



Mid-Michigan District  
HEALTH DEPARTMENT  
CLINTON • GRATIOT • MONTCALM

**2021-2023 MMDHD Strategic Plan**

October 1, 2021 – September 30, 2023

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## Letter from the Health Officer

I am excited to be part of the team that has worked on the Mid-Michigan District Health Department's 2021-2023 Strategic Plan. From the first strategic plan in 2000 and through the different cycles we have repeatedly brought together staff that are knowledgeable and dedicated. Staff have worked together to create and achieve goals and this time around we have continued this process but knowing more than ever that local public health will always need to be flexible and be able to adapt to the challenges of a global pandemic.

Having a strategic planning process has been a focal point of future planning here in MMDHD since it allows staff from different areas of expertise to interact and provide input when deciding goals. This year we are reverting back to a two-year plan, and this will give us time to put extra resources towards some of the more challenging or newer goals. We have formed some great sub committees that will lead the charge on some of these new initiatives.

This time around the team added a new goal in Wellbeing. It may be difficult to measure but we wanted to include it as a goal and place it as an ongoing priority. Public Health staff have always shown resilience and as we move towards a maintenance phase of the pandemic this is the time to place emphasis on our wellbeing and mindfulness.

Public Health is constantly being asked to do more and that is why we always need to be prepared and to be able to step in to action when the next emerging issues impacts our community.

Strategic planning is an opportunity for us to set overall tasks, look at our priorities and set a plan to tackle the goals ahead of us. It has been very challenging to keep on track recently, but we managed to achieve many of the past goals, and this is a great opportunity for us to move forward with much enthusiasm and energy.

Sincerely,

A handwritten signature in black ink that reads "Liz Braddock". The signature is written in a cursive, slightly slanted style.

Liz Braddock  
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. Respect

We value different perspectives, ideas, and thoughts. We create an environment where different voices can be heard.

### 2. Integrity

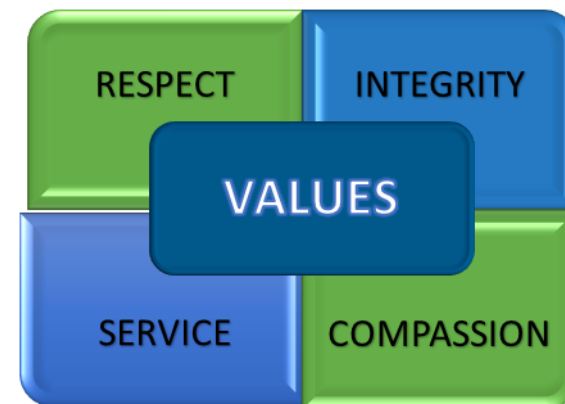
The embodiment of honesty, trustworthiness, honor, and adherence to high level moral principles.

### 3. Service

Contribution to the welfare of others, being helpful, making intentional decisions and actions to benefit others.

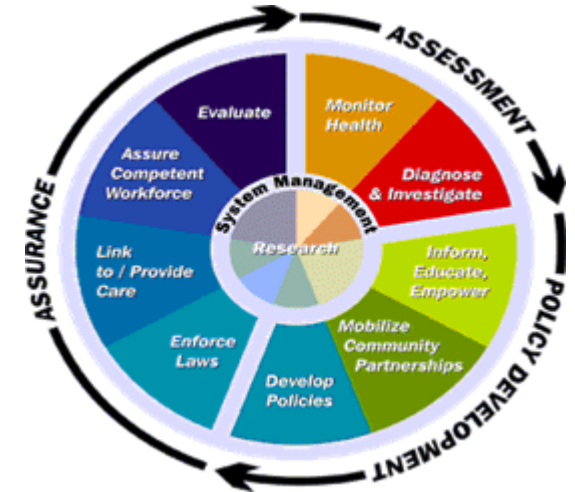
### 4. Compassion

Commitment to serving others with empathy, respect and dignity and understanding.



## 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
Liz Braddock	Health Officer
Adam Byrne	Environmental Health Supervisor
Sarah Doak	Community Health & Education Division Director
Linda Gronda	Public Health Representative III
Tracey Larabel	Accounting Clerk II
Lisa Mikesell	Public Health Nurse II
Ross Pope	Quality & Process Improvement Coordinator
Krishna Santana	Public Health Representative I
Melissa Selby	Administrative Services Director
Allison Schafer	Public Health Representative I
Jennifer Stratton	Community Health & Education Supervisor
Ashely Tate	MCIR Coordinator
Shelley Treynor	Oral Health Coordinator

## 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 2019 and the following is a timeline of the activities that occurred during that planning process:

- **January 2019**- 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, program/service data, and external factors that could affect the department.
- **February thru July 2019**- The team was temporarily put on hiatus due to staff focusing on COVID-19, and that affected how we work as a team and interact with our clients to ensure a safe environment. We as an agency have been forced to modify all our programs & services in order to fulfill the community's needs and ensure the safety of our employees during this time. During this timeframe Governor Whitmer placed an emphasis on decreased social interaction and our agency was directed to more activities related to COVID-19 education, enforcement, and testing. We developed or enhanced our interactions with schools and business and started new partnerships around testing (National Guard and labs that process testing results).
- **July 2019** – The team met and agreed that our agency would focus on an initial one-year plan that would later be expanded upon into a three-year plan due to all the uncertainty at this time. Our main focus for the one-year plan will be centered around COVID-19 related activities and increasing our capabilities to accomplish those goals.
- **August 2021**– The team met and discussed the expansion of our previous plan that focused on COVID-19. We discussed and reviewed objectives that were left off the previous plan to determine what needed to be included moving forward, while also keeping some of the COVID-19 related objectives that were still pressing. After this discussion, the team approved items within the strategic plan and determined it contained what we agreed upon. The details of the objectives such as targets, dates, and action item steps will be developed by the staff experts in those given areas and brought to our next QVAT meeting for the team to review.
- **September 2021**– The team reviewed and approved the final draft of the two-year strategic plan. We agreed that the plan would be fluid as there is still some uncertainty as COVID-19 is still prominent in our communities, which may lead us to shift focus to meet the needs of the community we serve.

## 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"> <li>• External communication (public)</li> <li>• Staff knowledge/input</li> <li>• Data/metrics</li> <li>• Collaborations</li> <li>• Use of technology (improved efficiency)</li> <li>• Enhanced technology capabilities (software)</li> </ul>	<ul style="list-style-type: none"> <li>• Insurance participation</li> <li>• Staff limitations</li> <li>• Internal Communication</li> <li>• Survey response rate</li> <li>• IT staffing levels</li> </ul>
Opportunity	Threat
<ul style="list-style-type: none"> <li>• Enhanced internal communication</li> <li>• Enhanced education/interaction with public</li> <li>• Enhanced data/metrics from Environmental Health</li> <li>• Staff cross-training</li> <li>• Branding/marketing</li> <li>• Empower staff more effectively</li> <li>• Virtual trainings</li> <li>• Remote working</li> </ul>	<ul style="list-style-type: none"> <li>• Uncertainty with the ACA</li> <li>• Funding</li> <li>• Staffing levels/staff turnover</li> <li>• Technology in programs (ex: MCIR)</li> <li>• Pathways program sustainability</li> <li>• Decreased access to services for clients</li> <li>• COVID illnesses to staff could disrupt services</li> <li>• Lack of Federal public health leadership</li> </ul>

## 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.



## 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
<b>Adopt Power BI:</b> Improve the quality of maps & charts so that the course of the pandemic is clear to the public	<b>1.1A:</b> Streamline the process to create graphics for COVID reporting with assistance from Inspiration studios	Fall 2021	Train/Use Power BI to create graphs for forward facing distribution on website	Health Officer	Met	9/24/21	Troubleshooting with Power BI and Inspiration Studio to enhance platform
	<b>1.1B:</b> Increase the range of infographics used for data analysis and public sharing	Winter 2021/22	Create indexes and additional graphics	Health Officer	Active	9/24/21	Mask map
<b>EH Client Satisfaction Survey:</b> Develop and implement EH Client Satisfaction Survey	<b>1.1C:</b> Convene a group of EH staff members to identify & develop actionable survey questions	Winter 2021/22	Questions developed	EH Division Director			
	<b>1.1D:</b> Draft survey and run tests to ensure desired functionality	Spring 2022	QVAT members test survey	QVAT			
	<b>1.1E:</b> Approve and implement survey for distribution	Summer 2022	Survey implemented	QVAT			
	<b>1.1F:</b> Evaluate survey results for enhancement opportunities	Fall 2023	Survey evaluated	QVAT			
<b>Survey Platform:</b> Transition to new survey platform	<b>1.1G:</b> Save all survey data/reports that we currently have	Fall 2021	Survey data stored	QI & PM Coordinator	Met	9/23/22	Rex/Ross have saved all previous relevant survey data.
	<b>1.1H:</b> Recreate all surveys currently in use on the Alchemer survey platform	Winter 2021/22	Surveys developed	QI & PM Coordinator	Met	10/22/21	Started recreating agency surveys.
	<b>1.1I:</b> Go live using the Alchemer platform to collect agency survey responses	Winter 2021/22	Surveys are active	QI & PM Coordinator	Met	3/25/22	All CHED CSS have been developed in Alchemer
	<b>1.1J:</b> Utilize shared surveys in the AOS system with other LHD's	Spring 2022	Survey Directory	QI & PM Coordinator	Active	7/22/22	Currently in process of archiving survey data.

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
<b>Community Health Assessment:</b> Ensure these continue to move forward with collaboration from our partners	1.2A: ensure MMDHD has adequate staff participation to facilitate these collaboratives	Winter 2021/22	Team convened	CHED Supervisor	Met	3/25/22	Staff identified and attending meetings (Kara, Sara, Angie)
	1.2B: resume regular scheduled meetings to continue progress forward on identified objectives	Winter 2021/22	CHA/CHIP meetings	CHED Supervisor	Active	1/28/22	Healthy Capital Counties CHA is now available.
	1.2C: determine needed resources to accomplish desired goals	Spring 2022	Resources identified	CHED Supervisor	Active	9/23/22	Awarded a SDOH Grant from Nov 2022 to May 2023 to plan CHNA implementation

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
<b>Water Program:</b> Clean water	1.3A: Community Engagement in Septic Education	Spring 2020	Develop a Septic Smart Presentation	EH Health Educator	Met	8/28/20	Township Meeting Participation
	1.3B: Participation in EPA 319 Non point Source Management Program	Fall 2022	Required Quarterly Reporting to Conservation Districts	EH Health Educator	Active	9/23/22	Ongoing Monthly meetings with 3 Conservation Districts
	1.3C: PFAS Investigation Activities	Fall 2021	PFAS Drinking Water Sampling Activities	EH	Active	9/23/22	Active sites at the city of Stanton and Capital Region Airport Lansing
<b>Polybrominated Biphenyl (PBB) Study:</b> Research exposure related health outcomes	1.3D: Participate on PBB leadership committee with local stakeholders	Fall 2021	Committee convened	Emory University/ Epi Team	Active	9/23/22	Monthly PBB leadership committee and community meeting hosted in July 2022
	1.3E: Support effort to get extension of NIEHS grant for research	Summer 2022	NIEHS grant funded	PBB Leadership Committee	Active	9/23/22	Last year of NIEHS grant.
	1.3F: Local public health access to PBB data for community health assessment and education	Summer 2022	MDHHS is allowing use of data for cancer study, but not for local public health.	PBB Leadership Committee	Active	9/23/22	A PBB webinar will be held on Sept 27 <sup>th</sup> that is open to the public to discuss community exposure and data.

## 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
<b>Increase IT Staff Capacity:</b> Ensure information technology is utilized to increase staff utilization	<b>2.1A:</b> prioritize day to day IT staff responsibilities to ensure all staff can perform their duties	Fall 2021	Responsibilities/roles identified	QI & PM Leadership Team	Met	1/28/22	Encouraging staff to use the help desk to ensure IT staff can perform their duties in addition to keeping staff operational.
	<b>2.1B:</b> determine long-term projects for IT staff to enhance our capabilities	Spring 2022	Projects identified	QI & PM Leadership Team	Active	9/23/22	IT Right will manage a lot of our equipment and helpdesk features for the time being. Andrew will be handling Webex/phones and software issues for the most part.
<b>Improved Governance:</b> Federal and State initiatives can impact local public health. Consider capacity and resources of local public health who are expected to deliver, enforce, produce or act upon the Federal or State issued initiative.	<b>2.1C:</b> Ensure Leadership and mentoring training for public health leaders.	Fall 2021	Requirements identified	Health Officer	Met	9/22/21	CJS grant to provide training and mentoring to public health leaders to start Sept 2021
	<b>2.1D:</b> Unfunded mandates	Spring 2021	EHS Programs	Management	Met	9/24/21	Non community water supply program, PFAS
	<b>2.1E:</b> Long term funding	Summer 2022	State and/or Local appropriations	Management	Active	9/23/22	Ongoing legislator discussion
<b>Phone System:</b> Continually enhance our phone system capabilities	<b>2.1F</b> WFD grant focused on infrastructure was received, and we will use funds for cloud-based phone system	Fall 2021	Meetings with CDW	IT Coordinator	Met	10/22/21	Currently working with CDW on planning phase, implementation to begin in January
	<b>2.1G</b> Work with CDW on install and functionality	Fall 2021	Meetings with CDW	IT Coordinator	Met	5/20/22	Phone system installed & functioning
	<b>2.1H</b> Train staff & go Live	Winter 2021	Phone system installed & staff trained	IT Coordinator	Active	9/23/22	1 <sup>st</sup> phase completed focused on routing/messaging. 2 <sup>nd</sup> phase paused at this time.

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
<b>PM System Development:</b> Agency-wide performance indicators monitored (CHED, EH, ADMIN)	<b>2.2A:</b> Performance indicators reviewed and approved for monitoring purposes	Fall 2021	Indicators approved	QI & PM Leadership Team	Met	5/20/22	ADMIN, CHED, EH indicators have been finalized
	<b>2.2B:</b> Develop report for the BOH for quarterly monitoring	Winter 2021/22	Report developed	QI/IT	Active	9/23/22	Report format being developed & data placed into charts for viewing. This year will provide baseline data.
	<b>2.2C:</b> Indicators drive change for improvement	Fall 2022	# of QI projects identified	QI & PM Leadership Team			
<b>State Accreditation:</b> Prepare for accreditation activities	<b>2.2D:</b> Convene program specific accreditation teams	Spring 2022	Teams identified	QI & PM Leadership Team	Met	7/22/22	Team members identified and will began meeting at the beginning of August.
	<b>2.2E:</b> Teams to identify & store appropriate documentation	Spring 2022	Documentation collected	QI & PM Leadership Team	Active	9/23/22	New accreditation tool is supposed to be available at the end of Sept. Teams will meet after that to determine documentation needed for accreditation.
	<b>2.2F:</b> Teams to prepare & submit documentation for site evaluation	TBD	Documents submitted	QI & PM Leadership Team	Active	7/22/22	WIC completed going through virtual audit process.

## 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
<b>COVID-19 Testing:</b> Ensure testing is available to the public that is both accurate and timely	<b>3.1A:</b> Develop the capacity to offer testing by HD staff.	Fall 2021	Training completed	EPI Team	Met	9/24/21	Rapid response team active
	<b>3.1B:</b> Have testing kits available to administer when needed	Fall 2021	Ordering process	EPI Team	Met	9/24/21	Kits in house
	<b>3.1C:</b> Offer antigen testing to agency/community partners experiencing outbreaks	Fall 2021	Testing completed	EPI Team	Met	9/23/22	Kits distributed on limited basis. Public can acquire test kits we have available.
<b>Contact Tracing:</b> Increase our CD workforce	<b>3.1D:</b> Continue to provide as much support as possible for existing CD staff	Fall 2021	Staff feedback of support or lack of	CHED Leadership	Met	10/22/21	Pulled in support staff to spread out workload 9/2021, looking at streamlining across Doc's 3 districts using Tiger Connect and paring down CI
	<b>3.1E:</b> Continue to use Traceforce contact tracing platform	Fall 2021	Platform implemented	CHED Leadership	Met	9/23/22	Covid levels increasing slightly. 87% are currently omicron variant. Currently have 17 outbreaks with 15 of those in long-term care & daycare, 1 in a school, and 1 in a college. Traceforce has been disbanded, and CT is minimal at this time.
	<b>3.1F:</b> As needed, access MDHHS volunteers to augment CD staff	Fall 2021	Assess need of RN staff	CHED Leadership	Met	10/22/21	Looking at CDCF staff for CI support/HRA staff in schools
	<b>3.1G:</b> Maintain COVID nurses staffing levels	Fall 2021	Interviews completed	CHED Leadership	Met	1/28/22	Additional RN staff hired and oriented to program

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
<b>COVID-19 Enforcement:</b> Compliance with Executive Orders, Emergency Orders and Executive Directives	<b>3.2A:</b> Develop and share toolkits and State Resources	Fall 2020	Compliance with EO mandates	EH & PIO	Met	9/24/21	No current epidemic orders
	<b>3.2B:</b> Communication of EO to both licensed and non-licensed facilities in the District.	Fall 2020	All COVID19 complaints are logged in Hedgehog	EH	Met	9/23/22	Epidemic orders expired
<b>Community Outreach:</b> Develop campaign/plan that is COVID specific	<b>3.2C:</b> Respond to all requests from local governments and Emergency Operations Centers for reports and updates.	Fall 2021	Establish weekly email updates to all 3 EOCs	EP	Met		
	<b>3.2D:</b> Cities and villages need input from the Department about reopening business, fairs and events, etc.	Fall 2021	Educate on COVID restrictions & safety precautions	HO/EH	Met	3/25/22	All sectors are now open, and moving forward.
	<b>3.2E:</b> With 18 school districts in the District as well as three college campuses, we need to augment our ability to respond to schools with questions about reopening. Work to create events at which multiple schools can participate at once.	Fall 2021	Weekly forums developed	Medical Director	Met	9/23/22	A call was held August 4 <sup>th</sup> with schools & will only resume if requested by the school superintendents.
<b>Promote Services:</b> Collaboration across divisions, educating clients about other programs at MMDHD	<b>3.2F:</b> Ensure staff are informed on programs/services	Fall 2021	Division & Branch Office Meetings	Supervisor	Met	9/24/21	All staff monthly meetings
	<b>3.2G:</b> Ensure staff have the proper information to distribute to clients about events, programs, or services	Fall 2021	Any staff meeting	Marketing Team	Active	9/23/22	Flu vaccines will be available soon and clinics promoted throughout the district. Last week of Sept. is the target date.
	<b>3.2H:</b> Ensure website & social media pages are updated regularly promoting our services	Fall 2021	Webpage, Facebook, Twitter, & Instagram	PIO	Active	9/23/22	Staff have been identified to update specific areas of the website regularly.
	<b>3.2I:</b> Determine additional best practices now that staff can work remotely.	Fall 2021	Remote work review	Supervisor	Met	9/23/22	Remote Work Memo implemented

## 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
<b>Intranet Redevelopment:</b> Develop a user-friendly platform with accurate information for staff	<b>4.1A:</b> convene committee to develop new intranet platform	Fall 2021	Committee convened	Administrative Services Director	Met	1/28/22	Team convened
	<b>4.1B:</b> identify and update all necessary information on the intranet that staff need access to	Fall 2021	Items prioritized	Administrative Services Director	Met	1/28/22	All information has been identified & prioritized
	<b>4.1C:</b> transfer information and roll out new intranet platform	Winter 2021/22	Data transferred	Administrative Services Director	Met	3/25/22	Intranet is currently operational
	<b>4.1D:</b> identify staff responsible for maintaining information on specific intranet pages	Spring 2022	Staff identified	Administrative Services Director	Met	5/20/22	Hailey Brewer & IT staff to maintain Intranet. Individual staff members will upload current/revised documents thru Teams.
<b>Improved Internal Communication:</b> Identify what staff need/want to know and how it is communicated	<b>4.1E:</b> Determine topics that need to be communicated to staff	Fall 2021	Feedback from staff	Management	Met		
	<b>4.1F:</b> Determine best form to communicate specific internal information	Fall 2021	Feedback from staff	Management	Met	9/24/21	Sup's are providing regular program updates to their staff, and management team is sending out VALL's informing staff of agency updates after their meetings.
	<b>4.1G:</b> Implement revised communication plan	Fall 2021	Employee survey	Management	Active	9/24/21	All staff meetings scheduled
	<b>4.1H:</b> Identified best remote work communication practices to include in the communication plan	Fall 2021	Remote work review	Management	Active	9/24/21	Remote work 90 day review in progress
<b>Policy &amp; Procedures:</b> Develop schedule to review and update policies and procedures on a regular basis	<b>4.1I:</b> Identify plans/procedures	Fall 2021	Inventory created	Management	Active	9/23/22	In Progress
	<b>4.1J:</b> Evaluate plans/policies for initial review and/or removal	Fall 2021	Prioritized list	Management	Active	9/23/22	In progress
	<b>4.1K:</b> Determine review schedule	Fall 2022	Review schedule created	Management	Not Met	9/23/22	State accred. will require this; discuss at management mtg
	<b>4.1L:</b> Central location for revised documents.	Winter 2023	Electronic database created	Management	Met	9/23/22	Teams

Goal 2:	Staff development & clearly identified roles and responsibilities						
Objective	Action Item	Target Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
<b>Protect Employee Safety:</b> Ensure staff that measures have been put in place to help mitigate potential exposure to COVID-19	<b>4.2A:</b> Ensure COVID Safety Plan is kept up to date regarding current protocols	Fall 2021	Protocols implemented	Management	Met		
	<b>4.2B:</b> Ensure adequate supplies of PPE and training for employees that use it	Fall 2021	Inventory	EP Purchasing	Met		
	<b>4.2C:</b> Encourage open discussion among employees about health status and potential exposures outside of work	Fall 2021	Weekly update meetings conducted by direct supervisor	Management	Active	9/23/22	Sheila is focusing on EP this month & engaging staff in learnings sessions & will provide Emergency kits via a drawing for staff members.
	<b>4.2D:</b> Develop plans to provide services in case staff can no longer perform their duties due to exposure and how to assist the exposed staff member with their health needs	Fall 2021	Cross-train staff/identify backups	Management	Met	3/25/22	Policy has gone out regarding quarantine & isolation.
<b>Orientation:</b> Identified roles and responsibilities for staff (training)	<b>4.2E:</b> Start the committee back up to evaluate the process. (program & department wide)	Spring 2022	Committee convened	Workforce Development Committee	Active	9/23/22	Staff are being identified to attend QVAT meetings & health officer meetings to catch back up.
	<b>4.2F:</b> Develop method to track orientation process effectively (possibly in Kronos)	Spring 2022	Electronic checklist developed	Workforce Development Committee			
	<b>4.2G:</b> Provide a general public health orientation for all staff 3 months after start date	Fall 2021	PowerPoint & meeting provided in person	Supervisor			
	<b>4.2H:</b> Collect feedback from staff on new process for additional enhancement opportunities	Fall 2022	Feedback collected	Workforce Development Committee			
<b>Public Health Workforce:</b> Ensure we have adequate staffing to meet the needs of the community	<b>4.2I:</b> Hire additional supervisors	Fall 2021	Staff hired	Management	Met	3/25/22	CHED supervisor has been hired.
	<b>4.2J:</b> Form a group to review retention concerns in EH	Winter 2021/22	Develop Plan	EH Management	Active	10/22/21	WFD mtg scheduled
	<b>4.2K:</b> Identify staff that will be retiring to help forecast needed positions & training preparation	Winter 2021/22	Develop Plan	Management	Active	9/23/22	We will not be filling the IT positions as we are contracting with IT Right for those roles. PIO, H&V, HE, & PHN still active.



Goal 3:	Facility enhancements to improve workflow & safety						
Objective	Action Item	Target Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
<b>Building Improvements:</b> Ensure buildings are conducive to a safe and productive environment	<b>4.3A:</b> Assess needs at each of our three branch offices	Fall 2021	Assessments conducted	Safety Comm.	Met		
	<b>4.3B:</b> Determine what is currently feasible and prioritize accordingly	Fall 2021	Plan developed	Safety Comm.	Met	9/24/21	Camera install, key FOB, & building renovations identified for MBO & GBO
	<b>4.3C:</b> Give recommendations to our BOH for building enhancements and seek approval	Fall 2021	Present to BOH	Safety Comm.	Met	9/24/21	BOH approved
	<b>4.3D:</b> Implement targeted approach to complete building enhancements approved by the BOH	Winter 2021/22	Monthly update meetings conducted by management team	Safety Comm.	Active	9/23/22	Working on HVAC in GBO (supply issues)
	<b>4.2E:</b> Continue to encourage open discussion from staff to improve our facilities when appropriate	Summer 2022	QVAT meetings	Safety Comm.	Met	5/20/22	Staff are asked at branch office & division meetings, and other select committees (ex: WFD, QVAT, Safety, etc.) where improvements can be made

Goal 4:	Nurture a culture of improved physical & mental wellness for our staff						
Objective	Action Item	Target Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
<b>Wellness:</b> Ensure we provide avenues to help improve the physical & mental wellness of our staff	<b>4.4A:</b> Assess the wellness needs of our staff	Fall 2021	Survey conducted	Management	Active	9/24/21	PERMAH Workplace Survey is currently active
	<b>4.4B:</b> Wellness component to be included in our "All Staff meetings"	Fall 2021	All Staff Meetings	HEC	Met	9/24/21	September 29 meeting will include a presenter
	<b>4.4C:</b> Periodic learning sessions or guest presenters conducted throughout the year.	Spring 2022	Presenters scheduled	HEC	Active	9/23/22	Food trucks will be available as part of the wellness program to show staff appreciation.
	<b>4.4D:</b> Ensure staff have avenues to reach out for wellness assistance	Winter 2021/22	Contact direct supervisor or HEC member	HEC/Management	Met	3/25/22	Wellness corner added to intranet
	<b>4.4E:</b> Evaluate how our wellness initiative impacted staff	Fall 2022	Survey conducted	Management			

## 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
<b>Implement New Financial/HR Software:</b> Odyssey installed	<b>5.1A:</b> Further development of the purchasing component	Fall 2021	Staff training & system refinement	Administrative Services Director	Active	1/28/22	New API identified. It will allow MMDHD to develop forms to accept online payments in addition to integrating with the new Hedgehog portal. Currently, in the activation process.
	<b>5.1B:</b> Development of the reporting capabilities and data sharing (Acumatica)	Winter 2021/22	Reports developed/Staff trained	Administrative Services Director			
	<b>5.1C:</b> Develop the Kronos HR capabilities	Winter 2021/22	System built	Administrative Services Director	Active	5/20/22	Staff can now submit training requests into the system.
<b>Implement Online Payment Method:</b> Offer online payment options for clients	<b>5.1D:</b> Identify a safe & secure online payment method for clients to pay for fees and/or services	Spring 2022	Product identified	IT Coordinator	Active	7/22/22	We have stopped using Stripe on July 12 <sup>th</sup> and are currently back using Clover. We are beginning the process all over again.
	<b>5.1E:</b> Install payment app on our agency website for clients to submit payments	Spring 2022	Installation complete	IT Coordinator	Met	3/25/22	Stripe is currently being installed & tested
	<b>5.1F:</b> Go Live	Spring 2022	System Live	IT Coordinator	Met	5/20/22	Stripe is now live

Goal 2:	Implement monitoring practices for emerging threats						
Objective	Action Item	Target Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
<b>Beach Monitoring Program:</b> beach water quality and to assure a safe and healthy recreational experience at public beaches.	<b>5.2A:</b> Grant for annual beach monitoring program	Summer 2022	Bacteriological sampling of inland beaches	Environmental Health Director	Active	5/20/22	Weekly Sampling for year 2 starting in June
	<b>5.2B:</b> Grant for beach monitoring microbial source tracking 2-year program	Summer 2022	Samples taken for DNA tracking	Environmental Health Director	Active	9/23/22	Park Lake (Clinton) detected some E.coli levels but we did not have to close any beaches within our district for the 7 beaches that we monitored.
	<b>5.2C:</b> Harmful Algal Blooms Emerging issues	Summer 2021	Micocystin sampling	Environmental Health Director	Met	9/23/22	Dickerson Lake (Montcalm) was tested but still waiting for those results.
<b>Study COVID Related Revenue Streams:</b> Ensure they are used appropriately	<b>5.2D:</b> Review grant contracts	Spring 2021	Contracts reviewed	Management	Active		Ongoing
	<b>5.2E:</b> Appropriate funds allocated to MMDHD	Summer 2021	Funds disbursed	Management	Active	5/28/21	Funding continues and will monitor for future COVID funds.
	<b>5.2F:</b> Internal review of expenses/controls	Winter 2021/22	Funds used by appropriate date	Management	Active	5/28/21	Same as above.

**\*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.**

**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:** Hailey Brewer, Tracey Larabel, Charity Little, Nicole Montgomery, Kim Peters, Melissa Selby, Shanna Smith, Sara Thelen, 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:** Liz Braddock, Hailey Brewer, Adam Byrne, Sarah Doak, Linda Gronda, Tracey Larabel, Lisa Mikesell, Ross Pope, Krishna Santana, Melissa Selby, Allison Schafer, Jennifer Stratton, Ashely Tate, Shelley Traynor
- 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 Selby, Holly Stevens, Current Union Stewardship (TBD)
- Meets:** Annually or As Needed

**Rebranding Team**

- Purpose:** Subcommittee of QVAT – Develop or enhance information/ communication venues
- Members:** Katie Allen, Pauline Black, Sarah Doak, Ross Pope, Melissa Selby, Jennifer Stratton, Kara Trimbach
- Meets:** Quarterly

**Safety Committee**

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

Members: Katie Allen, Hailey Brewer, Sarah Doak, Lisa Mikesell, Sheila Moore, Ross Pope, Melissa Selby, 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: Hailey Brewer, Sarah Doak, Bryan Fowler, Rex Hoyt, Ross Pope, Melissa Selby, Lonnie Smith, Jennifer Stratton

Meets: As needed

## Acronym Descriptions

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

**(BCCNP) 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

**(EGLE) Michigan Department of Environment, Great Lakes, and Energy**– responsible for protecting the state's air, land, and water.

**(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.

**(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.