2023-2026

Tazewell County Health Department Strategic Plan

All Staff Training Day September 2022

Amy Fox 4/2023

June 26, 2023

Tazewell County Board of Health and Citizens,

On behalf of the Tazewell County Health Department Directors and staff it is my privilege to present the *TCHD (Tazewell County Health Department) Strategic Plan for 2023-2026*.

Our staff and Board recognize the challenges public health is tasked with in addressing health outcomes within Tazewell County. With changes in funding, staffing, increased disease burden and the potential of a new building for in Person Health Services on the horizon, our staff embraces the need for a focused plan for our department. The purpose of the 2023- 2026 Tazewell County Health Department Strategic Plan is to establish a clear roadmap in building a resilient agency for our community.

The areas of concern of the Strategic Plan are:

1. Workforce
2. Community Collaboration
3. Sustainability

These planning efforts have resulted in deep discussion of the changes to public health in the last three years and within the health department of changes in staff. Importantly, it has highlighted the need for continued planning and an understanding of inter-dependencies we share with other agencies, organizations, governments, and businesses in Tazewell County. Further identification of entities that assist in the public health system and ongoing comprehensive evaluation of the health status of Tazewell County are necessary.

I am also proud to notify the Board that the health department continues to be operating at highest levels as evidenced by our recent Public Health Accreditation Board recertification: ready to maintain current capabilities and equipped to adapt to and meet the results of the strategic planning process. Without the Board's support and the dedication of all those involved in this planning effort, this strategic planning process would not have been possible.

Should you have any questions about this plan or would like additional information on any of Tazewell County Health Department's programs, please do not hesitate to contact me.

Sincerely,

Amy Fox, Administrator
Tazewell County Health Department

Preface-

Gov. JB Pritzker issued a disaster proclamation March 9, 2020, regarding COVID-19 that gives the state access to federal and state resources to combat the spread of this newly emerged virus. This disaster officially ended May 11, 2023.

At the last writing of our Strategic Plan, we noted that on July 20, 2020, Tazewell County had 228 cases of COVID (coronavirus disease) 19 among our population. As we ended the disaster proclamation period, we have had over 44, 000 cases and experienced over 500 deaths of our residents. Because of the Pandemic we had extended our past Strategic Plan to cover a fourth year to 2024. We have remained flexible in our planning and work towards all the goals of that plan and are able to end the past plan as of June 30, 2023. This plan will begin July 1, 2023, and carry forward until June 30, 2026.

What have we learned as we reflect of the end of the pandemic? The U.S Department of Health and Human Services summarizes it best:

- We have successfully marshalled a whole-of-government response to make historic investments in vaccines, tests, and treatments that are broadly available to help us combat COVID-19.
- Our health care system and public health resources throughout the country are now better able to respond to any potential surge of COVID-19 cases without significantly affecting an individual's ability to access resources or care.
- Our public health experts have issued guidance that allows individuals to understand mitigation measures, such as masking and testing to protect themselves and those around them.
- We have the tools to detect and respond to the potential emergence of a variant of high consequence as we continue to monitor the evolving state of COVID-19 and the emergence of virus variants.

Still, we know so many people continue to be affected by COVID-19, particularly seniors, people who are immunocompromised, and people with disabilities. That is why our response to the spread of SARS-CoV-2, the virus that causes COVID-19, remains a public health priority.

https://www.hhs.gov/about/news/2023/05/09/fact-sheet-end-of-the-covid-19-public-health-emergency.html

Section 1: Tazewell County Health Department's Mission, Vision, and Values

MISSION

"To promote and protect the public's health and well-being."

VISION

"TCHD will be a state leader and partner, serving the community through innovative public health practices to meet the current and future needs of the individual and of the environment, with the ultimate goal of inspiring and attaining overall wellness."

VALUES

The Tazewell County Health Department is dedicated to our community through:

Value	Definition
Service	Understanding and meeting public health needs with equity, creativity, and commitment
Quality	Continuously seeking to enhance and provide services at the highest possible level
Accountability	Ensuring responsible use of resources to benefit the community
Integrity	Being ethical and reliable
Collaboration	Communicating, working together with, and supporting community partners for the overall good of the public
Innovation	Being a leader in anticipating and addressing public health needs through surveillance, planning, education, and evidence-based resources
Respect	Relating to all people with understanding, compassion, and dignity

Purpose of a Strategic Plan

The purpose of the Tazewell County Health Department Strategic Plan is to:

- Clearly establish Tazewell County Health Department's future path as it aligns with the Mission, Vision, Values and identified areas for improvement or enhancement
- Provide an outline of our goals and objectives so that they can be clearly communicated to our staff, Board of Health, partners, community members, and stakeholders
- Provide a direction for strategic resource allocation
- Provide a measurement of our current abilities against the highest public health standards

Background

This Strategic Plan will be the fifth such plan for our agency. First crafted in 2011 and regularly since.

The Board of Health has committed to maintaining a current strategic plan for the agency and has taken steps to make this process one that includes a cycle of assessing the Community health needs, developing a Community Health Improvement Plan and then turning towards internal functions with the development of an agency Strategic Plan. **NOTE*** TCHD has changed to a three-year strategic planning cycle to coincide with our Community Health Improvement planning efforts.

Community Health Improvement Plan (CHIP)	
Community Health Assessment (CHA)	

Five Year Strategic Plan — 30,000 FT View

Quality Improvement Plan / **Strategic Implementation Plan** — 20,000 FT View

Program Work Plans — 10,000 FT View

Individual Employee Performance Plans — Sea Level

(Adapted from MarMason Consulting LLC, 2012)

Section 2: The Vision of the Future of Public Health

The CDC (Centers for Disease Control) (Centers for Disease Control) Foundation convened a national series on the future of public health in collaboration with the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, Big Cities Health Coalition, and other public health partners to advance recommendations for a modernized U.S. public health system.

The series included four virtual convenings, leveraging recommendations from the Bipartisan Policy Center's *Public Health Forward*. **The National Summit Series was titled: Lights, Camera, Action:**

LIGHTS, CAMERA, ACTION THEME

The **lights** represent the guiding lights from research, such as PH Wins, Staffing Up, Public Health Forward, Public Health 3.0, Seven Ways Businesses Can Align with Public Health for Bold Action and Innovation, Recommendations from the National Commission to Transform Public Health Data Systems, and more. The lights are also exemplars in the field in practice and policy.

The **camera** represents the view of public health through the lens of the pandemic and the loss of trust. Today, there is a need for the United States to refocus the camera to rebuild trust and transform public health. The camera also emphasizes the need for everything to be seen through an equity lens.

Action includes local, state, and national actions informed by the lights and camera. Together we can write a new script and produce a new future for public health.

The Future of Public Health. Reports are located in **Appendix A.**

Summit 1: Achieving a Diverse and Effective Public Health Workforce

The public health workforce summit held on December 6, 2021, brought together more than 1,200 participants including representatives from the national, state, and local public health agencies, policy makers, healthcare sector, philanthropy, nonprofit organizations, and the private sector. The summit built on previous reports on the needs of public health workforce, including two recent reports *(Public Health Forward: Modernizing the U.S. Public Health System and The Future of Public Health: A Synthesis Report for the Field).*

To build a diverse and inclusive public health workforce, it is critical to set explicit goals and targets for diversity, monitor and share progress and evaluate and readjust as needed to ensure accountability.

Summit 2: Creating an Interoperable and Modern Data and Technology Infrastructure

The second virtual convening was held on January 25, 2022. The second of the four virtual convenings of the Lights, Camera, Action: The Future of Public Health summits focused on data modernization and technology. Throughout the second summit, speakers and attendees discussed the data and technology challenges faced by public health and how the field can overcome them together. Speakers acknowledged this moment is a turning point for public health in the United States. The

renewed attention to the field creates a window of opportunity to fundamentally transform public health infrastructure for an equitable and sustainable future. Summit speakers and panelists described the "hard" technical skills and the technological infrastructure needed to write this new script for the future of public health.

Summit 3: Strengthening Public Health Law, Governance and Finance to Support a Modern System

The third convening of the Lights, Camera, Action held on February 23, 2022, focused on three topics essential to providing leadership in public health: governance, finance, and law. While these three topics are presented in this report as distinct entities, they are in fact intricately interwoven to support the system of public health. Governance, finance, and law, in turn, drive each other, define each other, and serve as both facilitators and barriers to each other.

Attendees of the third summit were urged to act through governance, by deepening cross-sector and community partnerships to advance health equity; through finance, by financing a sustainable future for public health; and through law, by embedding law and advocacy in public health learning and practice. This summit focused on the connection between these three domains in public health at this point in history, refocused the camera on their potential impact across and between the different levels of government, and produced a new script for action to strengthen each of these domains individually and collectively to support a modern public health system. Taken together, these efforts will allow public health to strengthen governance, finance and law to support a modern system that will enable the field and its partners to face current and future public health threats and, together, produce a new future for public health.

Summit 4: Catalyzing Cross-Sectoral Partnerships and Community Engagement

The fourth virtual convening on March 23, 2022, of the Lights, Camera, Action national summit series shined a light on the importance of cross-sector partnerships and community engagement in public health's history and future. It especially placed a spotlight on the crucial role partnerships played during the COVID-19 pandemic. Speakers and attendees highlighted the value of existing partnerships as well as best practices and lessons learned in establishing and strengthening partnerships for public

In her opening remarks, Judy Monroe, MD, president, and CEO of the CDC Foundation, defined each of the three terms and introduced the relevant strengths and opportunities that would be the focus of the third summit: "Governance provides the context—how public health functions in a jurisdiction. Financing supports the skilled workforce, the state-of-science laboratories, and the forward-leaning programs—in essence the mechanics of public health. Public health law provides the legal guidance and authority required for healthy communities."

health. Community engagement and cross-sector partnerships have always been core functions of public health and will continue to be fundamental to shaping its future.

Section 3: Status of Tazewell County Health Department in Relation to the National Summit Series: Lights, Camera, Action: The Future of Public Health.

All levels of staff and the Board of Health were actively involved in this Strategic Plan. Along with the four National Summit Reports, ten additional resources were considered when looking at the needs of TCHD, including: the current Strategic Plan, Community Health Needs Assessment, PH Wins, Employee Training Preference Survey, committee Strengths/ Weakness/ Opportunities/ Threats (SWOT) analysis, Employee Satisfaction Survey, Technology Survey, County Health Rankings and Illinois Youth Survey.

Staff Members Providing Input about our Strengths, Weaknesses, Opportunities and Threats

A comprehensive summary of all meetings and notes are included in **Appendix C** of this document. Areas of concern were chosen from the input gathered by summarizing the 10 resource documents and four Summit Reports. After the draft of concerns was decided by the Strategic Planning Committee, the full staff and Board of Health had an opportunity to vote on what will be our priority areas for this Strategic Plan. Each division has a representative on the Strategic Planning Committee. Committee members were chosen based on stratifying years of services, division, and staff level. Each member attends meetings and gives their input and additionally they worked to describe each

meeting and activity to as many staff in their division as possible. Board of Health Members were polled at their regular meeting.

A summary of our progress on the concluding Strategic Plan is included in **Appendix B**.

Planning sessions for this document started in December of 2022 and concluded in May of 2023. The full schedule of meeting with staff and Board

Month/Date/Time	
12/12/2022 (1:00-2:30)	Committee Meeting
01/16/2023 (1:00-2:30)	Committee Meeting - National Scan of Public Health Status and scan and revision of the Mission, Vision and Values statements for TCHD
02/13/2023 (1:00-2:30)	Committee Meeting - Discussion of National Public Health Status and distribution of local data
02/27/2023 (2:30-4:00)	Committee Meeting - Discussion of Local Health Department Data
February 2023	Mission, Vision, Values to BOH/Staff for Input
03/13/2023 (1:00-2:30)	Committee Meeting - SWOT analysis
March 2023	SWOT Priority Areas to BOH/Staff for Input
04/10/2023 (1:00-2:30)	Committee Meeting - Grouping of Goal Areas
April 2023	Goal and Objective Areas to BOH/Staff for Input
5/3-5/4/23	Establish measurable objectives
05/08/2023 (1:00-2:30)	Committee Meeting - Discussion of Targets and Measures
5/22/23	Goals and Objectives Approved by the Board of Health for Implementation

Comparison to Lights, Camera, Action: Public Health Modernization Recommendations

As an additional measurement, management scanned the Lights, Camera, Action steps to modernize public health content and assured that most content was either currently being considered in this strategic plan, was already implemented, or was included in other TCHD plans and policies. If content is not yet addressed, it will be noted.

Scan of workforce:

1. Plan and innovate through partnerships and state public health task forces and commissions.
   a. Directors and Managers keep a list of all committee and task forces led by TCHD staff.
   b. Locally TCHD staff work with many coalitions and task forces to move work in partnership.
   c. Further development of partnerships will be addressed in this strategic plan.

2. Establish trust by increasing knowledge and understanding of the work of public health.
   a. All staff take a core competency assessment, and this information is used to continue the growth and understanding of public health through ongoing training. Growth is addressed in this strategic plan.
3. Develop and use intermediaries.
   a. Managers have created in this last year additional lead positions in the health department who can guide work with other staff but in non-supervisory roles.
4. Plan for future workforce and pipeline development.
   a. Considered in this strategic plan a new onboarding and retention plan will be developed along with strengthening ties to interns and schools to promote careers in public health.
5. Build workforce infrastructure through hiring policies and practices.
   a. Regular scans of policies and procedures take place on a managerial calendar, as well as regular scans and updates plans such as our workforce development plan. These efforts guide alignment of intent and practice to have a strong and growing organization.
6. Facilitate mechanisms to promote an equitable, diverse, and inclusive (DEI) workforce.
   a. Workforce data is collected and monitored and policies address inclusivity and diversity within the workplace.
   b. Mission, Vision and values statements of TCHD were updated and include equity to ensure these stays in the forefront of the work we do

Scan of Data and Technology

1. Innovate through meaningful partnerships and early and ongoing stakeholder engagement.
   a. The Partnership for a Health Community Board has established a data team that along with partners works on data collection, alignment, and monitoring as a team.

      b. TCHD has invested in a media platform called My Sidewalk and will be able to begin adding real time data reports for the community as they are created.

2. Invest in building and sustaining trust for effective data sharing.
      a. TCHD has on staff and epidemiologist and a data analyst that work to provide timely data on key areas of concern. For example, they are currently working on a project to monitor vaccination rates of school children to see if there are any gaps or concerns in vaccination coverage in the county.

3. Strengthen data, technology, and informatics skills in the public health workforce.
      a. TCHD has a Tech Team that works to provide support for each software used by staff.
      b. The Board of Health has allowed for investment in software that monitors staff internet safety to ensure that cyber safety is followed.
      c. TCHD staff have user agreements with the Illinois Department of Public Health to monitor Emergency Room events, Infectious disease cases and mortality and morbidity of citizens.

4. Ensure equity and sustainability in data and technology infrastructure modernization.
      a. The My Sidewalk software can track data to a zip code level which can be used to scan for coverage and equity.

5. Acknowledge and repair historical harms.
      a. This will be evaluated in this upcoming year.

6. Democratize collection and sharing of data for narrative building that advances racial justice and health equity.
      a. My Sidewalk, Essence and other software used for tracking or identifying health concerns illustrates coverage of the community and provides transparency for monitored areas.
      b. High need areas are advocated for in development of services: An example of this is the effort to develop interventions that target identified inequity such as in the Edwards and Powerton Power Plant areas to address high lung cancer and disease levels.
      c. TCHD has applied and was funded dollars for a Mental Health Planner that will work to develop an assessment of mental health services and coverage in our county. Mental Health has been and is currently a community priority area in our Community Health Improvement Plan.

Scan of Finance and Law

1. Public health communications
      a. TCHD has employed a Communications Manager for a number of years. This position assists with consistency of message, accuracy, reach and frequency of TCHD communication to the public.
      b. TCHD Communications Manager works with a team of Public Information Professionals from Central Illinois to provide a network of partners who assist one another in times of high need.

2. Community engagement

a. TCHD has recently been increasing in person focus groups, customer feedback surveys, town hall meetings and comment periods on projects to solicit feedback from a greater number of our constituents.

b. In this Strategic Plan we increase the intensity of the engagement of staff with stakeholders to solicit input and create program change from that input if necessary.

3. Uproot structural racism in public health
   a. Through our Cultural Competency Plan staff have training and policy to follow to address structural racism in program and delivery of services.
   b. This is and will be an ongoing process to ensure equity for our communities.

4. Innovations in finance
   a. TCHD has been billing for services for years. On staff is a billing person who can work with individuals to address coverages of both public and private insurance. This additional funding source for services helps with the shortfall in coverage of grants for administration and building maintenance.
   b. TCHD staff have written many grants to both public entities and foundations to seek dollars for services that would not otherwise be funded. Through the Community Foundation of Central Illinois, we are able to address food insecurity through their dollars and partnership- without this funding source our reach would be much more limited.

5. Workforce development
   a. TCHD has a workforce development plan that monitors the training needs of all staff.
   b. Training is monitored by individual staff members to make sure everyone has access to training opportunities.

6. Public Health Law
   a. The States Attorney of Tazewell County provides for any legal need of TCHD and where they cannot assist, they give directions on resources or provide additional legal representation through contracted resources.

7. Embrace advocacy
   a. Advocacy is an essential public health practice and staff would need additional understanding of the needs and parameters around advocacy. Because public health is inherently intertwined with politics through policy development and funding, we will monitor best practices and look for ways to learn more. There is no plan currently to move this work in advocacy forward beyond monitoring of legislation and education around legislation.
   b. TCHD works to Engage and educate elected officials on public health law and practice. Time is taken at County Board level meetings/ communications and in communities to work with elected officials to address concerns and needs.
   c. Advocacy work is done through Illinois Association of Public Health Administrators (IAPHA) with discussion of bills and then support or nonsupport submitted on behalf of this group. TCHD Administrator Fox is an active member of this Association.

Scan of Partnerships

1. Restructure funding opportunities to allow for greater flexibility in how funds are used and longer funding periods to ensure time for success.
   a. TCHD has worked with Tri County Health Departments to amplify the ability to create services and reach of programs. Several programs are worked on through the Tri County lens. Those include Illinois Breast and Cervical Cancer Program, Wise WOMEN, HEAL Food System Partners, Radon, Tobacco Prevention, Edwards Settlement, AOK and Illinois State Physical Activity and Nutrition funds.
   b. By working as a unit more dollars have been able to be awarded for our region.
2. Rethink impact evaluation.
   a. TCHD will be elevating qualitative data in evaluation, reporting and communications in this plan by prioritizing face to face evaluation and discussion of programs and potential initiatives.
3. Invest in partnerships for sustainability.
   a. Also, through this plan we will address the effectiveness of TCHD as a partner and if one is effective in their actions with us. This type of assessment will allow us to look beyond quantitative measures of number reached etc. and focus on the durability of collaboration.
4. Strengthen partnerships between business and public health.
   a. TCHD is exploring a formal agreement with other healthcare entities to address regional planning and needs. This body will be known as the Greater Peoria Healthcare Collaborative and will potentially include all area hospitals, tri county Health Departments, local Universities and Schools of Medicine and the Federally Qualifying Health Center. This body will be developing in 2023 and 2024.
   b. Staff of TCHD will be participating with the Greater Peoria Economic Development Council to explore Talent Pipeline Management (TPM). TPM is the U.S. Chamber Foundation's employer-led, performance-driven approach to build talent supply chains that meet the needs of learners and training providers, and employers. This effort will be monitored and would assist with workforce hiring and retention.
5. Strengthen and support coalitions.
   a. Leadership of several work teams and coalitions have been supported by TCHD staff for many years. Tazewell Teen Initiative, Partnership for a Healthy Community, AOK network
   b. TCHD staff have been administering software that builds a network of resource and referral. IRIS (Integrated Referral and Intake System) is a collaboration tool powered by people and technology for the benefit of all. Our approach is built on extensive experience working with communities to design a common set of systems to simplify onboarding and communication, facilitate collaboration, and maximize efficiency. Over 3000 area referrals have occurred locally with this system.
6. Address structural racism in public health.

a. Each grant application with the State of Illinois asked for content specific plans as a part of the application. Funding is contingent on approved Diversity Equity and Inclusion (DEI) planning.
b. TCHD Cultural Competency Plan provides for ongoing training to develop a deeper understanding of application and advocacy of anti-racism in public health

7. Shift power dynamics.
a. Looking through an asset vs. Deficit lens in interactions with staff has been introduced with client centered services training for all clinical and case management staff. This process brings the client needs and desires as the leader of the interaction.

8. Consider revisiting the Turning Point approach to reevaluate the field as a whole and its future
a. The Turning Point Initiative started in 1997 worked to transform and strengthen the public health system in the United States to make the system more effective, more community-based, and more collaborative. TCHD has made it a practice to participate in ongoing evaluations of the public health system. Most recently the department has been an active participant in the Public Health WINS assessments. The Light Camera Action series began to consider the role of a modern public health system in a post pandemic world. As many health departments are experiencing retirements and staff turnover, formal assessment of the public health system will be vital as we plan for future needs. TCHD will continue to commit to participation in these efforts.

Workforce

Goal #1:   Increase awareness and exposure to Public Health practice.

Objective	Strategy
1. Develop and implement a staff training plan surrounding Public Health practice based the agency Core Competency Assessment scores July 2023-May 2024.	1. 95% of TCHD Staff will complete the Core Competency Assessment in Spring 2023.
	2. Develop a training plan based on Core Competency Assessment scores by December 2023.
	3. Implement training plan January 2024-April 2025. *(Training plan will include Community Leadership and Emergency Preparedness)*
	4. Reassess staff on the Core Competency Assessment in May 2025.
2. Bring exposure to Public Health employment and Intern Opportunities annually throughout the next 3 years. July 2023-June 2024 July 2024-June2025 July 2025-June2026	1. 100% of TCHD Divisions will attend a job fair/outreach event annually. (July 2023-June 2024, July 2024-June2025, July 2025-June2026)
	2. TCHD will employ a minimum of 2 intern opportunities annually.
	3. 100% of TCHD Divisions will work with an educational entity (junior high or older) to increase understanding of public health roles and career opportunities. *(Highlight college credits, reimbursement incentive, public health loan forgiveness, etc.)*

Goal #2:   Maintain and Improve High Quality Public Health practice.

Objective	Strategy
1. Management will Identify and ensure 100% of staff Individual Training Plans include essential job specific training to perform at a quality level and address identified gaps in the Core Competency Assessment and PH Wins Assessments annually.	1. 100% of TCHD employees will receive an Individual Training plan in July of each year indicating essential training for their program of work.
	2. TCHD Management will identify Core Competency staff improvement areas biannually and ensure a minimum of 1 training addressing the identified area is included on each staff member's Individual Training Plan.
	3. TCHD Management will identify staff improvement areas biannually by analyzing PH Wins data and ensure a minimum of 1 training addressing the identified deficit area is included on each staff member's Individual Training Plan.
2. By December 31, 2024, 100% of TCHD staff will be trained on each of the Agency plans including the following: PMQI, Workforce Development, Grant Management, Customer Service, Cultural Competency, CHIP, Strategic Plan.	1. Management will prioritize plans and develop a training timeline by December 31, 2023.
	2. 100% of plan trainings will include 1) review the plan 2) explanation of how the plan aligns with staff job duties, and 3) why it is important to the division and the agency.
	3. Trainings will be implemented per the timeline prior to December 2024.

3. Quarterly beginning July 2023 – June 2026, TCHD Management will evaluate policies, programs, and services while implementing strategies of continues improvement.	1. Division management will be trained on the PMQI plan including the reporting avenues in Spring 2023.
	2. Division Management will provide performance management data quarterly per the PMQI plan for each measure highlighted on the dashboard.
	3. Division Management will complete and submit QI reports per the PMQI plan for 100% of the division QI goals.
	4. Division Management will assess the status of both performance management measures and quality improvement projects in June of each year (2024,2025,2026) to determine the appropriate placement and reporting avenue for the following year.

Community Collaboration

Goal #1:   Assess and evaluate Public Health practice.

Objective	Strategy
1. 100% of TCHD Division's will obtain customer/client feedback and develop an annual action plan based on the results.	1. Division Management will determine data collection methods and timeline by September 30, 2023.
	2. Division Management will ensure a minimum of 2 data collection methods are utilized annually. (ie: paper survey, focus group, direct client contact)
	3. Division Management will set a response rate goal for each assessment and follow up with a secondary request/alternative collection method if not met.
	4. Data collected will be analyzed in June of each year and an Action Plan will be created outlining future performance management and quality improvement measures based on the findings.
2. Ensure the Community Themes and Strengths questionnaire includes 2-4 questions surrounding the perception of TCHD as an agency and our services/programs offered.	1. TCHD Administration will discuss with division management areas of concern surrounding perception 60 days prior to the questionnaire being developed.
	2. TCHD Administration will prioritize concerns and include a minimum of 2-4 perception-based questions on the survey.
	3. Survey data will be analyzed, and an Action Plan will be created outlining future performance management and quality improvement measures based on the findings.

Goal #2:   Implement Community Leadership Practice

Objective	Strategy
1. 100% of TCHD staff will be trained in and implement the best practices outlined in NACCHO's Partnership Evaluation Guide.	1. Division Directors will lead staff through the guide and implement outlined activities prior to June 30, 2024.
	2. Divisions will evaluate existing partnerships, including TCHD's role in those partnerships prior to June 30, 2024.
	3. Utilizing knowledge from the Partnership Evaluation Guide and the Community Leadership training, divisions will develop an action plan and set goals surrounding increasing quality partnerships prior to June 30, 2024.
	4. Action plans will be implemented annually July 2024-June 2025 and July 2025-June 2026.
	5. Divisions will reevaluate their partnerships in July of 2024 and 2025 to assess progress.

Sustainability

Goal #1: Ensure sustainability by monitoring and understanding public health threats and opportunities.

Objective	Strategy
1. Achieve pre-pandemic staff retention by June 30, 2023. <table><tr><td><1 year</td><td>76.90%</td></tr><tr><td>1-4 years</td><td>84.20%</td></tr><tr><td>5-9 years</td><td>76.90%</td></tr><tr><td>>10 years</td><td>97.50%</td></tr></table>	1. By June 30, 2024, develop a staff Onboarding and Retention plan addressing recruitment, wages, orientation, training, evaluation, stay and exit interviews, etc.
	2. TCHD management will implement the Staff Orientation plan beginning July 1, 2024 for 100% of new hires.
	3. TCHD Management will be trained in Holistic Leadership July 2023-June 2024 and model learnings in future years.
	4. 100% of TCHD staff will be trained and develop an action plan surrounding the best practices outlined in the Joy in Work Toolkit July 2024- June 2025.
	5. TCHD will implement the Joy in Work action plan July 1, 2025- June 30, 2026.
2. TCHD will develop annually and monitor monthly a budget that meets the needs of the agency, including capacity, retention, and expansion of services. December 2023-November 2024 December 2024-November 2025 December 2025-November 2026	1. Management will monitor grant funding levels and expenditures monthly at budget meeting.
	2. TCHD will utilize the PIP-T team to vet new and expanding funding opportunities to ensure they fulfill our mission.
	3. Management will develop an avenue to monitor revenue and expense patterns for each fee for service programs quarterly at budget meetings to determine ongoing capacity of health department resources.
	4. An action plan for expansion based off the internal scan of fee for service programs and the Community Health Needs Assessment will be developed and submitted to the Administrator in May of each year.
	5. TCHD's annual budget will support a minimum of 2 paid internship opportunities each fiscal year.

APPENDIX A

Summit Report Conclusions

Conclusion

The first virtual convening of the *Lights, Camera, Action: The Future of Public Health* National Summit Series brought together nearly 1,200 public health workers from across the United States. The first summit concentrated on the issue of public health workforce development.

LIGHTS: Inspiring Public Trust, Sustained Funding and Recruitment

Guided by the resources referenced throughout this report, the field can reposition public health through unified messaging to rebuild public trust, advocate for sustained funding for the public-health workforce and infrastructure and attract a new and diverse workforce. Key efforts in this work will involve framing public health as essential infrastructure, addressing the recent politicization of the field and introducing public health education early in schools.

Documenting the jobs and workforce that currently make up the field can be accomplished by conducting an updated enumeration of the public health workforce, clarifying the multisectoral and multidisciplinary nature of public health, emphasizing the community power-building function of public health and lifting up the key role that community health workers play in that work.

Last but not least, the field can communicate the universal value of public health to the public by featuring a variety of perspectives and diverse messengers, engaging legislators early and often and advocating for long-term, sustained funding for public health after the urgency of COVID-19 begins to subside.

CAMERA: Investing in Sustainability and Centering Equity

Refocusing attention on investing in sustainability while centering equity will help public health attract and retain the diverse and effective workforce that is needed. Attracting and retaining this talent must start with a scientific approach to workforce development and planning that includes assessing what is working and what is not working and utilizing statewide commissions to engage diverse stakeholders in planning and preparing for the future of public health.

Modernizing public health human resources systems and infrastructure is fundamental to building a diverse and effective workforce. This work requires centering diversity, equity and inclusion; developing new pipelines and defining career pathways to attract and retain a diverse and talented

workforce; providing staff with needed resources and supports for their well-being and investing in fair and competitive salaries; advocating for changes to funding mechanisms that allow for long-term planning and sustainability; and providing targeted supports and funding to tribal and small local and rural health departments.

Developing approaches to working with intermediaries that support and strengthen public health infrastructure in the short and long term will be aided by defining the roles and functions of intermediaries and learning from recommendations and lessons that were shared during this summit.

ACTION: Building a Diverse and Inclusive Workforce

In order to take action to build a diverse and inclusive public health workforce, it is critical to set explicit goals and targets for diversity, monitor and share progress, evaluate and readjust as needed to ensure accountability.

Building upon the unified messaging around the function and value of public health, the field must reevaluate the qualifications required for public health workforce candidates and reduce the "cost of entry" into the field. Reassessing public health job descriptions and competencies after COVID-19 will help determine how to be more flexible and welcome greater diversity by expanding thinking beyond the traditional academic public health pipeline.

Taken together, these efforts will provide an excellent pathway to recruit, hire and retain the diverse and effective workforce needed for public health to confidently and successfully face future health threats.

Themes for Action

This summary report provides an overview of the feedback from the audience of summit 1, capturing a point in time of a very rich discussion with multiple partners. The following key themes emerged from the virtual convening as areas of potential action to move the field of public health forward toward achieving a more diverse and effective public health workforce:

- Advocating for sustained funding and infrastructure supports
- Establishing trust through increasing awareness of the work of public health
- Workforce planning and innovation through partnerships and statewide commissions
- Utilizing intermediaries to complement and strengthen public health capacity
- Providing targeted funding and supports to tribal partners and small local and rural health departments
- Developing new pipelines and career pathways
- Investing in competitive salaries and ongoing professional development
- Providing comprehensive supports for workers' mental health needs
- Creating accountable mechanisms to build a diverse, equitable and inclusive workforce

For more detailed recommendations for the future of public health, the cohosts and partners of this national summit series urge readers to review the reports that came out of the Bipartisan Policy Institute's bipartisan coalition, *Public Health Forward: Modernizing the U.S. Public Health System* and *The Future of Public Health: A synthesis report for the field*.

Summit Evaluation and Upcoming Virtual Convenings

The last poll conducted during the plenary asked attendees how effective the summit was in increasing their knowledge of solutions to build the public health workforce. No participants selected strongly disagree, and less than 10 percent provided a neutral response or selected disagree, while

more than 90 percent of attendees agreed or strongly agreed that the summit increased their knowledge of the topic. The hosts hope to maintain such a high level of satisfaction with the future virtual summits and welcome feedback before, during and after the individual summits.

SUMMIT FEEDBACK POLL: I gained knowledge on solutions to build the public health workforce. The format for the national summit series was conducive to increasing knowledge.	% of total responses
Strongly agree	27
Agree	65
Neither agree nor disagree	4
Disagree	5
Strongly disagree	0

The next summit will be held on January 25, 2022, and the topic will be *Creating an Interoperable and Modern Data and Technology Infrastructure*. If you have not already registered, you can do so on the summit website. This website will also include details on the final two virtual summits as that information becomes available.

The last two summits are *Effectively Financing Governmental Public Health Functions and Strengthening Public Health Law and Governance to Support a Modern System* in February 2022 and *Catalyzing Cross-Sectoral Partnerships and Community Engagement* in March 2022.

The cohosts and partners look forward to convening with you virtually and learning from your contributions to the future summits as we plan together how we can shape the future of public health.

Conclusion

The second virtual convening of the *Lights, Camera, Action: The Future of Public Health National Summit Series* brought together more than 1,500 public health workers from across the United States to discuss data and technology infrastructure modernization. Speakers shared their vision of what a modernized and interoperable data and technology infrastructure will look like:

> "So, what will be different because of the data modernization initiative? When the next emergency happens, we will have a foundation for data-sharing across all levels of public health for coordinated, scalable and timely case investigation, management and reporting And we will have shared analysis capabilities for rapid identification of trends within and across jurisdictions, including forecasting and things like the social determinants of health, and a prepared data science workforce and a decreased burden on data reporters and public health staff. What we've been able to prove during the COVID-19 response is all of this is possible, we can see these capabilities in a not-too-far-off future, and importantly we know how to get there."
>
> **DANIEL JERNIGAN**, MD, MPH, CENTERS FOR DISEASE CONTROL AND PREVENTION

At the same time, the perhaps-unforeseen undercurrent of all the discussions in the plenary session and the breakout groups was a demand for a culture shift within the field. As one breakout session participant explained:

> "It is a culture shift for the health departments to liberate and democratize the data But the most exciting part of it is when you're able to see community members use public health data, and having it being led by communities to drive action and good programmatic and policy changes at the local health department. So, I think that's where it can get exciting. And it goes back to trust Data use agreements, governance structures, charters—all those things can happen, but it really requires a lot of trust-building. I think it is a culture shift at the health department to go from that gatekeeper, curating, holding on tightly to the data to letting go of it, knowing that communities are your partners."

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LIGHTS: Relationship- and Trust-Building for Equitable and Sustainable Data Modernization

Guided by the resources referenced throughout this report, the field can produce a new future for public health that is rooted in equitable and sustainable relationships built on trust. Through meaningful partnerships with communities most impacted by health inequities, public health can establish a strong foundation of trust that will enable ongoing data sharing. This work will need to begin with shining a light on historical reasons for mistrust, including institutionalized structural racism and misuse of data, and writing a new script with community partners for data as a common good for the public's health.

CAMERA: Centering Equity, Interoperability and Sustainability in Data System Design

Following the guiding principle, "nothing about us without us," public health can design a modernized data and technology infrastructure by focusing on equity, interoperability and sustainability. Engaging stakeholders at every level, at every step of the process will create the foundation for equitable data systems and governance. Together with these stakeholders, public health can integrate a variety of data sources to paint a rich picture with, by and for the communities public health serves of their assets as well as their needs. Sustainability will require ongoing funding and sustained community trust-building.

ACTION: Democratizing Public Health Data and Technology to Advance Health Equity

In order to take action to democratize public health data, public health will need to undergo transformations in education, training and communications to prepare itself to be a trusted partner in data for equity.

This work begins with education and training of the public health workforce on the history of structural racism and its impact on data, acknowledging and repairing the harm it has caused, and using and sharing the field's power to advance narratives that push for equitable systems change by elevating the lived experience and needs of communities most impacted by health inequities. Adapting to the digital age will require addressing the needs of a modern public health data workforce and change management to facilitate smooth transitions. Translating data into equitable action can be achieved by identifying the most appropriate data and technology for actionable intelligence and sharing that intelligence with impacted communities in real time.

Taken together, these efforts will allow public health to create an equitable, interoperable and sustainable modern data and technology infrastructure that will enable the field and its partners in the communities it serves to face current and future public health threats and, together, produce a new future for public health.

Themes for Action

This summary report provides an overview of the feedback from the audience of summit 2, capturing a point in time of a very rich discussion with multiple partners. The following key themes emerged from the virtual convening as areas of potential action to move the field forward toward modernizing public health data and technology infrastructure:

Innovate through meaningful partnerships and early and ongoing stakeholder engagement

- In partnership with communities most impacted by health inequities, cocreate a systematic public health approach to engaging with Black, Indigenous and people of color (BIPOC) communities, rooted in FAIR and CARE principles, to advance equitable systems change through data and technology.

- Re-envision how funding requirements can be designed to facilitate sustainable partnerships—e.g., reducing the impetus for grantees to make quick, unilateral decisions without engaging community partners.
- Systematically identify existing local networks and partnerships; past relational harms and broken trust, especially with community groups; build from current relationships and do local stakeholder/partner mapping, asset mapping and power mapping to set the foundation for meaningful data partnerships.
- Evaluate successful and unsuccessful cases of community engagement around innovative data on health inequities, such as COVID-19 wastewater surveillance, to identify and share best practices and lessons learned.

Invest in building and sustaining trust for effective data sharing.

- Make innovative investments at the state and local level with communities to help build and sustain the needed trust, capacity and relationships to advance equitable data modernization.
- Build into funding opportunities and requirements time and resources to invest in the needed ongoing relationship and community trust-building that will enable success and sustainability.

Strengthen data, technology and informatics skills in the public health workforce.

- Implement pro bono programs to embed tech and informatics experts into health departments.
- Develop structures for regional staff, skill and data-sharing through workforce innovation hubs, similar to the hurricane response hub model. Co-fund agreements to share staff for data purposes.
- Create fellowships for mid-level public health workers for cross-training and upskilling in data systems engineering and informatics.

Ensure equity and sustainability in data and technology infrastructure modernization.

- Establish requirements for periodic monitoring, analysis, and correction of data systems' and technologies' reflection of biases of their time. Likewise for standards for data collection and taxonomy.
- Establish rules and standards for application of small-population analysis methods with built-in privacy protections, including using privacy-preserving record linkages to link data across federated data sets, to correct for and prevent further marginalization of minority populations.
- When developing or procuring new data and technology systems and infrastructure, engage STLTs in their design, testing and execution to identify and implement changes to address particular needs and ensure alignment.
- When developing or procuring public-facing technologies, require accessibility assessments before purchase and/or implementation to ensure accessibility to marginalized populations such as people experiencing homelessness, non-native language speakers and people who are incarcerated.
- When determining funding for STLTs to support data and technology infrastructure modernization, ensure equitable distribution according to each agency's capacity and needs—recognizing that the costs of entry for technology are substantial regardless of the size of the population it will be serving.

Acknowledge and repair historical harms.

- Implement and incorporate into accreditation requirements fieldwide education and training on the history of institutionalized structural racism and how it has shaped data collection, analysis, translation and utilization.
- Incorporate education on Tribal Public Health Authority and FAIR and CARE principles for Indigenous data governance into all academic public health programs and require trainings for federal and STLT employees in regions where tribes are located.

Democratize collection and sharing of data for narrative building that advances racial justice and health equity.

- Adopt and utilize a standard screening tool to capture social and structural determinants of health measures, such as the Accountable Health Communities tool, to enable linkage of health outcomes data with determinants.

- Conduct a systematic review of sources of data that can measure the root causes of health inequities in addition to community strengths and assets to contribute to a more holistic, structural and restorative approach to data collection, analysis and utilization.

- Conduct a systematic review of existing and attempted community information exchanges (CIEs) or community data trusts to identify best practices and lessons learned for equitable and scalable implementation.

- Develop an adaptable but scalable playbook to guide data and technology modernization that promotes inclusivity, meaningful community engagement and framing of inequities and solutions around structural determinants.

For more detailed recommendations for the future of public health, the cohosts and partners of this national summit series encourage a review of the reports that came out of the Bipartisan Policy Institute's bipartisan coalition, *Public Health Forward: Modernizing the U.S. Public Health System* and *The Future of Public Health: A Synthesis Report for the Field*.

Summit Evaluation and Upcoming Virtual Convenings

The final poll conducted at the end of plenary asked attendees how effective the summit was in meeting the objective: "Create an environment to facilitate growth and understanding necessary to support data solutions that assure real-time actionable intelligence that people, public health, communities and the private sector can use to prevent disease, promote wellness and assure prosperity." Nearly 88 percent of respondents said the summit was very effective or effective at meeting this objective.

Additionally, summit participants were asked whether they and their team will be able to take action based on the information from this summit over a range of time periods. More than 55 percent of respondents said they would be able to take action immediately or within two to six months.

The third virtual summit took place on February 23, 2022, with the topic of *Effectively Financing Governmental Public Health Functions and Strengthening Public Health Law and Governance to Support a Modern System*. The last summit on *Catalyzing Cross-Sectoral Partnerships and Community Engagement* was held on March 23, 2022. The summit website includes recordings, summary reports, accelerating action reports and other details on all of the virtual summits as that information becomes available.

The cohosts and partners look forward to learning from your contributions in the future as we plan together and write a new script for the future of public health.

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Conclusion

The third virtual convening of the *Lights, Camera, Action: The Future of Public Health National Summit Series* brought together nearly 1,500 public health workers from across the United States to discuss strengthening public health governance, finance and law to support a modern system. Although governance, finance and law are addressed individually in this report, none of these domains stands alone. In fact, they are interdependent; strengthening and supporting a modern public health system requires synergy across all three domains.

LIGHTS

This third summit of the *Lights, Camera, Action* series highlighted good governance through clear, effective communications; navigating innovations in public health finance; and understanding fundamentals of public health law and authority.

CAMERA

The presenters and participants at this third virtual convening recommended the field reframe and refocus its approach to governance, toward equitable and inclusive community engagement; to finance, by transforming the public health finance ecosystem for equity and justice; and to law, by seeing it as a tool for advancing health equity and racial justice.

ACTION

Finally, attendees of the third summit were urged to take action through governance, by deepening cross-sector and community partnerships to advance health equity; through finance, by financing a sustainable future for public health; and through law, by embedding law and advocacy in public health learning and practice.

This summit honed in on the connection between these three domains in public health at this point in history, refocused the camera on their potential impact across and between the different levels of government, and produced a new script for action to strengthen each of these domains individually and collectively to support a modern public health system.

Taken together, these efforts will allow public health to strengthen governance, finance and law to support a modern system that will enable the field and its partners to face current and future public health threats and, together, produce a new future for public health.

Themes for Action

This summary report provides an overview of the feedback from the audience of the third *Lights, Camera, Action* summit, capturing a point in time of a very rich discussion with multiple partners. The following key themes emerged from the virtual convening as areas of potential action to strengthen governance, finance and law to support a modern public health system:

- **Public health communications**
  - Conduct an assessment of public health communications, identify best practices and areas for improvement and develop strategies for communicating about public health that will resonate in different circumstances and geographies.
  - Communicate about the positive accomplishments of public health and its contributions to improving quality of life in good times.
  - Elevate qualitative data in public health communications and evaluation.
  - Seek assistance from communications and marketing experts.
  - Establish and sustain two-way communication channels between public health and the communities it serves.
  - Train public health workers in the skill of listening to improve public health communications and governance.
  - Reclaim and embrace a values-based approach to public health communications.

- **Community engagement**
  - Institutionalize the practice of humility in the field of public health, particularly when it comes to community engagement.
  - Utilize an asset-based approach in community engagement.
  - Train public health workers in spectrums of community leadership to institutionalize power-sharing.
  - Challenge and transform power dynamics in community partnerships by sharing decision-making power.
  - Engage affected communities early in the public health policy development process.

- **Uproot structural racism in public health**
  - Tackle racial equity internally within public health agencies and organizations before taking on racial justice externally.
  - Embrace tension and discomfort as essential to the process of uprooting structural racism.
  - Systematically identify and acknowledge historical harms caused by public health at every level of governance and partner with the most-impacted communities to collectively determine how to repair and heal from those harms.
  - Develop standardized measures for structural racism to communicate and monitor the impacts of racism over time.

- **Innovations in finance**
  - Educate public health workers on new and existing funding opportunities.
  - Educate public health workers on innovative strategies to finance public health work.
  - Adopt a holistic view of the public health finance ecosystem to facilitate innovation and long-term impact.
  - Reduce barriers to funding innovations by increasing flexibility and duration of funding.
  - Make disease-agnostic funding the norm rather than the exception.

- Reduce barriers to distributing funding effectively by allocating more funding directly to local entities rather than through the states.
- Reconsider competitive grant processes to ensure funding is distributed equitably according to need.
- Invest in capacity building for financial stewardship with community partners.

- **Workforce development**
  - Invest in public health salaries
  - Assess inclusion and belonging within the public health workforce and develop and standardize strategies and policies to improve both.
  - Expand beyond traditional public health skill sets in hiring, education and training to address structural determinants of health inequities.

- **Public health law**
  - Increase education and training on the fundamentals of public health law and authority—including tribal and territorial law and authority—for all public health workers.
  - Embed legal expertise into every area of public health practice.
  - Identify and share model laws and policies that can be adapted to address fundamental drivers of health inequities in different settings.
  - Standardize evaluation of the impacts of laws on public health and health equity to communicate and monitor changes over time.

- **Embrace advocacy**
  - Accept that public health is inherently political.
  - Normalize advocacy as an essential public health practice.
  - Fund advocacy for solid infrastructure and sustained resources for public health.
  - Engage and educate elected officials on public health law and practice.

For more detailed recommendations for the future of public health, the cohosts and partners of this national summit series urge readers to review the reports that came out of the Bipartisan Policy Institute's bipartisan coalition, *Public Health Forward: Modernizing the U.S. public health system* and *The Future of Public Health: A synthesis report for the field*.

Summit Evaluation and Upcoming Virtual Convenings

The final poll conducted at the end of the plenary asked attendees how effective the summit was in meeting its objectives: "Elevate the connection between law, governance and finance in public health at this point in history and their impact/potential across and between the different levels of government" (96 percent selected "Effective" or "Very Effective"); "Offer tools, strategy and information to policy makers and public health officials to strengthen public health" (93 percent selected "Effective" or "Very Effective"); and "Strengthen relationships throughout the field of public health across different areas of focus and levels of government" (91 percent selected "Effective" or "Very Effective").

Additionally, summit participants were asked whether they and their team will be able to take action based on the information from this summit over a range of time periods. Nearly two-thirds (63 percent) of respondents said they would be able to take action immediately or within two to six months.

The fourth and final summit was held on March 23, 2022, on the topic of *Catalyzing Cross-Sectoral Partnerships and Community Engagement*. The summit website includes recordings, summary reports, Accelerating Action reports and other details on all the virtual summits as that information becomes available.

The cohosts and partners look forward to convening with you virtually and learning from your contributions to the future summits as we plan together and write a new script for the future of public health.

Conclusion

The fourth virtual convening of the *Lights, Camera, Action: The Future of Public Health National Summit Series* brought together more than 1,700 public health workers from across the United States to discuss catalyzing cross-sector partnerships and community engagement.

LIGHTS: Appreciating and Strengthening Partnerships for Public Health

Recognizing the value of existing partnerships for public health during the COVID-19 pandemic and beyond will help the field and potential partners recognize how partnerships maximize resources, existing partnerships facilitate preparedness and partnerships can protect and support public health against threats and opposition.

Furthermore, identifying and embodying best practices and lessons learned in establishing new cross-sector and community partnerships; devoting flexible, long-term investments directly to community-based organizations; learning how public health and business can support each other and understanding the science of coalitions will ensure that existing, new and future collaborations are established and sustained through an iterative process of continuous learning and improvement.

CAMERA: Refocusing and Reframing Skills and Strategies for Transformative Partnerships

Public health can earn the trust of existing and potential partners through uprooting structural racism in public health, practicing humility and listening and ensuring accountability. The field can shift power dynamics by practicing an asset-based approach to community partnerships, letting go of power and appreciating the role of external facilitators. Once public health has mastered these skills and strategies, it can engage in co-creation with partners, rooted in an understanding of each other's languages and a shared vision and goals. Refocusing and reframing these skills and strategies will make public health a better partner in transformative cross-sector and community engagements moving forward.

ACTION: Ensuring Sustainability, Evaluating and Communicating Impact

Public health can invest in sustainability through systems change by moving from rhetoric to action in its approach to racism as a public health crisis, changing funding structures to invest in the time and capacity needed for sustainable partnerships, building upon partnerships established during COVID-19 and considering a reevaluation of the entire field through a Turning Point 2.0.

Public health evaluation, too, needs to be restructured to measure the impacts of transformative partnerships. This can be achieved by identifying tools for impact evaluation, convincing funders to have more realistic expectations for effective public health work and implementing partner-defined metrics in evaluation. Communicating the value and impacts of public health work will require creativity, such as illustrating public health impact through the arts, and effectively communicating the importance of anti-racist work in public health across different settings.

Taken together, these efforts will allow public health to catalyze cross-sector partnerships and community engagement that will enable the field and its partners to face current and future public health threats and, together, produce a new future for public health.

Themes for Action

This summary report provides an overview of the feedback from the audience of summit 4, capturing a point in time of a very rich discussion with multiple partners. The following key themes emerged from the virtual convening as areas of potential action to move the field forward toward catalyzing cross-sector partnerships and community engagement:

- Restructure funding opportunities to allow for greater flexibility in how funds are used and longer funding periods to ensure time for success.
- Rethink impact evaluation.
- Invest in partnerships for sustainability.
- Strengthen partnerships between business and public health.
- Strengthen and support coalitions.
- Address structural racism in public health.
- Shift power dynamics.
- Consider revisiting the Turning Point approach to reevaluate the field as a whole and its future.

For more detailed recommendations for the future of public health, the cohosts and partners of this national summit series urge readers to review the reports that came out of the Bipartisan Policy Institute's bipartisan coalition, *Public Health Forward: Modernizing the U.S. public health system* and *The Future of Public Health: A synthesis report for the field*.

Summit Evaluation

The last poll conducted at the end of the plenary asked attendees how effective the summit was in meeting its objectives. There was overwhelming agreement (97 percent selected Very Effective or Effective) that the summit met its objectives of "Demonstrating the critical role of multi-sector partnerships in achieving healthy and vibrant communities that benefit everyone" and "Sharing approaches on how to engage communities and improve health through effective partnerships among sectors including government, business, academic and community-based organizations" (95 percent selected Very Effective or Effective). And 91 percent of respondents said that the summit was Very Effective or Effective in meeting its objective of "Exploring innovative tools, policies and incentives that sectors can draw upon to mobilize and sustain high-impact partnerships."

Summit attendees were also asked if they and/or their team "will be able to take action based on the information from this summit," and 73 percent of respondents said they would be able to take action immediately or within two to six months.

This fourth virtual summit concluded the *Lights, Camera, Action National Summit Series*. The summit website includes recordings, summary reports, Accelerating Action reports, and other details on all of the virtual summits as that information becomes available.

The cohosts and partners thank you for your participation in this summit series and hope it inspired and motivated you to take action, together, to produce a new future for public health.

APPENDIX B

Summary of Past Strategic Plan Progress
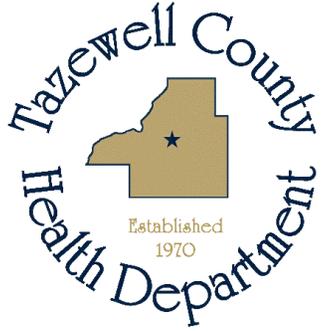
Strategic Plan

Summary of Progress

Karla Burress

2021-2023

The purpose of the Tazewell County Health Department Strategic Plan is to:

- ✓ Clearly establish Tazewell County Health Department's future path as it aligns with our Mission and identified goals, strategies, and objectives.
- ✓ Provide an outline of our goals, strategies, and objectives so that they can be clearly communicated to our staff, Board of Health, partners, community members, and stakeholders.
- ✓ Provide a framework for strategic resource allocation
- ✓ Provide a base for systematically assessing our organizations efficiency and effectiveness so that progress can be measured, and informed change can be made when necessary

This report will summarize the progress that Tazewell County Health Department has made in completing the outlined objectives within the strategic plan and a description of the overall change/effect the work has had toward fulfilling TCHD's mission and vision. The following color rubric will be used to indicate the goals status.

100% Complete
Complete and On-going
Progress being made
Started
Not Started, Postponed, or No Progress

**Please note that the initial start of the work for the strategic plan which was supposed to begin in the 2020-2021 performance year was delayed by 1 year due to TCHD responding to the COVID19 Pandemic.

Sustainability of Agency and Workforce

Goal #1: Expansion of Services

Objective	Strategy	2022	2023
Funding **1) By December 2020, have an Advanced Professional Registered Nurse hired and providing services to TCHD's Women's Health clients**	A) Onboard an APRN by February 2020	Completed. APRN started 3/2/2020	
	B) Create the necessary credentialing and billing channels by April 2020	Completed for all current services being offered.	
	C) Complete client surveys to gage interest in TCHD's APRN services by May 2020	Survey completed via IBCCP client intake in 2020	
	D) Begin to see women in TCHD Clinic by 7/2020	Completed.	
	E) Monitor APRN billing and services monthly to ensure program sustainability	Billing is monitored	Expense vs. Claims for APRN services is being monitored on the Performance Management Dashboard.
2) By July 2021 conduct a feasibility of coordinated intake for Senior Mental	A) Conduct a feasibility study amongst current healthcare organizations providing mental health services in Tazewell County by 8/2020.	Due to COVID and loss of staff that was to begin this work, this was not completed. We will	Starting July 1, 2023, we will be hiring a planner/ health educator who could build opportunities for

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100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

Health and Social Work Services and begin implementation of services		reevaluate once we are in our new space in Pekin.	collaboration and alignment of work in our county among organizations and citizens around mental health services. We received funding for a full-time educator. So the work in mental health will begin but the objectives have changed.
	B) Create the required billing channels as Recommended from the study by 10/2020		
	C) Research and select a technology platform to coordinate intake and referrals amongst providers by 10/2020		
	D) Market and educate providers including TCHD staff on the selected central referral system by 11/2020		
	E) Begin a pilot phase to test the intake and referral processes; manage referrals/intake by 11/2020		
	F) Identify community partners with potential MSW students and assist with improving career pathways to Mental Health providers. Sign agreements accordingly by 10/2020		
3) By December of 2021 establish Dietitian Services within TCHD	A) Select committee for feasibility study by July 2020		

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100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

	B) Identify potential gaps for the community that this position may fill and/or assist with health priorities by September 2020	Director of Birth to 5 identified several potential services: Infant feeding consults, diabetes self-management, heart health, cooking class, health coaching. Dietetic Intern could possibly become a regular rotation at TCHD—assign 3 community programs: Childhood, Disease, and Wellness.	We will potentially revisit this once WIC services has moved into their new building putting them closer to the population they serve.
	C) Look at potential billing opportunities for area identified as gaps by December 2020	Billing opportunities ranges from 27.80-39.12 per 15 minutes.	
	D) Create a plan with detail on sustainability for presentation to BOH by March 2021	Work will continue for FY23	
	E) Work with Budget process to add position to TCHD by October 2021		
	F) Hire position if applicable by December 1, 2021		

Goal #2: Ensure Appropriate Pay and Benefits

Objective	Strategy	2022	2023
1) By December 2022 ensure TCHD offers competitive wages and benefits to current and perspective employees	A) Conduct a wage and benefit study comparing TCHD to like agencies (public health, hospital, private, industry) by June 2021	Completed	
	B) Develop a report outlining findings by December 2021	Completed	

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100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

	C) Present report along with recommendations (if applicable) to the Board of Health by March 2022	Korn Ferry report has been shared verbally at BOH meetings.	
	D) Present to county board in alignment with FY23 budget meetings	Wages and benefits have been discussed at several meetings; discussions on rate of pay, minimum wage increases, longevity bonuses to go along with recent downtown county office union contract; raising of on call pay.	In December of 2022, a pay/scale adjustment was completed for all staff which took into consideration an employee's date of hire, their position, current rate, years in various positions, and where they should be in the Minimum/Midpoint ranges, and projected increase for raises in FY23. Final increases were 3.5% or higher. This plan does take care of some of the compression issues.
2) By June 2022 conduct an evaluation study to determine how the evaluation system works in relationship to wages	A) Conduct an evaluation study testing cases to determine the overall ratings impact on retention and compression by June 2021	This work has been started but will be moving forward to FY23.	
	B) Develop a report outlining the findings including recommendations for improvement (if applicable) by December 2021		
	C) Revise the current evaluation procedure/tool accordingly by May 2022 to	Revise the current evaluation by May 2023 to be utilized throughout the	The evaluation procedure was adjusted to help alleviate issues with

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100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

		2023-2024 evaluation period.	compression. Any employee who is hired before 12/31, will complete the regular evaluation cycle (that started 7/1 of every year) so that they will be eligible for merit raise in the following year.
be utilized throughout the 2022-2023 evaluation period			

Goal #3: Increase Staff Retention

Objective	Strategy	2022	2023
1) By June 2021 complete a workforce retention study and summary report including both internal and external findings	A) Research like agencies retention plans (wages, benefits, interview process, onboarding process, work weeks) by June 2021	Completed June 2022	
	B) Interview current TCHD staff to determine why they stay with the agency by December 2021	Due date moved to December 2022—Planning staff will work as a team to develop a "talent branding" for TCHD.	This strategy is moving forward into the next strategic planning cycle.
	C) Study exit interviews bi-annually to identify trends amongst those leaving the agency and address comments accordingly	Progress being made--Ongoing	Continue to monitor exit interviews. This strategy will potentially move forward in the next strategic plan.
	D) Develop a report of findings prior to December 2021 outlining recommendations.	Due date to be moved pending completion of interviews with staff.	Moving to the next strategic plan

100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

| 2) By June 2022 create a workplan from the workforce retention study including actionable measures for each fiscal year. | A) Determine what recommendations are within TCHD's capacity to accommodate by March 2022. | Due date moved to March 2023 | Moving to the next strategic plan |
| | B) Develop a workplan including actionable measures to incorporate the approved recommendations by June 2022 | Due date moved to June 2023 | Moving to the next strategic plan |

Population Health Focus

Goal #1: Program Planning

Objective	Strategy	2022	2023
1) Annually ensure 100% of TCHD health promotion policies, programs, process, and interventions are strategic and address populations that have higher risks for poorer health outcomes	A) Ensure 100% of health promotion programs are utilizing best practices	18 checklists were completed and approved throughout 2021-2022. All of which were from Community Health and Environmental Health. Checklists indicate 13 of 18 are utilizing best practices	9 check lists were completed and approved, all of which were from Community Health. Checklists indicate 9 of 9 are utilizing best practices.

| 100% Complete | Complete & Ongoing | Progress being made | Started | Not started or postponed |

	B) Ensure 100% of health promotion programs are created and implemented as a collaborative process with community partners, stakeholders, or community members	Checklists indicate 12 of 18 were created and implemented as a collaborative process.	Checklists indicate 7 of 9 were created and implemented as a collaborative process.
	C) Ensure 100% of health promotion programs consider inclusion of health equity factors for specific populations	Checklists indicate 16 of the 18 did consider inclusion of health equity factors for specific populations.	Checklists indicate 9 of 9 did consider inclusion of health equity factors for specific populations.

Goal #2: Increase Public Health Awareness

Objective	Strategy	2022	2023
1) 90% of identified staff members will be educated on public health awareness topics and trained how to market public health programs/messages through an awareness lens	A) 90% of identified staff members will be trained annually surrounding marketing outreach to establish consistency in messaging with the why data in mind (how to construct Why data messages)	100% of staff were trained.	

100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

	B) 90% of TCHD workforce will receive public health awareness education annually per Core Competency group assignments (monthly awareness messages vs face to face)	96% of all staff were trained	
2) Track marketing messages quarterly to ensure the "Why" message is included when submitted to management	A) 50% of marketing messages received in FY21 will include an appropriate "Why" message		
	B) 75% of marketing messages received in FY22 will include an appropriate "Why" message	Completed	
	C) 90% of marketing messages received in FY23 will include an appropriate "Why" message		Completed—90% of messages include an appropriate Why message—This will be moving to the Performance Management Dashboard.
3) Public Health awareness campaigns will occur quarterly throughout FY21-FY24	A) Birth to 5 will provide marketing information for at minimum 2 public health awareness campaigns	Formula shortage, AOK Support group	Prenatal Group, WIC saves
	B) Business Operations will provide marketing information for at minimum 2 public health awareness campaigns		Phone Issues, Building closed
	C) Clinic will provide marketing information for at minimum 2 public health awareness campaigns	Covid vax for 6 months – 4 years, Testing	DOT physicals, new services

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100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

	D) Community Health will provide marketing information for at minimum 2 public health awareness campaigns	Reveal the Teal, Tobacco	MHFA, Heart month
	E) Environmental health will provide marketing information for at minimum 2 public health awareness campaigns	Ticks, Radon Week	Mosquitoes, Recycling
	F) Office of Planning will provide marketing information for at minimum 2 public health awareness campaigns	Lung screening, NPHW	Naloxone, Severe Weather, Outbreak

Goal #3: Ensure Health Equity

Objective	Strategy	2022	2023
1) Ensure equitable access to quality services and education amongst those represented within Tazewell County identifying a minimum of 2 priority areas per year.	A) Complete the Advocates for Access Accessibility Audit and develop a workplan per the recommendations by June 2021.	Completed in FY22	
	B) Access select programs/curriculum for best practice models surrounding LGBTQ+ populations and make the appropriate programmatic/curriculum adjustments as recommended by May 2021	Completed in FY22	
	C) Determine FY23 priority areas by May 2022		

100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

2) Annually monitor agency and division workplans to ensure health equity	A) Ensure 100% of TCHD programs have completed the Health Promotion Program Planning Checklist per procedure	18 checklists were completed and approved throughout 2021-2022. All of which were from Community Health and Environmental Health.	9 check lists were completed and approved, all of which were from Community Health.

Communication and Cooperation

Goal #1: Increase staff to staff communication and cooperation

Objective	Strategy	2022	2023
1) Increase Staff to Staff Communication and Cooperation ratings to a 4, as reported on the annual Employee Satisfaction Survey	Presentations—EAP or other organizations; Conflict in the Workplace; Model Positive Attitude	Several divisions did workshops/trainings in these areas.	Work continues to be done in all of the areas. The 2022 Satisfaction survey revealed the following scores for communication and cooperation:

All departments in this organization cooperate (3.62)
• The communication channels in TCHD are effective and accurate (3.70)
• I am satisfied with the benefits I receive (3.85)

Communication from Directors received the highest score of 4.02, communication from Supervisors scored 3.82, |
| | Division Retreat—Team Building Focus | The Clinic Division participated in a team-building retreat on April 27, 2022; EH Division did an all-day retreat that included reworking the divisions workplan; Birth to 5 held a team building retreat on 6/1/2022; | |
| | Interdivisional Retreats—4 x per year | EH went to Birth to 5 Division for an explanation of their programs and attended a snack/social hour; EH did a presentation for Clinic Services Division staff on the Wastewater Covid 19 program | |

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100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

	Role Awareness—Job Shadowing, employee spotlights	Employee Spotlights are being sent out according to the calendar. Some staff have completed their job shadows and others are in progress.	and communication from Administration scored 3.77. Communication scores from the levels of Administration and Directors have improved slightly from the 2021 scores.
	BE Kind Campaign—staff led, snack/social hour etc.	Offered chief's game outing to entire staff in June, nine staff members and families attended.	We are moving this Objective to Performance Management and will strive toward the measure of 4 or better.

100% Complete	Complete & Ongoing	Progress being made	Started	Not started or postponed

APPENDIX C

Strategic Planning Committee Team Notes

Members present: Erica Mutchler, Michelle Hobbs, Stacie Ealey, Amy Fox, Karla Burress, Brin Pflederer, Kelsey Cooper, Angie Phillips

Amy Fox explained how members were selected for the committee randomly based on years of service to TCHD. In addition, we wanted to ensure both male and female representation and representation from all levels of management. Amy Fox and Stacie Ealey will be co-facilitating the Strategic Plan process this cycle.

TCHD current strategic plan can be found under the "About Us" tab on TCHD's website. It began in 2020 and was intended to run for 3 years through December of 2022. Due to Covid the Strategic Plan timeline was extended to run through 2024, however TCHD intends to split the difference of the extension having our current Strategic Plan end on June 30, 2023, and the new one start July 1, 2023, in alignment with the state and several of our grant's fiscal year.

Karla Burress completes an annual status report on our current Strategic Plan and each of the initiatives. Based on these reports the management team feels TCHD is in good status as all initiatives are moving forward and show progress.

Amy gave an overview of the strategic planning process and explained that throughout the upcoming months our committee will be dissecting the organization, reflecting on how what's going on in the world impacts TCHD, assessing trends within agency, and determining our future direction.

TCHD will utilize a tool from NACCHHO, "Developing a Health Department Strategic Plan, How to Guide" to guide or work and help to develop our Strategic Plan. TCHD has used this tool in the past and it has proven to be successful. There is a video overview of this document that is approximately 11 minutes long that each committee member should view prior to our next meeting. Throughout the video they reference Kent County Health Department's strategic plan as it is gold standard. In addition to watching the video, committee members will receive a copy of Kent County's Strategic Plan to review. It is not necessary to read it in its entirety, just get a feel for the document and the components.

Committee members received a handout with TCHD's current Mission, Vision, and Values. Those not in attendance will receive it via interoffice mail. Each committee member should review this document to determine if our current mission and vision sound accurate or need adjusted or updated. Committee members should also review TCHD's current values and determine if they are still the same. Each committee member should discuss this document with at least one other colleague and gather their

Committee members discussed some current changes in our agency and the world around us and what we should be thinking about and considering as we move forward with the strategic planning process. Some highlights include:

Mental Health
Growth in social media and how this will impact services we offer
Addiction: keeping public up to speed
Reestablish Trust with Public
Be a Source of Education and Factual Information
Marketing of new location
Can the Pekin location be a one stop shop for TCHD clients and services; what nontraditional services can be offered in collaboration with partner agencies
How will being One Unit in 2 separate spots effect the agency, deliberately continue in person meetings
Staff Service Years, over 50% of staff new to Public Health, need to ensure accurate perceptions, training, and education of staff
Marketing TCHD as an employer … why you want to work here
Changing Dynamic of employment

This process will be a lot of discussion. The CHIP and CHNA (Community Health Needs Assessment) show us health issues in the community. The Strategic Plan process shows how we as a health department will move forward and be present where the future needs us to be.

Going forward, the committee with meet 4 - 5 more times for one hour or less and will end each session with a reflective question. There will be homework assignments between meetings that will be outlined at the bottom of the meeting minutes.

Next Meeting Date and Topics:
    Monday, January 16, 1:00 pm Board Room
    1. Mission visions values
    2. What a strategic plan looks like
    3. Discussion Where is Public Health right now
    4. Review internal TCHD surveys completed by staff

Save the Date:
    Monday, February 13 at 1:00 pm Board Room

Homework:
1) Watch the Strategic Plan Overview Video (link emailed)
2) Review the Kent County Strategic Plan (attachment emailed)
3) Review and discuss with a colleague TCHD's current Mission, Vision, and Values (handout)

Members present: Angie Phillips, Erica Husser, Morgan Murray, Kelsey Cooper, Brin Pflederer, Sarah Williams, Karla Burress

All committee members reported having the opportunity to watch the "What is Strategic Planning" video that was assigned as homework and there were no questions. This video lays out the process we will be going through in developing our Strategic Plan over the next few months.

There was a group discussion surrounding TCHD's current Mission, Vision, and Values. These are displayed on TCHD's website under the "About Us" tab. 2018 was the last revision as part of the Strategic Plan process. The committee discussed whether or not these still resonate with us as an agency or if there is a need for changes based on committee review or the review of a colleague.

It was determined the Mission and Vision would remain the same and the following changes were put forth for Values:
      Service: Equity should be included
      Collaboration: should be enhanced by highlighting our work with community partners
      Innovation: should include education and evidence-based resources at the end

An updated document of TCHD's Mission, Vision and Values will be sent back out to the committee for final review and will then go to the Board of Health and staff as part of our cycle of review. The cycle of review will ensure all items the committee puts forth are also being given to the BOH (board of health) and staff for feedback and proposed changes.

The committee's next charge will focus upon "Where are we with public health right now?". We will be utilizing the Lights Camera Action framework as our scan of public health nationally. The framework includes the following 4 sectors and committee members have been assigned to each:

- Achieving a Divers and Effective Public Health Workforce
  Morgan, Angie, Michelle
- Creating an Interoperable and Modern Data and Technology Infrastructure
  Karla, Brin
- Strengthening Public Health Law, Governance and Finance to Support a Modern System
  Sarah, Kelsey
- Catalyzing Cross-Sectoral Partnerships and Community Engagement
  Erica H, Erica M, Adam

Each committee will receive a link to the Lights, Camera, Action website as well as a PDF of articles to review prior to the next meeting. The PDF will include the Light's Camera Action summary report for your specific sector as well as other supporting articles. Each committee will also have an Equity article included in their PDF as Equity is our foundation and will be spread across each sector. When reviewing the articles please make note of any ah-ha moments that may include thoughts such as "I see this need", "I know this resource is coming to our community", "we are already doing this", "does TCHD need to do this", "I see this as a gap", etc.

The link to the website also includes other resources committee members may choose to review such as the actual summit training, slide presentations, and a podcase focusing upon each sector.

The meeting ended with discussion surrounding Gaps; areas we have left untouched or need to refresh and if they can be accomplished internally or externally. Gap areas brought to the table included:

-APN services needed due to change in Community, Plan Parenthood closed
-Virtual services (telehealth)
-Reproductive Care not being met
-Mental Health Issues, need Behavioral Health Specialists for foster children and maternal mental health
-Health Psychology (health fitness and mental health)
-Mom and Me Group
-Youth Behavioral Health in afterschool programs
-Website updates to list free workout opportunities, like Healthy HOI (Heart of Illinois) website
-Focus on well-being and wellness - different from health, includes mental health and physical fitness
-How does TCHD promote well-being? Community offices in Pekin location for client services may help

Amy informed the committee that TCHD will be hosting a CHIP planning meeting this week. The CHIP priority areas included Metal Health, Obesity (presence of disease), and Healthy Eating Active Living. Some items above may be addressed through the development of TCHD's CHIP goals and objectives, those not covered may be indicated as a Gap area in the Strategic Plan.

Upcoming Meeting Dates and Topics:

       Monday, February 13th at 1:00 pm Board Room
       Discuss findings of Sector Documents
       SWOT Analysis
       Dissemination of Internal TCHD data reports

       Monday, February 27th at 2:30 pm Board Room
       Discuss finding of Internal of Internal Documents
       SWOT Analysis

Homework:
1. View the Lights Camera Action Website

2. Read assigned Sector Articles and discuss with your sector partners
3. Final review of TCHD's Mission, Vision, and updated Values document

Strategic Planning Committee Meeting
February 13, 2023

Members present: Erica Mutchler, Adam Bazzetta, Michelle Hobbs, Amy Fox, Stacie Ealey, Karla Burress, Brin Pflederer, Sarah Williams, Kelsey Cooper, Erica Mutchler

The committee discussed final thoughts on the updated Mission, Vision, Values document. We will continue to think about the Collaboration value statement to ensure it encompasses both internal and external partnerships and will further revise the Innovation value to include surveillance. Stacie will update accordingly and send it out to all TCHD to gather feedback. Staff will provide feedback to the committee members from their Division.

All committee members had the opportunity to watch the "Difference Between Strategic Planning and Strategic Thinking" and "How to Improve Strategic Thinking" videos sent via email prior to the meeting and discussed take-a-ways.

The committee participated in a SWOT analysis of the assigned Lights, Camera, Action and supporting articles, and then outlined TCHD's Strengths, Weaknesses, and Opportunities in alignment to the national scan/trends of public health outlined in each the articles.
The committee will participate in the same exercise during the next meeting, however this time taking a look at local community and internal agency data. Group assignments are outlined below:

    Local Community Health Status Data: Sarah, Adam, Angie, Erica M, Morgan
    Internal TCHD Data: Kelsey, Karla, Erica H, Michelle, Brin

Supporting data reports will be emailed to each committee member to review prior to the next meeting. Upcoming Meeting Dates and Topics:

    Monday, February 27th at 2:30 pm Board Room
        Discuss finding of local community and internal TCHD data
        SWOT Analysis

Homework:
1. Read assigned data reports
2. Review updated Mission, Vision, and Values

Strategic Planning Committee Meeting
February 28, 2023

Members present: Erica Mutchler, Adam Bazzetta, Angie Phillips, Kelsey Cooper, Sarah Williams, Karla Burress, Amy Fox, Stacie Ealey

The committee discussed one further revision on our Mission, Vision, and Values statement; the word planning will be added to Innovation. The final draft will go to BOH later today 02/27, and to all staff tomorrow 02/28 for input.

The committee did a quick review of our SWOT analysis from the last meeting, looking at TCHD alongside public health trends on a national level, no additional discussion items had been added to our SWOT diagram or were brought forward during the meeting.

The committee continued our SWOT analysis, this time focused on the assigned Local Community Health and Internal TCHD data reports. TCHD's Strengths, Weaknesses, and Opportunities were identified based on these data reports.
Amy informed the committee of an article she will be sending out surrounding the Vital Conditions Framework as several of the committee's discussions tie back to this framework, and the future of public health may be utilizing this framework as a foundation.

 Upcoming Meeting Dates and Topics:

       Monday, March 13th at 1:00 pm Board Room
       Grouping Trends outlined on our SWOT diagram
       Prioritizing Areas of Focus

       Monday, April 10th at 1:00 pm Board Room
       Determining Goals and Objectives in Each Priority Area

Strategic Planning Committee Meeting
March 13, 2023

Members present: Angie Phillips, Erica Husser, Sarah Williams, Adam Bazzetta, Michelle Hobbs Erica Mutchler, Angie Philips, Stacie Ealey

The meeting started by recapping the work the committee has already done:

Update Mission Vision Values (no additional feedback from BOH or staff)
Looked at National External Public Health Data
Looked at Internal TCHD and Community Data
Identified TCHD's Strengths, Opportunities and Weakness based on the Data Reviews

Committee members voted on areas from the SWOT analysis they would like to see prioritized in the Strategic Plan. Any areas receiving at least one vote were placed into larger buckets: Workforce, Data, Outreach and Other. Please see the document attached.

Directors will review the items under the 4 buckets and identify if anything seems to be missing or not captured. Committee members will take this information back to all staff prior to the next meeting for them to do the same.

The committee will review any feedback received from directors and staff at our next meeting and look for areas of overlap within the Tri-County and TCHD CHIP documents. From there, we will further prioritize our areas of focus and begin to develop goals and objectives to be included in TCHD's next Strategic Plan.

Upcoming Meeting Date: April 10, 2023, 1:00 pm, Board Room

Strategic Planning Committee Meeting
April 10, 2023

Members present: Adam Bazzetta, Angie Phillips, Karla Burress, Erica Husser, Sarah Williams, Amy Fox, Stacie Ealey

Committee members reported they presented the SWOT priority areas to staff at their division meetings. No additional feedback was received.

The committee looked at each priority area, discussed those that are already being addressed through the CHIP and/or division work plans and removed them from the list.

The committee then grouped the remainder of the priorities under overarching goal statements. A document was drafted with the goal statements and initiatives under each. The number of votes each initiative received will also be included as we may need to further prioritize our scope. The document will be sent back out to the committee for individual review and to share with division staff and management. Feedback will be addressed at the next committee meeting.

The next Strategic Planning Committee meeting will be held on Monday, May 8th at 1:00 pm in the Board Room. We will look at solidifying objectives under each of the goal areas at this time.

Strategic Planning Committee Meeting
May 8, 2023

Members present: Adam Bazzetta, Angie Phillips, Karla Burress, Erica Husser, Erica Mutchler, Sarah Williams, Amy Fox, Stacie Ealey

Committee members reported feedback received from division staff surrounding the draft goals and objectives areas. Planning had expressed ensuring that staff training and orientation included emergency preparedness. This will be included in the strategies per the feedback.

Amy, Karla, and Stacie met a few times prior to this meeting to further solidify the goal and objective areas and brainstorm strategies for each objective. A more formalized Goals and Objectives document was created based on these discussions and was presented to the committee. The committee provided feedback and the document will be updated accordingly.

The updated Goal and Objective document will be emailed to each committee to share with their division staff either via email or at an upcoming division meeting. All feedback should be emailed to Amy and Stacie prior to June 1st.

Amy has been working on the narrative section of the Strategic Plan and referencing how the Lights, Camera, Action articles guided the committee's work. Once complete, the narrative will be emailed to committee members for review.

The final draft of the Strategic Plan including the narrative and the goals and objectives will go to the Board of Health for approval in May. Directors will get a copy of the Strategic Plan early June to help prepare for the upcoming evaluation year and the plan will be rolled out and go into effect for all staff July 1st.

This was the last in-person meeting of the Strategic Planning Committee. Thank you to everyone for your insight and contributions to this process!