

# STRATEGIC PLAN 2016-2019

Essex County Health Department

Public Health Unit



**Public Health**  
Prevent. Promote. Protect.

132 Water Street  
Elizabethtown, NY 12932

p. (518) 873-3500  
f. (518) 873-3507

[www.co.essex.ny.us/PublicHealth](http://www.co.essex.ny.us/PublicHealth)  
[www.facebook.com/EssexCountyPublicHealth](https://www.facebook.com/EssexCountyPublicHealth)

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# Signature Page

This plan has been approved and adopted by the following individuals:

_____ Director of Public Health	_____ Date
_____ Director of Preventative Services	_____ Date
_____ Accreditation Coordinator	_____ Date
<i>See approval page - Appendix G</i>	See Appendix G
_____ Public Health Advisory Committee Representative	_____ Date

Revisions:

Date	Revision Number	Description of Change	Pages Affected	Reviewed or Changed by

For questions about this plan, contact:

Andrea Whitmarsh, Accreditation Coordinator  
awhitmarsh@co.essex.ny.us  
518.873.3546



# Essex County Health Department

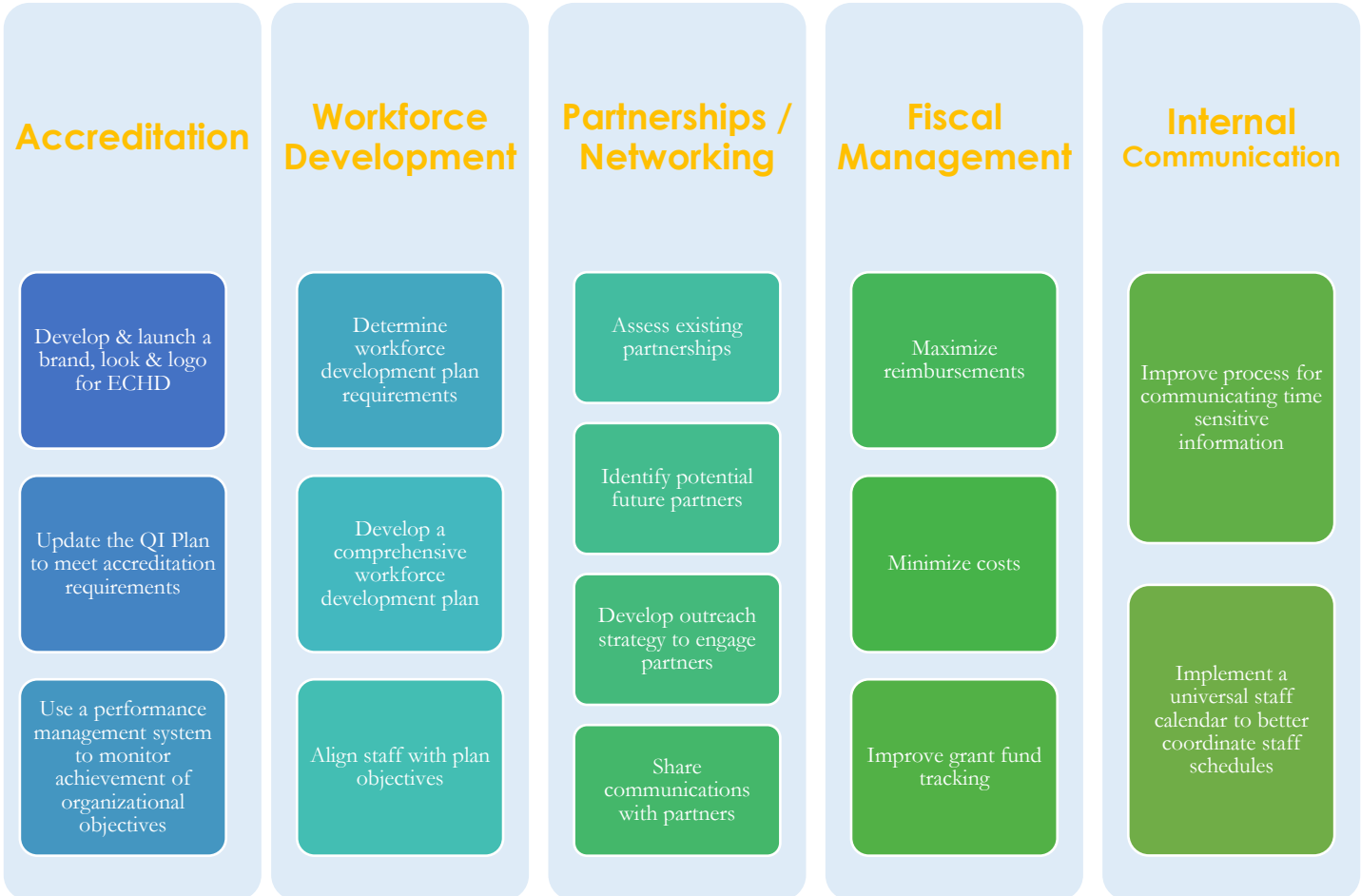
Public Health Unit  
Strategic Plan 2016-2019

## Vision

- Healthy people in healthy communities.

## Mission

- To prevent disease, promote health, and protect life by contributing to the conditions within our communities such that people can be healthy.



## Message from the Director

“If you want to move people, it has to be toward a vision that's positive for them, that taps important values, that gets them something they desire and it has to be presented in a compelling way so that they feel inspired to follow.”

-Martin Luther King Jr.

It is with this intent; the Essex County Health Department (ECHD) developed the following strategic plan. As we move from planning to implementation, we will continue to lead by our vision, mission, and values, which serve as guiding principles for our work. Through collaboration across programs and sectors, we can advance health equity and further our mission to protect, promote, and improve health and quality of life for all in our community. This plan focuses on five strategic priorities; Accreditation, Workforce development, Partnering/Networking, Fiscal management, and Internal communication. These outlined priorities lay the groundwork for reaching our department goal to seek voluntary national accreditation from the Public Health Accreditation Board (PHAB).

I express my sincere appreciation to the employees and board members who participated in the strategic planning process in improving community health, maintaining an effective public health system, developing a competent workforce, and building a culture of quality. Over the coming years, this plan will guide us through emerging challenges and continued success. Together, we will support Essex County to have healthy people in healthy communities. It is my great pleasure to present the Essex County Health Department 2016-2019 Strategic Plan.

In good health,

Linda L. Beers

## Strategic Framework

National public health accreditation has been on the radar for the Essex County Health Department (ECHD) Public Health Unit (PHU) over the last couple of years. Recently, in 2015, leadership and key staff at ECHD decided to begin pursuing accreditation in a more deliberate manner - assessing readiness, assigning an Accreditation Coordinator, and evaluating processes and systems. In order to prepare for accreditation, ECHD has begun to better align itself with the standards and requirements of the Public Health Accreditation Board (PHAB). One of the cornerstones and critical prerequisites to achieving accreditation is the development of a comprehensive strategic plan. The strategic plan:

- defines and determines the health department's roles, priorities, and direction over the next 3 years;
- sets forth what the department plans to achieve as an organization, how it will achieve it, and how it will track and measure progress; and
- provides a guide for making decisions and allocating resources to pursue its strategies and priorities.

A focused, directed strategic planning process ensures that appropriate input and knowledge is considered and that the larger public health environment is assessed. This plan describes not only the strategic priorities and the evaluation necessary to establish them, but also the process employed to develop the overall plan. The process involved designating a strategic planning team and meeting regularly to work through the all of the planning elements required to construct a detailed agency plan. The strategic planning team members are listed in Appendix A. Refer to Appendix B for an organizational chart and to Appendix C for a record of the meetings held to execute process and planning steps.

At the foundation of the ECHD Public Health Unit's strategic plan is our vision, mission, and core values. These central aims and guiding principles direct our attention to the areas of public health practice that have the greatest potential for positive impact on the populations we serve. Identifying our stakeholders (Appendix D) and revisiting our mission, vision and selecting core values was an important step ECHD conducted early on in the strategic planning process. The statements below reflect the outcome of that endeavor, one that considered feedback from staff at all levels of the organization, including the governing body (Public Health Advisory Committee) and appointing authority (Essex County Board of Supervisors).

## Vision

Healthy people in healthy communities.

## Mission Statement

It is the mission of Essex County Public Health to *prevent* disease, *promote* health, and *protect* life by contributing to the conditions within our communities such that people can be healthy.

This mission is achieved by:

- assessing and responding to public health needs;
- educating and empowering people about health issues;
- mobilizing community partnerships;
- assuring effective programming and practices;
- linking people to health services.

## Core Values

- **Collaboration**  
We interact *respectfully* with internal and external partners. We leverage the abilities of all team members to meet common goals.
- **Integrity**  
We act with *trust* and *accountability*. We treat people with *dignity*, demonstrating *humility*, *reliability*, and *respect*.
- **Excellence**  
We continually pursue learning and development opportunities. We strive for *continuous improvement* through the *honest* evaluation of our programs and services and the application of *innovative* strategies to achieve goals.
- **Professionalism**  
We maintain *flexibility* to adapt to the changing public health climate, taking *responsibility* for *efficiency* in processes/practices to meet arising needs.

## Strategic Planning Process

From July 2015 to August 2016 ECHD employed a deliberate, sequenced approach to develop the final plan. The strategic planning team consisted of a representative group of staff from ECHD leadership, middle management, senior staff, and front-line staff. The team also included a graduate student (intern) that assisted with many of the data analysis/reporting aspects of this process.

## Environmental Scan/Data Compilation

The purpose of the environmental scan and data compilation steps are to identify any historical and existing data that would help inform the development of the strategic plan. Defining the context in which we operate is paramount to being able to set a defined plan for carrying out our vision and mission.

ECHD considered multiple sources of information during the environmental scan (refer to Appendix E). As these data sources were reviewed, important needs and issues surfaced that required further evaluation. These issues were noted for inclusion in the next step – the SWOT analysis.

## SWOT Analysis

The SWOT (Strengths, Weaknesses, Opportunities, Threats) Analysis is a tool for organizing information that ultimately forms the big-picture view of the agency. To conduct the SWOT analysis, the Strategic Planning (SP) team utilized the various data sources noted in Appendix E to compile relevant information about the factors influencing the local public health landscape. The data compiled was analyzed and sorted according to each SWOT category. Additional input from internal ECHD stakeholders was considered and included in the final SWOT analysis. The results in Table 1 provided the guide for the SP team to begin to identify emerging trends, cross-cutting themes, and key strategic issues.

Table 1. SWOT Analysis	
Strengths (Internal)	Opportunities (External)
<ul style="list-style-type: none"> <li>• Staff dedication/motivation</li> <li>• Staff experience/public health expertise</li> <li>• Many staff members are cross-trained</li> <li>• History of community service and knowledge of community</li> <li>• Positive public perception/reputation</li> <li>• Teamwork</li> <li>• Variety of programs offered</li> <li>• Focus on QI</li> <li>• Networking</li> <li>• Willingness to rethink, reposition, reform</li> <li>• Academic partnerships</li> </ul>	<ul style="list-style-type: none"> <li>• Accreditation</li> <li>• Partnering with other agencies &amp; organizations within Essex County and with other county health departments</li> <li>• Grants/external funding sources</li> <li>• Outreach/marketing</li> <li>• Expanding &amp; improving dental health, child/family health, substance abuse, mental health programming</li> <li>• Supportive administration (PHAC, BOS)</li> </ul>
Weaknesses (Internal)	Threats or Challenges (External)
<ul style="list-style-type: none"> <li>• Technological expertise</li> <li>• Billing for services</li> <li>• Internal communication</li> <li>• Reduction in services to community</li> <li>• Staff turn-over, position changes, impending retirements</li> <li>• Lack of staff for key priorities</li> <li>• Seeking recognition and advertising what we do</li> <li>• Program evaluation/performance management</li> <li>• High cost related to employee health benefits</li> <li>• Limited funding for programming</li> <li>• Transportation</li> <li>• QI – staff knowledge of and resources to maintain rigorous program</li> <li>• Updating the CHA/CHIP</li> <li>• Engagement with BOS and PHAC not as strong as it could be</li> </ul>	<ul style="list-style-type: none"> <li>• Funding cuts</li> <li>• Unsupported/Under-supported mandates</li> <li>• Emerging infectious disease</li> <li>• Unpredictable nature of disasters and emergencies</li> <li>• Economy</li> <li>• Opiate/heroin abuse and addiction</li> <li>• Rural county</li> <li>• More people are insured</li> <li>• Shift from public health nursing to population-based approaches</li> <li>• IT – employee readiness and resources needed to implement</li> </ul>

## Strategic Direction

The SWOT analysis positions all of our agency’s internal and external influencers in terms of their ability to promote our vision and mission or detract from it. Using these constructs, the SP team next determined which strategic issues were recurring themes (based on stakeholder input and/or data source review). These



recurring issues were evaluated and prioritized according to a set of standard elements. These elements required the team to:

1. Describe the issue, framing it as a question that we can do something about.
2. Determine the factors that make the issue a challenge for our organization.
3. Identify the current opportunities we can leverage to help us address the issue.
4. Ascertain the consequences of failing to confront the issue.
5. Use this analysis to prioritize each issue.

Appendix F captures this process and documents the basis for the eventual strategic priority selection by the team. Importantly, these strategic priorities were also considered based on their ability to advance other critical initiatives underway at ECHD. These initiatives include the goals and objectives outlined in the *Quality Improvement Plan 2016* and the priorities selected in our *Community Health Improvement Plan 2014 - 2017*. The strategic plan imports are foundational in nature and serve to bolster our organizational infrastructure such that we can meet specific programmatic goals, quality metrics, and improve population health.

<b>Table 2. Strategic Priorities</b>	
<b>1.</b>	<b>Workforce Development</b>
<b>2.</b>	<b>Accreditation</b>
	<ol style="list-style-type: none"> <li>a. Program Evaluation / Performance Management</li> <li>b. Quality Improvement</li> <li>c. Identity / Branding / Marketing</li> </ol>
<b>3.</b>	<b>Partnerships / Networking</b>
<b>4.</b>	<b>Fiscal Management – Funding, Grants, Billing</b>
<b>5.</b>	<b>Internal Communication</b>

## Implementation Plan

Following the ranking process, the SP team established accompanying goals, objectives and activities for each strategic priority. These strategies provide an overall operating guideline for ECHD over the next three years and a framework within which to make decisions. The implementation plan follows below.

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### Strategic Priority #1: Workforce Development

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**GOAL #1:** Implement a comprehensive workforce development plan to support agency mission, vision, values, and continuous improvement.

**Objective #1.1:** By December 31, 2016, draft and adopt a Workforce Development Plan.

Activities	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
1.1.1 Conduct a gap analysis to compare required workforce development plan elements to what ECHD already has in place.	Susan Allott	September 30, 2016	Completed gap analysis that indicates elements ECHD needs to address.	Workforce Development Plan that complies with PHAB requirements better aligns ECHD with Accreditation endeavors.  Comprehensive Workforce Development Plan that clearly identifies staff recruitment, retention, and training strategies.
1.1.2. Develop missing plan elements.	Workforce Development Team	October 31, 2016	Items identified as incomplete under the gap analysis are now complete.	
1.1.3. Draft a workforce development plan consistent with PHAB requirements.	Susan Allott Linda Beers	December 31, 2016	Workforce Development Plan adopted.	
1.1.4. Communicate plan elements with staff; outline changes to training expectations.	Susan Allott Linda Beers	January 31, 2017	All Prevent staff made aware of plan existence and of any new training requirements.	

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**Strategic Priority #2: Accreditation**

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**GOAL #1:** Improve QI infrastructure to make and sustain quality improvement gains.

**Objective #2.1:** Update QI Plan by July 31, 2016 to incorporate requirements from PHAB Standards & Measures version 1.5.

Activities	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
2.1.1 Define current QI Plan.	QI Team - Andrea	April 30, 2016	Review current QI Plan against PHAB requirements.	QI Plan that complies with PHAB requirements

				better aligns ECHD with Accreditation endeavors.
2.1.2 Determine gaps between current QI Plan and PHAB requirements for QI Plan.	QI Team	May 31, 2016	Develop a gap analysis document.	Comprehensive QI Plan that integrates QI into all programmatic and operational aspects of the organization.
2.1.3 Update the QI plan based on gaps identified.	QI Team	July 31, 2016	Updated QI Plan developed.	
2.1.4 Create a culture of quality	QI Team	December 31, 2016	All Prevent staff trained in QI theory & processes.	Staff supportive of changes and improvements.

**GOAL #2:** Use a performance management system to monitor achievement of organizational objectives.

**Objective #2.2:** Develop and adopt a performance management system by October 31, 2016 that clearly outlines the objectives/measures to be used to evaluate performance.

Activities	Person/ Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
2.2.1 Select team responsible for implementing the Performance Management System	Linda/Sue	September 30, 2016	Team selected.	Defined roles and responsibilities.
2.2.2 Define the performance standards, including goals, targets, and indicators and method for communicating expectations.	PM Team	December 31, 2016	1. Performance Management System Policy & Procedure adopted. 2. Appropriate staff trained. 3. System / process implemented.	Performance Management System ensures that goals are being met consistently in an effective and efficient manner and that ECHD identifies mechanisms for improving organizational results.
2.2.3 Determine how data will be collected and recorded.	PM Team	January 31, 2017		
2.2.4 Develop process for analyzing data, communicating results, and using this information to make improvements.	PM Team	March 31, 2016		

**GOAL #3:** Develop brand that allows ECHD to be visible and valuable to the public, government partners, policymakers, funders, and other stakeholders.

**Objective #2.3:** By December 31, 2016, develop and launch a brand (including logo, name, & look) that is fully integrated into all newly created/printed/electronically delivered internal and external communications materials

Activities	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
2.3.1 Designate a branding team	Linda/Sue	September 30, 2016	Team assembled	A group representative of ECHD is better able to make changes.
2.3.2 Define current branding strategy	Branding Team	October 31, 2016	1. Communications audit 2. Brand audit 3. Review SWOT	Awareness of current communications strategy and knowledge of internal and external perceptions of the organization.
2.3.3 Define desired future		November 30, 2016	1. Review mission, vision, values 2. Decide on name, logo, & look	A name, logo, and look that is easily distinguishable from other agencies/PH departments.
2.4.4 Develop & execute strategy for brand launch		February 28, 2017	1. Assimilation 2. Public Relations 3. Advertising	A public that recognizes and identifies ECHD and what we do. Internal staff are able to represent ECHD in a consistent manner.

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### Strategic Priority #3: Partnerships/Networking

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**GOAL #1:** Utilize partnerships to maximize impact and efficiency, reduce/eliminate duplicated efforts and assure sustainability of interventions.

**Objective #3.1:** By December 31, 2016, develop a regular review process for partnership work and share the established process/timeline for 2017 with staff.

Activities	Person/ Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
3.1.1 Assess existing formal Partnerships/Networks/Coalitions with which staff are involved. Include cross cutting (DSRIP, PHIP) and program specific.	Linda/Sue/ Staff	March 31, 2017	Committee participation collected from staff & work plans.	Compilation of existing partnerships completed. Use data to conduct analysis.
3.1.2 Collect names of additional entities with whom we collaborate less formally with for special projects.	Sue/Staff	April 30, 2017	Additional partners/entities with whom we partner collected.	
3.1.3 Conduct a gap/duplication/necessity analysis.	Strategic Planning Team	June 30, 2017	<ol style="list-style-type: none"> <li>1. Identify overlaps.</li> <li>2. Identify staff load/distribution</li> <li>3. Determine with whom we are not currently engaged or could improve the relationship.</li> </ol>	Complete analysis summary & goals.
3.1.4 Develop an outreach strategy for new partnerships.	Strategic Planning Team	September 30, 2017	<ol style="list-style-type: none"> <li>1. Adjust staff partnership work as necessary.</li> <li>2. Develop a plan for partnership development including designated staff, timeline, etc.</li> </ol>	Integrate regular partnership/network review into department work/practices.
3.1.5 Develop an ongoing process to share information internally about partnership work.	Strategic Planning Team	December 31, 2017	Process for sharing partnership work developed & shared with staff.	Schedule/ timeline for 2017 established and shared with staff.

## Strategic Priority #4: Fiscal Management

**GOAL #1:** Improve the process with the Vanesky Group for annual SAA management to maximize Article 6 reimbursement

**Objective #4.1:** By December 31, 2016, develop a program for accurate tracking of funds

Activities	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
4.1.1 Review the 2016 SAA application and make recommendations as indicated	Susan Allott Linda Beers Jessica Darney Buehler Andrea Whitmarsh	April 2016 – July 2016  August 2016 – October 2016	1. SAA accurately reflects agency activities 2. Agency activities coordinate with allowable & required SAA activities 3. County budget reflects maximal state aid funding	Vanesky Group submits a 2017 SAAA that maximizes reimbursement
4.1.2 Review the Budget Amendment process	Susan Allott Jessica Darney Buehler	April 2016 – September 2016	1. Misc. resolutions are submitted for applying & accepting grants 2. Budget amendment resolutions are submitted to move unexpended funds forward 3. Purchase request resolutions are submitted for items over \$5000	1. The Budget Amendment P & P reflects the current agency process 2. Resolutions are submitted 1 week prior to BOS meetings 3. BOS approves proposed budget

**GOAL #2:** Develop and implement a performance-improvement focused system for grant fund tracking.

**Objective #4.2:** By December 31, 2016, perfect the tracking spreadsheets and timely input of data.

Activities	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
4.2.1 Review internal spreadsheets and the Pentamation system	Susan Allott Jessica Darney Buehler Laura Bliss	April 2016 – September 2016	1. Weekly Expenditure Audit (EAT) trails updated in Prevent Shared 2. Internal spreadsheets compared to EAT for accuracy 3. DPS collaborates with county auditor to adjust Pentamation as indicated	Internal spreadsheets correlate with Pentamation
4.2.2 Follow a systematic year end process for moving funds forward	Susan Allott Laura Bliss	January 2016 – March 2016	1. DPS receives year end state and federal grant forms from Auditor's office with instructions and timeline for completion 2. DPS meets with program coordinators and senior account clerk to confirm accurate \$ amounts to move forward	Year-end state and federal grant forms are completed accurately and submitted to the Auditor's office in a timely manner

**GOAL #3:** Maximize third party reimbursement. Minimize agency cost.

**Objective #4.3:** By December 31, 2016 bill at capacity for all services and activities.

Activities	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
4.3.1 Review the NYSACHO worksheet for calculating administration fee for immunization.	Susan Allott Linda Beers Laura Bliss	January 2016 – May 2016	1. Staff are up to date with \$35 admin. fee and SFS 2. ECHD P & P reflects \$35 admin. fee and SFS 3. New billing/account clerk	BOS approval for the \$35 admin. fee  Admin. fee accurately reflects agency cost of clerical,

<p>4.3.2 Align the ECHD SFS to the 2015 FPL and HHHN SFS</p> <p>4.3.3 Increase the administration fee from \$25 to \$35 with BOS approval and use the correlating 2016 Sliding Fee Scale</p> <p>4.3.4 Minimize the insurance verification requests on Smart Claims and switch to paper (check) receivables rather than electronic</p> <p>4.3.5 Evaluate the cost and time effectiveness of using Smart Claims for billing vs. using the Ability system</p> <p>4.3.6 Compare Ability to Smart Claims for cost, ease of use &amp; time effectiveness</p> <p>4.3.7 Add credit card functionality</p>		<p>January 2016 – June 2016</p>	<p>starting on 4/4/16 is versed in Smart Claims</p> <p>4. New billing/account clerk starting on 4/4/16 is versed in the Ability system</p> <p>5. Billing and administration staff complete the cost vs. time review of Smart Claims and Ability and make a recommendation</p> <p>6. Staff are trained in use of Ability as appropriate</p> <p>6. Credit card payment for services is cost effective and available</p> <p>7. Staff are trained in use of credit care function</p> <p>8. P &amp; P reflects up to date billing activities</p>	<p>nursing and supplies (minus vaccine or test kit)</p> <p>Smart Claims cost per submission minimized</p> <p>2.The most cost and time effective billing system is available and staff are trained in use</p>
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**Strategic Priority #5: Internal Communication**

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**GOAL #1:** Ensure the seamless relay of information that is needed to promote consistent organization and morale within the Public Health unit.

**Objective #5.1:** Update all levels of staff with information to facilitate optimal program functioning, meeting with consistency by 12/31/2016.



Activities	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
5.1.1 Staff notification of pertinent program issues that arise in a timely manner (i.e. billing changes)	Management/staff	April 2016 ongoing	<ol style="list-style-type: none"> <li>1. Impromptu staff meetings as necessary to advise of changes with written follow-ups for those not present</li> <li>2. Monthly staff meetings for reviews /questions</li> <li>3. Program specific meetings quarterly and as needed</li> <li>4. Group e-mails</li> <li>5. Daily e-mail check by all staff</li> </ol>	<ol style="list-style-type: none"> <li>1. Staff fully prepared to function in designated program</li> <li>2. Fewer errors</li> <li>3. Increased productivity</li> <li>4. Increased job satisfaction, assess at yearly evaluations</li> </ol>

**Objective #5.2:** Coordinate staff schedules to cover Public Health services: resolution by 12/31/2016.

Activities	Person/Group Responsible	Timeline	Process Indicator (tasks completed)	Outcome Indicator (impact, benefits, changes)
5.2.1 Maintain a universal calendar for staff schedules	Management/staff	April 2016 and ongoing	<ol style="list-style-type: none"> <li>1. Daily/weekly checks of coverage for programs</li> <li>2. Back-up assist as needed for this, utilize chain of command P&amp;P</li> <li>3. Update calendar to reflect those on /off</li> <li>4. Enlist staff to participate</li> <li>5. Consider a group calendar</li> <li>6. Communication with front desk</li> </ol>	<ol style="list-style-type: none"> <li>1. All services covered by appropriate staff</li> <li>2. Even workload distribution</li> <li>3. Increased job satisfaction</li> <li>4. Increased productivity</li> </ol>

## Monitoring & Evaluation

Some strategic goals, objectives and activities were already complete prior to plan approval, as they were identified as a priority during the planning process and work began immediately. The strategic plan goals, objectives, and activities that are not complete at the time of this plan approval will be entered into the Public

Health Unit's performance management system – the VMSG (Vision, Mission, Services, Goals) Dashboard, with the due dates noted above, and assignments made to the appropriate staff members. All goals, objectives, and activities will be evaluated for completeness during the overall plan review. The plan itself will be reviewed and revised every three years and an activity will be also be created in the VMSG Dashboard to document the completion of this task.

## Appendices

Appendix A: List of Participants

Appendix B: Essex County Health Department Organizational Chart 2016

Appendix C: Strategic Planning Session Schedule

Appendix D: Stakeholder Assessment

Appendix E: Environmental Scan

Appendix F: Prioritizing Strategic Issues

## APPENDIX A: List of Participants

### Strategic Planning Core Team

Name	Title
<b>Linda Beers</b>	Public Health Director
<b>Susan Allott</b>	Director, Preventive Services
<b>Jessica Darney Buehler</b>	Public Health Emergency Preparedness Coordinator
<b>Andrea Whitmarsh</b>	Public Health Educator, Accreditation Coordinator
<b>Rosemarie Koop-Angelicola</b>	Public Health Nurse
<b>Ashley Thayer</b>	Graduate Student, Intern

### Professional Advisory Committee/Public Health Advisory Committee

Name	Title	Organization
<b>Linda Beers</b>	Public Health Director	ECHD
<b>Susan Allott, RN, MSN</b>	Director, Preventive Services	ECHD – Public Health Unit
<b>Richard McKeever, MD</b>	Medical Director	Hudson Headwaters Health Network
<b>Kristen Sayers</b>	District Director	NYSDOH District Office – Environmental
<b>Julie Tromblee, RN</b>	Chief Nursing Officer, Infection Control Nurse	University of Vermont Health Network - Elizabethtown Community Hospital
<b>Patty Bashaw</b>	EMS Coordinator	Essex County EMS
<b>Sarina Nicola, RN MSN</b>	Director of Patient Services	ECHD – Certified Home Health Unit
<b>Fran Filshie</b>	Consumer	N/A
<b>Hannah Smith</b>	Physical Therapist	ECHD - Certified Home Health Unit
<b>Teresa Schrauf, RN</b>	Registered Nurse	ECHD - Certified Home Health Unit
<b>Diane Dodd, DVM</b>	Veterinarian	Adirondack Veterinary Hospital
<b>Steve Valley, LCSW</b>	Director	Essex County Mental Health
<b>Anne Merkel</b>	Consumer	N/A
<b>Mary Halloran, MD</b>	Physician	University of Vermont Health Network – Elizabethtown Community Health Center
<b>Sheila Kapper, RN</b>	School Nurse	Elizabethtown – Lewis Central School District
<b>Kathy Daggett</b>	Consumer	N/A

## APPENDIX B: Essex County Health Department Organizational Chart 2016

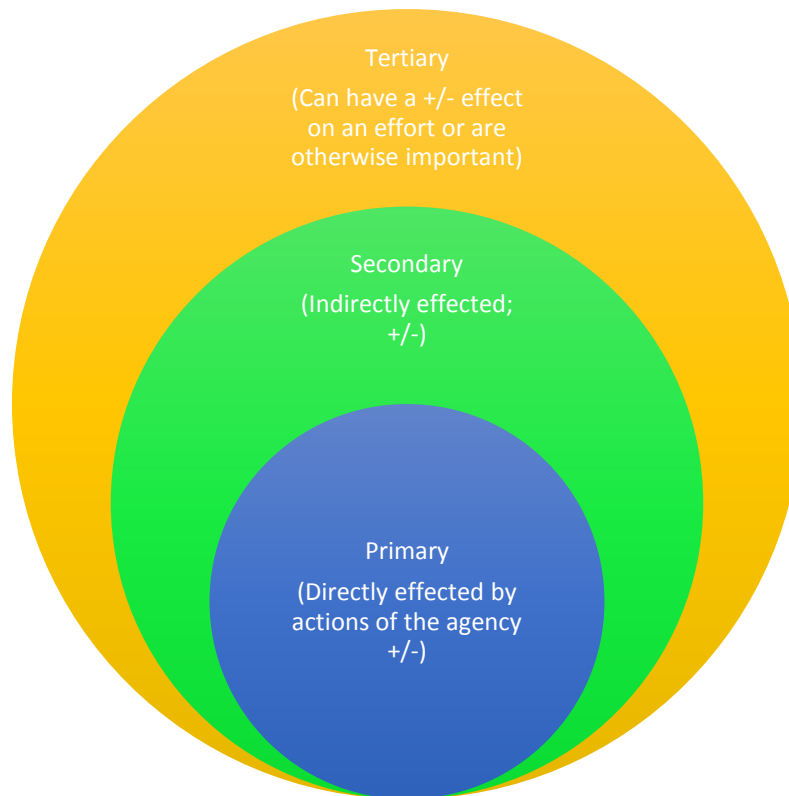
<b>Administration</b> Public Health Director (1) Senior Receptionist (1) Contracted Provider – Fiscal Administration			
<b>Public Health Unit</b> Preventive Services Director (1)	<b>Children’s Services Unit</b> Coordinator (1)	<b>WIC Unit</b> Coordinator (1)	<b>Nursing Services Unit</b> Certified Home Health Agency Patient Services Director (1)
<b>Family Health, Communicable Disease &amp; Environmental</b> Public Health Nurse (2) RN (1) LPN (1) Contract RD (PD)  <b>Emergency Preparedness</b> Program Coordinator (1)  <b>Education</b> PH Educator (1)  <b>Chronic Disease Prevention</b> Outreach Coordinator (2) Community Health Worker (1)  <b>Environmental – Injury Prevention</b> Outreach Coordinator (0.6)  <b>Clerical</b> Senior Account Clerk (1) Account Clerk Typist (1/2)  <b>Contracted Providers</b> Registered Dietician STD Testing	<b>Program Staff</b> Specialist (1)  <b>Clerical</b> Senior Account Clerk (1) Account Clerk Typist (.75)  <b>Contracted Providers</b>	<b>Program Staff</b> Nutritionist (2)  <b>Clerical</b> Acct Clerk/Typist (1) Clerk (1)  <b>Contracted Provider (.4)</b>	<b>Supervisors</b> Supervising PH Nurses (2)  <b>Skilled Service Providers</b> RN (12) LPN (1) PT (4) Per Diem RN (2)  <b>Clerical</b> Principal Account Clerk (1) Senior Account Clerk (1.5) Account Clerk Typist (1) Clerical Per Diem (1)  <b>Contracted Providers</b> PT (3) OT (2) Speech & Language (1) Home Health Aides

## APPENDIX C: Strategic Planning Session Schedule

Meeting Date	Meeting Outcomes	Participants
07/21/2015	Discussed the Strategic Planning process; introduced the Potsdam graduate student that assisted with developing parts of the Strategic Plan; and reviewed the schedule for completing the elements of the Strategic Plan. Determined that the NACCHO Strategic Planning Guide would be used as a tool to complete the process.	Strategic Planning Core Team
08/12/2015	Developed an initial stakeholder list and reviewed QI documentation. Shared plans for communicating Strategic Planning activities.	Strategic Planning Core Team
09/16/2015	Reviewed the NACCHO Strategic Planning Guide Modules and compiled a list of existing data sources to utilize for Strategic Planning.	Strategic Planning Core Team
10/16/2015	Discussed the review of the existing data sources and identified emerging and cross-cutting themes. Established a plan for administering SWOT analysis to internal staff and stakeholders.	Strategic Planning Core Team
10/27/2015	Refined stakeholder list and suggested strategies for increased stakeholder engagement. Reviewed workforce development items to include in the final draft of the Strategic Plan.	Strategic Planning Core Team
11/03/2015	Met with internal Public Health staff and described the process for completing the SWOT analysis. Had each staff member (including core Strategic Planning team) identify and submit a list of values they felt best represented our public health department. The team also shared with staff the plans to distribute the SWOT analysis to key stakeholders, with the intent to incorporate responses received into the final SWOT document.	Strategic Planning Core Team, Public Health Staff
11/18/2015	Evaluated the values list compiled from staff input. Selected the values/guiding principles that were cited most frequently. Discussed revision of the current mission and vision based on work done to date.	Strategic Planning Core Team
12/01/2015	Presented the revised mission and vision and the agency values to the Professional Advisory Committee/Public Health Advisory Committee (PAC/PHAC) for input/feedback.	Susan Allott, Andrea Whitmarsh; Stakeholders
12/15/2015	Reviewed final SWOT analysis document. Categorized each opportunity, weakness and threat according to a priority level. Team agreed to conduct a narrative describing the issue, the factors that make it a challenge, and the consequences of failing to address it. Narrative would be utilized to select top strategic priorities.	Strategic Planning Core Team

Meeting Date	Meeting Outcomes	Participants
02/12/2016	Discussed Strategic Planning Narrative and re-prioritized issues based on narrative findings. Team decided to select Strategic Priorities prior to the next meeting.	Strategic Planning Core Team
03/02/2016	Selected strategic priorities were discussed. Each core team member took ownership of developing goals, objectives, and strategies for one strategic priority.	Strategic Planning Core Team
04/07/2016	Team reviewed and refined the goals, objectives, and strategies developed for each strategic priority.	Strategic Planning Core Team
05/2016 – 08/2016	Refined goals, objectives, and strategies.	Strategic Planning Core Team

## APPENDIX D: Stakeholder Assessment



INTERNAL STAKEHOLDERS	
Governing Body	BOS - Chair & Human Services Chair
Advisory Board	PHAC members
Administrative Staff	Preventive Services Director CHHA Director WIC Coordinator Children's Services Coordinator Finance Group
Middle Managers/Senior Staff	CHHA Supervisor Prevent Services Public Health Nurse
Frontline Staff/Union Reps	Preventive Services CHHA WIC Children's Services Finance
EXTERNAL STAKEHOLDERS	
NYSDOH	PH Practice
Other LHD Departments	Hamilton, Franklin, Washington, Warren, and Clinton County Health Directors
Partner Agencies	Environmental District Office Director; Mental Health Director; OFA Deputy Director; Local hospitals, schools, businesses
Coalitions	NYSACHO, NYSPHA
Funders	NYSDOH; NYS Health Foundation; AHI/ARHN; Other grantors
EXTERNAL STAKEHOLDERS	
Clients/customers, special target populations, community at large	

## APPENDIX E: Environmental Scan

	Data Perspective					Source Document/Date		Substantiation		Relevance			Cross-cutting Themes												
	Community	Financial	Health Dept.	State/National	Learning/Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High	Workforce	communication	Built Environment	Healthy diet	Health care	Health Equity	Transportation	Mental Health/Substance Abuse	Education	Organizational Culture	Funding, Infrastructure	Programs	Technology
Data or Information Available																									
Community Health Assessment	X					Essex County	2013	X				X	X	X	X	X		X	X	X	X			X	X
Community Health Improvement Plan	X					Essex County	2013	X				X	X	X	X	X		X	X	X	X			X	X
Professional Advisory Committee	X					Essex County	2015	X	X		X		X	X	X	X		X	X	X					X
Local Hospitals (Adirondack Health, Elizabeth Town Community Hospital, Inter-Lakes (Moses Ludington Hospitals)	X					Hosp.	2015	X							X		X	X	X	X					X



	Data Perspective					Source Document/Date		Substantiation		Relevance			Cross-cutting Themes													
	Community	Financial	Health Dept.	State/National	Learning/Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High	Workforce	communication	Built Environment	Healthy diet	Health care	Health Equity	Transportation	Mental Health/Substance Abuse	Education	Organizational Culture	Funding, Infrastructure	Programs	Technology	
Data or Information Available																										
Adirondack Health Institute	X					AHI	2015	X	X	X					X		X	X	X	X					X	
Adirondack Rural Health Network	X					Comm.	2015	X		X					X		X	X	X	X					X	
Article Six State Aid Eligibility		X				New York State	2015	X			X		X		X			X	X	X					X	
ECHD Financial Analysis		X				Essex County	2014	X				X	X		X											
Quality Improvement Committee			X			ECHD PHU	2014-Present	X	X		X		X		X	X		X	X					X	X	
ECHD PHU Annual Report			X			Essex County	2014	X	X		X		X		X	X		X	X	X				X	X	

	Data Perspective					Source Document/Date		Substantiation		Relevance			Cross-cutting Themes												
	Community	Financial	Health Dept.	State/National	Learning/Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High	Workforce	communication	Built Environment	Healthy diet	Health care	Health Equity	Transportation	Mental Health/Substance Abuse	Education	Organizational Culture	Funding, Infrastructure	Programs	Technology
Data or Information Available																									
Policies and Procedures			X			ECHD P&P	2015	X		X			X		X	X		X	X	X				X	
New York State Prevention Agenda				X		New York State Prev. Agen.	2013-2017	X			x	X			X			X	X	X				X	
Healthy People 2020				X		Fed.	2010	X		X										X	X			X	
Behavioral Risk Factor Surveillance System (BRFSS)				X		CDC	2015		X		X									X				X	
Kids Well being Indicators Clearing House				X		New York State	2015	X		X										X				X	

Data or Information Available	Data Perspective					Source Document/Date		Substantiation		Relevance			Cross-cutting Themes													
	Community	Financial	Health Dept.	State/National	Learning/Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High	Workforce	communication	Built Environment	Healthy diet	Health care	Health Equity	Transportation	Access	Mental Health/Substance Abuse	Education	Organizational Culture	Funding, Infrastructure	Programs	Technology
County Health Rankings				X		Robert Wood Johnson Fdn.	2015	X		X					X						X	X			X	
Census Data				X		Fed.	2015	X		X					X	X			X		X	X			X	
US Department of Health and Human Services (HRSA, NIH)				X		Fed.	2015	X		X											X	X			X	
New York State Association of County and City Health Officials (NYSACHO)				X		New York State	2015	X		X					X	X			X						X	

	Data Perspective					Source Document/Date		Substantiation		Relevance			Cross-cutting Themes													
	Community	Financial	Health Dept.	State/National	Learning/Growth	Source	Date	Fact Based	Opinion Based	Low	Med	High	Workforce	communication	Built Environment	Healthy diet	Health care	Health Equity	Transportation	Access	Mental Health/Substance Abuse	Education	Organizational Culture	Funding, Infrastructure	Programs	Technology
Data or Information Available																										
National Association of County and City Health Officials (NACCHO)				X		Nat'l	2015	X		X					X	X			X							X
Centers for Disease Control and Prevention (CDC)				X		Nat'l	2015	X			X									X	X					X

## APPENDIX F: Prioritizing Strategic Issues

No Action but Monitor					
Cross-cutting theme	Description	Factors Making Challenging	Opportunity	Consequences	Question
<b>Academic Partnerships</b>	We have some partnerships with academic institutions, but haven't focused on developing partnerships to extent possible to advance public health goals.	Time/effort to establish and maintain partnerships.	We have several public schools and private schools; & 2 college campuses in Essex County. It's an opportunity for interns and research that can fundamentally answer questions the health department has and in turn can make them a better department.	We may not have access to the latest research; missed opportunities to work with experts in the field; miss benefit of reach by not connecting with them.	How can we systematically engage in academic partnerships to advance our goals?
<b>Funding Cuts</b>	Funding plays a major role on what services and resources are provided.	Challenges are lack of staff member time to apply for grants.	Applying for grants can make up for some funding cuts.	If funding cuts are not addressed and acted upon the health department could very limited on the resources available to reach the population.	How could the department be prepared for future funding cuts?
<b>Unsupported/ Under-supported mandates</b>	The health department has insufficient funds, support, or staff time to allocate to unsupported/under-supported mandates.	Due to the fact these are mandated is a challenge.	Conversations with state about funding; search for innovative programming and/or grants to fill gaps.	If the department fails to complete the programs the funding will be withheld. If these programs are fundamentally supporting public health it can cause a snowball effect on the community's health.	What actions can be taken to address the issue?

**No Action but Monitor**

<b>Cross-cutting theme</b>	<b>Description</b>	<b>Factors Making Challenging</b>	<b>Opportunity</b>	<b>Consequences</b>	<b>Question</b>
<b>Emerging infectious disasters and emergencies</b>	Emergency preparedness is one of the core public health functions, reimbursable by Article 6 state aid.	Coordination with multiple agencies; limiting duplication of services.	Demonstrating responsiveness to community needs; reputation and trust building. Recent infectious disease outbreaks (Ebola) and weather emergencies (hurricane Sandy) underscore the importance of having a prepared and resilient population.	If the department does not work to plan and prepare for these events there could be repercussions in the community.	How can ECHD lead the way toward better collaboration and ensure a ready population?
<b>Economy</b>	The North Country is slower than other regions to recover from the recession.	This creates a challenge because of funding restrictions from local appropriations.	Other funding sources; best practices	Funding might not be available for vital programming.	How other funding streams could be secured (grants) to compensate.
<b>Rural County</b>	Essex County is a large, rural, sparsely populated country.	Low population density coupled with transportation challenges and fewer health care resources make this a challenge.	Although rural, strengths include strong ties, tight-knit communities and ability to really know the populations we serve.	Inability to serve those who are most vulnerable in our communities.	How can innovated outreach mechanisms be developed (mobile clinics etc.)?

**Coming up (some action now, some action in the future)**

<b>Cross-cutting Theme</b>	<b>Description</b>	<b>Factors Making Challenging</b>	<b>Opportunity</b>	<b>Consequences</b>	<b>Question</b>
<b>Partnering with community based organizations in Essex County and other county health departments</b>	Working with other agencies will ensure programs and resources are not duplicated which maximizes resources available for other programs.	PHD, DPS and EPRC attending PHIP meetings as schedule allows. PH program staff providing presentations/ PH detailing at Medical Provider meetings biannually. It is a challenge to remain up to date with staff turnover at HCP offices. Currently performing annual update of HCP, dentists, OBs and Peds. It is a challenge with minimal staffing to remain connected with CBOs (Community Service Board, B to 3, ACAP...).	New York State Department of Health started PHIP which provided a funding stream to develop regional approaches to improving population health.	Silo and duplication of services. Loss of funding opportunity.	How can Essex County maximize the available resources and opportunities? Strategic planning will help EC to maintain staffing levels and redistribute staffing as needed to prioritize partnerships.
<b>Grants/ External funding sources</b>	Securing additional funding is necessary for program development and to support community needs. However, finding, applying for, administering grants is a challenge due to staffing.	We are only eligible for certain grants given our population base, time to write, and adding work load implementation duties to already strapped staff.	Successful grant-writers on staff. Potential to enhance our reach/advance our goals with additional funds.	Lost supplemental funding opportunities to finance mandated services & address community needs.	How can we maximize grant/award funding opportunities without over-committing our capacity to implement activities? Fill the Chronic Disease position with a full time Outreach Coordinator (or like title) or fill it with a part-time RN, depending on Strategic Planning Committee recommendations

Coming up (some action now, some action in the future)					
Cross-cutting Theme	Description	Factors Making Challenging	Opportunity	Consequences	Question
<b>Opiate/ heroin abuse and addiction/ mental health and substance abuse</b>	Regionally opiate abuse is becoming more prevalent and the repercussions are far reaching (foster care/ social services use/ burden on law enforcement/ spread of communicable disease like HCV and HIV).	It has become a public health issue because of the reach of the issue. However, it is not a topic/issue traditionally addressed by/through public health interventions. This issue has shared ownership as other community based organizations are also trying to address from their perspectives.	Primary, secondary, and tertiary prevention methods should be utilized.	An increasing number of lives will experience negative consequences of opiate abuse and addiction/mental health and substance abuse neglect.	How can we enhance infrastructure to address this need with community based partners? The ECHO Coalition has provided infrastructure and a forum for collaboration among the many stakeholders. A viable grant opportunity may open the door to targeted staff for targeted plans; i.e. SBIRT, Narcan. A Methadone/ Suboxone distribution center/provider in Essex County will enhance the infrastructure by removing the barrier of travel.
<b>Lack of staff for key priorities</b>	Staff members are overworked and do not have as much time to spend on key priorities.	Challenges that arise if the issue is not faced are reaching less community members, not being able to provide adequate services, and attention needed to fully address the health issue.	Strategic Planning can help department to better allocate staff.	Not having appropriate staffing levels can impact staff morale, ability of organization to retain talented staff, and ability of our organization to meet community needs.	Is the issue that there is no funding to hire additional staff or finding trained and qualified staff to hire?



Immediate Response					
Cross Cutting Themes	Description	Factors making challenging	Opportunity	Consequences	Question
<b>Networking</b>	Functional partnerships are essential for sustaining program interventions. Participating in regional coalitions helps to maximize program reach and efficacy.	Time and effort to maintain multiple relationships, especially when our focus/priorities shift and no longer align as well with the agencies that we have established connections with.	Coalitions, DSRIP, PHIP, Training, etc.	Missed opportunities for collaborating on projects that are meaningful to the populations we serve. Ultimately, this could lead to reduced capacity and a weaker infrastructure.	Which agencies/ organizations/ individuals would be important to network with?
<b>Billing for Services</b>	Training opportunities could increase capacity for staff to bill for services with potential for outsourcing additional aspects of the process.	Different types of private insurance, training staff, added steps to render services. Charging for services can alter public opinion perception of the health department.	Billing for services presents significant opportunity for health departments to recoup some costs for services, reducing county tax burdens and freeing up funding for other important programming areas.	Not capitalizing on billing opportunities could make our programs less sustainable – as PH funding is cut at the state level and county budgets are slashed, PH is put in a precarious position unless we can make existing programs more viable.	How can we streamline the billing process and ensure we are being fair to the public?

Immediate Response					
Cross Cutting Themes	Description	Factors making challenging	Opportunity	Consequences	Question
<b>Program Evaluation/ Performance Management</b>	Formal program evaluation is often best conducted by a disinterested third party (as opposed to someone working in the program).	Big undertaking, cost of software, etc.	Accreditation, Performance Management programs available.	Failing to accurately assess programs can create work flow inefficiencies and also result in failure to meet goals and objectives. Accreditation is not possible without an effective program evaluation/performance management program. We risk a poorer response to community needs if programs aren't being evaluated appropriately.	What would be some mechanisms to make sure programs are evaluated objectively? What resources do we need and is use of software programming practical?
<b>QI- staff knowledge of and resources to maintain rigorous programs</b>	Quarterly assessment of program status is essential to make sure that the department is doing the best and most efficient work it can do.	QI can be time-consuming and QI team is small. QI members are each assigned to several projects.	Accreditation, continuous improvement of programs.	If errors are not identified and not addressed population health outcomes will be negatively impacted.	Are all programs currently being addressed during the QI process?

Immediate Response					
Cross Cutting Themes	Description	Factors making challenging	Opportunity	Consequences	Question
<b>Shift from Public Health nursing to population-based approaches</b>	Public health is becoming less about direct service provision and more about convening stakeholders to address health problems.	This requires a different type of training than what is achieved with a traditional nursing degree. There are few local public health degree programs.	We can engage different stakeholders and serve different segments of our population.	Missing out on funding opportunities. Not staying current with trends.	How do we provide on the job training for staff in population health approaches?
<b>Accreditation</b>	Besides strengthening internal processes there is an understanding that accreditation will eventually be tied to reimbursement.	Huge commitment of time and resources.	Aligning with national trends; improving reputation; becoming more competitive for grant funding.	Missing out on opportunities already described.	What is the timeline for completing this process?