



Long Beach Department of Health and Human Services (LBDHHS) Strategic Planning Retreat –April 19, 2013 Notes

Background and Purpose:

As part of its accreditation preparation activity, the Long Beach Department of Health and Human Services conducted a full-day strategic planning retreat with managers, supervisors and program coordinators to develop core values and vision statement; review and revise the Department’s mission statement; define strategic priorities for the Department; and develop goals and objectives to support implementation of strategic priorities.

Prior to the full-day strategic planning retreat, three pre-retreat meetings were held to give participants the knowledge and confidence to define strategic priorities for LBDHHS. Key documents such as the Community Health Assessment, draft Community Health Improvement Plan, and the 2006 Local Public Health System Assessment results were discussed at the pre-retreat meetings to inform the discussion and prioritization of strategic direction for the Department. Other documents reviewed by the participants prior to the retreat included the staff development survey summary (2012) and summary of strategic planning workshops for staff which included ideas on core values, vision and mission statements, and strengths, weaknesses, and opportunities and threats (SWOT).

With the support of senior managers, over 45 staff was invited to participate in the retreat. Staff who confirmed their attendance for the all-day retreat was requested to attend the pre-retreat meetings.

The Department utilized funding from the Los Angeles County National Public Health Improvement Initiative (NPHII) to hire K-Rise Enterprises, Inc. (Kathryn Humphrey and Beth Armentano) to facilitate the retreat. In addition, through a technical assistance grant from the National Association of County and City Health Officials (NACCHO), the Public Health Institute (PHI) provided additional facilitators (Tamara Banana and Nora Bota from the San Diego County Department of Public Health) to guide the group’s discussion and decision-making process. Staff from K-Rise and PHI also provided advice to the Health Department staff (Cheryl Barrit) on the crafting of the retreat agenda.

Participants:

Cindy Acero (Housing Authority), Keith Allen (Environmental Health); Teresa Ayala-Castillo (Physician Services); Cheryl Barrit (Preventive Health); Diane Brown (Preventive Health), Monica Cardenas (Environmental Health); Robert Cerince (Community Health); Deborah Collins (Physician Services); Michelle Fino (Community Health); John Holguin (Preventive Health); Emily Holman (Preventive Health); Michael Johnson (Support Services); Porche Jones (Community Health); Nelson Kerr (Environmental Health); Mitchell Kushner (Physician Services); Mimi Lachica (Physician Services); Patti LaPlace (Community Health); Gerlanda Larry (Housing Authority); Judeth Luong (Environmental Health); Anthony Ly (Preventive Health); Nerissa Mojica (Support Services); Tom Papademetriou (Housing Authority); Susan Price (Community Health); Julio Rodriguez (Physician Services); Pam Shaw (Preventive Health); Eipryl Tello (Community Health); Lara Turnbull (Community Health); Darnisa Tyler (Housing Authority); Rosa Velazquez-Gutierrez (Community Health); Mei-Jyh Wang (Community Health); and Dale Worsham (Support Services).

Welcome and Day's Overview:

Cheryl Barrit started the meeting by inviting Susan Price, Acting Director, to provide the welcome and opening remarks for the group. Susan noted the importance of strategic planning for the Department and called upon the staff to enjoy and participate in the discussion. Cheryl Barrit welcomed and introduced the facilitators.

K-Rise went over the meeting objectives, agenda, and guidelines for discussion. Cheryl Barrit provided a recap of the key activities that ensued prior to the retreat day (see Powerpoint for reference). Diane Brown led an icebreaker for participants.

Core Values

Based on feedback from staff collected during the strategic planning workshops held on Jan. 28 and 29 and from the pre-retreat meeting on April 9, the following draft core values with corresponding statements were presented to the group for critique. The number in parenthesis below depicts the total number of individual votes for that particular value (pre-retreat meeting on April 9).

- Workforce and Quality Service and Excellence (23)
"We are committed to delivering excellent services and continuous learning."
- Innovation (forward thinking/creativity) (10)
"We are bold and seek out opportunities to be innovators of public health."
- Team (unity/cohesion/collaboration) (4)
"Our diversity is our strength and we are united in our passion for achieving optimal health for our community."

The group had the following remarks:

- Values are missing responsiveness to the community
- Missing inclusiveness, community and collaboration
- Staff is prepared. We are prepared to be bold and innovative. We have flexibility
- Identify existing best practices
- Continuous learning for staff/workforce; on top of new public health trends to be innovative.
Note staff development versus continuous learning
- We are committed to staff development and delivering excellent services
- Long Beach as a standard for public health- a lot of other health departments look to us
- We strive to be a standard of best practice and share knowledge
- We are leaders/leadership
- Perhaps we can separate workforce from service and programs
- Team-includes community and within and across the Department
- Our diversity is our strength which mirrors our community
- Our diversity is our strength and we are committed to delivering excellent services
- Broaden concept of diversity
- We are experts in many areas

- We should be able to recite our values. Keep it simple and easy to remember. Just use words not sentence. Be succinct. 7 words limit.

The group agreed that the core values will need more definition. The Strategic Plan Workgroup will further refine the core values and propose a final set of values to the senior managers for approval.

Vision Statement

Based on feedback from staff collected during the strategic planning workshops held on Jan. 28 and 29 and from the pre-retreat meeting on April 9, the following draft vision statements were presented to the group for critique.

- We strive to make Long Beach the healthiest city in America.
- Optimal health for all
- A community where everyone enjoys longer and healthier lives.
- A healthy and safe community where children and families thrive to reach their fullest potential.

The group had the following remarks:

- A majority of the group liked the following phrases:
 - A healthy and safe community
 - A community where everyone thrive to reach their fullest potential
- Some did not like “making Long Beach the healthiest city in America”
- Some additional suggestions were:
 - A healthy and safe community for all
 - Improve healthy and safe community for all
- Clarification was provided on the mission versus the vision statement: a mission statement is the action required to achieve the vision.
- Needs to be short and easy to remember. Elevator speech

**At the conclusion of the discussion, the vision statement that appealed to the group was:
“A safe and healthy community for all”**

Mission Statement

Based on feedback from staff collected during the strategic planning workshops held on Jan. 28 and 29 and from the pre-retreat meeting on April 9, the following draft vision statements were presented to the group for critique.

- “To improve the quality of life of the residents of Long Beach by addressing public health and human service needs and by promoting a healthy environment in which to live, work, and play.”
- “Promoting and protecting the health of Long Beach by providing public health services essential for a healthy and safe community.”
- To ensure a healthy community in which to live, work, and play by preventing illness and injury, promoting active lifestyles, and protecting the health of the community.

- The group made the following suggestions: To ensure a healthy community in which to live, work, and play - with bullets – prevent, promote and protect.
- To ensure a healthy community in which to live, work, and play and by promoting and protecting the health of the community (through prevention, promotion and protection).
- To improve the quality of life by preventing, protecting and promoting a healthy environment in which to live, work, and play.
- **Note: One participant felt strongly that public health is not responsible for quality of life.**

At the conclusion of the discussion, the version that was the most popular among the participants was:

“To improve quality of life by promoting a safe and healthy community in which to live, work and play.”

Strategic Priorities

In order to prepare the participants for small group discussions aimed at defining strategic priorities for the Department, the following guidance was provided to the group (see Powerpoint for details):

- Definition of strategic thinking and strategic issues
- Three kinds of strategic issues
- Review of health and social issues ranked by the community stakeholders at the 11/7/12 community meeting
- Winnable battles identified by the CDC and NACCHO
- SWOT analysis from staff workshops held on January 28 and 29
- Local Public Health System Assessment (2006) Summary Score Card
- Draft Community Health Improvement Plan
- Summary of Staff Training and Professional Development Survey (2012)
- How to use the CompassPoint Dual Bottom Line Matrix to organize strategic priorities

Below is a summary of how each small group arranged their health and organizational strategic issues. The issues highlighted in yellow were noted as priorities by each small group.

Group 1:

High mission impact/low viability: mental health, training and development opportunities for staff, educate the public about and promote public health, food safety, nutrition, physical activity (these issues were listed as one grouping and arranged on the border between high impact/low viability and high impact/high visibility).

Group 2:

High mission impact/low viability: revenue generation, disease prevention, environmental determinants, HIV/AIDS/STIs

High mission impact/high viability: diaobesity, alignment and coordination with others such as medical providers and community stakeholders, external and internal professional development

Group 3:

High mission impact/low viability: access to dental care, system prepared to deal with aging population, workforce development (training & professional development), build and increase fund for repairs and maintenance, reduce substance abuse, hire more and increase number of staff, prevent and reduce asthma

Low mission impact/low viability: educational attainment, adequate employment

High mission impact/high viability: improve nutrition, prevent teen pregnancy, family planning, acute diseases, prevent diabetes, family stability, healthy birth outcomes, increase resources, written policy, new employee orientation, pursue additional funding opportunities, promote access to primary care, promote and create a cohesive workforce, build employee morale, internal communication, collaboration across discipline, increase value of LBDHHS to city government and community, visibility in community, disease control and prevention, increase affordable and safe housing

Group 4:

High mission impact/low viability: chronically homeless, poverty, economic self-sufficiency, shelter plus care (mental and substance abuse problems), tackling mental illness, communicable disease control, promoting prevention/healthy lifestyles

High impact/high viability: access to care, staff development, utilizing internal department services, leveraging all of our services for access to all of our clients, “working together to serve”, safe affordable housing, grant officer (grand fund writing, research grants to assist multiple bureaus)

Group 5:

High mission impact/low viability: HIV/STD, asthma

High mission impact/high viability: access to care, mental health, professional development, enhance learning development (classroom setting, conferences and workshop, computer program), chronic disease, heart disease, diabetes, obesity, health needs of aging population, innovation (data access, track, information sharing, technology)

Low mission impact/low viability: poverty

Group 6:

High mission impact/low viability: promotion, publicity, marketing, technology, address social determinants of health, treat the whole person, competent and dedicated workforce

High mission impact/high viability: treat the employees as a whole person, recognizing/identifying/encouraging creativity for the enhancement of the Health Department, supportive/safe and trustworthy work environment, HIV prevention, access to care, mental health services, bigger presence on social media, newer technologies.

Individual Voting on Top Strategic Issues

The participants were each given 4 dots to vote for 2 health and 2 organizational issues. The voting tally for health and organizational issues are noted below:

Health Issues	# of Votes	Organizational Issues	# of Votes
Mental health	8	Marketing the Health Department	17
Safe and affordable housing	11	Staff training and workforce development	11
Diabetes and obesity	9	Revenue generation (bring in resources)	12

Food safety	5	Innovation/technology/information sharing	5
HIV/STD	1	Leveraging external partnerships/resources	6
Social determinants of health	5	Promote cohesive and healthy workforce	5
Chronic diseases	3		
Communicable diseases	5		
Access to care	10		

After the individual votes were tallied, each group was instructed to develop goals and objectives for the following top 4 health issues and top 3 organizational issues:

Top 4 Health Issues:	Top 3 Organizational Issues
Safe and affordable housing	Marketing the health department
Access to care	Revenue generation
Diabetes/obesity/chronic diseases	Staff and workforce development
Mental health	

Goals and Objectives to Implement Strategic Priorities

In order to assist the groups in developing goals and objectives, the following guidance was provided to the participants.

- Definitions of goals and objectives
- Definition of SMART goals and objectives
- Examples of SMART goals and objectives
- While examples of SMART goals and objectives were provided to the participants, the groups struggled with developing measurable goals and objectives. The facilitators encouraged the group’s brainstorming in order to generate strategies that advance the fulfillment of the top health and organizational issues.

The small groups developed the following ideas on goals and objectives:

Health Priorities

Safe and Affordable Housing

Goal: Get support from the business community in getting homeless off the street

Objectives:

- Educate political leaders in understanding housing process
- Integrate data systems (homeless, housing, VA)
- Research

Goal: Re-educate city officials about the needs

Objectives:

- Tell the story of the veteran -housing and those that can assist
- Connect with non-profit organizations and activists

- Promote cross contact between bureaus /programs (homeless services→ housing; single father with special needs child→family preservation; palace hotel/youth aging out)
- Build understanding that need is not driven by those that are criminal elements
- Leverage action items from symposium (Rapid Results Boot Camp from HUD)

Access to Care

Goal: Ensure that all have access to care

Objectives:

- Develop multi-message to promote importance of health coverage
- Seek funding to sustain outreach, enrollment, utilization, and retention activities
- Develop/promote capacity building for enrollment activities
- Develop the Long Beach Health Access Collaborative to assure broad-based messaging and community engagement
- Continue to support safety net programs for residual uninsured (uninsured due to immigration status)
- Identify and outreach to uninsured populations
- Work with small business associations and other stakeholders to address gaps in health access
- Identify barriers in the healthcare system
- Strategize on solutions to address barriers
- Continue to support Affordable Care Act message/education

Chronic Diseases

Goal: Increase healthy behaviors to decrease the prevalence of chronic diseases

Strategy: Build upon existing programs to create a physical and social environment that supports healthy behaviors

Objectives:

- Duplicate effective programs; apply them to additional zip codes
- Increase partners and funding to enable expansion
- Market and brand health and wellness (e.g., logos)
- Align Health Department programs with similar/consistent messages
- Use mobile services to get services to the community (e.g., healthy lifestyle mobile clinic)
- Educate and support community to advance health promoting policies
- Work with businesses to offer affordable healthy food options
- Develop Health Department /City policy on lactation support
- Encourage and support staff participation in employee wellness programs/adapt and apply to community based organizations

Mental Health

Goal: Increase access to affordable and appropriate mental health services (individual level)

Objectives:

- Decrease stigma of mental illness/health
- No wrong door
- Offer onsite mental health services (Tier 2)
- Utilize preventive services
- Services across all ages
- Treat whole person (holistic approach)

Goal: Increase education to reduce stigma of mental health

Objectives:

- Send message that mental health is wellness, turn away from using the word “mental”
- Increase awareness through education

Goal: Assess the capacity of the Health Department to provide mental health services (system level)

Strategies:

- Identify what are the gaps in county services
- Identify existing assets and services for mental health

Objective:

- Conduct SWOT analysis

Organizational Priorities

Marketing of the Health Department

Goal: Educate and brand the LBDHHS to community and city council

Objectives:

- Develop a brief script (elevator speech)
- Meet/outreach to political leaders (e.g. Long Beach Cares), county, LBUSD, Board of Health, policy makers, business and community activists (e.g., Bixby, Belmont Shore, Kiwanis, Rotary, DLBA)
- Create and promote speakers bureau
- Develop brochures summarizing DHHS programs and services
- Utilize twitter, facebook, www, cable access channel and newspaper for positive stories
- Create marketing campaign
- Identify sponsors to bring resources to promote services/programs
- Use public health week to promote DHHS
- Create script and video on CD to distribute to businesses on who DHHS is and what we provide
- Create department logo and use with mission, vision to promote DHHS
- Branding—logo on all presentation items
- Use logo on all documents that go to the public, promotion and incentive items
- Presence at community events (e.g., LBUSD Science Fair)
- Encourage line staff to promote DHHS
- Staff training on promoting DHHS and branding
- Calendar of community events that the department has access to
- Have integrated program presence at community events
- Utilize web committee to advertise program and services on www
- Create health data status report and develop stories to promote DHHS
- Use testimonials to educate community, council and policy makers
- Leverage Medical Reserve Corps, Long Beach Cares, Junior Beach Runner, Junior Health Inspectors to help promotion
- Leverage students in assisting to create logo, develop video and marketing tools

Workforce Development

Goal: Increase knowledge and skills of health department employees

Objectives:

- Professional training program
- Organizational development team (task force)

- Capitalize and leverage available training (design and recruit; calendar of training)
- Utilize existing skills (outside of current job)—assessment
- Survey staff?
- Provide opportunities—ask for volunteers
- Prioritize five core classes (basic skill set)—use survey results
- Develop more advanced training
- Identify core skills needed
- Develop approach to acquire
- Build Department’s skills base (e.g., licenses, CEUs)
- Develop course list of available online training
- New and continuing employee orientation

Revenue Generation

Goal: Maximize efficiency of existing grant spending

Objectives:

- Reduce waste
- Re-evaluate systems

Goal: Increase staff retention (this may be better placed in Workforce Development)

Objectives:

- Assess staff turnover impact
- Succession planning
- Increase employee morale
- Identify and develop/acquire tools

Goal: Increase fee based services

Objectives:

- Grant writing team
- Resource and business development team
- Increase fee based services
- Implement management control
- Identify cost of our services then sell our niche services
- Offer educational classes and charge for service
- Charge for data services

Closing Remarks:

The facilitators wrapped the day by thanking the participants for their engagement in the day’s discussion. Staff was also invited to volunteer to be a part of the strategic planning workgroup. Below are a few comments from the group at closing:

- Conduct a strategic planning retreat once a year and line up with budget cycle; evaluate progress
- Develop action plan within strategic plan
- Sustain momentum
- Tell our stories/action

Strategic Plan Workgroup Volunteers: Cheryl Barrit, Robert Cerince, Keith Allen, Tom Papademetriou, Michelle Fino