



Mid-Michigan District
HEALTH DEPARTMENT
CLINTON • GRATIOT • MONTCALM

2023-2025 MMDHD Strategic Plan

October 1, 2023 – September 30, 2025

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Introduction

I am excited to introduce the Mid-Michigan District Health Department's (MMDHD) 2023-2025 Strategic Plan. Our plan is well thought out and provides MMDHD with actionable ways to reach our goals. For this cycle, additional staff alternated in to join the Quality, Vision, and Action Team (QVAT), bringing new enthusiasm and dedication to the work. The team has worked on analyzing and reviewing data to properly understand the needs of our community and creating measurable goals for tracking progress during this cycle. Our vision has been updated to better reflect how our plan will impact both community goals and personal goals of our staff. This new vision gives us a measurable expectation of the direction in which we are headed.

Having a strategic planning process gives us a forward focused vision to align our organizational goals with the needs of our community. It equips us with a tool to monitor and track progress while also assisting us achieve our long-term goals. The team will meet quarterly, and the plan will be updated regularly to show progress, but also adjusted to capture the shifts that we anticipate Local Public Health will encounter over the coming years. Our agency is adept at being able to pivot to work on emerging issues, public health emergencies, and other needs of our community's health. We are also mindful of our fiscal responsibility and being able to meet our goals and track progress during periods of limited financial and personnel resources.

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. We hope to create an increased sense of responsibility throughout the organization by making staff aware of our goals and how they were chosen. It is an ongoing process with measurable and actionable ways to reach our long-term plan.

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 personal & community-based 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

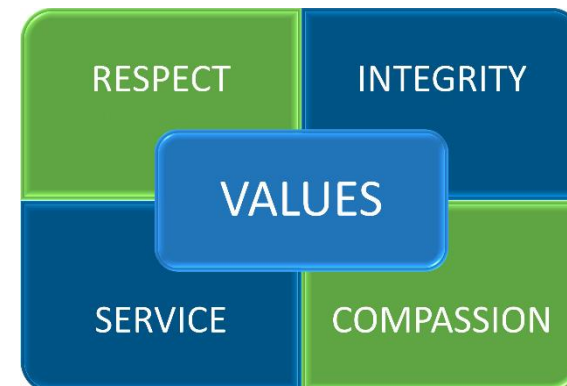
The embodiment of honesty, trustworthiness, honor, and adherence to high level moral principles.

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.



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. 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
Hailey Brewer	Administrative Services Supervisor
Adam Byrne	Environmental Health Supervisor
Sarah Doak	Community Health & Education Division Director
Tammy Eurich	Public Health Representative
Linda Gronda	Executive Public Health Representative
Brady Guilbault	Public Information Officer
Mandi Heikkila	Public Health Representative
Gayle Hood	Registered Dietitian
Rex Hoyt	Data Specialist
Ian Hyslop	Environmental Health Specialist I
Tracey Larabel	Accounting Clerk II
Lisa Mikesell	Public Health Nurse III
Vanessa Nelson	Environmental Health Specialist I
Rochelle O'Shay	Community Health & Education Supervisor
Ross Pope	Quality & Process Improvement Coordinator
Melissa Selby	Administrative Services Director
Ashely Tate	MCIR Coordinator
Tyler Wigent	Health Educator

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 2023-2025 Strategic Plan includes the following five Focus Areas.

1. We respond to community needs
2. We promote public health
3. We encourage an atmosphere for professional growth & personal wellbeing
4. We are effective stewards of 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 2023 and the following is a timeline of the activities that occurred during that planning process:

- **January 2023**- 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. It was determined at this meeting that QVAT needed to add additional members during the Strategic Planning process to have better staff representation to develop the plan. The additional team members included Tammy Eurich (EH PHR), Mandi Heikkila (CHED PHR), Rex Hoyt (Data Specialist), Vanessa Nelson (EH Specialist), Tyler Wigent (Health Educator).
- **March 2023**- Two meetings were held in March that focused on reviewing health data within the community, which included MIPHY results, BRFSS results, and additional external factors that may impact the health of our residents. After discussing all the data and feedback from our team members, QVAT developed our focus areas that our agency would prioritize for the current strategic plan cycle.
- **April 2023** – The team met and agreed upon what objectives we would concentrate on in our focus areas through a group discussion and prioritization process. The team utilized our agency values as the primary tool during the prioritization process. The team also agreed that we would gather input from our staff who are experts in those areas to help develop the actions needed to achieve those identified goals. A draft strategic plan would then be brought back to QVAT for final revisions and approval.
- **May 2023**– The team reviewed the draft strategic plan and provided agreed upon revisions to some of the objectives, action items, and measurements within the plan. It was determined that the plan still required some input from additional staff in a few areas and then would be brought back to QVAT for a final review before being approved by QVAT team members.
- **June 2023** - The team conducted its final review of the plan after receiving additional input from staff and approved the strategic plan for the agency to implement. The plan will now be implemented, and all staff & Board of Health members will be educated on the workings of the plan and updated on its progress quarterly.

SWOT Analysis

Data teams consisting of 5-6 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 community health assessment 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) • EH staff stabilizing 	<ul style="list-style-type: none"> • Reaching targeted audiences • Staff limitations • Internal Communication • Client survey response rate • IT staffing levels • Three separate CHA processes
Opportunity	Threat
<ul style="list-style-type: none"> • Enhanced internal communication • Enhanced education/interaction with public • Enhanced data/metrics from Environmental Health • Strengthen community partnerships • Increased access at outlying clinics for services • Marketing • Acknowledge staff more effectively • Oral health assessments in schools 	<ul style="list-style-type: none"> • PFA's/emerging contaminants of concern • Lack of primary care providers/dental care providers • 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. 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 Microsoft QVAT Teams section 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 Respond to Community Needs

Goal 1:	Collaborate with community partners to stay current with community needs						
Objective	Action Item	Start 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	1.1A: ensure MMDHD has adequate staff participation to facilitate these collaboratives	Summer 2023	MMDHD active engagement with stakeholders	Health Officer			Gratiot Collaborative Council Montcalm County Human Services Coalition Healthy! Capital Counties Current SDOH funding through July 2023
	1.1B: resume regular scheduled meetings to continue progress forward on identified objectives	Summer 2023	Develop new or continue existing projects that address priority items from each Community Health Improvement Plans (CHIP)	Health Officer & Data Specialist			Healthy Montcalm Live Well Gratiot Healthy! Capital Counties: SDOH Homeless Forum
	1.1C: keep public and staff informed of progress on CHA's/CHIP's	Winter 2023	Information available on website & status updates at staff meetings	PIO/Data Specialist			Create web page specific to the groups above
Polybrominated Biphenyl (PBB) Study: Support research on health-related outcomes	1.1D: Support and Engage with partners including Emory University, EPA & Community groups	Fall 2023	Support funding opportunities Partner on new initiatives Seek community health partnerships	EPI & Health Officer			PBB 50 th Commemoration Planning, Panelists and Speakers Annual Community meetings Monthly Leadership

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
Ongoing	Action item is a continuous process

Goal 2:	Assess community data and respond with prevention & education methods						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Substance Use Prevention: Provide prevention education to youth & assist local coalitions in their prevention efforts	1.2A: Prevention education presence in local schools in Clinton & Montcalm County	Fall 2023	90% presence in schools (school survey results)	Health Educator			
	1.2B: Youth Leadership Club presence or the creation of one throughout local schools in Montcalm county	Fall 2023	Club established in 100% of Montcalm County School District that are participating	Health Educator			
	1.2C: Continue to support prevention & recovery coalitions guiding them through the community development practice	Summer 2023	Attend coalition meetings	Health Educator/Health Promotion Supervisor			
	1.2D: Assist local coalitions with a variety of strategies to reduce past 30-day use of electronic nicotine/vaping devices (ENDS), marijuana and alcohol use among high school students	Fall 2023-25	Decrease measured in MiPHY results	Health Educator			
	1.2E: Explore innovative programming for adaptation in Montcalm County	Fall 2023-25	Plans reviewed annually	Health Promotion Supervisor			
Mental Health Awareness: Increase awareness and support preventive education	1.2F: Ensure involvement in local coalition	Summer 2023	MMDHD Active Engagement with Stakeholders	Health Educator			
	1.2G: Provide staff training and encourage participation in prevention activities	Fall 2023	Question, Persuade, Refer and De-escalation training	Health Educator			
	1.2H: Provide public with educational & mental health/therapy resources and encourage participation in prevention activities	Fall 2023	Quarterly Push/Focus in May (Mental Health Awareness month) and dedicated section on website to MH awareness	PIO/Health Educator			

Goal 3:	Provide accurate and timely information to the community						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Public Health Threats: Ensure information is shared with the community on emerging health threats	1.3A: Disseminate public health messaging in a relevant and appropriate manner to ensure all community members are receiving accurate and timely information.	Fall 2023	Increase newsletter distribution by 10% & increase open rate by 10%	PIO			Newsletter, social media posts, and Press Release regarding Ticks and Lyme Disease.
Website & Social Media: Improve access to public health information	1.3B: Increase social media presence by utilizing engaging informational videos.	Fall 2023	Tracking views and clicks	PIO			Insurance verbiage & services available
	1.3C: Update website to keep information current and relevant.	Fall 2023	Increase traffic data	PIO			need to find a way to reach more people on social media (influencer?)
	1.3D: Improve access to information while minimizing browsing time.	Fall 2023	Increase traffic data	PIO			

Goal 4:	Investigative powers and duties to ensure community safety						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Water Program: Clean water	1.4A: PFAS investigation activities	Fall 2023	Provide filter replacement cartridges	EH Supervisor	Met	5/4/23	March/April 2023 filters delivered
	1.4B: Participation in EPA 319 Non-point Source Management Program	Fall 2023	Required Quarterly Reporting to Conservation Districts	EH Director	Active	5/4/23	Entered MOU for scanning project
	1.4C: PFAS Investigation Activities	Summer 2023	PFAS Drinking Water Sampling Activities	EH	Active	5/4/23	Grand Ledge Armory sampling effort
	1.4D: Type II monitoring violation reduction	Spring 2023	Monitor Type II sampling compliance	EH Supervisor	Active	5/4/23	Enforcement activity / development of outreach
Vector: Surveillance of vector borne diseases	1.4H: Mosquito surveillance	Summer 2023	EEE monitoring Montcalm/Clinton	EH Supervisor	Active	5/4/23	
	1.4I: Tick monitoring	Summer 2023	Tick borne disease monitoring Montcalm/Clinton	EH Supervisor	Active	5/4/23	MSU training – identify tick training
Food Service Program: County Fairgrounds Inspections	1.4J: County fairgrounds Temp food inspection	Summer 2023	Temporary food license issued	EH Supervisor	Active	5/4/23	Temp food applications accepted
Beach Monitoring Program: beach water quality and to assure a safe and healthy recreational experience at public beaches.	1.4K: Grant for annual beach monitoring program	Summer 2023	Bacteriological sampling of inland beaches	EH Director			
	1.4L: Grant for beach monitoring microbial source tracking 2-year program	Summer 2023	Samples taken for DNA tracking	EH Director			
	1.4M: Harmful Algal Blooms Emerging issues	Summer 2023	Micocystin sampling	EH Director			

Focus Area 2: We Promote Public Health

Goal 1:	Improved client access to services.						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Hedgehog: Portal to allow access to environmental information & reduce FOIA requests	3.1A: Attached scanned documents into Hedgehog	Fall 2025	100% of Documents attached in Hedgehog	EH Director	Active	5/4/23	Documents scanned daily.
	3.1B: Portal Building with online payment options available	Summer 2023	Portal active to public	EH Director	Active	5/4/23	Server/hardware updates
Outlying Clinics: Improve clients access to services	3.1C: Promote outlying clinic locations on website/ social media	Summer 2023	Track number of shared posts by partner agencies	PIO			Quarterly social media posts/outlying clinic schedule posted on website
	3.1D: Offer more services to clients (Fluoride varnish & immunizations)	Fall 2023	Immunization Nurse & Oral Health Coordinator available in 15% of clinics	CHED Director			

Goal 2:	Reestablish (Reengage) with Community Partners & Public						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Reconnect staff to Community Partners: Staff will engage in provider & community outreach activities	3.2A: Encourage staff to attend events in the community & identify staff for participation in coalitions	Fall 2023	Increased staff engagement (outreach log monitoring)	CHED Director			Increase VFC providers, increased reimbursement
	3.2B: Schedule outreach to several offices/ schools/ businesses in the community	Fall 2023	Six activities per district - quarterly	CHED Director			
	3.2C: Outreach activities logged to determine impact	Fall 2024	10% of staff involved in outreach	CHED Director			
Oral Health: Kindergarten program & access to dental offices for the public	3.2D: Contract services with Shiawassee & Ionia County	Fall 2023	Contract signed	CHED Director			
	3.2E: Hire Registered Dental Hygienist 0.8-1.0 FTE	Fall 2023	RDH hired	CHED Director			
	3.2F: Promote KOHA information to dental providers and general community	Fall 2023-2025	Promotional materials sent to all eligible providers/schools/ parents	Oral Health Coordinator			
	3.2G: Kindergarten oral health assessments conducted	Fall 2023	90% of eligible children receive a dental assessment	Oral Health Coordinator			Preschool roundups as well

Focus Area 3: We Encourage an Atmosphere for Professional Growth & Personal Wellbeing

Goal 1:	Improve Internal Communication						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Addressing Staff Issues & Concerns: Develop appropriate channels for staff to utilize	3.1A: Encourage the use of the innovation station for LHD improvement ideas	Fall 2023	Responses in Innovation Station (increase of 1 per quarter)	WFD			Add new staff to the team
	3.1B: Create platform to filter staff concerns for resolution & enhance response time for those requests (maint./safety, personal, equipment requests)	Fall 2023	Alchemer platform used to filter requests & track response timeframe from submission date	HR Specialist (management)			Develop platform kind of like the IT help desk to filter issues and direct to correct staff member (HR to filter & direct)
	3.1C: Appropriate follow-up completed	Fall 2023	Determined by specific issue raised	Admin Services Director			
Improved Internal Communication: Identify what staff need/want to know and how it is communicated	3.1D: Determine best form to communicate specific internal information	Fall 2023	All staff mtgs./ Feedback from staff	Admin Division Director (management)			Committees need to be informing staff, management team mtgs need to inform staff
	3.1E: Implement communication plan (platforms used, etc.)	Fall 2024	Feedback from Employee Survey	Admin Division Director (management)			Develop communication topics library
	3.1F: Improve communication surveys	Fall 2024	Pulse survey, employee, & reverse appraisal reviewed	WFD			
Power DMS Management System: Develop schedule to review and update policies and procedures on a regular basis	3.1G: Determine review cycle for all policies.	Fall 2023	Inventory created Polices in PowerDMS have review dates established	Admin Services Supervisor			
	3.1H: Update all policies	Dec 2023	100% policies updated (PowerDMS report)	Admin Services Supervisor			
	3.1I: Upload all contracts to system	Winter 2023/24	100% Contracts uploaded	Admin Services Supervisor & Executive Asst.			

Goal 2:	Staff development						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Training: Ensure staff can seek training to grow professionally	3.2A: identify & establish a new learning management system	Fall 2023	New Learning Management System	WFD			IT & program training for staff (billing, duties, etc). Get rid of GCN
	3.2B: Pull Kronos report to identify commonly requested trainings & training gaps	Fall 2023	Training log reports (identify # of trainings & # of staff that participate)	WFD			Pull training log data to determine staff training gaps
	3.2C: Mentoring from peers for new employees	Fall 2023	A mentor assigned to 100% of new hires	WFD			
	3.2D: Use staff self-evaluations to identify areas for professional growth	Fall 2024	100% of required Self-evaluations completed	Direct Supervisor			
Orientation: Identified roles and responsibilities for staff (training)	3.2E: Develop orientation materials	Fall 2023	MMDHD orientation materials developed	WFD			
	3.2F: Quarterly orientation on public health	Fall 2023	Half day in-person meeting	Health Officer & Emergency Preparedness Coord.			
	3.2G: Job shadowing from peers for new employees	Fall 2023	80% completion rate within 1 year of hire date	Management			Ensure new hires experience programs provided by each division
	3.2H: Track orientation process effectively in Kronos	Winter 2023	Electronic checklist developed	WFD			
	3.2I: Collect feedback from staff on orientation process for additional enhancement opportunities	Fall 2024	80% new hires provide feedback (collect at evaluations; 90 day/6 mo. and 1 yr.)	WFD			
Public Health Workforce: Ensure we have adequate staffing to meet the needs of the community	3.2J: List job openings on the most used recruitment/hiring platforms	Fall 2023	Adjust platforms as needed/Staff hired	Management			
	3.2K: Identify staff that will be retiring to help forecast needed positions & training preparation	Winter 2023/24	Develop Plan	Management			
	3.2L: Improve job descriptions	Winter 2023	100% of Descriptions revised	Admin Division Director			

	3.2M: Conduct “stay” interviews	Fall 2023	8 stay interviews completed annually – 4 being CHED	Admin Division Director			Conducted by a division director but not your direct division director you work for.
	3.2N: Determine reasons for leaving with exit interview process	Fall 2023	90% of exiting staff complete an exit interview	Admin Division Director			
EH Staff Training: Enhanced field training for environmental health staff	3.2O: Miss Dig training	Fall 2023	Sanitarian training	EH Supervisor	Active	5/4/23	Invite sent to MISS Dig for training
	3.2P: Well construction training	Fall 2024	Sanitarian training	EH Supervisor	Active	5/4/23	
	3.2Q: PHR field shadowing all programs	Summer/ Fall 2023	100% of PHR’s field shadow	EH Supervisor	Active	5/4/23	
	3.2R: On-site SDS construction	Fall 2024	Sanitarian training	EH Supervisor	Active	5/4/23	

Goal 4:		Focus on staff wellness					
Objective	Action Item	Start 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	3.4A: establish a champion (s). among HEC members to which wellness info will be channeled through.	Fall 2023	2 HEC members identified	HEC			
	3.4B: WFD to focus wellness components into plan	Fall 2023	All Staff Meetings	HEC			
	3.4C: Periodic wellness events/presenters conducted throughout the year.	Spring 2024	4 wellness events annually	HEC			
	3.4D: Encourage staff awareness of wellness resources available to them.	Winter 2023/24	Monthly communication regarding wellness	HEC/Management			Wellness Corner identified and showcased during All Staff mtgs
	3.4E: Evaluate how our wellness initiative impacted staff	Fall 2023	Quarterly Pulse Survey conducted	Management			Discussed “perspective polling” with 2 questions for staff as intro to All Staff mtgs.
Staff Affirmations & Acknowledgements: Staff recognition for achievements and demonstrating core values	3.4F: “Values in Action”. Recognize staff exemplifying our values in the workplace. (Supervisor led process)	Fall 2023	Monthly recognition of staff displaying value	HEC/WFD			
	3.4G: Encourage nominations for ACE award each quarter and make improvements to	Winter 2023/24	Increase nominations by 15%	HEC			Improve ace award process, including the outlying staff

	nomination process. (Staff led process)						that may not get recognized as much
	3.4H: Acknowledge staff at quarterly branch office meetings for their accomplishments	Fall 2023	At least one staff member acknowledged at each BO meeting	Management			

Goal 5:	Building Improvements						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Key FOB: Ensure we provide a safe work environment for our staff	3.5A: Install key fobs in both MBO & GBO offices	Fall 2023	Installation completed	Admin Services Supervisor			
	3.5B: Train staff on use of doors	Fall 2023	All Staff Meeting/training	Admin Services Supervisor			
	3.5C: Evaluate effectiveness	Spring 2024	Feedback from pulse survey	Admin Services Supervisor			
Generator: Maintain continuity of operations during power outages	3.5F: Install purchased generator	Fall 2023	Installation completed	Admin Services Supervisor			
	3.5G: Set generator up on a maintenance plan	Fall 2023	Contract signed	Admin Services Supervisor			
Rewire Gratiot & Montcalm Branch Offices: Improve IT connectivity within the branch offices	3.5H: Collect quotes for installation	Winter 2023/24	Minimum of 3 Quotes obtained	Admin Services Supervisor			
	3.5I: Obtain funding	Spring 2024	Funding secured	Admin Services Supervisor			
	3.5J: Secure BOH approval	Spring 2024	Formal BOH approval	Admin Services Supervisor			
	3.5K: Installation	Fall 2024	Offices rewired	Admin Services Supervisor			

Focus Area 4: We are Effective Stewards of our Fiscal Resources

Goal 1:	Develop & identify opportunities for new revenue streams						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Continue Development of Capabilities within Financial/HR Software: Acumatica Software refinement	4.1A: Further development of the purchasing component	Winter 2023/24	Staff training & system refinement	Admin Services Director			
	4.1B: Education of the reporting capabilities and data sharing (Acumatica)	Fall 2023	Reports developed/75% of supervisor trained	Admin Services Director			
	4.1C: Develop the Kronos HR capabilities	Winter 2023/24	System built	Admin Services Director			
Retirement Funding: Ensure adequate funding	4.1G: BOH recommendation on funding levels	Fall 2023	Funding levels met – at least 80% funded	Admin Services Director			
	4.1H: Share actuarial annually with staff	Summer 2023	Report shared at All Staff mtg.	Admin Services Director			
	4.1I: Adjust funding levels as needed	Summer 2024	Market adjustments made	Admin Services Director			

Goal 2:	Collaborate with community partners to utilize available funding						
Objective	Action Item	Start Date	Measure or Metric	Champion	Status	Last Update Date	Recent Activity
Opioid & marijuana funding: Collaborate with partners to decrease use of harmful substances	4.2A: Received Marijuana Education grant for Clinton and Montcalm Counties	Summer 2023	Apply for funding annually.	PIO			Working with area partners for points of distribution of lock bags
	4.2B: Opioid Settlement Money	Summer 2023	Part of a data driven decision making process that seeks equitable fund distribution	Health Officer			Opioid is separate funding from a settlement

***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, Nicole Montgomery, Kim Peters, Melissa Selby, Shanna Smith, Sara Thelen, Kara Trimbach, Charity Wood
- 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, Brady Guilbault, Gayle Hood, Ian Hyslop, Tracey Larabel, Lisa Mikesell, Ross Pope, Melissa Selby, Jennifer Stratton, Ashely Tate
- 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

Marketing Team

- Purpose:** Subcommittee of QVAT – Develop or enhance information/ communication venues
- Members:** Katie Allen, Pauline Black, Sarah Doak, Brady Guilbault, Rochelle O’Shay, Ross Pope, Megan Schulz, Melissa Selby, Jennifer Stratton, Kara Trimbach
- Meets:** Monthly

Acronym Descriptions

(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.