



Public Health
Prevent. Promote. Protect.

**Winnebago County
Health Department**

Winnebago County Health Department Strategic Plan | 2016-2020

Vision:

The Winnebago County Health Department is a leader in creating a culture that optimizes health and wellness in our community.

Mission:

Winnebago County Health Department leads change by providing services and building partnerships that strengthen the community.

Values:

The Winnebago County Health Department operates under these values:

1. Ethical Practice of Public Health

- We adhere to the Public Health Leadership Society's Principles of the Ethical Practice of Public Health which highlights the interdependence of people. Accordingly, the code of ethics states public health not only seeks to assure the health of whole communities but also recognizes that the health of individuals is tied to their life in the community. ¹(see appendix for 12 principles)
- We seek equity and inclusiveness in developing and implementing programs, interventions, and policies.

2. Accountability

- We are committed to providing services that benefit our community.
- We strive to be transparent, timely in our response, flexible and engage in continuous quality improvement to maintain the public's trust.
- We are committed to the science of public health; using evidence-based practices, using statistical and scientific data, and other methods and resources available to guide our policies and actions.
- We are responsible for effectively and efficiently managing public funds.

3. Collaboration and Partnership

- We value the diversity and unique contributions of our employees and partners.

¹ (Public Health Leadership Society, 2002)
Draft 8/22/16; 9/1/16; 10/3/16; 10/28/16

- We recognize that positive relationships foster innovative solutions and strengthen our capacity to accomplish our mission and vision.
- We strive to engage those impacted by community health issues in decision-making and implementation processes.
- We believe that by working together we can achieve more and be more effective.

4. Building and Sustaining a Responsive Public Health Workforce

- We value training and educational opportunities for our staff to further our knowledge of public health interventions and research.
- We promote public health workforce development including mentoring, professional development and peer to peer collaboration.
- We recognize the rapid pace of change and strive to be prepared for changes in the social, political and biological environments.

Programs and Structure:

Program Areas

ADMINISTRATION: Provides departmental leadership, planning, supervision, programmatic oversight, staffing support, accounting and budget. Responsible for communications, health assessment, policies, enforcement, data management, community partnership, planning, preparedness, fund seeking and workforce development.

COMMUNICABLE DISEASE: Services provided include immunizations, communicable disease prevention and control, direct observation therapy, refugee health screenings, jail services, HIV Partner Referral/Counseling and Testing and LifePoint needle exchange service.

COMMUNITY HEALTH & PREVENTION: Improves health by working on community level change through convening stakeholders, changing the environment and influencing policy to shift cultural norms and attitudes about unhealthy behaviors and making the healthy choice the easy choice. Focus areas include mental health, substance abuse, tobacco, physical activity, food systems, and youth engagement.

ENVIRONMENTAL HEALTH: Ensures an environment that protects and promotes health by assessing, correcting, controlling, and preventing those factors in the environment that can potentially adversely affect the health of individuals and the community.

HEALTHY LIFESPAN: Promotes health throughout the lifespan through client education and advocacy, public health nursing services, community engagement, and coalition work. Focus areas include injury prevention, maternal and child health, aging adult services, preventive health screenings for women, and mental health.

WOMEN, INFANTS, AND CHILDREN (WIC): A food supplement and nutrition education program offered to eligible low to moderate income pregnant women, breast-feeding women, women who have had a baby in the last six months, infants, and children up to age five.

Consolidation

The 2012-2015 Winnebago County Health Department (WCHD) strategic plan was primarily focused on consolidating Winnebago County Health Department with City of Oshkosh and City of Neenah Health Departments. The consolidation of these departments provided an opportunity to align staff and programs under a comprehensive strategic plan to improve services and deliver population based health programs.

The 2012 consolidation agreement included a three year lease of Neenah City Hall that allowed time for the selection and transition of services to a single location that would provide both WIC and public health services. By 2015 the decision was made to expand current office space at the Neenah Human Service Building. This option would be the lowest cost and provide ease of access to other county services.

Department Re-Organization

Efficiencies gained as a result of consolidation provided opportunities to re-organize staffing and expand services. A new communicable disease unit was established to focus fewer staff with greater expertise on communicable diseases, immunizations, and refugee health. A new supervisor role for chronic disease prevention was staffed in March 2016. Additional staff hired in 2016 include a communications specialist to focus on WCHD's branding and outreach efforts to the community and a public health planner to focus on accreditation readiness, strategic planning, and community health improvement plans. Additionally, a full time preparedness coordinator will work with the community on health impacts of a natural or biological disaster.

Overview of strategic planning process:

2016-2020 Strategic Planning Process

Planning for the 2016-2020 Winnebago County Health Department Strategic Plan began with the Leadership Team in May 2016. The Leadership Team reviewed the previous strategic plan, noting the extensive outreach to community partners and the Board of Health. The 2012-2015 plan was the first strategic plan as a consolidated health department. The Leadership Team agreed to have a core planning team review the old plan and determine what to update and revise or add to a new 2016-2020 plan.

The core planning team held a full day meeting to review the mission/vision/values, conduct a combined environmental scan and SWOT analysis (strengths, weaknesses, opportunities, threats), and determine strategic priorities. The environmental scan discussion revolved around the changing role of public health and what it means for our health department. During the SWOT analysis, we were able to discuss the impact of emerging trends in public health such as a greater focus on health equity and mental health. The team was provided a packet of information including guidance from NACCHO's Strategic Planning Guide, and Public Health Accreditation Board Standards and Measures. Additional information included the current Winnebago County Community Health Needs Assessment (draft), linking the strategic plan to the community health improvement plan, public health ethics framework and sample language for mission/vision/values. Facilitating the planning process were Northeastern WI Regional Office Staff: Chris Culotta, Regional Office Director, Janet Lloyd, Public Health Nurse and Christie Reese, Office Manager.

Planning team members

Anne Boyce, Environmental Health Supervisor
Emily Dieringer, Health Educator
Cindy Draws, Public Health Supervisor
Alana Erickson, Communications Specialist
Susan Garcia Franz, Wisconsin Well Woman Program Coordinator
Doug Gieryn, Health Officer
Heidi Keating, Public Health Planner
Denise Krueger, Public Health Supervisor
Ginger Lenz, Administrative
Carolyn McCarty, Public Health Supervisor
Jena McNiel, Public Health Nurse
Barb Sheldon, WIC Supervisor

The planning process timeline included:

- June 15 and 22 – Leadership Team
Overview of process, review of components, staff involvement, communicating work, Board of Health involvement/Stakeholder input
- June 27– Planning Team
Review 2012-2015 Strategic Plan
Review Mission/ Vision/ Values
Environmental Scan
Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis (see Appendix for SWOT)
Strategic Priorities
- June 29 – Planning Team
Strategic Priorities continued
- July 6 – Planning Team

Strategic Priorities continued

- July 12—Small group draft new mission/vision/values
- July 13—All Staff Meeting
 - Review draft of mission/vision/values
 - Review draft of priorities/strategic issues
- July 15-Aug 7—Planning Team feedback
- August 5—Draft presentation to Board of Health
- September 14—Presentation to All Staff
- September 12-30—All staff feedback
- October 7—Final Draft presentation to Board of Health
- October 7-21—Board of Health input and feedback
- November 1—Final Strategic Plan

Environmental Scan

Change comes with many challenges. Operationally, WCHD recognizes the benefits of consolidation, transitioning locations, and department re-organization, however, there is a learning curve for all our staff and the community in assimilating these changes. Additionally, traditional public health programs and services are changing as a result of the Affordable Care Act (ACA), greater focus on primary prevention, population based health, and identifying and addressing our most pressing health inequities. As a result of the ACA more of our residents have health insurance than ever before which means residents are able to see a primary care provider. The impact of the ACA on local health departments is less direct service provision to the community. The local health department's role is changing as more services such as more immunizations are covered by primary care providers. The role for the WCHD is to provide services based on community need, value and state and local requirements.

As we continue to navigate the changing healthcare landscape, WCHD remains deeply committed to serving as a safety net for people in need and to serve vulnerable populations. WCHD is able to act in this role by providing both individual and population level health services. Population-based public health requires collaboration and strategic partnerships with city councils and elected officials, community groups, businesses, the non-profit sector, health care organizations, government agencies, and others. With this approach, we have the opportunity to address conditions that impact health for everyone. The work to improve health and wellness has many diverse partners. WCHD supports the community by bringing our diverse partners together to build and support a culture that optimizes health and wellness.

Our immediate challenge is to further meld as a new organization and continue to provide exceptional services to the community. We value our reputation as a respected agency, dedicated to service and the science of public health. Moving forward, we are learning to face change with open communication, patience, and above all trust.

Key Focus Areas and strategic priorities

During the planning process, seven strategic priorities were identified. After further consideration and reflection, the seven strategic priorities were merged into four larger focus areas with strategic priorities nesting within the focus area. The planning team chose focus areas that reflect internal growth as an organization as well as public health trends that impact all program areas. The focus areas, strategic priorities and activities support the mission and vision of the organization and were influenced by the recent community health assessment.

Linkages to Community Health Improvement Plan (CHIP)

The 2016-2021 community health improvement plan is being developed on a similar time frame as the strategic plan. As the timing is aligned, we are able to focus the strategic plan on operational issues and overarching themes like communication and building community partnerships. The CHIP is result of numerous community conversations focused on priority health topics, key informant interviews and community data. Identified community priorities for the next five years are alcohol and drug use, mental health and nutrition as well as addressing social isolation and access to services for vulnerable people. The plans are complimentary, building capacity and playing to the strengths of our organization and community.

Continuous Learning & Growth	Fiscal & Performance Management	Communication & Community Awareness	Community Leadership & Health Equity
<ul style="list-style-type: none">• Build leadership & management skills• Organizational & team development	<ul style="list-style-type: none">• Utilize fiscal resources to benefit WCHD & community• Develop a new performance management system• Continue to align with national accreditation standards	<ul style="list-style-type: none">• Focus on health literacy• Develop & implement strategic communications plan• Increase visibility of health department as community resource and partner	<ul style="list-style-type: none">• Build & strengthen community partnerships• Focus on health equity• Utilize a policy, systems, & environment approach to impact population level health• Continue to provide safety net services and attend to needs of vulnerable populations.

Focus Area 1: Continuous Learning and Growth

County level public health is a dynamic and ever-changing community oriented service. With consolidation and a re-organization of staff roles, it is important to focus on organizational management as well as public health trends. For the Winnebago County Public Health Department to be responsive and relevant, our staff need to learn from one another, pursue opportunities within their area of expertise, and continue to grow in leadership and management skills.

Focus Area	Strategic Priority	Activity
<p>Continuous Learning and Growth</p>	<p>1. Enhance organizational leadership and management skills.</p>	<p>A. Conduct annual leadership team assessment on leadership and management skills.</p>
		<p>B. Develop and implement core competencies for supervisors.</p>
		<p>C. Provide training opportunities for leadership team on management development and enhancement.</p>
	<p>2. Build and support a cohesive, knowledgeable and responsive public health department.</p>	<p>A. Determine and provide learning and growth opportunities for all staff, including team building and leadership development.</p>
		<p>B. Conduct an annual employee satisfaction survey and use results to make improvements.</p>
		<p>C. Provide opportunities during staff meetings for program areas to share their knowledge to help all staff better understand the various programs within departments, specific skill sets and potential opportunities to collaborate.</p>

Focus Area 2: Fiscal and Performance Management

Responsible fiscal management is a key strategic area to provide efficient, high quality services to the public and be accountable to the community. Our goal is to maximize the current budget and have flexibility to meet emerging needs.

Similarly, performance management is an approach to show results, empower employees and streamline decision making. Performance management uses data to drive decision making that can ultimately improve community health.²

Performance management is a foundational aspect of national public health accreditation. By working on performance management as well as accreditation readiness, we will be using best practices in public health and continue to position ourselves to move forward with national accreditation.

Focus Area	Strategic Priority	Activity
Fiscal and Performance Management	1. Manage the budget responsibly.	A. Provide fiscal transparency for leadership, staff and community.
		B. Identify opportunities to sustain and strategically build the budget that benefit the department and community.
	2. Implement a Performance Management System.	A. Determine population health measures related to department and program measures.
		B. Determine performance standards and measures at the department and program level.
		C. Develop a reporting system at the department and program level.
		D. Integrate Quality Improvement into programs and documents efforts.
	3. Achieve accreditation readiness.	A. Use Public Health Accreditation Board (PHAB) standards as guidance when creating or updating plans, (i.e. strategic plan) documents, and policies.

² (Public Health Foundation, 2003)
 Draft 8/22/16; 9/1/16; 10/3/16; 10/28/16

Focus Area 3: Communication and Community Awareness

A key activity in promoting population health is providing health information that encourages the adoption of healthful behaviors and policies. To be effective, information should be appropriate for the target audience. It must be accurate, timely, and provided in a manner that can be understood and used effectively by the target population.³

Health literacy is an essential component of health communication. Everyone needs information in order to make informed decisions. Additionally health services should be delivered in a ways that are understandable and beneficial to health, longevity, and quality of life.⁴

The adoption of a communications plan will expand our reach into the community in order to increase visibility as a resource and community partner.

Focus Area	Strategic Priority	Activity
Communication and Community Awareness	1. Increase knowledge and use of health literacy guidelines.	A. Provide training opportunities for staff to better understand health literacy.
		B. Integrate health literacy practice into documents designed for public.
	2. Increase visibility of health department by expanding communication efforts.	A. Create a communications plan to guide and improve communication efforts.
		B. Complete an annual communication assessment in each program area.
		C. Establish and convene a communications team with representative staff from each program area.

³ (Public Health Accreditation Board, 2013)

⁴ (US Department of Health and Human Services Office of Disease Prevention and Health Promotion, 2016)
Draft 8/22/16; 9/1/16; 10/3/16; 10/28/16

Focus Area 4: Community Leadership and Health Equity

Members of the community possess unique perspectives on how issues are manifested in the community, what and how community assets can be mobilized, and what interventions will be effective. Community members are important partners in identifying and defining public health issues, developing solutions or improvements, advocating for policy changes, communicating important information, and implementing public health initiatives. Public health can broaden its leverage and impact by doing things with the community rather than doing things to the community. Aligning and coordinating efforts towards health promotion, disease prevention, and health equity across a wide range of partners is essential to the success of health improvement.⁵

Being leaders in optimizing health and wellness for our community is central to our health department. One of the most important ways to accomplish this is to work together with community partners and residents of Winnebago County. Successful results can be achieved through purposeful and intentional efforts to build partnerships and provide services.

WCHD recognizes that there are many unique health needs that affect different people at different times and that these are influenced by policies, systems, and environments. We need to be able to identify the needs of specific populations in the county and prioritize responses to effectively meet the needs of disparate population groups. In some cases, we may need to be the voice for these people, shedding light on the issue and advocating for a response.

Policy, systems and environmental change is a way of modifying the environment to make healthy choices practical and available to all community members. By changing laws through policy, improving systems of access and care, and shaping physical landscapes, a big impact can be made that affects an entire community.⁶ We are committed to pursuing opportunities to make change at the policy, systems, and environment level while being aware of the social conditions that also impact health outcomes.

Focus Area	Strategic Priority	Activity
Community Leadership and Health Equity	1. Build and expand community partnerships and community capacity.	A. Provide staff training on coalition skills, collaboration and working with community partners.
		B. Identify an issue to address with community partners, striving to include diverse points of view. (Program level)
		C. Develop, implement and evaluate action plans with

⁵ (Public Health Accreditation Board, 2013)

⁶ (Cook County Public Health)

		community partners. (Program level)
		D. Document community results (impact).
	2. Incorporate health equity into program area processes and community partnerships.	A. Create a health equity team to lead health equity efforts and to be a resource and support for all staff.
		B. Provide staff training on health equity.
		C. Include a strategy in action plans to address health disparities and include representation of the population.
	3. Utilize policy, systems and environmental (PSE) approaches to create an environment that supports health for all.	A. Train staff on how to incorporate PSE into routine program activities.
		B. Expand program and staff activities to engage elected officials on PSE work.
		C. Focus community educational efforts on how PSE impacts health.

Appendix A: Principles of the Ethical Practice of Public Health



1. Public health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programs that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Principles of the Ethical Practice of Public Health, Version 2.2

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Appendix B: Strengths / Weaknesses / Opportunities / Threats (SWOT) Analysis

Winnebago County Health Department SWOT Analysis June-July 2016	
Strengths	<ul style="list-style-type: none"> • Collaborate • Community relationships • Value staff development • Staff knowledge and experience, variety of knowledge, skills, experience & abilities • Public health base of knowledge • Resource-seeking, acquiring grants, etc. • Innovation • Community leadership • Level of partnerships • Board of health • State and national presence • Social media presence • Accessibility to public, to staff to resources • Capacity & willingness to take on community role & responsibilities • Range of lifespan programming • Creativity & flexibility • Re:THINK • Regional collaboration • CHIP implementation • Trust
Weaknesses	<ul style="list-style-type: none"> • Employee compensation / personnel systems • Employee inexperience • Multiple changing funding sources & fiscal systems • Being known to everyone in the community • Internal communication • Accessibility of hours of operation • Utilization of data—capacity, knowledge, skills, reliable local data • Value of quality improvement, understanding process & systems • Alignment & utilization of strengths (internal culture) • Workforce diversity • Multiple offices • IS limitations within larger county system • Team “buy-in” (negative underlying tone) • Silos • Low morale • Knowledge of individual staff strengths • Appreciation & understanding of each program area/services: strengths, constraints, stressors, significance • Cross-training capabilities

	<ul style="list-style-type: none"> • Interdisciplinary approach to problem-solving • Willingness to help members of other teams • Evaluation • Wide breadth of programming
Opportunities	<ul style="list-style-type: none"> • Affordable Care Act—community connection, requirements for hospital community engagement, CHA/CHIP, more collaboration with public health • Regional collaboration / partnerships • Increased awareness of mental health • Political environment: impact of public health on government, public health legislative issues • Accreditation framework • Digital communication • Cross training • Larger, more sustainable funding sources • Relevance of data driven programs • High visibility of public health events—Ebola, water quality • Health literacy • Health equity • Festivals held in county • Creation of comprehensive Culture of Health (county level) • Capitalize on knowledge of B-6 development (importance) • County-wide growth (smart & planned) • Increased involvement with planning & zoning (towns & county) • Economic development collaboration related to health equity • Working with hospitals • Impact of proximity to waterways (25% of county is water, water quality) • Emerging ways to use data • Strategic alignment of community sectors / partners • Use Board of Health to promote visibility of health dept • Strategic County Board education, legislative breakfast • Use neighborhood associations—concept of health & planning, influencers, money for local projects • Local media, cable tv show • Parks & Human Services Department partnerships—growth & expansion • Robert Wood Johnson Foundation opportunities • Capitalize on putting resources toward opioids
Threats	<ul style="list-style-type: none"> • Public Health lack of resources • Time • Political environment—Nov. election • Aging population, memory cafes, etc. • Climate change • Public health workforce exits

- Chronic diseases & resources
- New / emerging communicable disease threats
- TB rates increasing
- Vaccine preventable diseases
- Reorganization of UW system & UW Extension
- Transportation funding / budget
- Understanding of public health & declining direct services
- Unemployment & underinsurance
- Increasing economic disparity
- Evils of capitalism
- Public perception of government
- Lack of progressive alcohol/tobacco/drug policies
- Reliance on technology over relationships
- Emerging AODA products
- Culture of convenience
- Misinformation thru internet, social media