



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 fluid and cursive, with "Liz" on top and "Braddock" below it, separated by a small gap.

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

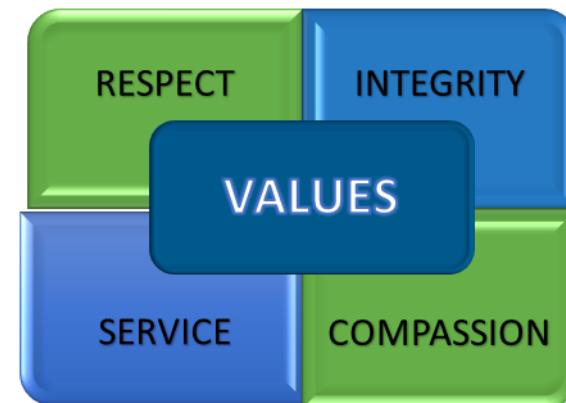
The embodiment of honesty, trustworthiness, honor, and adherence to high level moral principles.

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

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 |
| Adopt Power BI: Improve the quality of maps & charts so that the course of the pandemic is clear to the public | 1.1A: 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 |
| | 1.1B: 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 |
| EH Client Satisfaction Survey: Develop and implement EH Client Satisfaction Survey | 1.1C: Convene a group of EH staff members to identify & develop actionable survey questions | Winter 2021/22 | Questions developed | EH Division Director | | | |
| | 1.1D: Draft survey and run tests to ensure desired functionality | Spring 2022 | QVAT members test survey | QVAT | | | |
| | 1.1E: Approve and implement survey for distribution | Summer 2022 | Survey implemented | QVAT | | | |
| | 1.1F: Evaluate survey results for enhancement opportunities | Fall 2023 | Survey evaluated | QVAT | | | |
| Survey Platform: Transition to new survey platform | 1.1G: 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. |
| | 1.1H: 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. |
| | 1.1I: 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 |
| | 1.1J: 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 |
| Community Health Assessment: 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 |
| Water Program: 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 |
| Polybrominated Biphenyl (PBB) Study: 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 th 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 |
| Increase IT Staff Capacity: Ensure information technology is utilized to increase staff utilization | 2.1A: 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. |
| | 2.1B: 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. |
| Improved Governance: 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. | 2.1C: 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 |
| | 2.1D: Unfunded mandates | Spring 2021 | EHS Programs | Management | Met | 9/24/21 | Non community water supply program, PFAS |
| | 2.1E: Long term funding | Summer 2022 | State and/or Local appropriations | Management | Active | 9/23/22 | Ongoing legislator discussion |
| Phone System: Continually enhance our phone system capabilities | 2.1F 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 |
| | 2.1G Work with CDW on install and functionality | Fall 2021 | Meetings with CDW | IT Coordinator | Met | 5/20/22 | Phone system installed & functioning |
| | 2.1H Train staff & go Live | Winter 2021 | Phone system installed & staff trained | IT Coordinator | Active | 9/23/22 | 1 st phase completed focused on routing/messaging. 2 nd 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 |
| PM System Development: Agency-wide performance indicators monitored (CHED, EH, ADMIN) | 2.2A: 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 |
| | 2.2B: 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. |
| | 2.2C: Indicators drive change for improvement | Fall 2022 | # of QI projects identified | QI & PM Leadership Team | | | |
| State Accreditation: Prepare for accreditation activities | 2.2D: Convene program specific accreditation teams | Spring 2022 | Teams identified | QI & PM Leadership Team | Met | 7/22/22 | Team members identified and will begin meeting at the beginning of August. |
| | 2.2E: 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. |
| | 2.2F: 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 |
| COVID-19 Testing: Ensure testing is available to the public that is both accurate and timely | 3.1A: Develop the capacity to offer testing by HD staff. | Fall 2021 | Training completed | EPI Team | Met | 9/24/21 | Rapid response team active |
| | 3.1B: Have testing kits available to administer when needed | Fall 2021 | Ordering process | EPI Team | Met | 9/24/21 | Kits in house |
| | 3.1C: 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. |
| Contact Tracing: Increase our CD workforce | 3.1D: 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 |
| | 3.1E: 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. |
| | 3.1F: 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 |
| | 3.1G: 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 |
| COVID-19 Enforcement: Compliance with Executive Orders, Emergency Orders and Executive Directives | 3.2A: Develop and share toolkits and State Resources | Fall 2020 | Compliance with EO mandates | EH & PIO | Met | 9/24/21 | No current epidemic orders |
| | 3.2B: 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 |
| Community Outreach: Develop campaign/plan that is COVID specific | 3.2C: 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 | | |
| | 3.2D: 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. |
| | 3.2E: 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 th with schools & will only resume if requested by the school superintendents. |
| Promote Services: Collaboration across divisions, educating clients about other programs at MMDHD | 3.2F: Ensure staff are informed on programs/services | Fall 2021 | Division & Branch Office Meetings | Supervisor | Met | 9/24/21 | All staff monthly meetings |
| | 3.2G: 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. |
| | 3.2H: 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. |
| | 3.2I: 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 |
| Intranet Redevelopment: Develop a user-friendly platform with accurate information for staff | 4.1A: convene committee to develop new intranet platform | Fall 2021 | Committee convened | Administrative Services Director | Met | 1/28/22 | Team convened |
| | 4.1B: 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 |
| | 4.1C: transfer information and roll out new intranet platform | Winter 2021/22 | Data transferred | Administrative Services Director | Met | 3/25/22 | Intranet is currently operational |
| | 4.1D: 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. |
| Improved Internal Communication: Identify what staff need/want to know and how it is communicated | 4.1E: Determine topics that need to be communicated to staff | Fall 2021 | Feedback from staff | Management | Met | | |
| | 4.1F: 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. |
| | 4.1G: Implement revised communication plan | Fall 2021 | Employee survey | Management | Active | 9/24/21 | All staff meetings scheduled |
| | 4.1H: 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 |
| Policy & Procedures: Develop schedule to review and update policies and procedures on a regular basis | 4.1I: Identify plans/procedures | Fall 2021 | Inventory created | Management | Active | 9/23/22 | In Progress |
| | 4.1J: Evaluate plans/policies for initial review and/or removal | Fall 2021 | Prioritized list | Management | Active | 9/23/22 | In progress |
| | 4.1K: Determine review schedule | Fall 2022 | Review schedule created | Management | Not Met | 9/23/22 | State accred. will require this; discuss at management mtg |
| | 4.1L: 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 |
| Protect Employee Safety: Ensure staff that measures have been put in place to help mitigate potential exposure to COVID-19 | 4.2A: Ensure COVID Safety Plan is kept up to date regarding current protocols | Fall 2021 | Protocols implemented | Management | Met | | |
| | 4.2B: Ensure adequate supplies of PPE and training for employees that use it | Fall 2021 | Inventory | EP Purchasing | Met | | |
| | 4.2C: 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 learning sessions & will provide Emergency kits via a drawing for staff members. |
| | 4.2D: 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. |
| Orientation: Identified roles and responsibilities for staff (training) | 4.2E: 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. |
| | 4.2F: Develop method to track orientation process effectively (possibly in Kronos) | Spring 2022 | Electronic checklist developed | Workforce Development Committee | | | |
| | 4.2G: Provide a general public health orientation for all staff 3 months after start date | Fall 2021 | PowerPoint & meeting provided in person | Supervisor | | | |
| | 4.2H: Collect feedback from staff on new process for additional enhancement opportunities | Fall 2022 | Feedback collected | Workforce Development Committee | | | |
| Public Health Workforce: Ensure we have adequate staffing to meet the needs of the community | 4.2I: Hire additional supervisors | Fall 2021 | Staff hired | Management | Met | 3/25/22 | CHED supervisor has been hired. |
| | 4.2J: Form a group to review retention concerns in EH | Winter 2021/22 | Develop Plan | EH Management | Active | 10/22/21 | WFD mtg scheduled |
| | 4.2K: 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 |
| Building Improvements: Ensure buildings are conducive to a safe and productive environment | 4.3A: Assess needs at each of our three branch offices | Fall 2021 | Assessments conducted | Safety Comm. | Met | | |
| | 4.3B: 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 |
| | 4.3C: Give recommendations to our BOH for building enhancements and seek approval | Fall 2021 | Present to BOH | Safety Comm. | Met | 9/24/21 | BOH approved |
| | 4.3D: 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) |
| | 4.2E: 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 |
| Wellness: Ensure we provide avenues to help improve the physical & mental wellness of our staff | 4.4A: Assess the wellness needs of our staff | Fall 2021 | Survey conducted | Management | Active | 9/24/21 | PERMAH Workplace Survey is currently active |
| | 4.4B: 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 |
| | 4.4C: 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. |
| | 4.4D: 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 |
| | 4.4E: 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 |
| Implement New Financial/HR Software: Odyssey installed | 5.1A: 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. |
| | 5.1B: Development of the reporting capabilities and data sharing (Acumatica) | Winter 2021/22 | Reports developed/Staff trained | Administrative Services Director | | | |
| | 5.1C: 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. |
| Implement Online Payment Method: Offer online payment options for clients | 5.1D: 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 th and are currently back using Clover. We are beginning the process all over again. |
| | 5.1E: 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 |
| | 5.1F: 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 |
| Beach Monitoring Program: beach water quality and to assure a safe and healthy recreational experience at public beaches. | 5.2A: 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 |
| | 5.2B: 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. |
| | 5.2C: 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. |
| Study COVID Related Revenue Streams: Ensure they are used appropriately | 5.2D: Review grant contracts | Spring 2021 | Contracts reviewed | Management | Active | | Ongoing |
| | 5.2E: Appropriate funds allocated to MMDHD | Summer 2021 | Funds disbursed | Management | Active | 5/28/21 | Funding continues and will monitor for future COVID funds. |
| | 5.2F: 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

(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

(EGLD) 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.