

Mid-Michigan District Health Department



2017-2019 MMDHD Strategic Plan

October 1, 2017 – September 30, 2019

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Letter from the Health Officer

I am pleased that you are looking at the Mid-Michigan District Health Department's 2017-2019 Strategic Plan. This document lays out some of the most important goals the Department has, what it believes it will be doing to achieve those goals, and the philosophy that guides our work.

A local health department can function without a strategic plan, and many do. For example, our work is already defined in great detail by the Public Health Code and the categorical programs we are funded to provide. Furthermore, the opportunities we have to improve public health mostly come from supporting state and federal plans like Michigan's obesity, oral health and perinatal plans, the Affordable Care Act, the Food Modernization Act and others.

However, I believe the true importance of a strategic planning process is that it creates an opportunity for Department staff to bring their training, expertise and experience to bear. Through this process, staff can name any overlooked opportunities, describe the bottlenecks and inefficiencies that frustrate them, and share their vision of what we could and should be doing. I hope that working on this plan has enabled staff at the Mid-Michigan District Health Department to do just that.

Establishing a strategic plan really does help us achieve our goals: we say what we are going to do and then we do it! In our previous plan we said we were going to establish a community health worker program and we did it; we said we were going to automate our Client Satisfaction Surveys and Quarterly Service Reports and we did it; we said we were going to fully automate environmental health and we did that, too.

The current plan names some of the most important things we are involved in in our communities: serving vulnerable people through our community health worker program, fighting toxic chemicals in our rivers and ground-water, improving surface and drinking water quality and serving our clients better by establishing a one-stop shop for public health services. Our community partners will recognize these elements of the plan as being things they see us do every day.

The plan also describes how we go about doing our work. Consider the goals in Focus Area Four "We are an Ideal Place to Work," which have to do with improving staff retention and employee satisfaction. No, we don't think we are "ideal" yet—but we intend to get there.

Reviewing the plan I realize some things we do very strategically are not in this plan, but they bear mentioning. For example MMDHD encourages staff to be involved in statewide activities. This is important because we need to understand and shape the public policy environment to make it less hostile to local public health.

I do believe that by the end of 2019 the vast majority of the goals in this plan will have been achieved. Our Quality Vision Action Team has historically done a very good job of driving the Department to follow through on the plan; and I am very grateful to everyone who has served on it.

Sincerely,



Mark W. (Marcus) Cheatham, Ph.D.
Health Officer

Mission:

We take action to protect, maintain, and improve the health of our community

Vision:

Advancing innovative solutions to achieve healthier outcomes

Values:

1. Innovation

We empower each other (staff) to seek out new ideas (methods) in order to improve health in our communities. We apply the principles of continuous quality improvement to achieve efficiency and quality customer service.

2. Collaboration

We value the diversity and unique contributions of our employees and partners. We develop positive relationships, foster innovative solutions, and strengthen our capacity to accomplish our mission.

3. Accountability

We operate with open communication, transparency, timeliness, and integrity. We are effective and efficient managers of the public trust and public funds, and hold ourselves and others to high standards.

4. Respect

We uphold a standard of conduct that recognizes and values the contributions of all. We create an environment which enhances positive relationships between coworkers and clients.

5. Equity

We value equity as an essential foundation for healthier communities. We foster an environment in which listening to and understanding our differences is encouraged and confidences are protected.



Agency Overview

Many people who are unfamiliar with Public Health often wonder, “What does our health department do and who do they serve?” The Mid-Michigan District Health Department (MMDHD) has been in existence since 1966, and while there have been many changes in public health since then, the goal remains the same of striving to create a healthier community for our residents. Our services align with mandated services required by the State of Michigan to help ensure a healthy population and the “10 essential public health services”, which can be seen in the image to the right. The role of the Mid-Michigan District Health Department is in the area of preventative medicine. The activities of all program areas include a health education component which hopefully makes us more effective as educators in the field of preventative services by promoting good sanitation, personal health practices, and community screening and education.



MMDHD operates in a primarily rural community which serves residents who live in Clinton, Gratiot, and Montcalm counties. There are 52 townships, approximately 1,872 square miles and a combined population of over 181,200 year-round residents within the Health Department’s jurisdiction. We serve the community by offering preventative care, education, research and data, and setting policy in a collaborative manner with our many community partners. These community partners come from a variety of areas such as health care systems, local schools, non-profits, and other government agencies to name a few. Among these collaborative efforts are working with our partners to implement the Community Health Improvement Plans to address the health priorities of each community we serve and ensuring our community is prepared in case of an emergency (outbreak or natural disaster). Although we offer a multitude of programs and services you may be familiar with some such as immunizations, ensuring safe food and water, and monitoring disease trends. A list of all our programs and services can be found on our website at <http://mmdhd.org/>.

MMDHD is governed by a six member Board of Health, which is made up of two appointed commissioners from each of the three member counties. The Board of Health approves budgets and staffing changes and has broad oversight of program development. The agency is funded through a mix of program grants, fees and local appropriations. The agency has three divisions. The Community Health and Education Division and Environmental Health Division are responsible for direct service delivery. The Administrative Services Division provides support to the agency in areas such as emergency preparedness, quality improvement, performance management, public communication, finance, human resources, information technology and data support.

Strategic Planning Process

Team

The work of the Mid-Michigan District Health Department (MMDHD) is guided by a strategic plan. The planning process is led by the Quality Vision Action Team (QVAT) which includes members representing all branches and levels of the Department and the Board of Health. The Plan is developed from a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis and identifies specific—usually measurable and time-bounded—actions that will be taken to achieve critical goals.

| Quality Vision Action Team Members | |
|------------------------------------|---|
| Name | Title |
| Melissa Bowerman | Administrative Services Director |
| Adam Byrne | Environmental Health Sanitarian I |
| Marcus Cheatham | Health Officer |
| Sue Corrigan | Public Health Representative II |
| Bob Gouin | Environmental Health Director |
| Andrew Holdeman | IT Specialist |
| Gayle Hood | Registered Dietitian |
| Betty Kellenberger | Board of Health member |
| Dena Kent | Public Health Nurse II |
| Lisa Mikesell | Public Health Nurse II |
| Janea Near | Public Health Representative II |
| Cindy Partlo | Executive Administrative Assistant |
| Ross Pope | Quality & Process Improvement Coordinator |
| Jamie Shepler | Public Health Nurse I |
| Seth Steenwyk | Environmental Health Sanitarian I |
| Jennifer Stratton | Community Health & Education Supervisor |
| Andrea Tabor | Community Health & Education Director |

Focus Areas (priorities)

MMDHD created its first strategic plan in April 2000. The Plan was created to respond to staff concerns about the future of the Department. The Plan included considerable staff input and collaboration, as well as community partner participation addressing future strategic initiatives. The current 2017-2019 Strategic Plan includes the following five Focus Areas.

1. We monitor community needs
2. We excel at quality improvement
3. We promote public health
4. We are an ideal place to work
5. We manage our fiscal resources

Strategic Planning Process

These Focus Areas were developed through an extension planning process overseen by QVAT. This process began in January of 2017 and the following is a timeline of the activities that occurred during that planning process:

- **January** - The team reviewed our past strategic plan to identify successes and unmet goals. The team also reviewed data sets that included client satisfaction surveys, employee surveys, core competencies, program/service data, and external factors that could affect the department. This initial SWOT analysis was accomplished by utilizing fishbone diagrams for each data set.
- **February** - The team reviewed and discussed our SWOT analysis. The team reviewed requirements and concepts that will be woven throughout the plan. The team also developed our mission, vision, and values that will be used to guide our direction moving forward. These activities were driven by group discussion and brainstorming exercises.
- **March** - The team reviewed State and National Accreditation reports for additional guidance. The team then utilized this information along with our SWOT analysis to develop affinity diagrams to guide our process of identifying and prioritizing focus areas and objectives.
- **April** – The team continued to identify and prioritize the objectives for each of the five focus areas. The team agreed that we would review the community health assessments (CHA's) and community health improvement plans (CHIP's) at our next meeting to determine how they would be incorporated into our strategic plan.
- **May** – The team reviewed the current CHA's & CHIP's for each of our three counties. This allowed us to discuss how we would incorporate specific CHIP components into our strategic plan. During this meeting the team also continued to refine the goals, objectives, and strategies for each of the five focus areas.
- **August** – The team reviewed the environmental health components that were added to the plan. The components were approved to be included in the plan, but agreed more refinement was needed on these objectives. The team also reviewed the plan in its entirety for revisions and enhancements, while also developing suggested strategies for communicating the progress made currently and in the future to our agency's staff members.
- **September** – The team continued to review and refine the components of the plan. The team also developed our implementation and monitoring methods to help ensure progress is made towards achieving our goals and that all staff are kept well-informed throughout the life of the plan.
- **October** – The team conducted the final review of the proposed Strategic Plan and voted to approve the plan for implementation.

SWOT Analysis

Data teams consisting of 4-5 Quality Vision Action Team (QVAT) members were assigned to review and discuss four data sets for strategic planning purposes. These data sets consisted of program & service data, employee survey results, client satisfaction survey results, and core competency survey results. The data teams developed fishbone diagrams depicting the strengths, weaknesses, opportunities, and threats for each identified data set. These fishbone diagrams were then showcased to all QVAT members for further input and summaries were developed from each data set. Our Health Officer also provided QVAT with a summary of external factors, so we can incorporate all factors during the planning phase to assist in determining our direction moving forward.

| Strength | Weakness |
|---|--|
| <ul style="list-style-type: none">• External communication (public)• Staff knowledge/input• Data/metrics• Collaborations• Training opportunities• Use of technology (improved efficiency) | <ul style="list-style-type: none">• Branding• Insurance participation• Staff limitations• Internal Communication• Survey response rate |
| Opportunity | Threat |
| <ul style="list-style-type: none">• Enhanced internal communication• Enhanced education/interaction with public• Enhanced data/metrics from Environmental Health• Increased access to services for clients• Staff cross-training• Empower staff more effectively• Enhanced technology capabilities (software) | <ul style="list-style-type: none">• Uncertainty with the ACA• Funding• Staffing levels• Technology in programs (ex: MCIR)• Pathways program sustainability |

Implementation and Monitoring

QVAT members will provide oversight for implementation and monitoring of the Strategic Plan for the health department. QVAT members will also assist in communicating progress made on the Strategic Plan to other staff members by providing updates and obtaining feedback from staff at division meetings. When possible, we will utilize our video-conferencing capabilities to share updated information on the Strategic Plan simultaneously with all three branches offices. These updates will be provided to all staff following our quarterly QVAT meetings. This feedback will be utilized to strengthen our Strategic Plan moving forward, as this is a living document that will adapt to the current public health environment. In addition to the in-person updates/discussions described above, all meeting information will be posted on the agency's intranet and an email (VALL) will be sent to all staff following our quarterly QVAT meetings to disseminate the meeting minutes, updated Strategic Plan, and any pertinent information related to the Strategic Plan.

***As evidence-based strategies continually change, each objective will review and determine the appropriate evidence-based strategies to accomplish the intended objective prior to implementation of said strategy.**

Focus Area 1: We Monitor Community Needs

| Goal 1: | Accurate data collection that allows us to improve our services. | | | | | | |
|---|--|----------------|--------------------------------|----------------------|--------|------------------|--|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| CHED Client Satisfaction Survey: Revisit & enhance the survey and how it is distributed | 1.1A: Archive previous years data and do a full review of the results with QVAT | Spring 2018 | Presentation to QVAT | QVAT | | | |
| | 1.1B: Review survey distribution process for enhancement opportunities | Spring 2018 | Distribution method determined | QVAT | | | All encounters vs. select data collection timeframes |
| | 1.1C: Approve and implement distribution and context changes to survey if necessary | Fall 2018 | Survey implemented | QVAT | | | |
| EH Client Satisfaction Survey: Develop and implement EH Client Satisfaction Survey | 1.1D: Convene a group of EH staff members to identify & develop actionable survey questions | Winter 2017/18 | Questions developed | EH Division Director | Met | 1/26/18 | Draft survey has been developed |
| | 1.1E: Draft survey and run tests to ensure desired functionality | Spring 2018 | QVAT members test survey | QVAT | Met | 1/26/18 | Currently testing survey |
| | 1.1F: Approve and implement survey for distribution | Summer 2018 | Survey implemented | QVAT | Met | 4/27/18 | Roll-out began on March 7th |
| | 1.1G: Evaluate survey results for enhancement opportunities | Winter 2018/19 | Survey evaluated | QVAT | | | |
| Employee Survey: Revisit & enhance the survey and how it is distributed | 1.1H: Review survey results and determine distribution & collection changes | Spring 2018 | Presentation to QVAT | QVAT | Met | 7/27/18 | WFD reviewed and revised the employee survey |
| | 1.1I: Implement approved revisions for 1 survey cycle | Fall 2018 | Survey implemented | QVAT | Met | 7/27/18 | The survey was distributed in May to all employees |
| | 1.1J: Evaluate survey results and staff feedback on collection methods | Winter 2018/19 | Survey evaluated | QVAT | | | Are staff satisfied with the revised survey |

| Status Legend | |
|---------------|---|
| Met | Action item has been completed successfully |
| Active | Action item is currently being addressed |
| Not Active | Action item is not currently being addressed |
| Not Met | Action item was not able to be completed successfully |

| Goal 2: Collaboration with community partners regarding the Community Health Improvement Plan (CHIP). | | | | | | | |
|---|--|----------------|--|---------------------------------------|---------|------------------|--|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Mental Health: Mental Health first aid training & access to care | 1.2A: Staff identified to receive training | Spring 2018 | # of individuals identified | Social Worker | Met | 7/27/18 | Montcalm Care Network to provide trainings in June. 1 for EH and 1 for CHED/Admin |
| | 1.2B: Training materials purchased | Spring 2018 | Training materials available | Social Worker | Met | 7/27/18 | Certification good for 3 years |
| | 1.2C: Identified staff receive training | Spring 2018 | # of individuals trained | Social Worker | Met | 7/27/18 | All identified staff received training |
| Pathways: Develop sustainable funding stream to operate (new HUB/work with State) | 1.2D: Work with stakeholders to identify sustainable funding | Winter 2017/18 | Committee convened | Health Officer | Not Met | 7/27/18 | Can't move forward in current model. Marcus to draft new strategies. |
| | 1.2E: Demonstrate return on investment | Winter 2017/18 | Studies completed | Health Officer | Not Met | | |
| | 1.2F: Develop contracts with insurers and/or the State for reimbursement of services rendered | Summer 2018 | Contracts developed | Health Officer | Not Met | 10/26/18 | The Pathways program is no longer through Ingham Health Plan. We have built the notes in Patagonia. The fund balance that was "housed" there will be sent to MMDHD to continue to run the program. |
| | 1.2G: Signed contracts | Fall 2018 | Contracts signed | Health Officer | Not Met | 7/27/18 | Contracts with Priority Health & McLaren |
| Watershed: Mobilizing the community to protect water and fight toxins. | 1.2H: Strengthen collaborative bodies with local watershed authorities | Spring 2018 | Septic Stakeholder convenes bi-weekly | Health Officer & EH Division Director | Met | 7/27/18 | Septic Stakeholder Group completed white paper Failing Septic Systems in Mid-Michigan: An unseen threat to Public health |
| | 1.2I: Enhance research and data collection of water quality by working with partners | Fall 2017 | Review of MDEQ data for E.coli | EH Division Director | Met | 10/26/18 | Data collected included in white paper Failing Septic Systems in Mid-Michigan: An unseen threat to Public health. Recommendation from paper was to write a draft Septic Ordinance |
| | 1.2J: Review research to develop appropriate measures to address water quality | Fall 2018 | E.coli source tracking data. Watershed plans implemented | EH Division Director | Met | 10/26/18 | Draft Septic Ordinance written |

| Goal 3: | | Environmental assessment/studies that will lead to policy changes | | | | | |
|--|---|---|---|-------------------------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Polybrominated Biphenyl (PBB) Study: Research exposure related health outcomes | 1.3A: Participate on PBB leadership committee with local stakeholders | Spring 2018 | Committee convened | Emory University/ Epi Team | Met | 4/27/18 | Actively involved in PBB leadership committee. Emory will be at MMDHD on April 18 th |
| | 1.3B: Support effort to get NIEHS grant for research | Summer 2018 | NIEHS grant funded | PBB Leadership Committee | Met | 4/27/18 | NIEHS grant was awarded |
| | 1.3C: Local public health access to PBB data for community health assessment and education | Summer 2019 | Work on PBB Registry begins with Emory University | PBB Leadership Committee | Active | 10/26/18 | Emory conducted more PBB testing in Ithaca in September. |
| E.coli: Develop local or state septic ordinance | 1.3D: Participate on committee with local stakeholders | Fall 2017 | Committee convened | Health Officer | Met | 7/27/18 | Draft septic ordinance introduced to Septic Stakeholder group |
| | 1.3E: Ordinance developed in collaboration with stakeholders | Spring 2018 | Ordinance developed | EH Division Director | Met | 7/27/18 | Final Stakeholder meeting to finalize draft ordinance |
| | 1.3F: Ordinance approved and implemented | Fall 2018 | Ordinance implemented | EH Division Director | Active | 10/26/18 | Public Hearings being convened prior to Board of Commissioners Approval Vote in 3 counties |
| Water Quality Monitoring: Contamination sites identified and tracked | 1.3G: Continue to encourage MDEQ to share information on contamination sites | Fall 2017 | Regular calls | EH Division Director | Met | 10/26/18 | Contractual obligations for FY 2018 Long Term Monitoring contract met |
| | 1.3H: Partner with MDEQ on risk communication with impacted communities | Fall 2017 | Messages developed | EH Division Director | Met | 7/27/18 | Conducted 2 public information community meeting and open house for PFAS. |
| | 1.3I: Strengthen EH components of CHA/CHIP process | Winter 2018/19 | CHA developed | Health Officer | | | Marcus developed draft CHA for EH |
| Revised Total Coliform Rule (rTCR): Identify improved methodology for compliance with rTCR | 1.3J: Review baseline data to determine efficiency of rTCR procedures | Fall 2018 | Review of rTCR procedures | EH Division Director | Active | 7/27/18 | Data reviewed as part of program self-assessment and State review |
| | 1.3K: Consider alternative process for rTCR | Fall 2018 | Review of rTCR procedures | Type II Sanitarian | Active | 7/27/18 | EH Director participating on a State wide group to review deficiencies in rTCR implementation |
| | 1.3L: Implement alternative process for rTCR and evaluate changes | Spring 2019 | Data on revised procedures | Type II Sanitarian | Active | 7/27/18 | As above |
| Vapor Intrusion: | 1.3M: Ensure MDEQ shares | Fall 2017 | Regular calls | Health | Met | 1/26/18 | MDHHS toxicologists on MDEQ |

| | | | | | | | |
|------------------------------|--|-------------|-------------------------------|----------------------|--------|----------|---|
| Impact on indoor air quality | information on known sites | | | Officer | | | vapor intrusion information to clients. |
| | 1.3N: Work with MDEQ to ensure adequate testing of known sites | Fall 2017 | Testing protocols implemented | EH Division Director | Active | 10/26/18 | Communication with MDEQ partners on sites of possible contamination |
| | 1.3O: Partner with MDEQ on risk communication with impacted communities | Spring 2018 | Messages disseminated | EH Division Director | Met | 1/26/18 | Communication via site visit to impacted site (Edmore) |

Focus Area 2: We Excel at Quality Improvement

| Goal 1: | Establish foundation for future program enhancement (Quality Improvement) | | | | | | |
|---|--|----------------|--------------------------------|-------------------------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| QI training plan: For incoming & existing staff members | 2.1A: Draft QI training plan developed to address staff needs | Winter 2017/18 | Draft plan developed | QI & PM Leadership Team | | | |
| | 2.1B: QVAT to review plan for additional revisions, recommendations, and approval | Spring 2018 | Updated plan approved | QI & PM Leadership Team | | | |
| | 2.1C: Implement QI Training Plan | Summer 2018 | Plan Implemented | QI & PM Leadership Team | | | |
| Develop process maps for new software systems: Patagonia & Hedgerow | 2.1D: Convene CHED & EH teams to identify & prioritize the process maps | Spring 2018 | List of process maps to create | QI Specialist | | | |
| | 2.1E: Develop process maps for staff training | Spring 2018 | Draft process maps created | QI Specialist | | | |
| | 2.1F: Process maps are approved & accessed easily | Summer 2018 | Process maps available | QI Specialist | | | |
| Digitize the records in EH: Searchable database for well & septic records available to the public | 2.1G: Ensure Conservation District grant remains available for digitizing | Spring 2018 | Contract signed | Clinton Conservation District | Met | 10/26/18 | Grant expiration September 2018 extended to 2019 |
| | 2.1H: Contract with a vendor to digitize a searchable database for public utilization | Spring 2019 | Data integrated in system | EH Division Director | Active | 10/26/18 | Scanning project is completed for Clinton County. Prepping for Gratiot County and Montcalm County |
| | 2.1I: Functional system up and running | Fall 2019 | Online system operational | EH Division Director | | | Ensure system is user friendly |

| Goal 2: | Develop accurate, timely, and actionable reporting systems (Performance Management) | | | | | | |
|--|--|----------------|-----------------------------|-------------------------|--------|------------------|--|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Automated Reporting: Automated reports developed for the quarterly service report (QSR), health goals for programs, and accreditation requirements (MPR's) | 2.2A: Become familiar with software systems reporting capabilities (Patagonia & Hedgerow) | Fall 2017 | Reports reviewed | QI & PM Leadership Team | Active | 10/26/18 | CHED QSR has been updated, and program reports are currently being developed in Patagonia. EH QSR needs to be revised, but all other program reporting has been automated. |
| | 2.2B: Review old meta data to determine what data we would like to pull (codes, etc.) | Winter 2017/18 | Data identified | QI & PM Leadership Team | | | |
| | 2.2C: Develop automated reports for staff to utilize | Spring 2018 | Automated reports developed | QI/IT | Active | 10/26/18 | This measure has been meet for EH as Food, Well and Septic program reports are built in Hedgehog |
| PM System Development: Agency-wide performance indicators monitored (CHED, EH, ADMIN) | 2.2D: Performance indicators reviewed and approved for monitoring purposes | Spring 2018 | Indicators approved | QI & PM Leadership Team | | | |
| | 2.2E: Develop report for monitoring | Summer 2018 | Report developed | QI/IT | | | |
| | 2.2F: Indicators drive change for improvement | Spring 2019 | # of QI projects identified | QI & PM Leadership Team | | | |

Focus Area 3: We Promote Public Health

| Goal 1: | Improved patient access to service. | | | | | | |
|--|--|----------------|--|----------------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| One Stop Shop: Provide all needed or desired services within the same clinical visit. | 3.1A: Cross train staff | Summer 2018 | Training plan implemented | CHED Leadership | Active | 4/27/18 | With recent staffing changes we will have to reevaluate who needs to be trained in what programs. Once staff are done with their orientation to their new programs – this will be done. |
| | 3.1B: Determine staffing requirements to handle multiple services in a clinic day | Summer 2018 | Set staffing levels | CHED Leadership | Active | 10/26/18 | Management currently in talks with MNA to find the best practices for our staffing levels. |
| | 3.1C: Supervisors empower staff to meet client needs. | Fall 2018 | Increase in Walk-in clients | CHED Leadership | Met | 7/27/18 | Staff encouraged to assist all client needs |
| | 3.1D: Become a navigation partner with DHHS to streamline processes and enhance referrals. | Spring 2018 | CHWs receive mandatory training and utilizing system | CHED Director | Met | 7/27/18 | New action item added. Director and staff trained on 4/19. |
| Patient Assistance: Provide supplies for under/uninsured clients (Immunizations & Family Planning) | 3.1E: Cross train staff on screening process & eligibility requirements | Summer 2018 | Training plan implemented | CHED Supervisor | Met | 4/27/18 | |
| | 3.1F: Setup contacts with drug companies for supplies | Summer 2018 | Contact list developed | CHED Supervisor | Met | 7/27/18 | Shringrix is now our new shingles vaccine. |
| | 3.1G: Ensure proper supply availability | Fall 2019 | Increase in PAP clients served | CHED Supervisor | Met | 7/27/18 | PAP clients increased |
| BCCCNP, FP & STI Expansion: Provide services to clients in Shiawassee County | 3.1H: Explore offering BCCCNP, FP, & STI services in Shiawassee county | Winter 2017/18 | Established location to provide services | CHED Leadership | Met | 1/26/18 | Began providing services in January 2018 |
| | 3.1I: Began offering services if feasible | Spring 2018 | Services provided | CHED Leadership | Met | 1/26/18 | Began providing services in January 2018 |
| EH Water Testing Process: Enhance the ability for clients to conduct water testing and submit samples for lab review | 3.1J: Review contracts, infrastructure, process | Winter 2017/18 | EH committee convened | EH Division Director | Met | 7/27/18 | Service offered to public July 2 2018 |
| | 3.1K: Explore alternative vendor for testing | Winter 2017/18 | Vendors reviewed for testing | EH Division Director | Met | 4/27/18 | Kent county has agreed to a contract to provide services |
| | 3.1L: Implement revised procedure | Winter 2017/18 | Procedure evaluated | EH Division Director | Met | 7/27/18 | Contract with Kent County and Policy has been distributed and activated. |

| Goal 2: | Increase MMDHD's visibility and opportunities for community health education | | | | | | |
|--|---|-------------|---|-----------------------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Community Outreach: Develop campaign/plan | 3.2A: Renew and/or develop program specific materials for community partners | Spring 2018 | Inventory list of promotional & educational materials | Marketing Committee | Active | 7/27/18 | Rebranding committee currently developing strategies |
| | 3.2B: Evaluate effectiveness of outreach. | Spring 2019 | CSS's & Social Media reach | CHED/EH Leadership | | | Thank you cards to doctors for referring clients |
| Marketing: Branding & social media | 3.2C: Enhance Marketing Committee. | Fall 2017 | Team Members identified | Marketing Committee | Met | 1/26/18 | Jamie, Jen, & Sam added to team |
| | 3.2D: Research client base to determine most effective methods | Fall 2017 | Plan developed | Marketing Committee/ PIO | Active | 7/27/18 | Rebranding surveys were distributed to capture needed marketing data. Currently in the analysis phase |
| | 3.2E: Exhibit need/engage consultant for graphic development | Spring 2018 | Contract in place | Marketing Committee/ PIO | Met | 10/26/18 | Contract in place for development of a new agency logo and website. |
| | 3.2F: Implement rebranding process (publications, etc.) | Fall 2018 | Plan Implemented | Marketing Committee/ PIO | Active | 10/26/18 | Rebranding will kick-off with staff at DW and then be rolled out to the community. |
| Increasing Outlying Clinics & client transportation: Reduce the burden on clients to obtain care | 3.2G: Determine need for additional clinics (x per month, locations, etc.) | Spring 2018 | Data showing client need | CHED Division Director | Met | 7/27/18 | Contract signed to provide services in St. Louis starting in October. Services on 2 nd Friday of the month |
| | 3.2H: Identify or create resource guide for clients | Spring 2018 | Guide available | CHED Division Director | Active | 4/27/18 | Utilize EightCAP for Montcalm & Gratiot County |

Focus Area 4: We are an Ideal Place to Work

| Goal 1: | Enhanced internal communication | | | | | | |
|---|---|----------------|--|------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Improved Internal Communication: Identify what staff need/want to know and how it is communicated | 4.1A: Determine topics that need to be communicated to staff | Fall 2017 | Feedback from staff | Management | Active | 10/26/18 | HEC has Dave Weinandy coming to our DW meeting to discuss communication as a guest speaker. |
| | 4.1B: Determine best form to communicate specific internal information | Fall 2017 | Feedback from staff | Management | Active | 10/26/18 | Supervisors are providing regular program updates to their staff, and management team is sending out VALL's informing staff of agency updates after their meetings. |
| | 4.1C: Implement revised communication plan | Winter 2017/18 | Employee survey | Management | | | See if survey results improved |
| Policy & Procedures: Develop schedule to review and update policies and procedures on a regular basis | 4.1D: Identify plans/procedures | Fall 2018 | Inventory created | Management | Active | 10/26/18 | Supervisors are identifying HR and program plans and procedures for review. |
| | 4.1E: Evaluate plans/policies for initial review and/or removal | Fall 2018 | Prioritized list | Management | Active | 10/26/18 | Have begun revising our initial set of identified plans and policies. |
| | 4.1F: Determine review schedule | Fall 2018 | Review schedule created | Management | | | |
| | 4.1 G: Central location for revised documents. | Spring 2019 | Electronic database created | Management | | | |
| Follow-Up Communication about Strategic Plan: Ensure staff understand plan progress | 4.1H: Evaluate alternative methods | Spring 2018 | QVAT makes decision | QVAT | Active | 1/26/18 | Strategic plan was presented at division meetings |
| | 4.1I: Implement selected methods | Summer 2018 | Implementation evaluated by QVAT | QVAT | | | |
| | 4.1J: Finish the content management system | Winter 2018/19 | Content management system used for internal/external communication | QVAT | | | |

| Goal 2: | Staff development & clearly identified roles and responsibilities | | | | | | |
|---|---|------------------|---|---------------------------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Staff Development: Ensure staff has the opportunity for professional growth at MMDHD. | 4.2A: Collect staff input on improving retention and increasing job satisfaction | Winter 2017/2018 | Expand WFD committee membership | Workforce Development Committee | Met | 1/26/18 | Adam, Becky, Linda, & Liz were added to the team |
| | 4.2B: Supervisors communicate on a regular basis with staff regarding their needs, strengths, opportunities for improvement, and goals | Winter 2017/2018 | Performance appraisals & reverse appraisals | Management | Active | 10/26/18 | Supervisors are conducting or setting up appraisals with staff utilizing the new process. |
| | 4.2C: Evaluate the impact on staffing related to upcoming retirements and the recruitment barriers finding qualified new employees. | Fall 2018 | Environmental scan | Workforce Development Committee | | | |
| | 4.2D: Develop plan of succession for foreseeable departures from the agency. | Fall 2018 | Strategies developed and incorporated into WFD Plan | Workforce Development Committee | | | Performance appraisals, retention, hiring, growth opportunities, environmental scan |
| | 4.2E: Develop plan/partnerships to encourage students into public health fields to address long-term hiring pool shortages | Fall 2018 | Strategies developed and incorporated into WFD Plan | Workforce Development Committee | | | |
| | 4.2F: Increase opportunities for advancement through non-mandated certifications and trainings geared towards enhancing skills of staff members. | Fall 2018 | Performance appraisals | Management | | | Sup hired for EH, EHS III , PHN III position created |
| | 4.2G: Develop plan/partnerships to encourage students into public health fields to address long-term hiring pool shortages | Fall 2018 | Strategies developed and incorporated into WFD Plan | Workforce Development Committee | | | |
| Orientation: Identified roles and responsibilities for staff (training) | 4.2H: Start the committee back up to evaluate the process. (program & department wide) | Spring 2018 | Committee convened | Workforce Development Committee | Active | 10/26/18 | The team is currently evaluating the strengths and weaknesses of our current process. |
| | 4.2I: Develop method to track orientation process effectively | Summer 2018 | Electronic checklist developed | Workforce Development Committee | Active | 10/26/18 | The team is looking into best practices for an effective orientation process. |
| | 4.2J: Collective feedback from staff on new process for additional enhancement opportunities | Spring 2019 | Feedback collected | Workforce Development Committee | | | |

Focus Area 5: We Manage our Fiscal Resources

| Goal 1: | Developing new service lines and revenue streams | | | | | | |
|---|---|----------------|---------------------------|----------------------------------|--------|------------------|---|
| Objective | Action Item | Target Date | Measure or Metric | Champion | Status | Last Update Date | Recent Activity |
| Program/service innovation: Identify sustainable services that MMDHD could provide to our community | 5.2A: Determine if there is demand for new public health services | Winter 2017/18 | Annual environmental scan | Management | Met | 7/27/18 | IBCLC Services in February 2018. Implemented sharps program in Gratiot County |
| | 5.2B: Identify funding streams to support new services | Summer 2018 | Annual environmental scan | Management | Met | 7/27/18 | IBCLC bills for services. Sharps program is free to us and clients |
| | 5.2C: Develop business plan to ensure cost effectiveness of the new service line | Winter 2018/19 | Annual environmental scan | Management | Active | 7/27/18 | Currently monitoring cost effectiveness |
| Increased Reimbursement: Improve the billing process to reduce rejections/denials (insurance participation, tracking, etc.) | 5.2D: Enhance training for staff in billing | Fall 2017 | Error rejection % | Administrative Services Director | Active | 7/27/18 | Initial results indicate Patagonia has improved rejections & payments. |
| | 5.2E: Committee developed to determine proper steps to educate staff on eligibility, contracting, and common billing practices. Maximize value by coding properly. | Spring 2018 | Committee identified | Administrative Services Director | | | |

**MID-MICHIGAN DISTRICT HEALTH DEPARTMENT
INTERNAL COMMITTEES AND MEMBERS**

Health Enhancement Committee (HEC)

- Purpose:** To assist employees in establishing a balance of health and wellness in the workplace.
- Mission:** To create a sense of community within the agency that conveys a positive outlook and a shared vision for the health and wellness of self and others.
- Members:** Katie Allen, Melissa Bowerman, Hailey Brewer, Bryan Fowler, Leslie Kinnee, Charity Little, Nicole Montgomery, Erin Morgan, Megan Schulz, Sara Thelen, Tammara VanDop, Dawn Wadle
- Meets:** Monthly

Quality Vision Action Team (QVAT)

- Purpose:** This team exists to champion the strategic planning and quality improvement efforts at MMDHD.
- Members:** Melissa Bowerman, Adam Byrne, Marcus Cheatham, Sue Corrigan, Bob Gouin, Andrew Holdeman, Gayle Hood, Betty Kellenberger (BOH), Dena Kent, Lisa Mikesell, Janea Near, Cindy Partlo, Ross Pope, Jamie Shepler, Seth Steenwyk, Jennifer Stratton, Andrea Tabor
- Meets:** Quarterly

Health Insurance Task Force

- Purpose:** This team represents Administration and both unions to assess, review, and make recommendation on employee insurance programs. Also makes decisions on requests from general leave bank.
- Members:** Melissa Bowerman, Marcus Cheatham, Jenniffer Efaw, Holly Stevens, Becky Stoddard, Union Stewards (TBD)
- Meets:** Annually or As Needed

Marketing Team

- Purpose:** Subcommittee of QVAT – Develop or enhance information/ communication venues
- Members:** Breann Bonga, Marcus Cheatham, Leslie Kinnee, Ross Pope, Andrea Tabor, Cheryl Thelen, Sara Thelen, Pat Wall
- Meets:** Quarterly

Safety Committee

Purpose: To provide a safe environment for our staff and clients.

Members: Melissa Bowerman, Hailey Brewer, Sarah Doak, Angie Felton, Mario Lucchesi, Lisa Mikesell, Ross Pope, Cathy Smith, Jennifer Stratton

Meets: Monthly

QI & PM Leadership Team

Purpose: Evaluation of program and service outcomes administered by MMDHD. This team then identifies and prioritizes quality improvement opportunities for increased effectiveness and efficiency within our programs and services. This team also develops MMDHD's annual Quality Improvement & Performance Management Plan.

Members: Melissa Bowerman, Marcus Cheatham, Jennifer Stratton, Ross Pope, Andrea Tabor

Meets: As needed

Acronym Descriptions

(ACA) Affordable Care Act– a regulatory overhaul and expansion of healthcare coverage

(BCCCNP) Breast and Cervical Cancer Control Navigation Program - low-income women have access to life-saving cancer screening services and follow-up care, including cancer treatment if that should be needed.

(CHA) Community Health Assessment– a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

(CHED) Community Health & Education Division– provides a variety of preventive health services to individuals and families in the community.

(CHIP) Community Health Improvement Plan– a long-term, systematic effort to address public health problems on the basis of the results of community health assessment

(EH) Environmental Health Division– the duty of enforcing environment-related laws to protect the health of residents within the Health District's jurisdiction.

(FP) Family Planning - program provides affordable pregnancy prevention services.

(FTE) Full-Time Equivalent– is the hours worked by one employee on a full-time basis.

(MCIR) Michigan Care Improvement Registry– a registry to track information about adult and childhood immunizations.

(MDEQ) Michigan Department of Environmental Quality– responsible for protecting the state's air, land, and water.

(MDHHS) Michigan Department of Health & Human Services– provides public assistance, child and family welfare services, and oversees health policy and management.

(MMDHD) Mid-Michigan District Health Department – one of Michigan's forty-five local health departments formed March 1, 1966.

(NIEHS) National Institute of Environmental Health Sciences – institute goal is to discover how the environment affects people in order to promote healthier lives.

(PAP) Patient Assistance Program – staff assists patients with completing drug company applications for assistance with obtaining prescription drugs at low or no cost to the patient.

(PBB) Polybrominated Biphenyl– are man-made chemicals that were used as fire retardants in plastics that were used in a variety of consumer products.

(PIO) Public Information Officer– a communications coordinators or spokespersons of certain governmental organizations.

(rTCR) Revised Total Coliform Rule– The purpose of the rule is to protect public health by ensuring the integrity of the drinking water distribution system and monitoring for the presence of microbial contamination.

(STI) Sexually Transmitted Infection – program provides confidential testing, treatment and education for sexually transmitted diseases is provided for both adults and teens.

SWOT analysis – strengths, weaknesses, opportunities, and threats analysis and is a structured planning method that evaluates those four elements of an organization, project or business venture.

(QVAT) Quality Vision Action Team– MMDHD’s strategic planning committee that develops, implements, and monitors our agency’s strategic planning process.