

PUBLIC HEALTH
Prevent. Promote. Protect.



2017-2020 STRATEGIC PLAN ACCREDITATION STANDARDS REPORT

Produced for Lane County Public Health Division by Strategic Arts and Sciences to provide accreditation documentation for Measure 5.3.1 Strategic Planning Process

OVERVIEW

The leadership of Lane County Public Health Division (LCPH) employed an inclusive and collaborative methodology for developing the 2017-2020 Strategic Plan. The planning process, facilitated by the consulting firm Strategic Arts and Sciences (SAS), included a collection of employee and stakeholder voices and the strategic plan is in strong alignment with the Lane County Health & Human Services 2017-2020 Strategic Plan and the 2016-2019 Community Health Improvement Plan (CHIP). All three plans are the result of an ongoing collaborative effort to ensure a holistic and integrated approach to community and public health.

This report describes the process used to develop the Strategic Plan.

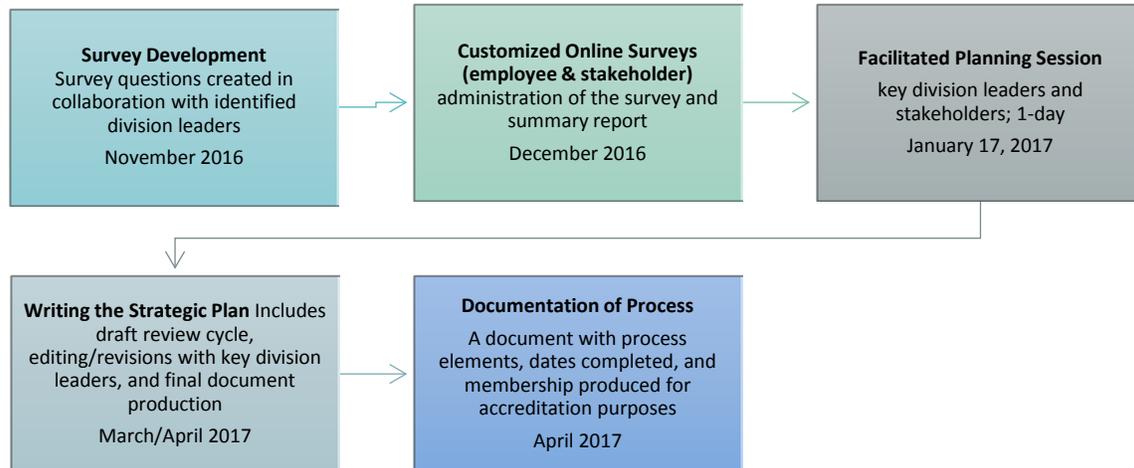
MEASURE 5.3.1 A – DEPARTMENT STRATEGIC PLANNING PROCESS

Purpose. The purpose of this measure is to assess the health department's strategic planning process.

DOCUMENTATION

- 1. Use a planning process to develop the organization's strategic plan (dated within 5 years):**
 - a. Membership of the strategic planning group** (see p.3, planning session participants)
 - b. Strategic planning process steps**

SAS consultants Randy Harrington, PhD and Carmen Voilleque facilitated the strategic planning process using a methodology that included a short, customized survey of all LCPH staff, a customized survey of external/community stakeholders, a facilitated planning session with key leaders and stakeholders in the division, and a follow-up planning document review process with identified LCPH leaders.



Survey development process and timeline:

- November 16, 2017 – Final version of SAS customized survey questions approved by LCPH (edits from Jocelyn Warren, Public Health Division Manager and Amber Roche, Accreditation Coordinator)
- December 1 – 16, 2017 – Employee & Stakeholder surveys administered by SAS, responses anonymous
- December 27, 2017 – survey data reports provided to Jocelyn Warren for review

Survey participants:

- Employee. Survey included all LCPH employees; over 75% of employees completed the survey
- Stakeholder. 13 outside stakeholders participated in the survey, representing the following areas:
 - Education administration
 - Health insurance
 - Policy/government
 - Behavioral health
 - Public health/health care
 - Senior services
 - Social services

See p.5-19 (employee) and p.20-24 (stakeholder) for survey questions and results.

1-day Offsite Facilitated Strategic Planning Session:

Randy Harrington, PhD and Carmen Voilleque facilitated a 1-day offsite planning session with key leaders of LCPH to review survey findings, weigh employee and stakeholder input, establish a long-term vision and identify short-term strategic priorities for producing a 3-5 Year Strategic Plan.

The session was held in Eugene, Oregon on January 17, 2017 from 9:00am – 4:00pm.

Planning Session Participants:

- Alicia Hays, Lane County Health & Human Services Director
- Jocelyn Warren, Public Health Division Manager
- Cindy Morgan, Communicable Disease Nursing Supervisor
- C.A. Baskerville, Prevention & Planning Supervisor
- Chelsea Whitney, Maternal Child Health Nursing Supervisor
- Connie Sullivan, WIC Coordinator
- Patrick Luedtke, Sr. Health Officer
- Brian Johnson, Epidemiologist
- Jeff Lang, Environmental Health Supervisor
- Kevin Burns, Maternal Child Health Supervisor
- Amber Roche, Administrative Analyst/Accreditation Coordinator
- Kalle Pierce, Administrative Assistant

Invitation also accepted by: Pat Farr, Lane County Commissioner for District 4, not able to attend. See the sign-in sheet on p.25.

Session process:

1. Review of stakeholder survey and employee survey outcomes, feedback and major themes
2. Define the mission, vision and guiding values for Lane County Public Health Division
3. Define the role of LCPH (function, scope and limitations)
4. Assess community perceptions of LCPH and community outreach role
5. Conduct SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) for LCPH
6. Establish aspirational vision for LCPH (identify specific goals in the following areas):
 - Information management
 - Employee development
 - Communication & branding/public relations
 - Financial stability
7. Identify key areas of Focus and Priority for LCPH in the next 3 years
8. Determine “low hanging fruit” priorities that could be accomplished in the next 12-18 months
9. Identify “No matter what, we must do...” list of priorities
10. Identify “It would be nice if we could also do...” list of priorities
11. Discuss next steps: (1) writing the strategy plan; (2) review the plan & add measurements and time-lines to identified priorities and goals; (3) monitor progress on goal completion.

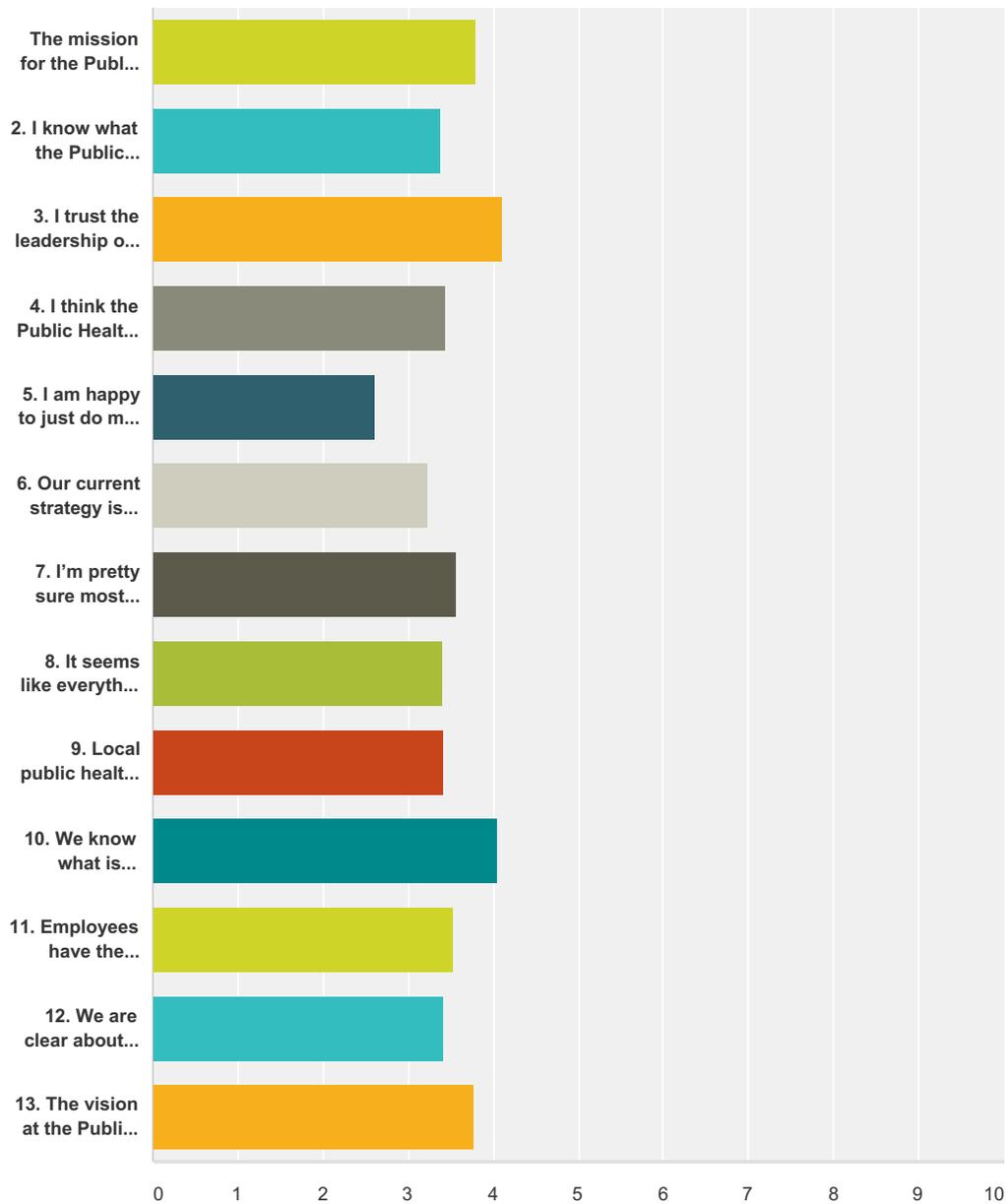
Note: each of the above steps are described in detail starting on p.26, including documentation of participant comments in the supplemental PowerPoint document with notes/minutes from session discussions, and in the final Strategic Plan.

Strategic Plan Review Process:

- March 20, 2017 – SAS sent first draft of the Strategic Plan to Jocelyn Warren, Public Health Division Manager
- March 21-April 12, 2017 – individual review by participants of the 1-day Planning Session
- April 13, 2017 – first group review/comments by participants of the 1-day Planning Session
- April 17, 2017 – completed first group review/comments by participants of the 1-day Planning Session
- April 27, 2017 – Public Health staff completed edits and sent a revised plan with comments to Carmen Voilleque
- April 28, 2017 – Carmen Voilleque sent updated plan back to Public Health
- May 5, 2017 – Jocelyn Warren, Amber Roche, and Kalle Pierce added measures for strategic plan objectives, with input from Brian Johnson
- May 15, 2017 – second review and edits by Planning Session participants
- May 16, 2017 – Jocelyn Warren sent an updated draft of the plan to the County Commissioners, County Administrator, and H&HS leadership, for comment by May 23
- May 24-26, 2017 – Amber Roche and Kalle Pierce made final edits to the plan
- May 26, 2017 – Amber Roche sent the final text version to Carmen Voilleque for formatting
- May 30, 2017 – Carmen Voilleque sent the formatted final draft of the Strategic Plan to Public Health

Q1 Rate each statement on a scale of 1 – 5 according to your level of agreement.

Answered: 57 Skipped: 0

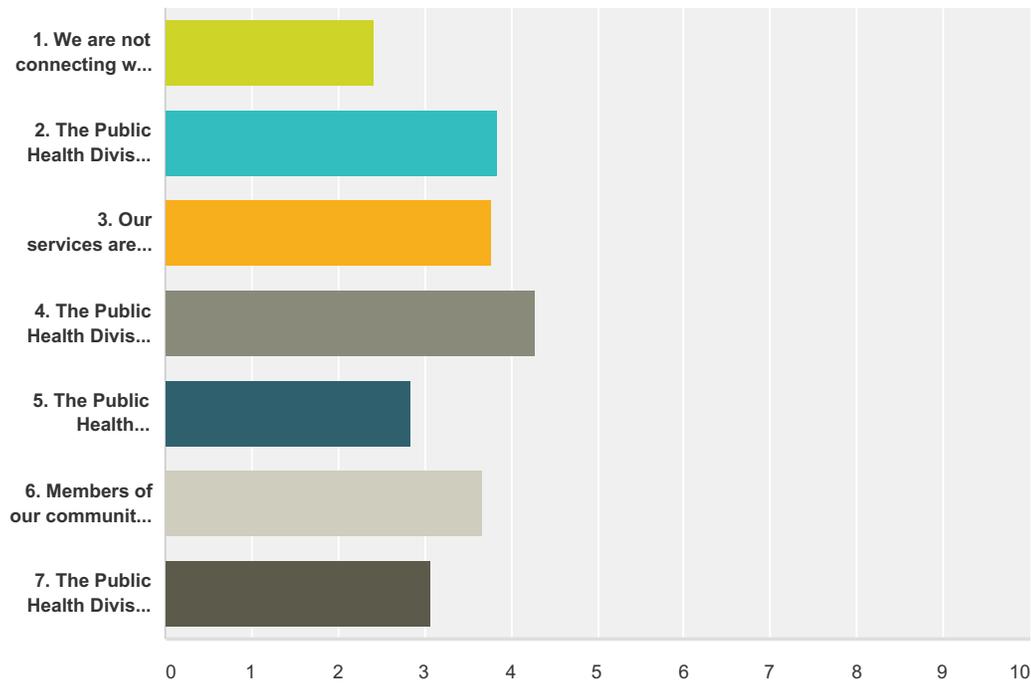


	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know	Total	Weighted Average
The mission for the Public Health Division is clear and understood by most employees.	0.00% 0	12.28% 7	17.54% 10	40.35% 23	24.56% 14	5.26% 3	57	3.81
2. I know what the Public Health Division's strategy is.	3.51% 2	21.05% 12	22.81% 13	35.09% 20	15.79% 9	1.75% 1	57	3.39
3. I trust the leadership of the Public Health Division to make good decisions to guide the organization.	0.00% 0	1.75% 1	17.54% 10	47.37% 27	33.33% 19	0.00% 0	57	4.12

4. I think the Public Health Division needs new strategic ideas.	1.75% 1	15.79% 9	31.58% 18	33.33% 19	14.04% 8	3.51% 2	57	3.44
5. I am happy to just do my job—I don't have time to try to figure out the big picture strategy.	15.79% 9	36.84% 21	22.81% 13	19.30% 11	5.26% 3	0.00% 0	57	2.61
6. Our current strategy is working well.	5.26% 3	5.26% 3	45.61% 26	22.81% 13	7.02% 4	14.04% 8	57	3.24
7. I'm pretty sure most employees don't know our strategic priorities.	0.00% 0	12.28% 7	29.82% 17	35.09% 20	14.04% 8	8.77% 5	57	3.56
8. It seems like everything is a priority all the time.	1.75% 1	21.05% 12	29.82% 17	29.82% 17	17.54% 10	0.00% 0	57	3.40
9. Local public health organizations are strategically aligned (HHS, county, state public health, national 21st century public health work, etc.) I can see how our efforts align with larger efforts.	0.00% 0	22.81% 13	17.54% 10	42.11% 24	10.53% 6	7.02% 4	57	3.43
10. We know what is important, but need more time and resources.	1.75% 1	5.26% 3	12.28% 7	43.86% 25	33.33% 19	3.51% 2	57	4.05
11. Employees have the opportunity to be leaders in the Division, both formally and informally.	5.26% 3	8.77% 5	21.05% 12	50.88% 29	8.77% 5	5.26% 3	57	3.52
12. We are clear about what is important and we are making good progress on our goals.	0.00% 0	10.53% 6	40.35% 23	33.33% 19	8.77% 5	7.02% 4	57	3.43
13. The vision at the Public Health Division is inspirational, and I am proud to work here.	0.00% 0	5.26% 3	29.82% 17	42.11% 24	19.30% 11	3.51% 2	57	3.78

Q2 Rate each statement on a scale of 1 – 5 according to your level of agreement.

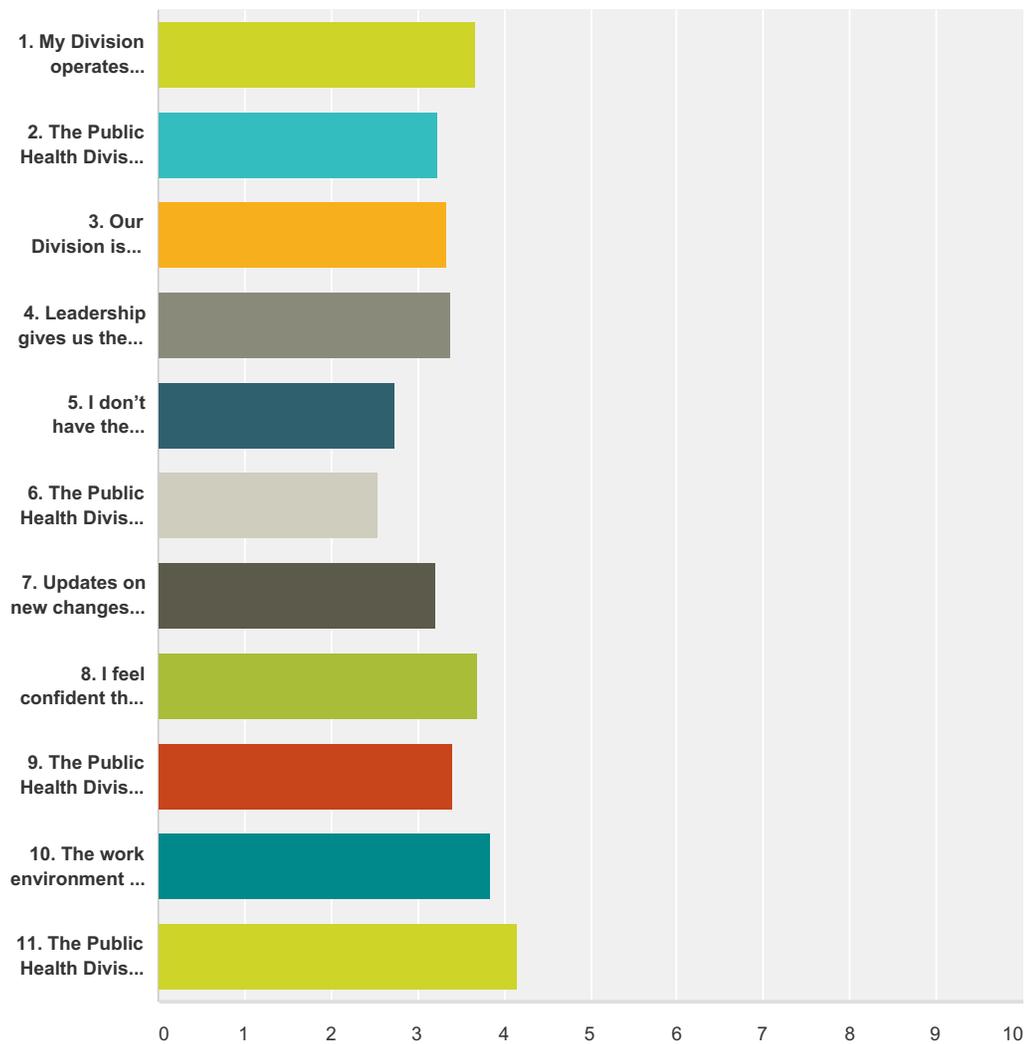
Answered: 57 Skipped: 0



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know	Total	Weighted Average
1. We are not connecting well with the people we serve.	19.30% 11	40.35% 23	12.28% 7	17.54% 10	3.51% 2	7.02% 4	57	2.42
2. The Public Health Division is aligned with the values of the community we serve.	1.75% 1	1.75% 1	24.56% 14	50.88% 29	17.54% 10	3.51% 2	57	3.84
3. Our services are effective across the Division.	0.00% 0	10.53% 6	12.28% 7	40.35% 23	15.79% 9	21.05% 12	57	3.78
4. The Public Health Division does a good job providing high-quality services.	0.00% 0	1.75% 1	10.53% 6	40.35% 23	38.60% 22	8.77% 5	57	4.27
5. The Public Health Division's service does not effectively meet the needs of our most at-risk population.	7.02% 4	36.84% 21	17.54% 10	19.30% 11	8.77% 5	10.53% 6	57	2.84
6. Members of our community receive a consistently high-quality service experience at every touch point with our Division.	0.00% 0	14.04% 8	14.04% 8	42.11% 24	14.04% 8	15.79% 9	57	3.67
7. The Public Health Division does a good job measuring progress and effectiveness. We know when we are doing a good job.	3.51% 2	24.56% 14	31.58% 18	22.81% 13	7.02% 4	10.53% 6	57	3.06

Q3 Rate each statement on a scale of 1 – 5 according to your level of agreement.

Answered: 56 Skipped: 1

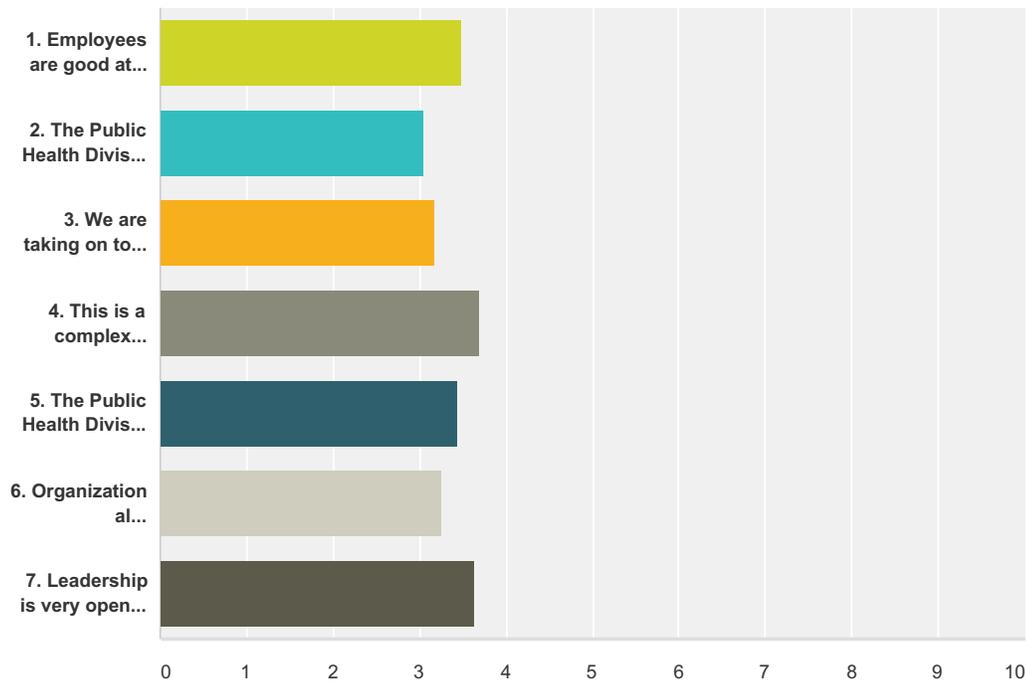


	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know	Total	Weighted Average
1. My Division operates smoothly and with clear priorities.	3.57% 2	5.36% 3	28.57% 16	37.50% 21	19.64% 11	5.36% 3	56	3.68
2. The Public Health Division needs to move faster to keep up with changing needs in the community we serve.	0.00% 0	33.93% 19	14.29% 8	33.93% 19	10.71% 6	7.14% 4	56	3.23
3. Our Division is ready for a new challenge.	1.79% 1	19.64% 11	23.21% 13	30.36% 17	10.71% 6	14.29% 8	56	3.33
4. Leadership gives us the resources we need to get the job done.	5.36% 3	14.29% 8	30.36% 17	33.93% 19	14.29% 8	1.79% 1	56	3.38
5. I don't have the resources I need to do a good job.	8.93% 5	50.00% 28	10.71% 6	19.64% 11	10.71% 6	0.00% 0	56	2.73
6. The Public Health Division is staffed appropriately to meet our mission and goals.	12.50% 7	42.86% 24	10.71% 6	23.21% 13	1.79% 1	8.93% 5	56	2.55

7. Updates on new changes that will impact my responsibilities are timely and informative.	5.36% 3	14.29% 8	33.93% 19	37.50% 21	3.57% 2	5.36% 3	56	3.21
8. I feel confident that I have the information I need to serve our community effectively.	1.79% 1	8.93% 5	17.86% 10	58.93% 33	10.71% 6	1.79% 1	56	3.69
9. The Public Health Division does a good job leveraging data, analytics, and measurements to make better service decisions.	3.57% 2	7.14% 4	26.79% 15	35.71% 20	5.36% 3	21.43% 12	56	3.41
10. The work environment at the Public Health Division is comfortable and conducive to effective job performance.	1.79% 1	12.50% 7	7.14% 4	51.79% 29	23.21% 13	3.57% 2	56	3.85
11. The Public Health Division is a great place to work!	0.00% 0	1.79% 1	12.50% 7	53.57% 30	30.36% 17	1.79% 1	56	4.15

Q4 Rate each statement on a scale of 1 – 5 according to your level of agreement.

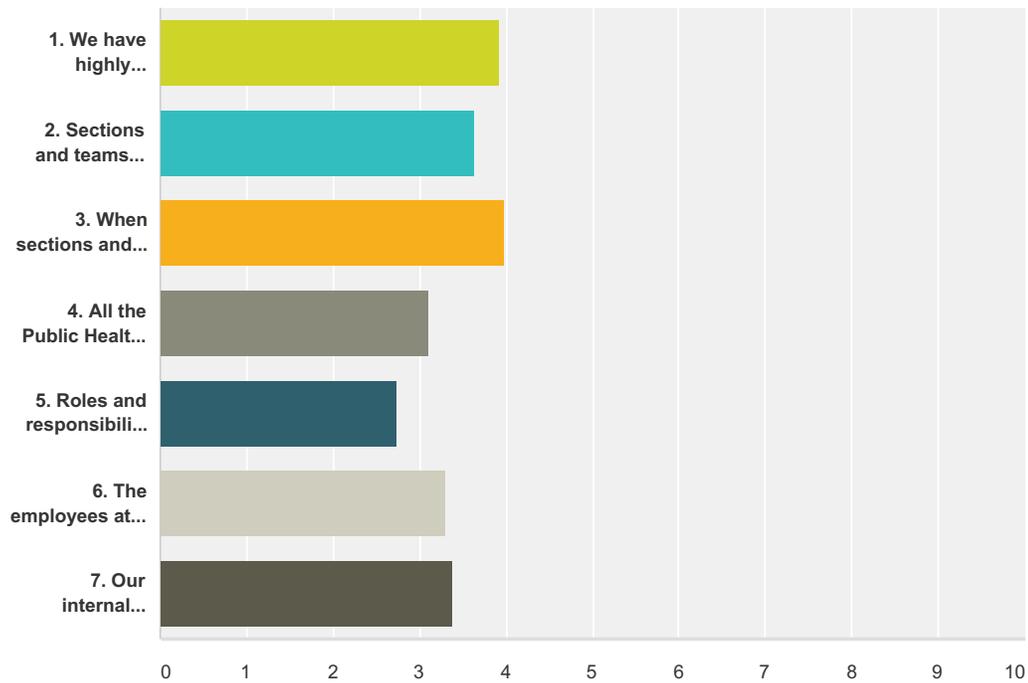
Answered: 56 Skipped: 1



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know	Total	Weighted Average
1. Employees are good at dealing with and managing change at the Public Health Division.	0.00% 0	16.07% 9	28.57% 16	35.71% 20	12.50% 7	7.14% 4	56	3.48
2. The Public Health Division is not changing fast enough to adapt to new community needs.	0.00% 0	33.93% 19	23.21% 13	23.21% 13	7.14% 4	12.50% 7	56	3.04
3. We are taking on too many new initiatives. We need to focus on getting the fundamentals right.	0.00% 0	28.57% 16	30.36% 17	26.79% 15	8.93% 5	5.36% 3	56	3.17
4. This is a complex organization—but I have it mostly figured out. I know my role and its value.	1.79% 1	8.93% 5	19.64% 11	57.14% 32	12.50% 7	0.00% 0	56	3.70
5. The Public Health Division leadership makes good decisions about which priorities to focus on.	1.79% 1	10.71% 6	32.14% 18	41.07% 23	7.14% 4	7.14% 4	56	3.44
6. Organizational communications are good at the Public Health Division.	1.79% 1	21.43% 12	32.14% 18	35.71% 20	7.14% 4	1.79% 1	56	3.25
7. Leadership is very open to input from employees.	3.57% 2	8.93% 5	26.79% 15	39.29% 22	19.64% 11	1.79% 1	56	3.64

Q5 Rate each statement on a scale of 1 – 5 according to your level of agreement.

Answered: 56 Skipped: 1



	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know	Total	Weighted Average
1. We have highly effective teams at the Public Health Division.	0.00% 0	3.57% 2	14.29% 8	64.29% 36	14.29% 8	3.57% 2	56	3.93
2. Sections and teams across the Division do not have enough opportunity to work together and collaborate.	0.00% 0	17.86% 10	10.71% 6	53.57% 30	12.50% 7	5.36% 3	56	3.64
3. When sections and teams across the Division work together, collaboration and teamwork is strong.	0.00% 0	1.79% 1	16.07% 9	53.57% 30	17.86% 10	10.71% 6	56	3.98
4. All the Public Health Division teams are highly aligned and working toward the same goals.	0.00% 0	25.00% 14	30.36% 17	23.21% 13	5.36% 3	16.07% 9	56	3.11
5. Roles and responsibilities are not clearly defined across the organization.	1.79% 1	46.43% 26	23.21% 13	21.43% 12	1.79% 1	5.36% 3	56	2.74
6. The employees at the Public Health Division are ready to take on big projects.	1.79% 1	14.29% 8	37.50% 21	21.43% 12	10.71% 6	14.29% 8	56	3.29
7. Our internal service between employees across the Division is excellent.	3.57% 2	3.57% 2	41.07% 23	42.86% 24	1.79% 1	7.14% 4	56	3.38

Q6 1. What are the two or three key opportunities that you see for the Public Health Division to better achieve its goals over the next two to three years?

Answered: 31 Skipped: 26

#	Responses	Date
1	Increase communication between county departments; develop and maintain accuracy of information on website for employees and public; increase accountability and the use of current technology. Develop system of checks and balances for other divisions with high turnover to increase overall county collaboration and client satisfaction.	12/16/2016 10:07 AM
2	Our efforts to become accredited & participation in Public Health modernization efforts are two for the division. Also the ongoing work in the community and county with partners and stakeholders.	12/16/2016 9:03 AM
3	training for staff in areas of data analysis capacity for population based strategies	12/16/2016 9:02 AM
4	Workforce Development. Promotional opportunities. Treating employees with respect, giving them some flexibility and autonomy.	12/14/2016 2:09 PM
5	I think we could do more community assessments from the point of view of the most vulnerable in the community	12/14/2016 8:40 AM
6	Ever increasing emphasis on science and evidence based approaches to public health practice and greater availability of science on public health practice	12/13/2016 11:38 AM
7	1) A new focus on, and resourcing of, data and analytics 2) Being the recognized population health expert and site for our community (e.g., building a better bridge to the CCO and clinical community; integrating better with the CHC, becoming the "go to" data source for population health in Lane County)	12/13/2016 8:15 AM
8	Accreditation offers direction. Increased attention to population health provides opportunity to partner more with CCO	12/13/2016 7:43 AM
9	Keep focused on advancement in technology for our services and reaching the communities we serve (website and social media).	12/6/2016 9:55 AM
10	Community partnerships (Community Health Improvement Plan), Accreditation	12/5/2016 4:28 PM
11	Focus on areas that statistically show increases in public health related diseases.	12/5/2016 8:49 AM
12	If CCO's continue to exist, I think Trillium (not Trillium Behavioral Health) / Centene need to become a more cooperative local player with their financial resources being invested back into the community. So the County needs to find ways to work with them to get their cooperation. Continue to develop collaborations with other key stakeholders to improve efficiency	12/2/2016 1:21 PM
13	One opportunity would be to really take these surveys seriously. I've completed so many and at this point feel like the info is really not used...we are understaffed yet keep being expected to do more and more with less support or help. Other opportunity, lay off the anti tobacco campaign and put those resources towards really serious health issues like rehab for drug/mental health services. My dad went to Vietnam and had to do horrible things to serve us, his country, and to cope he took up smoking. My god, if that's what it took to help him get through that nightmare then let him smoke in peace!!!! Also, raising the age to buy tobacco is so senseless when like one of the commissioners stated, they can just go to Junction City to buy tobacco....should be a State governed item and we shouldn't be shaming those smoke and are considerate of others when they do. Last opportunity that I have time to state would be to listen to the support staff, the employees out in the field, the Lane County employees that are sometimes the communities first impression and interaction with a government agency. To many resources (money) goes to management level positions and above.	12/2/2016 1:05 PM
14	- focusing on PMQI, so we are monitoring to ensure we are doing a good job - soliciting the voice of the customer to ensure we are providing the best service possible	12/2/2016 8:30 AM
15	Develop more leadership opportunities and workforce development plans so more staff will take ownership of goals and strategies.	12/1/2016 5:16 PM
16	1. 2017 Legislative session. 2. Modernization; with or without additional funding. (e.g. reorganization?)	12/1/2016 4:28 PM
17	partner more strongly with mental health facilities, physical health facilities, etc. to provide more closely coordinated care to clients, etc. high risk clients.	12/1/2016 1:43 PM

18	Community forums Continued presence in community events	12/1/2016 1:33 PM
19	I think we have all the resources here, we just need to keep moving forward and utilizing them	12/1/2016 1:22 PM
20	Have more info. on county and employee website, increase communication and collaboration across the division between departments, increase awareness of roles and responsibilities of different departments with continued increasing awareness of resources in the community	12/1/2016 12:25 PM
21	accreditation, public health modernization, growing collaboration on the Community Health Improvement Plan	12/1/2016 11:13 AM
22	Position ourselves to provide more leadership and to be more involved with the next CHA and CHIP. More integration of sections and programs.	12/1/2016 9:51 AM
23	Partnerships with other organizations evidence based practice	12/1/2016 9:34 AM
24	communication, govt change, leadership change	12/1/2016 9:31 AM
25	I don't know what opportunities exist that we could take advantage of.	12/1/2016 9:27 AM
26	this feels impossible to answer at this time, there is only uncertainty as to how much and what will be funded under the new president, I only know what my budget is until June 30,2017	12/1/2016 9:23 AM
27	Prioritize "Self Motivation" and "Self-Responsibility" for all peoples receiving services to ensure we get people OFF services where they can make it on their own. 1. Set max time limits for ALL on services and do not extend the services if that time has elapsed. 2. Include drug-testing and record-keeping requirement's for all recipients of services that promote people getting OFF social services/benefits and not using them as a way of life.. *Follow the US constitution and NOT provide services to non-US citizens.	12/1/2016 9:22 AM
28	More collaboration between teams. Improved communications from leadership about the big picture and how our roles are contributing to that.	12/1/2016 9:10 AM
29	More integration and connecting the dots between programs; willingness to explore new ideas/strategies	12/1/2016 9:07 AM
30	Improved communication between sections	12/1/2016 9:04 AM
31	Opportunities for public health employees to meet and get to know each other. Better communication about our overall goals in the division.	12/1/2016 9:04 AM

Q7 2. What concerns you about the Public Health Division's ability to capture those opportunities?

Answered: 33 Skipped: 24

#	Responses	Date
1	Lack of communication between PH and other divisions coupled with missing/inaccurate information on website can lead to client misdirection.	12/16/2016 10:07 AM
2	The new administration in the White House has not indicated an interest in Public Health and I worry that there will not be a vision or support for Public Health from a national level	12/16/2016 9:03 AM
3	funding for existing services and new strategies	12/16/2016 9:02 AM
4	I think there is a fear of looking at the negative side of things (what we missed, where we went wrong, how things negatively impact people, etc.), but this is where the greatest opportunity for improvement comes from .	12/14/2016 8:40 AM
5	Lack of desire for quality improvement, fear of change. Protection of status quo.	12/13/2016 11:38 AM
6	1.) Leadership is too focused on maintaining the status quo, seemingly unwilling or unable to make 21st century changes that other health departments have already made. 2.) Leadership needs to be streamlined	12/13/2016 8:15 AM
7	Limited capacity; uncertain funding for the future	12/13/2016 7:43 AM
8	Too many "extras" - and the accreditation process is adding more work across the division.	12/6/2016 9:55 AM
9	Time to work on them versus other priorities	12/5/2016 4:28 PM
10	Bogged down in administration, organization, planning, meetings, etc.	12/5/2016 8:49 AM
11	Inability to be flexible due to county requirements	12/5/2016 8:34 AM
12	Lack of funding	12/2/2016 3:30 PM
13	Budget cuts	12/2/2016 1:21 PM
14	Management, director, assistant to the director, etc.....have no idea or just do not want to face it that we are stretched to our limits. Turnover at some facilities is just amazing and so sad. Lane County has hired some really great, hard working and compassionate people only to lose them because of "work more with less" attitude and support we receive from specific supervisors and managers. Send in/hire some "undercover new hires" that can give non-bias feedback like on the tv show "Undercover Boss". It would be a huge eye opener:)	12/2/2016 1:05 PM
15	- lack of funding and staff - some hesitation or a lack of willingness to change the status quo at work	12/2/2016 8:30 AM
16	Lots of committees are being formed and there is not enough staff time (and not enough staff) to bear the load.	12/1/2016 5:16 PM
17	Carving out the time to plan and strategize.	12/1/2016 4:28 PM
18	insufficient funding and staff	12/1/2016 1:43 PM
19	Current political uncertainty /funding	12/1/2016 1:33 PM
20	staffing	12/1/2016 1:22 PM
21	Lack of communication or awareness of roles in other departments outside the PH division and information on website for public and LC employees. PH teamwork and communication is great, but in any team there is always room for improvement since we are human. Adding additional awareness of community resources and working across teams will sharpen effectiveness.	12/1/2016 12:25 PM
22	Changing political climate: threats to funding including from Affordable Care Act to Centers for Disease Control; understaffed; limited state and local investment	12/1/2016 11:13 AM
23	People don't like change and aren't ready for it.	12/1/2016 9:51 AM
24	Funding/Time/Staffing	12/1/2016 9:47 AM
25	improve staffing stable funding work force training	12/1/2016 9:34 AM
26	budget, budget, budget	12/1/2016 9:31 AM

27	Public health focuses on making people healthier but by begin reactive instead of preventative. I think we need to look deeper into the problems and help prevent and those that are already beyond the prevention part we need to educate and give them a hand up instead of a hand out. Some of our programs are based on getting people enrolled in government services, we need to be working on getting people off of government services by helping them solve there problems and being a productive part of society.	12/1/2016 9:27 AM
28	that we will see more reductions to our funds from the State and Feds, since key funding measures did not pass and we have no clue what this new president is going to like in Public Health	12/1/2016 9:23 AM
29	Our focus is currently on our growth as a department and NOT on getting people off services where they can lead productive lives through hard work/effort. We focus on the federal funding so we can expand our services but fail to realize we're promoting more people to become "system" and "chronic" abusers of social services and programs.	12/1/2016 9:22 AM
30	Funding to be spent crossing programs. Adequate staffing. Flexibility within our own roles.	12/1/2016 9:10 AM
31	The political climate and uncertain or lack of funding for services and Medicaid	12/1/2016 9:07 AM
32	Lack of funding and time; lack of collaborative leadership at the State; restrictions made on what we are able to do based on grant funding; new federal leadership	12/1/2016 9:07 AM
33	I do not believe that relationships are valued at the county level. I do not think leadership will let relationship building between sections happen on work time which is the only time it would successfully happen. The workplace is saturated with goals and missions it would be hard to be heard through all the noise.	12/1/2016 9:04 AM

Q8 3. What causes the Public Health Division to struggle the most when it faces big changes or important new projects?

Answered: 33 Skipped: 24

#	Responses	Date
1	Lack of funding for identified needs and projects. History of not involving front line staff in a creative strategic planning process and often not working closely with community groups who are interested and affected.	12/16/2016 9:03 AM
2	funding, not enough people to do the work. Public health is constantly being asked to do more with less funds. It is hard to keep good staff	12/16/2016 9:02 AM
3	They tend to be inflexible. Work forces are changing. We want flexible hours and schedules. It's hard to keep staff. We have had a lot of turnover.	12/14/2016 2:09 PM
4	Leadership makes decisions in silo. Changes and needs assessments seem to be decided on based on hot topics and supported by biased information. When changes are introduced, they are dictated with a lack of understanding or interest in logistics or how the constant changes impact consumers.	12/14/2016 8:40 AM
5	Entrenched traditions and fear of the threat of change.	12/13/2016 11:38 AM
6	Most employees are already feeling overworked and stresses of lack of funding	12/13/2016 8:39 AM
7	1.) The wrong kind of senior leadership: Public Health should be led by someone with either a graduate Public Health degree (e.g., MPH or DrPH) or an applicable clinical degree (e.g., RN, NP, physician, or PA).....or, if possible, both! As such, the Health Administrator needs to change. Perhaps Dr. Warren should take that role. 2.) There are too many leaders with unclear roles and an ineffective communication system between them and to staff (e.g., when urgencies such as disease outbreaks occur the roles of Cindy Morgan, Dr. Warren, Dr. Luedtke, Jeff Lang, Karen Gaffney, and Alicia Hays are uncertain and frequently redundant. Leadership needs to be streamlined, then the new leaders need to provide guidance, then get out of the way of creative, 21 century ideas.	12/13/2016 8:15 AM
8	Connecting new initiatives and projects with larger mission; no one has capacity to pursue or take on new projects	12/13/2016 7:43 AM
9	Time and funding.	12/6/2016 9:55 AM
10	Lack of funding/staffing	12/5/2016 4:28 PM
11	Staff are stretched too thin with their responsibilities and continue to take on additional projects with high expectations but nothing ever comes off. Priorities continue to get shifted just to get the job done. 8 hours in a day is never enough to feel like you have been successful.	12/2/2016 3:30 PM
12	I don't know	12/2/2016 1:21 PM
13	With budgets so tight employees are already working at max capacity that big changes or important new projects are to stressful to even think about. Need more staff and need the tools to do our job so we can better serve and represent Lane County.	12/2/2016 1:05 PM
14	- big changes need to be handled with a lot of internal communication so everyone is informed of the next steps, and why - taking on too much at once - lack of funding to address the requisite training needs for new initiatives	12/2/2016 8:30 AM
15	Staff time is already allocated to designated jobs and it is difficult to use them for other projects.	12/1/2016 5:16 PM
16	1. Staffing capacity. 2. Physical space.	12/1/2016 4:28 PM
17	lack of funding and/or staff	12/1/2016 1:43 PM
18	Resources- ex: housing for homeless and care of chronically mentally ill	12/1/2016 1:33 PM
19	lack of staff	12/1/2016 1:22 PM
20	PH's is a great place to work and offers great services. Areas we could improve: communication, teamwork, awareness of resources, collaboration across divisions, maintaining consistency and accuracy with information, continuing to improve information available on website for public and employee use.	12/1/2016 12:25 PM
21	limited awareness among staff about the changes and how it affects them personally; few individuals have flexibility to work outside of defined areas of work;	12/1/2016 11:13 AM
22	Poor communication and not having the trust, support and training to deal with change effectively.	12/1/2016 9:51 AM

23	Time	12/1/2016 9:47 AM
24	quality communication	12/1/2016 9:43 AM
25	not enough staff, we are constantly being asked to do more without more staff	12/1/2016 9:34 AM
26	budget, budget, budget	12/1/2016 9:31 AM
27	Public Health seems to jump from project to project, and when the steam is lost on one project it just dies instead of being finished. We over do it on little projects instead of working on broader important projects for the division.	12/1/2016 9:27 AM
28	I can't answer this any more, right now all our usual paradigms are up for revision and it does not depend on us	12/1/2016 9:23 AM
29	Federal funding available- which is sad. [Example: measure 97 which was a hidden tax and a economy-killer but seen as more funding for more programs to our department.]	12/1/2016 9:22 AM
30	Not enough hands to pick up or take on new responsibilities. It is part of a government system which means politics are a piece of it and it is slow to move.	12/1/2016 9:10 AM
31	Consistent internal communication at all levels; need for more staffing	12/1/2016 9:07 AM
32	Lack of staff time/staff support to implement; inadequate funding; unclear communication/expectations/timelines	12/1/2016 9:07 AM
33	Communication, I do not feel that the boots on the ground hear about ideas in a timely manner or are ever asked for input.	12/1/2016 9:04 AM

Q9 4. Please share any other thoughts or comments that you have that should be considered when crafting the Public Health Division's new strategic plan.

Answered: 19 Skipped: 38

#	Responses	Date
1	This is a great place to work! Vision is consistently carried out of serving the public, and I love my team and the opportunities here. See above for recommendations. Even great places have room for improvement. Thanks!	12/16/2016 10:07 AM
2	We need to increase staff and community involvement in the planning process. Work on increasing funding for more staff. Do more self promotion and public awareness of what we do and how we keep the community safe and healthy.	12/16/2016 9:03 AM
3	I think we should look at promoting from within. We talk about workforce development but there are never any promotional opportunities.	12/14/2016 2:09 PM
4	Allow the people to give you their unbiased input, and allow frontline staff to do the same.	12/14/2016 8:40 AM
5	Need to accelerate the accreditation process. Need for more open discussion both internally and with the greater community about what and why of evidence based practice of public health	12/13/2016 11:38 AM
6	Working with the resources we already have and not over planning or stretching staff too thin.	12/13/2016 8:39 AM
7	1.) Leadership change 2.) Restructure divisions, including study of possibility of merging divisions or having single division leader over two divisions as has been done elsewhere; then use the saved monies for a new data person! 3.) Seek creative ways to break down walls between divisions and create new relationships externally	12/13/2016 8:15 AM
8	It's a big job! Trying to do more with less money. Unfortunately, we will have to become focused on where there funding comes from instead of what is needed in the Lane County community.	12/2/2016 3:30 PM
9	I appreciate the enthusiastic leadership from our PH manager. I feel a little anxious about our future, given the new federal leadership.	12/2/2016 8:30 AM
10	Consider options for reorganizing the division; the current structure contributes to the inability to collaborate cross-sections.	12/1/2016 4:28 PM
11	am worried about possible drop in Federal funding or end of OHP	12/1/2016 1:43 PM
12	Simplify overall goals for easy recall by all staff	12/1/2016 1:33 PM
13	I appreciate the opportunity to serve here and feel like I am in a top ten work environment; I think we offer a level of integrity that is rewarding in that we come through in providing the services that we promise.	12/1/2016 12:25 PM
14	do a better job of being certain all sections know their role in reaching the goals	12/1/2016 9:34 AM
15	when telling workers they have to do more with out any incentive you will not see your goals achieved. not because they are not willing or the work is not quality - but because asking people to spend time not doing their job well and taking focus away from their carries to improve your own goals will only make the work place a more divided and under appreciated then before. we need to provide the correct tools to allow for growth of our staff - tools can be in the form of extra help, more training, financial stability through raises and incentive programs. Better your works and they will better serve public health.	12/1/2016 9:31 AM
16	I would stop this for now, it doesn't make sense until you know a little clearer how much things will be impacted or not. This survey gives me anxiety.	12/1/2016 9:23 AM
17	We need to reverse the role of government in the lives of people and promote self-sustainability, self-motivation, and self-respect through hard work, not living off the system, and a sense of pride through these steps which ultimately would lower our problems in society and allow funding to go to better projects like police/fire/ems, infrastructure repair, and schools. We need to promote peoples to get OFF services and taper back our ever-extending hand-out's that have created a society that's addicted to them and has no motivation to dream, build, explore, and succeed. We need to make America great again and it takes a hard line in the sand and some willingness to change habits/patterns we've been stuck in with no real success rate beyond how many people we sign up for more services/benefits. With the exception of our Veterans, we need to help people get motivated and encourage them to be self-reliant.	12/1/2016 9:22 AM

18	<p>It would be interesting to hear from each section what they find as their place is in public health and how they are working towards satisfying goals of the plan, and how sections might better be able to utilize one another. Being a part of PMQI I know our section is going to be asked to have some goals within the next month yet that is not something as an employee within the section I have heard from my management or upper management. Better communication. I like the news letter but I think it misses some important piece like what work is being done on a day to day basis, and what are some victories and struggles. I like the Kudos board. It would be nice to have a vision board in each division or within the building to see how many clients are being served by each program on a monthly basis. I know within my own section it would be great to have a board showing our goal visits per month as a section and how many were actually completed. I think when that information is transparent it pushes people to strive a little hard and to fulfill their part of the picture.</p>	12/1/2016 9:10 AM
19	<p>It would have been helpful to see previous plan and also your new draft plan so we could provide feedback on it. This survey might be too general in nature to provide as much feedback as is needed.</p>	12/1/2016 9:07 AM

2016 Lane County Division of Public Health Stakeholder Survey

Question 1: What field do you work in?

Education Administration
Health insurance
Behavioral Health
Policy, QA
Family Medicine
Senior and Disability Services
Health Care
County government
Health Insurance
Primary Health Care
Public Health
Behavioral Health
Social Services
Nonprofit, community health

Question 2: Briefly describe your relationship with the Lane County Division of Public Health.

- Answered: 13
- Skipped: 1

Member of an Advisory Committee

I serve on numerous committees and work groups with them

Prevention, FQHC support, appreciate their work and Dr. Luedtke

Member of Advisory Committee

On LC PHAC

Work with LCPH around self-management and prevention and have participated in some CHIP meetings.

CAO for Peace Harbor and on Trillium board.

Budgetary and policy authority

I work with Lane County via Trillium

I work at the Community Health Centers of Lane County - we are in the same Department of Lane County

Point of contact for OHA matters related to PH.

Advisory Committee member

Partner in regards to serving families that access their services

Question 3: Which best describes your view/understanding the Lane County Division of Public Health?

Answer Choices	Responses
1. I have a good understanding of what they do and how it connects to my community role.	78.57% 11
2. I have an okay understanding of what they do and how it connects to my community role.	21.43% 3
3. I don't really understand what they do or how it connects to my community role.	0.00% 0
4. I don't ever think about it, it's not really connected at all to my community role.	0.00% 0
Total	14

Question 4 What opportunities do you see for Lane County Division of Public Health in the next three years?

- Answered: 13
- Skipped: 1

Increase immunization rate; oral health in elementary schools; chance for advertising services

Greater advocacy for social determinants of health

Implementing broad system improvements, collaborating with Trillium, better services to the homeless.

Fighting Drug overdose, Obesity in Children, Vaccination progress

Modernization with challenge of funding. Share projects with other partners

Public Health Modernization Health Aging Tobacco 21

Peace Harbor and our Medical Group provides a vast majority of health services in Western Lane County. We need better coordination with LCDPH so we can deliver better care as a partnership.

Tobacco 21, immunization rate improvement, STD awareness and prevention.

Public Health Modernization, continued focus on prevention - particularly with Trillium and finally the Community Health Improvement Plan workgroup participation

1. Community advocacy and coordination of CHA and CHIP activities. 2. Increasing role in working with primary care providers and the CCO in promoting population health. 3. Growth in MCH

Implementation of PH Modernization. Identifying synergies, new opportunities for partner collaboration to achieve improved health outcomes.

Improving partnerships with providers/agencies. Increased prevention activities. Tobacco /e-cig prevention PH Modernization

Greater role in preventive health strategies with coordinated CHIP plan. Unknown opportunities if ACA changes are forthcoming. Will certainly change the landscape and challenge a different way of thinking.

Question 5: What do you see as the top priorities for Lane County Division of Public Health in the next three years?

- Answered: 13
- Skipped: 1

Healthcare for everyone; smoking cessation; immunization rates; children's oral health issues

Mental/Behavioral Health Sexually transmitted disease/HIV Immunization Obesity Opioid addiction/dependence

Prevention enhancements, better services to most compromised, homeless residents;

Dealing with basic medical needs with new administration destroying our progress

Moving along with modernization & equity of foundation services--might need to share. Things will not be good if ACA dwindles or Medicare has challenged.

1. Continue to implement the CHIP. 2. Continue to find new ways to leverage health system transformation in order to monetize public health services. 3. Expanding services and outreach to vulnerable populations including older adults, and people with disabilities.

Partner in developing coordinated behavioral health For Western Lane, partnering with Peace Harbor for children's health. Disease control (HIV, etc.)

Immunization, STD's and data gathering improvement

same as above

Advocacy for funding for community prevention activities - and more generally for PH programs including WIC, MCH, and other connections to the social determinants of health

Since I don't live in the community, it doesn't make sense for me to answer.

1. Adult and child immunization 2. Reducing tobacco/e-cig use. 3. Preparedness

Assist with high risk pregnancies, tobacco reduction, and encouraging healthy families through check ups and prevention strategies.

Question 6: Where do you see Lane County Division of Public Health succeeding?

- Answered: 13
- Skipped: 1

Advertising services; Researching and securing grants; Progressive/Aggressive communications strategy; Public outreach

Remain focused on key initiatives

Prevention, vaccines, better public awareness and communication (GOOD USE OF Jason)

Large disease response

Tobacco. Ambulance. More interaction with other counties.

I see LCPH succeeding in their ability to leverage ongoing funding for prevention and other work from Trillium. This is a critical piece of long term sustainability for public health.

Starting to see better coordination of care.

Tobacco 21, communicable disease outbreak response.

You hire excellent people, have great working relationships and are influential

- The coordination of the CHA and CHIP processes/deliverables has been a very successful endeavor in coordinating broad-based community engagement. - Streamlining of referrals into the MCH programs

Connection with the CCO

1. Improved immunization rates 2. Reduced tobacco use 3. Improved preparedness in county rural areas

I believe that they can succeed in all areas mentioned as priorities due to their organizational structure and business model.

Question 7: Where do you see Lane County Division of Public Health struggling the most?

- Answered: 12
- Skipped: 2

Budget and human resources

Getting bogged down by too many initiatives

sufficient funding to address system improvements.

Finances

Money. Challenges of helping to address social determinants of health

LCPH appears to be very strong in services to children and families, but there seems to be limited work around healthy aging.

Extending services to the rural areas of the county

Public relations/information and outreach.

I'm not sure I know...

I don't have enough info to know - I have seen that PH is much more responsive under the new manager

1. Funding for services 2 CD outbreaks in off campus university and CC students 3. STD rates

In the unknown future around a reduced state budget and potential ACA changes. Lack of resources are always a challenge.

Question 8: This survey is one way to get more input into our strategic plan and we are interested in what our partners have to say. Briefly describe how you envision working with Lane County Division of Public Health in the future.

- Answered: 11
- Skipped: 3

Offer my assistance in educated decision making and sound judgment to promote and maintain the public health of our community through programs and education.

Working toward common goal of improving health for OHP members

Prevention, behavioral health integration, partnerships with Trillium

Work on the Committee

I would love to see more conversations between Senior and Disability Services, Lane County Public Health, and Trillium regarding how to support the rapidly growing population of older adults.

I would envision creating a community health care organization in Western Lane County to coordinate care and LCDPH being a key partner.

As a partnership with county administration.

Furthering the efforts underway in health transformation, focus on the social determinants of health, better outcomes, prevention

We are actively engaged w/ PH -

1. Encouraging expansion of community education/prevention efforts for co-occurring behavioral health problems. 2. Promoting a "living well" approach for the community

Will work with LCPH in providing information about services to the low income families and individuals that my agency provides services to.

Question 9: Are there other critical areas for partnership and collaboration that Lane County Division of Public Health should consider to connect better with your line of work? With the community as a whole?

- Answered: 10
- Skipped: 4

Showing 10 responses

If the department were to divide the county into quarters, and partner with each alternatively to the best benefit of both depending on needs and goals

Other social service agencies such as St. Vincent DePaul and Sheltercare; Cities of Eugene/Springfield

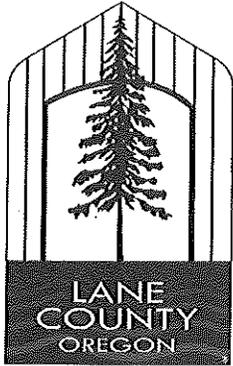
Public & private primary care delivery do not feel coordinated. But then private primary care is not exactly either. I know PH is getting out of direct care. Shared advocacy. If ACA fails, someone will get caught doing direct care?

I believe there is a critical need to build a stronger partnership around healthy aging for older adults and people with disabilities. This can range from the Prevention Team to the Communicable Disease team.

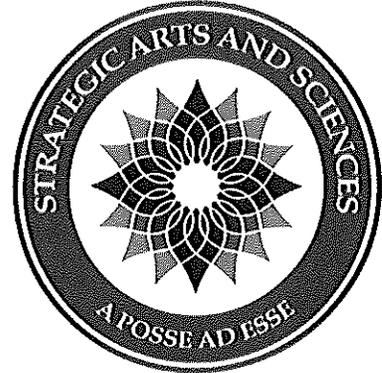
None that come to mind.

They need to talk to Travel Lane before buying bus ads...

Not that I can think of, the partnerships that I see that are in place are extensive and strong.



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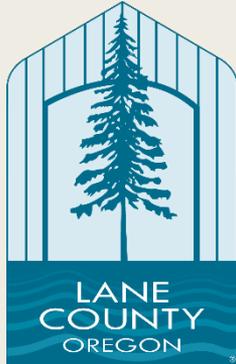


Public Health Strategic Planning

January 17, 2017

Lamb Cottage, Eugene, Oregon

Signature	Name (Printed)	Title
	Chelsea Whitney	MCH Supervisor
	Jocelyn Warren	PH Manager
	Amber Roche	Accreditation Coordinator
	Kalle Pierce	Admin. Assistant
	CA Baskerville	PX Supervisor
	Connie Sullivan	WIC Supervisor
	Kevin Burns	MCH Supervisor
	Alicia Hays	Heads Director
PATRICK LUEDTKE		Head Officer
	Brian Johnson	Epidemiologist
	JEFF LANG	EIT SUPERVISOR
	Cindy Morgan	CS Supervisor



PUBLIC HEALTH
Prevent. Promote. Protect.

PUBLIC HEALTH DIVISION STRATEGIC PLANNING

January 17, 2017

Facilitated by Randy Harrington PhD
and Carmen Voilleque
Strategic Arts and Sciences



AGENDA

- Mission, Vision and Guiding Values for Lane County Public Health Division?
- Role of the Public Health Division
- Survey data – Employee & Stakeholder Input
- Perceptions of the Public Health Division
- High Speed SWOT analysis (Strengths, Weaknesses, Opportunities, Threats)
- Aspirational view of the Public Health Division: What are the key areas of Focus and Priority for the Public Health Division in the next 3-5 years?
- Low Hanging Fruit, “No matter what...”, & “It would be nice...”
- 3-5 year priorities review/summary
- Next Steps

MISSION ,VISION, VALUES

REVIEW & DISCUSSION



MISSION & VISION

Version 1 – from Workforce Development Plan Draft

- The Mission of Lane County Public Health is to promote and protect the health and well-being of individuals, families, and our community. We envision a Lane County is which everyone is empowered to participate in efforts to improve the lifelong health of all people in the community.

Version 2 – from current 2013-17 Strategic Plan

- **VISION:** We envision a Lane County where everyone in the community is empowered to participate in efforts to improve the lifeline health of all people in the community.
- **MISSION:** To promote and protect health and well-being of individuals, families and our community.

VALUES (from current 2013-17 Strategic Plan)

At Lane County Public Health, we believe...

- In order to ensure highest quality services for our community, we must utilize evidence-based practices and programs
- In integrity and transparency in every aspect of our work
- In creative and innovative approaches that are grounded in Public Health science
- In advocating for and creating a community where all people have the opportunity to live their healthiest life
- In committing resources toward collaborative efforts with partners to enhance and improve our community's health
- In the inherent worth of people and that only through respecting individuals and diversity can we lift our community to greater health.

DISCUSSION

- Values shorter
- Still professional
- But more heart
- Pull out the core words as headers – that is the part people will remember.
- retain “evidence based” and “public health science”
- Something we feel we own
- Something that aligns to the kind of people we hire
- Inclusive, community oriented, data-driven, science – those are the words I think of when I talk about community health.
- 3-5 is about right
- I think a key part is listening skills, people skills, care
- “the client’s heart’s desire” is language we use

Mission – we have a far horizon. We want to look way out in the future and the Mission should show that. The work we are doing has long-term impacts, rarely is the impact immediate as much as it is long-term. And our challenge is in helping others understand that.

What is the role of the Public Health Division? Limitations?

- I see it as education and prevention as opposed to primary services. There is no funding to do primary care for Public Health Division. Other areas receive that funding.
- Our primary role is keeping the community healthy, creating a thriving community.
- Access; promoting access
- There is a statutory role; reporting etc. We are credible and objective.
- We are supposed to have three core functions Assessment, Policy Development and Assurance. We don't have the money to do primary care but we have to assure that people have access to "health"
- We do so many different things...
- The Boston Fine Arts Museum; a casino in Vegas wanted to borrow their art... "What is a museum..." What is public health when we look at the horizon? Not what are we, what can/should we be?
- We are a convener...
- The long range thing is central to our role. Not reactionary primary care, but prevention seeking where benefits don't emerge for decades.
- How do you explain prevention? Stopping a problem before it starts; all things are connected; understanding the "root causes". Public health encompasses the "whole stream."
- It is an active process of creating conditions in the community; doing preventative care; but very active.
- We are relationship based; working with a restaurant or a family...
- We have to be practical; we have to make decisions and act;
- We are a continuous learning organization.
-

Role...

- Do you feel you have all the information you need? “Only about tobacco....”
- When we think of (for example) youth services; we do prevention planning through the continuum of services; environmental health, families etc. It is hard to “elevator speech” it.
- Continuous learning seems to hit it; you never feel like you master your job. If you don’t want to always be learning, this is not a good place for you.
- Categorical funding is a constraint; we have very little flexible funding.
- Not having enough time or willingness to have the hard conversation; some funding is more flexible (e.g. early childhood) Maybe it would be great to keep doing it or maybe doing something else...
- It is also because you are slammed; it is easy to stay where you are comfortable. How could we look? But it is so hard to take the time to have the discussion.
- We are concerned about improving the quality of life.
- Being part of a bureaucracy or government; the system is designed to not change quickly.
- One of our roles could be the promotion of health education. The surgeon generals warning for example; the radio show...it takes a focus and the promotion of these ideas.

SURVEY RESULTS

HIGHLIGHTS AND KEY POINTS



Brief Review – Past Survey completed in 2016

“Trust/Culture” - highlights

- Participants expressed confidence, trust, and respect in both Division leadership and in their section supervisors.
- Participants indicated that communication within the organization is not always consistent and does not always involve all of those affected.
- Participants indicated high confidence in their co-workers
- Participants also noted the existence of rivalries, competition for resources, and favoritism.
- Intentional and emotional readiness for change among participants was high.

Results suggest that the Public Health Equity Committee should:

- Apply intentional and clear communication
- Increase employee participation in decision-making
- Increase team cohesion and reduce rivalry (or perceptions of)

Pre-Session Survey Results

Employees

■ 57 Participants

Non-Employees

■ 13 Participants

What field do you work in?	Education Administration	Health Insurance	Policy/ Government	Behavioral Health	Public Health/ Health Care	Senior Services	Social Services
Non-Employees Breakdown	1	2	1	2	5	1	1

Mission, Strategy & Leadership

	Strongly Disagree-	Disagree-	Neutral-	Agree-	Strongly Agree-	I Don't Know-	Average
3. I trust the leadership of the Public Health Division to make good decisions to guide the organization.	0.00% 0	1.75% 1	17.54% 10	47.37% 27	33.33% 19	0.00% 0	4.12
4. I think the Public Health Division needs new strategic ideas.	1.75% 1	15.79% 9	31.58% 18	33.33% 19	14.04% 8	3.51% 2	3.44
6. Our current strategy is working well.	5.26% 3	5.26% 3	45.61% 26	22.81% 13	7.02% 4	14.04% 8	3.24
7. I'm pretty sure most employees don't know our strategic priorities.	0.00% 0	12.28% 7	29.82% 17	35.09% 20	14.04% 8	8.77% 5	3.56
10. We know what is important, but need more time and resources.	1.75% 1	5.26% 3	12.28% 7	43.86% 25	33.33% 19	3.51% 2	4.05
12. We are clear about what is important and we are making good progress on our goals.	0.00% 0	10.53% 6	40.35% 23	33.33% 19	8.77% 5	7.02% 4	3.43
13. The vision at the Public Health Division is inspirational, and I am proud to work here.	0.00% 0	5.26% 3	29.82% 17	42.11% 24	19.30% 11	3.51% 2	3.78

Service & Organizational Effectiveness

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know	Average
1. We are not connecting well with the people we serve.	19.30% 11	40.35% 23	12.28% 7	17.54% 10	3.51% 2	7.02% 4	2.42
2. The Public Health Division is aligned with the values of the community we serve.	1.75% 1	1.75% 1	24.56% 14	50.88% 29	17.54% 10	3.51% 2	3.84
3. Our services are effective across the Division.	0.00% 0	10.53% 6	12.28% 7	40.35% 23	15.79% 9	21.05% 12	3.78
4. The Public Health Division does a good job providing high-quality services.	0.00% 0	1.75% 1	10.53% 6	40.35% 23	38.60% 22	8.77% 5	4.27
7. The Public Health Division does a good job measuring progress and effectiveness. We know when we are doing a good job.	3.51% 2	24.56% 14	31.58% 18	22.81% 13	7.02% 4	10.53% 6	3.06

Tools, Resources & Environment

	Strongly Disagree-	Disagree-	Neutral-	Agree-	Strongly Agree-	I Don't Know-	Average-
1. My Division operates smoothly and with clear priorities.	3.57% 2	5.36% 3	28.57% 16	37.50% 21	19.64% 11	5.36% 3	3.68
2. The Public Health Division needs to move faster to keep up with changing needs in the community we serve.	0.00% 0	33.93% 19	14.29% 8	33.93% 19	10.71% 6	7.14% 4	3.23
3. Our Division is ready for a new challenge.	1.79% 1	19.64% 11	23.21% 13	30.36% 17	10.71% 6	14.29% 8	3.33
4. Leadership gives us the resources we need to get the job done.	5.36% 3	14.29% 8	30.36% 17	33.93% 19	14.29% 8	1.79% 1	3.38
5. I don't have the resources I need to do a good job.	8.93% 5	50.00% 28	10.71% 6	19.64% 11	10.71% 6	0.00% 0	2.73
6. The Public Health Division is staffed appropriately to meet our mission and goals.	12.50% 7	42.86% 24	10.71% 6	23.21% 13	1.79% 1	8.93% 5	2.55
7. Updates on new changes that will impact my responsibilities are timely and informative.	5.36% 3	14.29% 8	33.93% 19	37.50% 21	3.57% 2	5.36% 3	3.21
8. I feel confident that I have the information I need to serve our community effectively.	1.79% 1	8.93% 5	17.86% 10	58.93% 33	10.71% 6	1.79% 1	3.69
9. The Public Health Division does a good job leveraging data, analytics, and measurements to make better service decisions.	3.57% 2	7.14% 4	26.79% 15	35.71% 20	5.36% 3	21.43% 12	3.41
11. The Public Health Division is a great place to work!	0.00% 0	1.79% 1	12.50% 7	53.57% 30	30.36% 17	1.79% 1	4.15

Communication & Change

	Strongly Disagree-	Disagree-	Neutral-	Agree-	Strongly Agree-	I Don't Know-	Average-
1. Employees are good at dealing with and managing change at the Public Health Division.	0.00% 0	16.07% 9	28.57% 16	35.71% 20	12.50% 7	7.14% 4	3.48
2. The Public Health Division is not changing fast enough to adapt to new community needs.	0.00% 0	33.93% 19	23.21% 13	23.21% 13	7.14% 4	12.50% 7	3.04
3. We are taking on too many new initiatives. We need to focus on getting the fundamentals right.	0.00% 0	28.57% 16	30.36% 17	26.79% 15	8.93% 5	5.36% 3	3.17
4. This is a complex organization—but I have it mostly figured out. I know my role and its value.	1.79% 1	8.93% 5	19.64% 11	57.14% 32	12.50% 7	0.00% 0	3.70
5. The Public Health Division leadership makes good decisions about which priorities to focus on.	1.79% 1	10.71% 6	32.14% 18	41.07% 23	7.14% 4	7.14% 4	3.44
6. Organizational communications are good at the Public Health Division.	1.79% 1	21.43% 12	32.14% 18	35.71% 20	7.14% 4	1.79% 1	3.25
7. Leadership is very open to input from employees.	3.57% 2	8.93% 5	26.79% 15	39.29% 22	19.64% 11	1.79% 1	3.64

← 30/30/30 split →

← 30/30/30 split →

← Total 40% →

Sections & Teams

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know	Average
1. We have highly effective teams at the Public Health Division.	0.00% 0	3.57% 2	14.29% 8	64.29% 36	14.29% 8	3.57% 2	3.93
2. Sections and teams across the Division <u>do not</u> have enough opportunity to work together and collaborate.	0.00% 0	17.86% 10	10.71% 6	53.57% 30	12.50% 7	5.36% 3	3.64
3. When sections and teams across the Division work together, collaboration and teamwork is strong.	0.00% 0	1.79% 1	16.07% 9	53.57% 30	17.86% 10	10.71% 6	3.98
4. All the Public Health Division teams are highly aligned and working toward the same goals.	0.00% 0	25.00% 14	30.36% 17	23.21% 13	5.36% 3	16.07% 9	3.11
5. Roles and responsibilities are not clearly defined across the organization.	1.79% 1	46.43% 26	23.21% 13	21.43% 12	1.79% 1	5.36% 3	2.74
6. The employees at the Public Health Division are ready to take on big projects.	1.79% 1	14.29% 8	37.50% 21	21.43% 12	10.71% 6	14.29% 8	3.29
7. Our internal service between employees across the Division is excellent.	3.57% 2	3.57% 2	41.07% 23	42.86% 24	1.79% 1	7.14% 4	3.38



OPEN-ENDED RESPONSES

Employees - Opportunities:

- Accreditation
- Website information
- Data and analytics
- Partnerships “
- Really take these surveys seriously”.

Employees - Concerns:

- FUNDING (many noted this)
- time to plan and strategize
- lack of communication

- bogged down administration/ lack of flexibility
- silo decision making

Employees - Strategic Plan:

- simplifying goals, providing/targeting incentives

Discussion/Conclusions

- Notes

What are the community perceptions of the Public Health Division?

- **79%** of external stakeholders surveyed have a good understanding of what the Public Health Division does and how it relates to his/her role in the community.
- None of the external stakeholders surveyed claimed a lack of understanding of the role of the Public Health Division.
- External stakeholder responses were consistent on the area of priorities: Increase immunizations, reduce obesity in children, prevention and awareness of STDs, smoking cessation, general focus on Prevention
- notes



RAPID SWOT

STRENGTHS, WEAKNESSES, OPPORTUNITIES, THREATS



Strengths.



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- People are happy to work here
- High trust
- Talented, well educated
- Invested in quality services (staff are invested)
- People go above and beyond
- Public health has purpose
- Staff are creative
- We have staff that are really tech savvy
- Nice facility, good location, 6 years old (but not big enough – or we have enough space but we don't utilize it as well as we could – or if we had the whole building devoted to Public Health)

Weaknesses.



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- Communication
- The future is uncertain
- Lack of clarity – across the division – not a unified theme, hard to talk about what we do concisely
- Funding is always uncertain
- We follow the funding stream, we just go where the money takes us, may not be the best community priority to focus on but what you are funded to do
- Funding determines priorities
- Capacity
- We have skilled people, but not enough of them
- We have a lot of internal barriers/walls – for example how do we share MCH (or any division resources) across division
- That is tied to funding as well
- Siloed – in terms of funding but also functionality
- HR can be a barrier – how we structure staff schedules
- Our technology is a decade old
- Can't have a robust internship program because no place to put them
- People sharing cubicles
- Lack of time (goes with capacity issues)

Opportunities.

There will always be diseases so we have work

- People will keep having babies
- Health care reform, CCO, combined work...
- Live where people want to locate – desirable area
- CHIP is broad, focus on social determinants of health
- Record levels of input and community involvement in the CHIP plan.
- Public Health Modernization effort
- Accreditation is an opportunity
- New opportunities to educate the public on what Public Health does. We are entering a time when we need to explain why what we do is critical and necessary part of government funded efforts.
- New technologies – wearables, social media, analytics
- How we do messaging and use media
- With elected officials. Defining success beyond “our budget wasn’t cut”
- Board of Health is highest level of engagement I have seen – how can we leverage that and do more?
- People are willing to take bigger risks (Tobacco 21) things that are broader leaps
- We are invited to participate in a lot of new venues, transportation, housing, etc. are inviting us, but we have not been able to be there as much
- Something at the community level for Framingham model for behavioral health
- Integration in other disciplines – how can we integrate more with one another.
- A new political environment – what are the opportunities (we know there are threats)?
- Some things that will be preserved in funding are evidence based. Gives us an opportunity to look at our services.
- Chief Health Strategist idea – come out of some national public health work saying every community should have someone who has the primary job of public health of the community and tie all the efforts together
- Use of public education system for long-term prevention efforts – what is the tie to our plan and education of next generation.



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Threats.

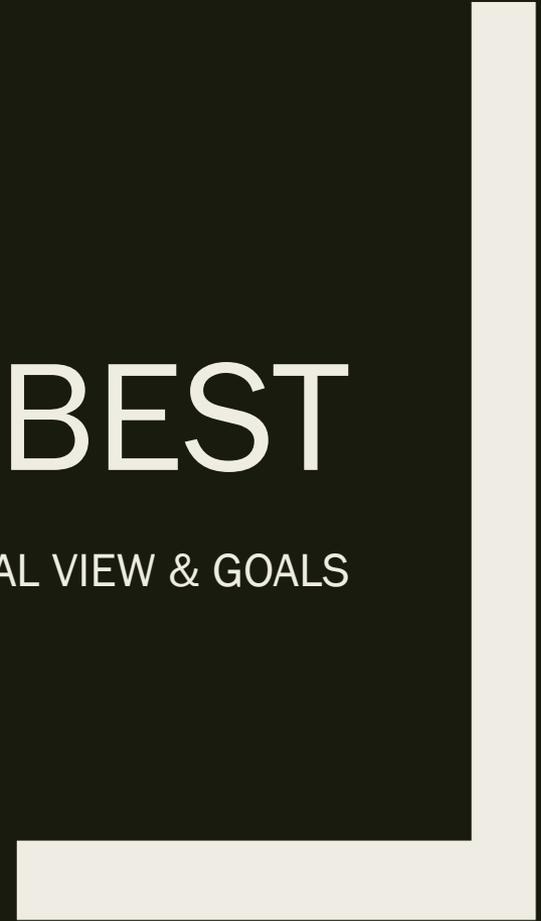


- A lot of budget – affordable care act, prevention fund, CDC, preventive services block grant, billing services, and on and on
- Same with a lot of partners we work with that are also seeing declining funds
- There is a long-term threat with decreased funding for public health, you won't see the emergencies immediately, and then when we do the infrastructure won't be there to help.
- We will see increased need while we see decreased funding – people losing insurance, etc. will be a cascading impact.
- If we are not seen as relevant to the significant needs of the community.
- We are seeing some anti-science threats (immunizations are an example)
- Climate change, emerging diseases, evolving needs

AT OUR BEST



ASPIRATIONAL VIEW & GOALS



What does the Public Health Division look like when it is at its best?

- Responsive instead of reactive
- Anticipates the needs of the community
- Able to listen to community (engaging with the community) – we are out there – on the tip of your tongue – teachers, leaders turn to us to solve problems
- collaboration
- Advocates for itself
- Decreasing disease rates
- Communicating information in a variety of ways – infographics, flyers, social media, radio, whatever – we get information out to the people we need to reach in the way they want to get it
- We are FUN!!!!!! 😊
- When we see changing unhealthy behaviors (less smoking, etc.)
- We are empathetic, inclusive...
- Our workforce is exceptionally happy and competent
- Recruitment is easy at our best, people want to work here, retention

Information Management



- We can report out on the most important outcomes in our community so that people who need to know can act on it quickly (timely)
- The systematic collection, analysis, and distribution of data on demographic concern for population
- Can use our own performance management data to improve our performance and make decisions to get better!
- Reporting out in a variety of ways – distribution
- We are really good at sharing data, accessible, people can use it, not just us – empowers the broader community – “democratization of data”
- When we can update our information systems
- When we are not defensive about our data – we are taking it and using it to get better – even bad news is helpful for improvement efforts. Internal and external transparency.
- Use appropriate language so that the audience we are hoping to reach can understand what we are trying to share.
- We are at our best when we can protect data that needs to be protected.
- Use data from a variety of sources, concept of currence, timeliness, etc.

Employee Development



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- Everyone has a long-term development plan and it is funded
- Retention – people stay
- Development is individualized
- Collaborative between employee and organization – meeting individual and org goals
- When we have opportunities for mentoring
- Providing upward mobility – opportunities to grow
- We are prepared when people retire – succession planning
- We have a robust internship program
- We bring in great new talent
- Focus on encouraging employees to use their strengths, talents, doing what they do best
- Recognize employees for their contributions and the amazing people they are in a way they value
- Accommodate different family needs, individual situations, etc. flexibility for differing circumstances.
- Ability for employees to take leave when they need to for family, or for growth opportunities, or for collaborative efforts with outside partners, etc. Expanded leave opportunities beyond peace corp and military.

Communication & Brand/PR



- We have a website and social media presence that we are proud to share with other people – refer
- We are everywhere, people know who we are, what we do and see our value to the community
- When we know what other partners (internal and external) are doing – we aren't surprised by other messages that are out there. (What is on the buses)
- When we are sought out for collaboration – university wants to do research with us, planning folks, transportation folks
- When we are sought out as being a credible resource
- When our employees know where to find the information they need. They know where to go and have easy access.
- When there is a better connection between prevention's brand and public health's brand – we have a website and a lot of branding but we need to do more connecting
- We have more integrated social media presences – we have a bunch right now, different for each section, how it all works together
- Our staff know what our strategic priorities are, see themselves in the plan and find it inspirational.
- When the public know where our offices are and where to find us.

Financial Stability



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- When we have a budget surplus
- When we can pursue what we need to – have flexibility
- When we have sustainable plan-able programming, when we aren't wondering if something will even be here next year
- When funding is allocated to public health the way it is for transportation, etc. where they get 10-year funding, etc.
- More transparency for why programs are funded, line of sight for public health funding efforts.
- When we can meet our community's needs, meet development needs, deliver on plans that are in place for long-term
- Feel like we can take risks.
- We report back to our funders, the public, etc. that we have done well, the funding needs to be proven as deserved
- We are better able to leverage other dollars – like matching grants and things like that (or invest?)
- If we weren't dependent on matching grants and were just recognized for the importance of the work and it was funded appropriately.
- Being able to offer incentives for meeting performance metrics, or even paying staff fair market salaries
- Serving all areas of the county – have more offices in outer areas, more representation.



STRATEGIC ALIGNMENT

CONNECTION TO CHIP, LANE COUNTY H&HS STRATEGY, ETC.



Governance Statement

- Oregon has a decentralized local public health system; fiscal, administrative, ownership, and authority for public health lies with local public health departments. Local public health departments are required by statute to assure that mandated services are provided or available in the community. In Lane County, the Public Health Division is situated within the larger Health and Human Services Department, which also include the Community Health Centers of Lane County (Federally Qualified Health Centers), Behavioral Health, Trillium Behavioral Health, Developmental Disabilities, Human Services, and Youth Services. The Assistant Director of Health and Human Services acts as the Local Public Health Administrator. The Lane County Board of Commissioners acts as the Local Board of Health.

LC H&HS Strategic Plan: 4 Pillars

■ Pillar 1: Equity and Access

Assure clients get the service they need, when they need it.

■ Pillar 2: Integration and Prevention

Use prevention and integrated care to improve health.

■ Pillar 3: Data and Analytics

Use data to improve quality and work smarter.

■ Pillar 4: Staff Development and Efficiency

Hire, develop, and retain the best people to serve our clients and our community.

2017-18 will place special focus on the Integration and Prevention Pillar. This means better integration of services, improved communication within and among divisions, and the creation of integrated systems of care. In this sense, not all of the pillars are equal in terms of their relevance for positive outcomes.

CHIP: “Community Health Improvement Plan”

<http://www.preventionlane.org/chip>

2016 -2019 Community Health Improvement Plan:
The 2016-2019 Lane County Regional Community Health Improvement Plan - adopted June 2016.

Goals

1. Increase economic and social opportunities that promote healthy behaviors.
2. Increase healthy behaviors to improve health and well-being.



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CHIP: Priority Areas

Initiative #1: Social and Economic Opportunities

- Support economic development through investing in workforce strategies that provide sustainable family wage jobs in our communities.
- Encourage a range of safe and affordable housing opportunities, including the development of integrated and supportive housing.
- Assure availability of affordable healthy food and beverages in every community.

Initiative #2: Healthy Behaviors

- Encourage the implementation of programs to promote positive early childhood development and safe/nurturing environments.
- Support the implementation of evidence-based preventive screening and referral policies and services by physical, behavioral, and oral healthcare and social service providers.

Initiative #3: Collaborative Infrastructure

- Strengthen cross-sector collaborations and align resource to improve the physical, behavioral, and oral health and well-being of our communities.
- Encourage organizations across multiple sectors to integrate health criteria into decision making, as appropriate.

DISCUSSION

- It would be great to have a 1-pager or Appendix piece that ties this all together with our priorities so that staff can see visually how all the plans tie together.
- Use this section to open the strategic plan – tie everything together as part of the big picture/environment explanation.
- Think about tools we can use not just externally but with our own staff for educating on the plan and the interdependencies and relationship between the various plans.
- Quarterly All-staff meetings – opportunity for roll out and communication efforts internally.
-

3-5 YEAR PRIORITIES

AREAS OF FOCUS, GOALS & MEASUREMENT



Is the 2013-17 Plan still relevant?

GOAL 1. Engage the community in developing and achieving the goals of the Community Health Improvement Plan.

- **Objective 1:** By April of 2016, complete the MAPP process and the development of a local Community Health Improvement Plan. **Measurement:** Finalized version of the 2016-2019 CHIP
- **Objective 2:** By December of 2016, establish a process for tracking actions taken to implementation CHIP strategies. **Measurement:** Copy of CHIP implementation tracking grid
- **Objective 3:** By December of 2016, demonstrate implementation of the current 2013-2016 CHIP. **Measurement:** Documentation of areas of the plan that were implemented
- **Objective 4:** By June 30, 2016, complete an annual report on the implementation of the current CHIP and demonstrate that the CHIP was reviewed and revised as necessary as a result of the annual assessment. **Measurement:** Document describing the process conducted to review and revise CHIP
- **Objective 5:** By June 30, 2016, conduct two community forums intended to foster community level readiness to advance priorities identified in the CHIP. **Measurement:** Documentation including date, time, location, attendees, agenda and summary of community input.
- **Objective 6:** By June 30, 2016, present a summary of the revised Community Health Assessment data and Community Health Improvement Plan to the Board of County Commissioners for adoption.

Is the 2013-17 Plan still relevant?

GOAL 2. Maintain a competent public health workforce.

- **Objective 1:** By June of 2016, demonstrate partnership or collaboration that promotes public health as a career choice
Measurement: Document describing partnership or collaboration with schools, academic programs
- **Objective 2:** By June 30, 2016, complete a Workforce Development Plan
- **Objective 3:** By June 30, 2017, implement the Workforce Development Plan. **Measurement:** Documentation...
- **Objective 4:** By June 30, 2017, demonstrate progress towards establishing an organizational culture and work environment that supports each employee's ability to contribute to the achievement of the Public Health Division mission, goals, and objectives. **Measurement:** Documentation...

Is the 2013-17 Plan still relevant?

GOAL 3.

Increase organizational effectiveness and ensure continuous performance improvement

- **Objective 1:** Establish a functioning performance management committee.
Measurement: Copy of Performance Management and Quality Improvement Charter
- **Objective 2:** Establish performance management goals and objectives in administrative areas with the identified time frames for measurement.
Measurement: Documentation...
- **Objective 3:** Implement a systemic process for assessing customer satisfaction with health department services. **Measurement:** Documentation and Special efforts to address those who have a language barrier, are disabled, or are otherwise disenfranchised must be included
- **Objective 4:** Provide opportunities for staff involvement in performance management. **Measurement:** Documentation...
- **Objective 5:** Adopt a performance management policy/system. **Measurement:** Documentation...
- **Objective 6:** Establish performance management goals and objectives in program areas with the identified time frames for measurement. **Measurement:** Documentation...
- **Objective 7:** Monitor progress towards performance objectives used in examples above. **Measurement:** Documentation...
- **Objective 8:** Conduct a performance management self-assessment.
Measurement: Copy of completed self-assessment

Is the 2013-17 Plan still relevant?

GOAL 4. Improve LCPH's collaborative process for sharing and analyzing data and information concerning population health, health challenges, and community resources to develop and maintain a local Community Health Assessment.

- **Objective 1:** By April of 2016, complete the 2016-2019 Community Health Assessment. **Measurement.** Documentation...

GOAL 5. By June 30, 2016, LCPH will submit our application for Public Health Accreditation. By June 30, 2017, LCPH will submit documentation for all 97 PHAB measures.

- **Objective 1:** By June 30, 2016, the Lane County Public Health Leadership Team will have participated in the development and adoption or update of the following documents and plans and will submit their application for accreditation to PHAB.
 1. Community Health Assessment
 2. Community Health Improvement Plan
 3. Strategic Plan
 4. Workforce Development Plan
 5. Emergency Operations Plan
 6. Quality Improvement Plan
 7. Performance Management Policy and System
 8. Branding Strategy

Next 3-5 Year Goals & Objectives

GOAL 2.

Maintain a competent public health workforce.

GOAL 3.

Increase organizational effectiveness and ensure continuous performance improvement

GOAL 5. By June 30, 2016, LCPH will submit our application for Public Health Accreditation. By June 30, 2017, LCPH will submit documentation for all 97 PHAB measures.

- **Objective 1:** By June 30, 2016, the Lane County Public Health Leadership Team will have participated in the development and adoption or update of the following documents and plans and will submit their application for accreditation to PHAB.

Next 3-5 Year Goals & Objectives

GOAL 2. Maintain a competent public health workforce.

New language:

- We have the right people with the right skills
- Right attitude
- We have the best talent to provide the best service
- You can grow with us, change with us
- Digital-ready, change-ready, future-ready
- We share the values of our community
- Our people are passionate and skilled in providing the right resources and support for our community
- We are a team

Next 3-5 Year Goals & Objectives

GOAL 3.

Increase organizational effectiveness and ensure continuous performance improvement

- We have a culture of quality, where it is OK to make mistakes and improve from them
- This is a safe place
- We are a continuous learning organization
- We rely on data
- ART – accountability, respect, teamwork – “artist of the month awards” – example of how we can create simple terms and reward behaviors
- We are always getting better
- We take time to reflect and learn and grow
- Needs to connect to performance management goals
- Improvement at all levels – anyone can make suggestions and everyone contributes to improvement.

Next 3-5 Year Goals & Objectives

GOAL 5. We are an accredited health department

- Why do we want to be accredited?
- It means we are a high performing organization that delivers services to national standards, exceeds them, and uses best practices
- Develop our professional standards (maybe higher than national standards)
- Credibility – facilitates relationships with other partners, policy makers, public health departments across the nation (accreditation yields a shared language with which to connect with other accredited health departments)

Workforce Development Plan Resource Slides

FUTURE OUTLOOK

- Major forces of change are expected to impact the future workforce needs of LCPH.
- Expect population 65+ to grow from about 17 percent to 27 percent. Aging populations will mean different skill sets for staff and new/increased burdens for care.
- Total population of Lane County is expected to increase by nearly 67,300 over the next 20 years, driven primarily by in-migration of minority populations, primarily Hispanic and Latino. The increase in the Hispanic population and other minority populations will increase the need for more bilingual and bicultural staff and for services that are responsive to the needs of the population.

Workforce Development Plan Resource Slides

CORE COMPETENCIES

The Core Competencies for Public Health Professionals are within eight domains:

1. Analytical/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Basic Public Health Science Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

Each domain has Tiers 1, 2, and 3 of specific levels of competencies. Lane County Public Health also developed a modified (shortened) version of Tier 1 for front line administrative staff.

Workforce Development Plan Resource Slides

TOPLINE GOALS:

- 1) Ensure a competent workforce
- 2) Involve staff in performance management and quality improvement
- 3) Increase capacity of LCPH to address health equity
- 4) Increase communication with the County Board of Commissioners and Board of Health regarding official responsibilities and between Boards and LCPH

What is the low hanging fruit (12-18 months)?

- Accreditation
- Communication
- Balance – establish a balance and optimizing internal communication for clarity, engagement and community building efforts
- Develop a culture of awareness and strategic interdependence
- Establish a Rhythm of the Business style calendar for the division to align to and communicate around – something that binds everyone together across multiple workflows.
- Publish the calendar – each month have a theme

“No matter what, we must do...”

- Applying for accreditation!!!! (Strategic milestones)
- Meet our legal and contractual obligations
- Plan for an initiate modernization – adopting the Public Health Modernization manual
- Establish strong succession plans for retirement
- More integration with the clinical arena (controversial – but this is where the money is and we need to show our value here to get resources)
- We have to prove that we can decrease health care costs – PMPM – no matter what we have to reduce that payment (per member per month)
- Need to lift the awareness of the value that public health contributes to our community
- Diversify our funding models
- Need our own public health foundation! 😊
- Align ourselves with the new medical science center at UofO?

“It would be nice if we could do...”

- To align with climate change efforts and draw clear connections to public health issues
- A public health foundation – getting investment from other local funders – be locally driven and locally responsive (human services division model)
- Robust data center and analytics
- Offices in our outer areas (Florence, Cottage Grove, Oakridge, etc...)
- Partner strongly with social justice issues – housing, economics, environmental justice, etc.
- More time and energy responding to the invitation from transportation, housing, urban planning to take a “seat at the table”
- Figure out better ways to connect with local health departments across the country and share best practices and participate in national conferences more
- Partner with other cities
- Also business – it seems like sometimes we have a fear of that, we don’t have the infrastructure to accept funds/conflict of interest – we can receive donations but do we have the capacity for large amounts?

Next 3-5 Year Goals & Objectives

1. **Goal:** We have the best talent to provide the best service
2. **Goal:** We are always getting better (continuous learning organization)
 1. *Data, analytics*
 2. *Funding stability and diversity*
 3. *External communication*
3. **Goal:** We are an accredited health department
 1. *Demonstrate external communication competencies*
 2. *This is the always getting better piece; we have to meet the standards and improving again and again—with supported data.*
4. **Goal:** Increase capacity of LCPH to address health equity
 1. *Where are the gaps, the disproportionate impact. Baseline diabetes rate, but in this population it is way higher. It is about health equity, equalizing opportunities for people to have health.*
 2. *We have to understand systems thinking, history, and the other conditions that lead to inequity, health disparity.*
 3. *Access to services...*
 4. *This begins with data and analytics...developing a collaborative model, partners offer data...crowdsourcing...*
5. **Goal:** Establish a balance and optimizing internal communication for clarity, engagement and community building efforts
 1. *When we have dynamic interaction among staff across programs; the silos fade away... “De-silo-fied” more of a dynamic atmosphere*
 2. *The physical organization encourages this silo culture*
 3. *We are less silo-ed now... because we came together in the same building*
 4. *All staff are ambassadors for public health in the community*
 5. *Build a NEO program where staff spend a day with each section*

- Do we want to include fiscal sustainability?
- What about data and analytics?
- Long term; large data model that is future ready...
- Goals are not listed in order...

How will we measure success for these priority goals?

- notes



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Next Steps

- Work team for developing out time frames, milestones, and annual work plan (required for accreditation)?
- notes

