

9/30/11

Health Department Strategic Plan 2011 – 2013



Public Health
Prevent. Promote. Protect.



Paul R

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EXECUTIVE SUMMARY

Joni Whitehouse, Assistant Director of the Washington County Health Department, contacted Paul Roback, Community Development Educator at UW-Extension Washington County, to facilitate a process to address a department quality improvement project, align the department's services to new state accreditation standards and to update the department's strategic plan. As a result of this contact, facilitated sessions were held on August 31st and September 29th 2010. The Board of Health reviewed the plan on July 18, 2011 and on September 29 the plan was finalized with additional staff input. Following is a brief summary of the results of this process and a full strategic planning report follows.

Mission

Promote Health ~ Prevent Disease ~ Protect the Public

Vision

Everyone Living Better Longer

GUIDING PRINCIPLES AND VALUES

- | | |
|---------------------------------------|---|
| ▪ Accountability | ▪ Justice |
| ▪ Alignment | ▪ Leverage |
| ▪ Collaboration | ▪ Performance improvement |
| ▪ Community assets (strengths) | ▪ Prevention |
| ▪ Evidence | ▪ Science |
| ▪ Fairness | ▪ Strategic leadership at all levels |
| ▪ Infrastructure | ▪ Sustainability |

STRATEGIC PRIORITIES

In order to ensure their continued success, the Health Department identified the following strategic priorities:

- **Maintain Level II & assure at least Level I status in the next HS140 review (2014)**
 - **Promote and protect the general well being and safety of the public from preventable factors related to communicable diseases; human health hazards (environmental health); and the leading causes of death and disability through information dissemination and selected services based on available resources and supported by evidence from local community health data, current state and federal health plans and the annual WI County Health Rankings.**
- **Assure continued high quality public health services.**
 - **Monitor readiness for applying for national accreditation.**

BACKGROUND

Linda Walter, Washington County Public Health Department Director, and Joni Whitehouse, Washington County Public Health Department Assistant Director, approached Paul Roback, Community Development Educator at UW-Extension Washington County, to facilitate a process that would assist in updating the Health Department's strategic plan. The original strategic plan was created in 2000 and was revised in 2006.

After several pre-planning meetings, it was decided to develop a process that would not only accomplish a strategic plan, but also initiate discussion on a quality improvement project and incorporate elements of the State of Wisconsin's accreditation process. However, there are a number of external forces that factored into the development of the plan and may impact plan implementation. These forces include:

- Creation of the new State Health Plan for Wisconsin
- Uncertainty with mandates and funding from the State and Federal governments
- Constraints and uncertainty of County funding
- Possible changes in the State Department of Health Services leveling process
- State Department of Health Services review of Washington County in 2014

Due to these external forces, it was determined that the Washington County Health Department Strategic Plan will be a three-year (2011-2013) plan that will prepare the department for the 2014 review by the State and position the department for future accreditation. The Wisconsin State Health Plan: Healthiest Wisconsin 2020 provides the framework for the Washington County Health Department's Strategic Plan.

To gain input from department staff in the planning process, facilitated sessions were held on August 31st and September 29th 2010. Agendas for these sessions can be found in Appendix A.



Source: Healthiest Wisconsin 2020.
WI Division of Public Health, May 2011

SHARED VALUES

The following shared values are from Section 2: Healthiest Wisconsin 2020 Framework of the Wisconsin State Health Plan: Healthiest Wisconsin 2020 from the State of Wisconsin's Department of Health Services. These shared values formed the development of the State Health Plan's mission, vision, focus areas and objectives. They are important to the implementation of the plan and should be internalized by the staff and partners of the Washington County Health Department.

These values are:

- Accountability
- Alignment
- Collaboration
- Community assets (strengths)
- Evidence
- Fairness
- Infrastructure
- Justice
- Leverage
- Performance improvement
- Prevention
- Science
- Strategic leadership at all levels
- Sustainability

Definitions for these values can be found in Appendix B.

MISSION & VISION

MISSION STATEMENT

Mission statements get to the heart of an organization's focus. Typically, the statement should be short, understandable, recognizable and used repeatedly. Mission statements are often stated in an active tense to help others recognize that the organization is focused on action. It was determined that the Health Department's current mission statement was adequate.

The mission of the Washington County Health Department is to promote health, prevent disease and protect the public.

VISION STATEMENT

A vision provides a good view of what the organization will be like, feel like, act like and look like in the future. It communicates both the purpose and values of the organization and is intended to serve as a clear guide for choosing current and future courses of action. While a vision statement does not tell you how you're going to get there, it does set the direction for your organizations strategic plan. It was determined that the Health Department's current vision statement was adequate.

The Washington County Health Department envisions everyone living better longer.

FORCE FIELD ANALYSIS

A number of internal and external forces affect the ability of an organization to carry out its mission through action plans. Positive forces (strengths and opportunities) should be built upon and hindering forces (weaknesses and threats) should be proactively addressed in action plans.

A Strengths, Weaknesses, Opportunities & Threats (SWOT) Analysis is a participatory activity that assists in the identification of these forces. Participants were first asked to brainstorm independently and then they engaged to small group discussions to identify key issues that they would like to bring forward to the larger group. Notes from each of the small group discussions can be found in Appendix C. The following are the items that were brought forward to the larger group

Assess agency strengths and weaknesses:

Strengths

- Knowledgeable staff
- Database system - good for documentation and for what's going on with our clients
- Commitment to quality services
- Interfacing with the community and other government agencies
- Flexibility of staff
- Technology
- Having someone on call to answer questions and concerns
- Supportive board of health
- Teamwork and collegiality of staff
- Individual work space - Linda manages to get us what we need to do our job
- Proactive leadership
- Policies and procedures
- Here for one common goal
 - To help others and serve the community
 - Public health is the bottom line
- When the situation calls for it, a long history to adapt and change

Weaknesses

- Lacking system and time for orientation
- Inconsistent and incomplete communication that is sometimes poorly timed (when it's your day off and if you miss something, you are not informed when you return to work)
- Uneven work loads
- Decision making process
 - Consensus vs. admin
 - Fair and consistent
 - Who has authority to make decisions and when
- If decision affects everyone, it should be communicated to everybody through Linda and Joni - also communicate through standing reports

- Data systems - ongoing need to update and track
- Restrictions and limitations of being a government agency - limits creativity and dependant of levy funds
- Conflicting views of priorities
- Unclear policies and/or procedures
- Space needs for quality client services
- Prioritization - always stretched so thin
- Lack of common knowledge of where resources in the office are located
- Community outreach – the public does not always see the information and knowledge we put out to them

Identify external trends, events or factors that may impact community health or the agency.

Opportunities

- Public health outbreaks
- Accreditation
- Increased public interest in health
- Social networking to communicate and outreach (Facebook & Twitter)
- Collaboration with other services (Clinics, Hospitals & UWEX)
- Agent program for Environmental Health and gives us quality inspections
- Show policy makers how we make a difference
- Knowledgeable and approachable state staff
- Collaborate with the Healthy People Project
- Changing perceptions of our programs - we are there to help, changing regulation perceptions
- Economy “down,” Need “up” – has raised awareness of public health programs
- Healthcare reform
- Grants and funding
- Public health schools (UW-Milwaukee & UW-Madison)

Threats

- Uncertain economy
- Anti-government mentality
- Funding
- Stereotypes from the public about public health – for example, we serve the poor only
- Lack of public knowledge about the services of public health and overall knowledge about what public health is
- Philosophy - individual rights vs. public good
- Possibility of restructuring county government and public health
- Emerging communicable diseases, such as H1N1
- WIC – service in community, unskilled unknowledgeable clerks serving client needs (WIC checks)
- External partners - lack of knowledge by our external partners, which can influence public health
- External competition for skilled workers
- Change in political leadership

- New social media could be a disadvantage (rumors & gossip)
- Lack of state communicating with us
- Healthcare reform

QUALITY IMPROVEMENT PROJECT

In order to prepare for future accreditation, the Health Department began a process to identify and implement a Quality Improvement Process on “Assuring Prompt and High Quality Customer Service through Work Assignments.” The following steps were identified and discussed on August 31, 2010.

- 2) Identifying Helping & Hindering Forces
- 3) Brainstorming Improvements

Through this process, it has been determined that the department will need to designate staff for plan development and to coordinate implementation.

IDENTIFYING HELPING & HINDERING FORCES

Helping Forces- What contributes to our potential for achieving successful prompt and high quality customer service?

Interpersonal

- Willingness of everyone to pitch in
- Staff morale
- Active listening
- Effective communication among staff
- Humor
- Friendliness of staff
- Caring staff – for clients and each other
- Eagerness to help clients and staff
- Collegiality of staff – working well as a team
- Mutual respect
- Accepting change
- Support from leadership

Expertise / Knowledge

- High knowledge base and professional development opportunities
- Have people that are available to answer questions
- Very knowledgeable staff with electronic communication and technology - ability to help each other learn how to use it
- Knowing overall resources available in Washington County – external to office
- Specialization of staff
- Skilled and educated workers

Structure /Systems

- Organization – structure of office and leadership
- Collaboration with other programs and departments
- Brochures to assist people when they walk into front office when other staff are unavailable
- Staff adjusts, flexes and is nimble to meet pressing needs
- Efficient processes
- Doing well with establishing office hours
- Having policies and procedures in place
- Mobility – ability to meet with people in the community
- Having someone on call after hours
- Notes and documentation – data systems to access to find out client info/history
- Having enough cross-training to know who to refer clients to within the department and to know what your limits are
- Everyone has a “common goal” to find who to provide service – here for common good
- Having standardized protocols

Resources

- Funding sources contribute to success
- Having enough capacity with space and people in order to provide good service
- Space to serve targeted population
- Technology sources in communication with public in different programs
- Having support from state – available to us and support us
- Board of Health and other supportive partners
- Ability to provide services for free
- Staff is a resource and having needed resources

Hindering Forces- What limits our potential for achieving successful prompt and high quality customer service?

Interpersonal

- Poor staff morale
- Staff bring personal conflicts to work
- Thinking as individuals and not as a team
- Not being able to think outside the box
- People operating on perceptions and not direct communication
- Lack of communication
- Not getting enough recognition from administration, the public, and each other
- “Snarky” comments – comments that need not be said regarding who can attend trainings and who is not in the office
- Lack of ability to let things go when you are overwhelmed – allow others to take on your projects
- Tend to get cliquy when working in specialized teams

Expertise / Knowledge

- Orientation – new and continuing

- New management – don't always have the answers; learning job and staff needs
- Lack of knowledge limits us – what is going on around us (outside resources)
- Making assumptions rather than getting the facts

Structure /Systems

- Lack of timely decision making by management
- Not enough staff at certain times – holidays and vacations
- People not using the “in and out board”
- Lack of time for workload
- Having enough time for planning – “Am I doing this the best way?”
- Unsure who to refer to internally for knowledge on topic
- When priorities are set, may cause some to feel their programs are devalued
- Systems and people that are not flexible to meet current changes and needs of health department
- Roles not clearly defined
- Conflicting views of priorities
- Wearing a lot of hats and being pulled in a lot of directions leads to being overwhelmed
- Have to deal with unexpected – leads to reaction rather than planning
- Lack of organization and time management skills
- Need a clear road map for when things change and how to prioritize and move forward
- Finding balance in being out in the field and being in the office
- Don't have an effective communication tool - central tool for resources and a tool for communicating within
- Don't have systems in place to capture our work and the way our work changes
- Fairness – letting people take care of their families and ability for rest of department to handle workload
- Statement – “We have always done it that way”
- Need to develop alternatives and solutions to an issue rather than just complaining about it
- Lack of a quality improvement process

Resources

- Lack of physical space
- Not having enough funds
- Budget constraints for resources
- Limited employee benefits – pay and vacation time
- Misunderstanding of public health mission and services
- State policies

Brainstorming Improvements:

How do we organize ourselves to achieve successful prompt and high quality customer service?

Interpersonal

- Don't take things personally
- Open to suggestions on change

- Tell each other when doing a good job and address each other one-on-one regarding negative comments and attitude
- Smiling
- Communication that is timely, complete, respectful, and professional

Expertise / Knowledge

- An effective and organized orientation process for new and current employees

Structure /Systems

- Define roles clearly and be flexible enough when emergent issues arise
- Need to listen and act – survey and feedback
- More protocols and less reactivity
- Looking and planning ahead
- Developing roles and expectation in roles
- Divide resources equally so all areas feel that they are valuable
- Carry our cell phones and answer them
- Identify root causes of issues, prioritize, and address effectively
- Have mini department meeting to stay on track with what is happening – both program and department
- Algorithms for front office in order to direct clients to appropriate resources
- Need us to define outcomes of what a “client service” means to our department – something measurable
- Focus on strength and positives
- Being timely and on time
- E-HOD – environmental health of the day

Notes from Ending Discussion

- Cross-train in MCH – to what level?
- Meet in large group again to discuss environmental health, front desk, automated system, how do you want messages taken and cell phone policies. Each program needs to ID what is urgent.
- Equitable and fair systems and structures
- What should clients expect?
- Definition of good customer service
- What are the priorities?
- Moral issues lead to customer service issues
- Customer expectations should be addressed on first contact
- Specialization versus cross-training
- Equity issue – when some are cross-training and some are not. Some feel inequitable workloads
- Specialization – does this lead to better customer service?
- Friday PM and on-call issues
- In-office workload has increased
- Walk-ins versus appointment. Redefine customer expectations. EE by appointment only.

STRATEGIC PRIORITIES FOR 2011-2013

1. Maintain Level II & assure at least Level I status in the next HS140 review (2014)

Goal statement – Promote and protect the general well being and safety of the public from preventable factors related to communicable diseases; human health hazards (environmental health); and the leading causes of death and disability through information dissemination and selected services based on available resources and supported by evidence from local community health assessment, current state and federal health plans and the annual WI County Health Rankings.

Short Term Objectives and steps/activities to achieve

- Use decision matrix to prioritize services if needed
 - Presented matrix to BOH in July 2011 and agreement to use if necessary to cut or limit services or resources
 - Staff review of matrix as needed to prioritize
- Utilize community health data for community health improvement and/or activities as evidence of required population based services
 - Continue participation in the Healthy People Project of Washington County
 - Utilize the Health Department website to disseminate community health data and plans/brochures/activities
 - Continue collaborating with private and public partners to improve the community's health (ie. Washington County Injury Prevention Coalition, Washington County Breastfeeding Coalition, Washington County Health Care Partners, etc.)
 - Continue utilizing available data and plans to leverage limited resources and avoid duplication
 - Use electronic folders for evidence needed for DHS 140 review
- Determine department's data needs and feasible systems updates
 - Bruce, Linda and Joni have met with consultant to update master client data system to facilitate scanning documents/records that cannot be attached in other state data bases

Long Term Objectives and steps/activities to achieve

- Continue current Level II status during the anticipated 2014 DHS leveling review
 - Collect evidence using electronic folders
 - Program/service reviews annually
 - Monitor available trainings and tools for accreditation (dual use)
- Become a Department of Agriculture agent before the 2014 review
 - Margaret and Linda determined a proposal should be included in the 2013 budget proposal
 - Environmental Health staff to develop work plan
- Ongoing evaluation and updating of data system(s) to maximize efficiencies
 - Staff to attend or participate in available trainings on data systems (ie. Health Space, WIR, SPHERE, WEDSS, etc)
- Develop an ongoing department "Quality Improvement Plan"

2. Assure continued high quality public health services.

Goal Statement – Monitor readiness for applying for national accreditation.

Short Term Objectives and steps/activities to achieve

- Participate in available quality improvement in-service
 - Completed year 1 of WIQI and submitted projects
 - Attended 2011 in-services or trainings and participate in available webcast(s)
- Determine a staff lead for quality improvement
 - Debbie assigned and will attend September in-service with original team members
- Participate in evaluation of services and delivery methods (ie. 2011 MCH review)
- Maintain staff levels and client services at 2011 baseline
- Develop electronic filing system for evidence
 - Draft 1 in G drive early 2011
 - Monitor effectiveness and update as needed
- Monitor national accreditation costs (application fees and employee resources) incurred by local health departments who apply
- Update Strategic Plan in 2013

Long Term Objectives and steps/activities to achieve

- Review by the BOH after the next DHS 140 visit/report to set a possible target date for accreditation, identify resources for staff position to coordinate required elements for national accreditation and develop work plan
- Minimize future local data system development and maintenance by utilizing all available electronic state data systems and linking to departmental scanning system when necessary to strive towards a paperless chart

STRATEGIC PRIORITY TIMELINE: 2011-2014

2011	2012	2013	2014	Post 2014
Anticipated funding seems stable thru end of 2011 year	Unknowns for budget implications from local, state & federal levels	Unknowns for budget implications from local, state & federal levels		
Use Decision Matrix* as needed for Budget prep	Use Decision Matrix as needed for Budget prep	Use Decision Matrix as needed for Budget prep		
DPH announced MCH grant changes to population focus vs. individual services starting in 2012	MCH changes mandated – population vs. individual services- required Mortality Review Team & second initiative required	Integrate life course theory into all services		
Complete 2011-2013 Strategic Plan	Need QI tool developed & life course perspective Identified by service	Start review of services	Start working on next Strategic Plan	
Ongoing work towards data improvements & efficiencies	Implement internal data improvements if not completed in 2011	Ongoing evaluation of data needs	Ongoing	Ongoing
Prepare for next 5 year DPH review	Update CHIP – coordinate and participate in new hospital process	Evaluate tools developed for accreditation that with also assist with 140	DHS 140 Review	Evaluate DPH position on 140 review and accreditation duplication

*Decision Matrix is located in Appendix D

APPENDIX A: AGENDA FOR STRATEGIC PLANNING SESSIONS

Washington County Health Department Strategic Directions Agenda

Tuesday August 31, 2010

8:30AM	Welcome, Introductions & Overview
8:45	Environmental Scan- How did we get here and where are we heading?
9:15	Review Accreditation Tool
10:15	Break
10:30	Quality Improvement Project- “Assuring Prompt and High Quality Customer Service through Work Assignments” 1) Defining the Situation 2) Identifying Helping & Hindering Forces 3) Brainstorming Improvements
12:00PM	Lunch
12:30	Real Colors® Assessment- Understanding Our Differing Perspectives
2:30	Break
2:45	Revisit Quality Improvement Project
3:45	Evaluation & Next Steps
4:00	Conclude

September 29, 2010

8:30AM	Welcome & Overview
8:40	Recap of August 31st
8:50	Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
10:20	Break
10:30	Major Focus Area Strategic & Performance Goals
11:30	Goal Identification & Prioritization
11:55	Evaluation & Next Steps
12:00PM	Conclude

Discussion Guidelines:

- All ideas are welcome
- Be respectful
- Balance advocacy with openness
- Monitor your own input
- Be succinct

Times are approximate and are intended to keep the process moving forward. They may be adjusted slightly based on discussions during the process.

APPENDIX B: SHARED VALUES- DEFINITIONS

The following shared values and definitions are from Section 2: Healthiest Wisconsin 2020 Framework of the Wisconsin State Health Plan: Healthiest Wisconsin 2020 from the State of Wisconsin's Department of Health Services.

A set of values informed the development of Healthiest Wisconsin 2020's vision and mission, shaped the selection of focus areas and the creation of objectives, and will be extremely important to implementation. Public health system partners will want to consider these values and how they might fit into the context of their work. Making values explicit is the first step in developing effective working relationships, even when we cannot fully achieve every value.

If collaborating partners internalize these values, and return to them periodically, then we will all be operating on a stable foundation as we build together. These values are:

Accountability- While no one organization can be accountable for every part of Healthiest Wisconsin 2020, each organization and public health system partner should be explicit, transparent and accountable about its commitments, successes and shortfalls in achieving plan objectives. Statewide indicators of objective achievement should be tracked and shared statewide.

Alignment- Policies, practices and systems (including in areas not traditionally considered health policy, such as housing, banking or transportation) should be aligned toward improved health. Adjustment should be undertaken when health is (or is expected to be) adversely affected.

Collaboration- Achieving Healthiest Wisconsin 2020 objectives will require increased and sustained collaboration that includes many who have not been involved previously in the public health system. There will be a premium on collaborative leadership.

Community assets (strengths)- Wisconsin and its communities are rich with assets (including people, environment, expertise, organizations, systems and other resources) that support health. This plan and implementation build on existing assets, sometimes using them in new ways and improving them when needed, to achieve better health, better health systems, and strong, resilient communities.

Evidence- Policies and programs should adopt evidence-based strategies (strategies shown in evaluations to be effective in producing desired outcomes) when that evidence is available. Evaluation of effectiveness should be performed and results shared when evidence is unavailable, or when strategies are being adapted to new populations (for example, when adapting an established program to address a group with unique cultural, linguistic or accessibility needs).

Fairness- There must be fair distribution of the resources and freedom to achieve healthy outcomes. Improvement in this area is especially needed for groups experiencing social, economic, and educational disadvantage and for those whose race, ethnicity, sexual identity or orientation, gender identity, or disability affects opportunities to achieve their optimum health

Infrastructure- Policies and programs developed without a sustainable infrastructure, including planning, management, funding, adequate and competent workforce, partnerships, technology, evaluation, and quality improvement, will have limited long-term impact. Ongoing leadership and capacity to plan and coordinate at the local, regional, and statewide levels are also essential infrastructure requirements. At a minimum, every community must be served by state and local health departments capable of assuring the 10 essential services and ready to meet national standards of accreditation.

Justice- Justice demands that health disparities based on historical or contemporary discrimination must be addressed with urgent priority. Because some factors affecting health also have an impact on future generations, it should not be assumed that equal treatment alone is enough to rapidly remedy disparities.

Leverage- Policies and practices are preferred that have the largest positive health impact for the least cost. Policy and environmental adjustments may have larger impact than programs aimed at individuals.

Performance improvement- Given limited resources and high goals, ongoing performance measurement (ideally against validated standards) and continuous quality improvement should become routine.

Prevention- It is preferable to prevent rather than treat disease, injury and disability. Prevention includes addressing social, economic, educational and environmental health determinants.

Science- Policies and programs should be consistent with relevant scientific knowledge. Relevant knowledge may come from many sources, including epidemiology, psychology, medicine, nursing, education, microbiology, engineering, architecture, toxicology, economics and many other fields. At the same time, it is recognized that the determinants of health interact with one another in complex ways and not all are fully understood. Thus, we value scientific findings when they exist but tempered by the wisdom of the community.

Strategic leadership at all levels- Healthiest Wisconsin 2020 is ambitious and requires sustained acceleration of effort in many areas and at many levels, including state government; local communities; nonprofit, voluntary and faith organizations; and businesses. When possible, partners should consider incorporating elements from the Healthiest Wisconsin 2020 framework into their strategic plans and community improvement plans.

Sustainability- Stable support is needed for all dimensions of the public health system. Inadequate and variable funding keeps communities off-balance and less able to continuously improve the reach and effectiveness of programs and policies. Government funding may not always be the source of sustainability; business planning is an important activity for public health system partners. Sustainability also grows as increasing numbers of partner organizations and institutions incorporate the values, mission, and goals of Healthiest Wisconsin 2020 into their work.

APPENDIX C: SWOT- NOTES FROM TABLE DISCUSSIONS

Group 1

Strengths

- Expertise/knowledge of staff
- Good leadership
- Physical environment (getting what we need to work)
- Interface with community and other government agencies
- Teamwork- collegiality, friendliness, concern for each other
- Humor
- Technology

Weaknesses

- Communication breakdown
- Orientation- lacking system and time
- Prioritization needed to get everything done
- Space and funds
- Technology gaps
- Restrictions and limitations of creativity because of government agency status

Opportunities

- Funding- grants and stimulus funds
- Knowledgeable and approachable state staff
- Accreditation
- Increased interest in health
- Agent status (possibly add Ag)

Threats

- Uncertain economy
 - “Down with Government” mentality
 - Change in political leadership
 - Wage freeze/pay scale - Inability to compete and attract
- Restructuring of PH?
- Restructuring of county government?
- Funding
- Uncertainty

Group 2

Strengths

- Staff - Eagerness/willingness to help staff and clients, supportive
- Competent workforce – knowledge and skills
- Policy and procedures
- Commitment to quality services
- Supportive Board of Health
- Adaptability
- Planning ability
- Good at documenting
- Computerize

Weaknesses

- Orientation
- Turnover
- Computer system complexities
- Ongoing search for data system and money to support
- Making assumptions rather than getting all the facts
- Rely on levy money rather than grants
- Space needs for quality client services
- Little time for evaluations
- Lack of evaluation tool - need to update methods
- Interpersonal relations

Opportunities

- Public awareness
- Accreditation
- Show we make a difference
- State resources – ROSIE, WIR, WEDSS and SPHERE
- Healthcare reform
- More attention to areas we serve
- New Public Health Schools

Threats

- Government downsizing
- Budgetary limitations
- Individual focus philosophy vs. public safety (greater good)
- Healthcare reform

Group 3

Strengths

- Skills and knowledge base - common and specialized
- Individual work space
- Flexibility of staff
- Access and using available technology
- Focus on “greater good” to serve others

Weaknesses

- Conflicting views of priorities
- Lack of common knowledge of where resources in office are located
- Always having to deal with change
- Inconsistent and incomplete communication and poorly timed
- Orientation systems

Opportunities

- Communication to public - Facebook/Twitter
- Provider relationships, collaborations
- Healthy People Project
- Healthcare reform

Threats

- Funds
- Political approval for programs
- Emerging CD
- PH response to natural disasters/threatening weather trends
- Healthcare reform

Group 4

Strengths

- Staff – knowledgeable, experienced, friendly, caring – employee relations and teamwork
- Technology
- Leadership – proactive and supportive of staff
- One common goal - help others/serve community
- Location of HD - human services, WIC and Main office WC
- Flexibility of schedules
- Have fun – balance
- Office space

Weaknesses

- Various personalities - perceptions/colors
- Uneven workloads
- Lack of communication
- Poor planning
- Work ethics – differences – strong and low
- Unclear policy or procedure
- Lack of space/equipment (WIC)

Opportunities

- Great support of clinics/hospitals
- Support of public
- Collaboration with other services – UWEX, Food Pantry, Mother’s Room and Circle of Friends

- Social marketing/technology
- Changing perceptions of public knowledge - Educating public

Threats

- Stereotypes of public
- External partners - lack of knowledge by our external partners, which can influence public health
- Community workers
 - Unskilled/unknowledgeable
 - Clerks serving clients needs
 - Clerks untrained
 - WIC transactions
- Lack of communication from state to local health departments
- New technology (Facebook/social media) - inability to control and misperceptions
- Anti-Government mentality – certain groups

Group 5

Strengths

- Willingness to pitch in - all have common purpose, friendliness, flexible
- High knowledge in skills
- On call - someone's always available to answer public concerns
- Database system
- Systematic methods - P&P

Weaknesses

- Communication – assumptions, documentation and trickle-down effect
- Public outreach - share info and educational material, current trends and programs available
- Decision making process
 - Consensus vote vs. Administrative vote
 - Authority to make decisions - Who? When?
 - Fair and consistent
 - Timely
- Orientation
 - Lack of process
 - Intro into programs other than own
 - Mentor program
 - Importance of it – PRIORITY

Opportunities

- PH outbreaks
- Medication collections
- Agent program for EH quality inspections
- Economy down = need for services up = program awareness
- Social networking
- Outreach to non-English speaking clients

Threats

- State deficit (no money)
- PH outbreaks
- Anti-Government movement - don't want to spend money on programs
- Lack of public knowledge/awareness
- Competitive salary market – external competition for skilled workers

APPENDIX D: DECISION MATRIX KEY

DHS 140 Level 1 Required, Level 2 = plus 7 services from 5 areas in SHP and Level 3 = 14 services from 7 SHP areas
National accreditation is optional & indicates quality, but separate from WDHS/DPH Level designation

	Communicable Disease (CD) Surveillance and Control	Environmental Health	Generalized Public Health Nursing services ❖ Disease and Injury Prevention and Health Promotion
Washington County Public Health Services	<ol style="list-style-type: none"> 1. Reportable CD 2. Emerging CD control & surveillance 3. TB testing/case management & dispensary 4. STI & hepatitis counseling and education 5. Immunization services (adult & child) 6. WC Immunization Coalition 7. Preparedness 8. WC Health Care Partners Coalition 	<ol style="list-style-type: none"> 9. Radon Information Center 10. Human Health Hazards investigations 11. Lead risk assessments 12. Follow up for lead poisoned children 13. Rabies control coordination 14. Beach water testing 15. DNR TNC well FSRL agent 16. Food Safety & Recreational Licensing (FSRL) 17. WC LEPC Participation 	<ol style="list-style-type: none"> 18. WI Well Woman Program 19. Fit Station for car seat safety checks 20. WC Injury Prevention Coalition 21. WC Healthy People Project Coalition (obesity prevention) 22. Women, Infant & Children (WIC) program 23. Breastfeeding Coalition 24. Information dissemination <ul style="list-style-type: none"> o Website o Media o Brochures & Displays o Informs public about causes, nature, incidence, prevalence of diseases and injuries & prevention to improve health 25. Community Health Assessment and Planning 26. Maternal/newborn health client services <ul style="list-style-type: none"> o EE/pregnancy testing o PNCC services o Prenatal teaching and education o Postpartum teaching and education o Cribs for kids o Car Seats o Swaddling education o Case management services o Referrals to community resources
Required DHS 140 service	1, 2, 3, 4, 5 child, 7, 8	10, 12, 13, 14, 17	24, 25
Supports required services & can be counted towards Level II or III	3 TB Dispensary 5 adult 6	9, 11, 15, 16	18, 19, 20, 21, 22, 23
Some grant or outside funding	3, 4, 5, 7	9, 12, 15	18, 19,
Some Revenue	5 adult	16 (partially supporting FSRL)	22 (100% supporting WIC services) 26
Services towards Level II – maximum 2 from each SHP area	CD - #3 TB Dispensary (1) & #6 coalition (2) Infrastructure preparedness – #8 (3)	EH - #9 (4) & #15 (5) 16 would count towards Level III	Infrastructure Access to health services – #18 (6) & #26 (7) Injury/violence – #19 & #20 (8) Nutrition – #21, #22 & #23 (9)

	Required Core DHS 140 Service	Current status	Ideal/Best Practice	next 5 year	Priority in Worst Case Situation	Required for Accreditation	Essential Services & Core Functions	State Health Plan 2020
Level 1 including Community Assessment and Plan	x	Ongoing since 1999	x	x	x	Community Access & Plan portion	x	x
Level 2 (Core + 7 services in 5 areas)		Have Maintained	x	x			x	x
Level 3 (Core + 14 services in 7 areas and full service EH program)		Not obtained	x				x	x
Strategic Plan		In process two previous 5 yr plans	x	x		x		
Quality Improvement Plan and/or tools		In process Training	x	x		x		
Accreditation - national/voluntary			x	x			x	

APPENDIX E: EVALUATION

Strategic Planning Process for Washington County Health Department

AUGUST 31, 2010 ~ SESSION EVALUATION

Participants = 20 Completed Evaluation = 19

Please take a few minutes to complete an evaluation of the Strategic Thinking process. Be brief and frank. Include your negative and positive comments. Your name is not required. Your evaluation is appreciated.

1. Reviewing the assessment tool was helpful in setting the stage for today's discussion.

Not Helpful		Neutral		Very Helpful
1	2 (1)	3 (5)	4 (12)	5 (1)

Average 3.7

Comments:

- Connecting the QI with the National Accreditation helped clarify
- Morning not matched with afternoon

2. Identifying helping and hindering forces allowed us an opportunity to discuss the factors that contribute and hinder our potential for achieving successful prompt and high quality customer service.

Strongly Disagree		Neutral		Strongly Agree
1	2	3 (1)	4 (13)	5 (5)

Average: 4.2

Comments: (none)

3. Brainstorming allowed us the opportunity to organize ourselves to achieve successful prompt and high quality customer service.

Strongly Disagree		Neutral		Strongly Agree
1	2	3 (3)	4 (11)	5 (5)

Average: 4.1

Comments:

- Brought up issues I didn't know existed
- Allowed to organize but did not achieve a successful end result
- The group discussion was the most beneficial

4. The Real Colors® Assessment increased my understanding of differing perspectives.

Strongly Disagree		Neutral		Strongly Agree
1	2	3	4 (9)	5 (10)

Average: 4.5

Comments:

- It was great identifying specific personality traits
- And that of fellow coworkers

5. The Real Colors® Assessment increased my understanding how to more effectively communicate with others.

Average: 4.2

Comments:

- I came to realize some things about coworkers that I did not know before

Strongly Disagree		Neutral		Strongly Agree
1	2 (1)	3 (1)	4 (11)	5 (6)

6. Overall, how would you rate my facilitation of today's process?

Average: 4.3

Comments:

- Keeping everyone on track and summarizing opinions
- Patient and many different ideas/comments
- Good at knowing when to intervene and when to listen

Poor		Neutral		Excellent
1	2	3 (2)	4 (8)	5 (8)
(1) No vote				

7. Additional Remarks:

- This is a very "messy" process. I feel we made a start in opening lines of communication today but we have significant work ahead of us.
- We really didn't seem to get very far.

SEPTEMBER 31, 2010 ~ SESSION EVALUATION

Participants = 24 Completed Evaluation = 17

1. Conducting a SWOT Analysis assisted in the identification of internal strengths & weaknesses and external opportunities & threats.

Average: 3.88

Comments:

- Helped distill from long list to most important.
- Good facilitator.
- Felt like it was similar to last session – took a lot of time.
- I felt this was a repeat from 8-31-10.
- Will be good to see complete list.

Strongly Disagree		Neutral		Strongly Agree
1	2 (1)	3 (2)	4 (12)	5 (2)

2. The process used work through strategic goals, performance goals and services was helpful.

Average: 3.94

Comments:

- Good conversation, good learning process.

Not Helpful		Neutral		Very Helpful
1	2 (1)	3 (1)	4 (13)	5 (2)

- Good idea, now where this is all going.
- Confused by goals. Would have been nice to have an explanation of where they came from before we started.

3. Overall, how would you rate my facilitation of today's session?

Poor		Neutral		Excellent
1	2	3	4	5
			(9)	(8)

Average: 4.47

Comments:

- Very helpful to have outside facilitator
- Thanks for the 1:1 assistance
- Paul's assistance working through the goals was very helpful
- Thanks, Paul – always gently keeps us focused
- Great facilitator

4. Additional Remarks:

- Have you ever thought about radio? Great voice
- Thought we would be hashing more things out today about processes that are occurring now.
- Very good at keeping us on track. Calming the process and group.