accredited health department by the Public Health Accreditation Board (PHAB) by December 31, 2014	Prepare for and complete the PHAB accreditation process	Administration	C. Chmelar
Goal 2: Strengthen workforce competence and capacity			
Objectives	Strategies	Responsible Division	Lead Staff
1.2.1 Establish a system for evaluating, tracking, and addressing individualized workforce needs by May 31, 2013	Conduct a workforce needs assessment, analyze data, and report results	Administration	C. Chmelar
1.2.2 Increase staff competence by at least 25% in a minimum of two key topic areas, as defined in the KCHD workforce development plan by December 31, 2014	Develop and implement a comprehensive workforce development plan Create a central database for tracking all staff participation in workforce development activities	Administration Administration	C. Chmelar S. Lane

\* Indicates objective/strategy derived from the 2012 Kent County Community Health Improvement Plan

\*\*Indicates objective aligns with objectives in the Kent County Oral Health Coalition's workplan

<b>Goal 3: Enhance communication between and across all levels of staff and Divisions</b>			
Objectives	Strategies	Responsible Division	Lead Staff
1.3.1 Establish a system for evaluating and addressing staff-identified communication needs by June 30, 2014	Complete a baseline communications needs assessment for the department Create and implement department-wide communication guidelines	Administration Administration	L. LaPlante L. LaPlante
<b>Goal 4: Improve employee job satisfaction</b>			
Objectives	Strategies	Responsible Division	Lead Staff
1.4.1 At least XX% of KCHD staff will have Job Satisfaction Survey scores consistent with job satisfaction by December 31, 2014	Explore changes to existing Kent County, health department, and division policies that influence employee morale and job satisfaction Develop and/or communicate a strategy/protocol for resolving supervisor-employee conflict for MPP staff Create and implement strategy to promote employee mind, body, spirit wellness (work-life balance) Expand employee recognition efforts department-wide and at the division level Enhance existing annual performance review process to include 360 reviews for management Work with the Kent County HR Department to develop a more comprehensive exit interview process for health department staff that creates an improved feedback process	Administration Administration Administration All Divisions Administration Administration	C. Raevsky C. Raevsky T. Branson B. Anstey B. Anstey B. Anstey
<b>Strategic Direction #2</b>			
<b>Explore innovative ideas for program and service improvements and embrace technological advances that have the potential to improve departmental operations</b>			
<b>Goal 1: Embrace a culture of quality improvement</b>			
Objectives	Strategies	Responsible Division	Lead Staff

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2.1.1 Accomplish at least 90% of goals and objectives contained within the KCHD QI Plan by December 31, 2013	Execute KCHD QI Plan	Administration	C. Chmelar
2.1.2 Achieve at least 90% annual staff involvement in at least two QI initiatives, trainings, or other QI activities	Execute KCHD QI Plan	Administration	C. Chmelar
<b>Goal 2: Provide adequate technological support to all staff so they can efficiently accomplish their jobs</b>			
Objectives	Strategies	Responsible Division	Lead Staff
2.2.1 At least semi-annually, evaluate the adequacy of technology and technological support provided to KCHD staff and implement improvements, when possible	Assemble a plan for monitoring technology advancements and means for determining when technology upgrades should be pursued Develop a business case for increasing use of mobile devices to improve service delivery	Administration	G. Brink
		Administration	N. Toren
<b>Strategic Direction #3</b>			
<b>Incorporate health equity and diversity in programs, services, and policies</b>			
<b>Goal 1: Build capacity and an organizational foundation for institutionalizing cultural competence and cultural humility</b>			
Objectives	Strategies	Responsible Division	Lead Staff
3.1.1 Complete a comprehensive cultural competency/humility assessment that complies with PHAB requirements by May 31, 2013	Design, administer, and report findings from an organizational cultural competency assessment Design and adopt a cultural competency policy for the department	Administration	C. Chmelar
3.1.2 Construct a cultural competency/humility implementation plan for the health department by December 31, 2013	Develop a plan that describes a phased approach for institutionalizing diversity considerations in hiring and means for achieving organizational cultural competence and cultural humility	Administration	C. Chmelar

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Strategic Direction #4

Foster community partnerships in order to accurately assess current health status and to achieve optimal public health outcomes

Goal 1: Coordinate and improve the collection of demographically representative data			
Objectives	Strategies	Responsible Division	Lead Staff
4.1.1 Youth-serving agencies will implement a system of collecting and sharing a set of common core indicators of youth risk and protective factors by Fall 2015*	Engage CHNA partners and other partners in the development and implementation of a set of common core indicators*	Administration	B. Hartl
4.1.2 A demographically representative 20% of school districts in Kent County will complete the 2013-2014 cycle of the Michigan Profile for Healthy Youth (MiPHY) by Spring 2014*	Identify and address barriers to MiPHY participation*	Administration	B. Hartl
4.1.3 At least four school districts representative of the Kent County elementary-age population will participate in a modified version of the MiPHY by Spring 2015*	Create and administer a modified version of the MiPHY with elementary students*	Administration	B. Hartl
Goal 2: Systematically assess environmental and community health issues			
Objectives	Strategies	Responsible Division	Lead Staff
4.2.1 Complete a comprehensive environmental health assessment by December 31, 2014	Complete environmental health assessment using NACCHO's model Protocol for Assessing Community Excellence in Environmental Health (PACE-EH)	Environmental Health	A. London
4.2.2 Review and update the Kent County Community Health Needs Assessment by December	Conduct the needs assessment process using the NACCHO Mobilizing for Action through Planning and Partnerships (MAPP) framework	Administration	C. Chmelar

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31, 2014	4.2.3 Review and update the Kent County Community Health Improvement Plan by December 31, 2015	Complete a community-driven prioritization process to identify top health issues in Kent County	Administration	C. Chmelar
<b>Goal 3: Sustain, expand, and improve collaboration</b>				
Objectives		Strategies	Responsible Division	Lead Staff
4.3.1	Complete a collaborative review of existing service assessment data by December 31, 2014 to identify gaps and duplication of public health services	Convene a committee of community partners to gather and analyze public health systems assessment data and create a set of recommendations for addressing gaps and service duplication within the county	Administration	C. Raevsky
4.3.2	Enhance the level of participation by community partner organizations in the community health needs assessment and improvement planning processes by at least 30% by December 31, 2014	Implement a strategy ensuring broad representation in future iterations of the CHA/CHIP process	Administration	C. Chmelar
<b>Strategic Direction #5</b>				
<b>Promote a healthy lifestyle and improved quality of life among Kent County residents</b>				
<b>Goal 1: Improve oral health among adults and children in Kent County</b>				
Objectives		Strategies	Responsible Division	Lead Staff
5.1.1	Increase by 5% the proportion of adults who report having visited a dentist in the past 12 months by October 1, 2015**	Support the agenda of the Oral Health Coalition Establish a 2-seat dental clinic in Kent County	Administration	B. Anstey
5.1.2	Reduce by 10% the disparity between adults with	Support the agenda of the Oral Health Coalition	Administration	B. Anstey

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less than a high school education and all adults who report having visited a dentist in the past 12 months by October 1, 2015**	Establish a 12-chair dental clinic in Kent County			
5.1.3 Increase by 10% the number of children under 10 years of age that have a dental provider by October 1, 2015**	Support the agenda of the Oral Health Coalition Establish a 12-chair dental clinic in Kent County	Administration		B. Anstey
<b>Goal 2: Promote a healthy weight for all Kent County residents to reduce chronic disease risk</b>				
Objectives	Strategies	Responsible Division		Lead Staff
5.2.1 Decrease the prevalence of early childhood obesity in children age 2 to 5 years of age by 1.5% by December 31, 2018	Promote breastfeeding initiation and duration within KCHD programs and in the Kent County community Develop county wide initiatives focusing on increasing knowledge about a healthy diet and physical activity and adopting practices/guidelines/recommendations/policies for a comprehensive nutrition and physical activity plan	Community Clinical Services Administration		C. Bendekegy T. Branson
5.2.2 Reduce the obesity rate among 7 <sup>th</sup> , 9 <sup>th</sup> , and 11 <sup>th</sup> grade students by 5% by December 31, 2018	Provide nutritional education to parents and child care providers of infants and children at high risk for obesity Implement programs for schools, school-aged children and families to increase knowledge of nutrition and physical activity, as well as encourage environmental change in the school and home	Community Clinical Services Administration		C. Bendekegy T. Branson
	Expand schools' wellness policies to create environmental change to promote the health	Administration		T. Branson

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	of the students, staff and community members in the school district		
	Implement a county wide healthy living campaign in effort to create a culture shift to expect healthy lifestyles for Kent County residents. <i>(Create one unified message, modified for target audience /population)</i>	Administration	L. LaPlante
5.2.3 Reduce the obesity rate among adults by 5% by December 31, 2018	Implement a county wide healthy living campaign in effort to create a culture shift to expect healthy lifestyles for Kent County residents. <i>(Create one unified message, modified for target audience /population)</i>	Administration	L. LaPlante
	Increase the variety of options available throughout Kent County for healthy food procurement, especially in food insecure areas*	Administration	J. Myer
	Implement menu labeling policy in Kent County for restaurants that do not qualify for the national menu-labeling standards. OR Implement menu labeling policy for Kent County restaurants with 1 - 19 establishments in the United States. (Since the federal law covers restaurants with 20 or more establishments)	Administration	B. Anstey
<b>Goal 3: Reduce incidence and disparities in Kent County infant mortality</b>			
	Objectives	Responsible Division	Lead Staff
5.3.1 Increase by 5% the number of parents in KCHD home visiting programs who report the practice of the "ABCs of Safe Sleep" to prevent sudden	Strategies Promote comprehensive prevention and intervention efforts that ensure safe sleeping environments and prevention of infant suffocation	Community Nursing	S. Juilleret-Moore

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unexplained infant deaths				
5.3.2 Increase by 10% the number of women in KCHD home visiting programs who report satisfaction with access to support services by September 30, 2015	Strengthen local systems of care, referral pathways, and follow-up to ensure client access to resources	Community Nursing	D. Baker	
5.3.3 Decrease low birth weight and prematurity by 5% by December 31, 2018	Promote first trimester entry into WIC program for pregnant women	Community Clinical Services	C. Bendekgey	
5.3.4 Reduce the infant mortality rate among African Americans by 5% by December 31, 2018	Prioritize highest risk women for access to home visiting programs	Community Nursing	M. Nestle	
5.3.5 Reduce the infant mortality rate among Hispanics by 5% by December 31, 2018	Strengthen collaboration with local care systems and referral sources ensuring early access to medical, dental and social services, for women of childbearing age	Community Nursing	J. Hoganson	
5.3.6 Reduce by 10% the number of women in Kent County that experience unintended pregnancies by December 31, 2018	Implement evidence-based models for preconception health education and pregnancy prevention	Administration	T. Branson	
	Promote reproductive family planning for men and women of childbearing age	Community Nursing	J. Hoganson	
5.3.7 Increase by 5% the number of pregnant women on Medicaid who enter into prenatal care in their first	Collaborate with community partners to provide pregnancy prevention education and counseling to at-risk adolescents	Administration	T. Branson	
	Collaborate with community partners to communicate a consistent message to pregnant women regarding the importance of first trimester prenatal care	Community Nursing	J. Hoganson	

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trimester by September 30, 2015*	Investigate barriers to early entry into prenatal care for women on Medicaid	Community Nursing	
<b>Strategic Direction #6</b>			
<b>Ensure a safe and healthy environment</b>			
<b>Goal 1: Promote the relationship between population health, the built environment, and access to green space</b>			
Objectives	Strategies	Responsible Division	Lead Staff
6.1.1 Provide information regarding the association between health, the built environment, and access to green space to all local leaders in Kent County by December 31, 2015	Establish a community-based taskforce charged with identifying improvement and communication strategies	Environmental Health	A. London
6.1.2 Reduce by 5% the proportion of Kent County adults that participate in no leisure time physical activity by December 31, 2018	Identify at least two municipalities willing to adopt Complete Streets policies	Environmental Health	A. London
6.1.3 Complete at least one health department-led Health Impact Assessment (HIA) by September 30, 2016	Launch a community wide campaign to educate residents and policy makers on the benefits of an active community	Environmental Health	A. London
6.1.4 Increase the number of community partners educated on HIA from zero to 20 by September 30, 2016	Build internal capacity for using Health Impact Assessment (HIA)	Environmental Health	A. London
6.1.5 Increase the number of KCHD staff actively involved in HIA work from zero to four by September 30, 2016	Build community interest and will for utilizing HIA as an assessment tool in Kent County planning and policy making decisions	Environmental Health	A. London
	Provide training and professional development opportunities related to HIA for KCHD staff and key stakeholders/partners	Environmental Health	A. London

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Goal 2: Evaluate and address unmet environmental health needs in Kent County			
Objectives	Strategies	Responsible Division	Lead Staff
6.2.1 Increase the proportion of consumers who follow key food safety practices by 5% by December 31, 2018	Develop a culturally competent multi-media educational campaign focused on improving food safety in the home	Environmental Health	A. London
6.2.2 Decrease the percentage of failing septic systems in Kent County by 10% by December 31, 2018	Develop an improved wastewater regulation based upon performance measures, installer certification, and best practice Facilitate a community process to broaden public education and explore development of a public education campaign regarding septic systems with a variety of partners	Environmental Health	A. London
6.2.3 Increase the percentage of dwellings conforming to the Department of Housing and Urban Development's "Healthy Home" definition by 5% by December 31, 2018	Develop integrated inter-organizational delivery systems for services consistent with the Healthy Homes model Develop communications/education campaign for the public	Environmental Health Administration	A. London L. LaPlante
6.2.4 Increase the number of dogs licensed in Kent County to at least 50,000 by December 31, 2018	Improve licensure enforcement through foot patrols in animal dense areas Establish three-year dog licensing associated with rabies vaccination and modify animal control ordinance to require all veterinary clinics to sell dog licenses to animals they treat Develop public awareness/marketing campaign for increasing dog licensing	Environmental Health Environmental Health	A. London A. London
6.2.5 Increase the proportion of Kent County elementary, middle, and high schools that have an indoor air quality management	Create a task force consisting of school and health officials to promote use of the EPA's "Indoor Air Quality: Tools for Schools" program	Environmental Health Environmental Health	L. LaPlante A. London

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program by 5% by December 31, 2018				
6.2.6 Reduce the average hourly concentration of particulate matter by 5% by December 31, 2018	Promote best practices and policy development in construction, transportation, and landscaping for PM 2.5 reduction	Environmental Health	A. London	
	Work with neighborhood associations, local units of government, and the media to educate residents about PM 2.5 reduction strategies	Environmental Health	A. London	

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