Dakota County Public Health Department

Strategic Plan

2018 - 2020

Public Health
Prevent. Promote. Protect.
TO GOOD HEALTH

PHAB
ACCREDITED HEALTH DEPARTMENT
PUBLIC HEALTH ACCREDITATION BOARD
Advancing public health performance

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Message from the Director

I am proud to present the 2018-2020 Dakota County Public Health strategic plan. This plan is a result of many months spent brainstorming, discussing, and involving all public health staff. Important threads of health equity and social determinants of health are woven throughout the plan, and play a role in each of the goals and objectives (see appendix A).

Partnerships are key to the work of Public Health, so aligning our work is an important way to be efficient and productive to meet our customer's needs. When we implement action steps to accomplish our goals over the next three years, we will continuously look for ways to collaborate both internally and externally.

I am happy to see how this plan was created through the collective knowledge and ideas of our department staff. I am committed to engaging staff throughout implementation of the plan.

I look forward to the ongoing efforts from staff and our partners in protecting, promoting, and improving the health of Dakota County residents!

Bonnie Brueshoff, DNP, RN, PHN
Director, Dakota County Public Health Department

Dakota County Public Health is accredited by the Public Health Accreditation Board.

How do we define strategic planning?

Strategic planning is a process for defining and determining an organization's roles, priorities, and direction over three to five years. A strategic plan sets forth what an organization plans to achieve, how it will achieve it, and how it will know if it has achieved it.

The strategic plan provides a guide for making decisions on allocating resources and on taking action to pursue strategies and priorities. A health department's strategic plan focuses on the entire health department. (PHAB Standards and Measures Version 1.5 - Standard 5.3 - Page 142)

About this plan

This strategic plan was developed to guide our work over the next three years. It outlines what we can do internally to improve our work and partnerships even further and maximize our efforts. In addition to the strategic plan we also collaborate with community partners to develop and implement a Community Health Improvement Plan (CHIP) every five years. The CHIP will guide our work externally with the community and partners in Dakota County. In 2018 we will begin a Community Health Assessment (CHA) to inform our next CHIP.

In the Dakota County Public Health Department we do not work alone. We were purposeful to align this strategic plan with the plans and work of the Dakota County Community Services Division and Dakota County Board of Commissioners. Over the next three years we will continuously participate in the work of the Division and County so we can ensure the most efficient outcomes.

Community Services Strategic Priorities:
- Integrated Infrastructure
- Optimize Organizational & Operational Effectiveness
- Quality, Integrated Services

County Board Goals:
- A great place to live
- A healthy environment with quality natural areas
- A successful place for business and jobs
- Excellence in public service

Our vision

A healthy community for all in Dakota County.

Our mission

Building healthy individuals, families and communities in Dakota County through partnerships to prevent disease, disability, and injury; promote physical and mental wellbeing and safety; and protect health and the environment.

Vision Elements

- A workforce that actively practices cultural humility
- Working in partnerships to address Social Determinants of Health
- Sharing power with the community
- Committed, informed, and engaged leadership
- Innovative, interactive communication with all
- Effective and innovative operations

Our values

Excellence

We ensure a high level of quality in our practice by using data-driven and science-based decisions, a commitment to addressing root causes and applying innovative methods.

Effective and Sustainable

We have the resources and capacity to engage our community in developing and providing effective, efficient services that are responsive to all. We ensure a strong, sustainable public health infrastructure with dedicated and skilled staff, effective technology and material resources to respond to community health threats and public concerns.

Inclusiveness

We serve all communities by delivering culturally and linguistically appropriate services with respect for our differences and recognition of our commonalities. This requires the courage to have difficult conversations and a commitment to health equity. We strive to create an engaged workforce that reflects our community.

Collaboration

We work in partnership with community members and leaders in the private and public sectors to create accessible, supportive communities for a lifetime that enable all people to lead active and vital lives.

Empowering People

We support making "the healthy choice the easy choice" and aim to build trust to partner with people and families to help them achieve their highest level of health. We work with public and private health care systems and community organizations to implement integrated, community-driven strategies to prevent and control disease and provide access to comprehensive health services for all.

Dakota County, Minnesota

Demographics

Dakota County is part of the seven-county Twin Cities Metro region. It is the third largest county in Minnesota by population. The land use is unique, with a one-third split of urban, suburban, and rural communities.

Dakota County's population grew from 355,904 in 2000 to 398,552 in 2010 – a 12 percent increase. The population is getting older and is becoming more racially and ethnically diverse. Poverty is increasing, especially for children under age 18. Populations of color have grown faster than the county's White population in the past 20 years.

More information about County demographics can be found online: www.dakotacounty.us, search "Community Health Assessment".

> **How do we define health equity?**
> *Everyone has what they need to achieve their highest level of health and wellness.*
>
> An increasing amount of research and dialogue shows that health equity is a public health issue. Addressing health equity is a priority for Dakota County at every level, including the Public Health Department. For the 2018-2020 strategic plan, we took additional steps to incorporate a focus on health equity as we looked to the future of our work.

Strategic planning process

A strategic planning core team was established to guide the facilitation of meetings and planning activities. The core team consisted of the Department Director, Deputy Director, Administrative Manager, and two Program Coordinators. The team received significant guidance on the planning process from Julia Ashley, Public Health Nurse Consultant with the Minnesota Department of Health (MDH).

Timeline

Date	Activity	Participants	Details
March 2017	Two strategic planning sessions, facilitated by Tommi Godwin (Planner for Washington County).	Public health supervisors and managers Health and Social Equity Committee members	These sessions had an emphasis on health equity. A final report of the sessions included updated values and priority areas for the department that centered around health equity *(see appendix B).*

May 2017	Two strategic planning sessions, facilitated by Julia Ashley.	Public health supervisors and managers Public health program coordinators	Took results from first planning sessions and applied them department-wide. Various activities and lengthy discussions during these sessions led to the final mission, values, priority areas, and goals for this strategic plan *(see appendix C).*
July – August 2017	Six brainstorming sessions with department staff	About 70% of public health staff participated in the sessions.	The core team presented background information on strategic planning and health equity, then facilitated a brainstorming activity with staff:
October – November 2017	Six unit meetings to report the final draft of the plan and gather final input or questions.	About 70% of public health staff participated in the meetings.	Staff presented very few suggestions. Many expressed positive feedback or comments on the process and final draft.

Engaging all public health staff in the planning process

It was important to engage all public health staff in the strategic planning process as much as possible. The six brainstorming sessions resulted in 329 individual responses from staff. The responses were then grouped into 24 themes and placed under the goals. The core team looked at each goal and selected up to three themes that would be turned into objectives.

Staff participating in a brainstorming session.

The team chose themes that:

- Had support from at least four out of six units
- Were feasible with current and projected resources (time, funding, staff)
- Were strategic and not already being worked on by the Department, Division, or County

Each of the final theme areas were turned into SMART objectives under each of the goals. A SMART objective is defined as one that is specific, measurable, achievable, results-focused, and time-bound. The final goals and objectives are listed on page seven.

The core team returned to each unit to share the drafted objectives and full strategic plan during October and November. They gave a brief overview of the process to finalize the objectives and work done to date. Staff were able to ask questions, and provide final input or suggestions.

2018-2020 Public Health Strategic Plan

Priority Area 1: Dedicated resources

The Dakota County Public Health Department will dedicate resources to advancing work on health equity, social determinants of health and wellness, community health priorities, and building public health infrastructure. We will identify ways to creatively access and utilize funding sources and plan or continue to implement special projects with high-risk communities. We recognize that our work is with individuals and families as well as population based. We aim to ensure the right resources at the right place at the right time. The department recognizes that partnerships and collaboration with other departments in the county and external organizations are essential to advance our work on health equity and social determinants of health and wellness.

Goal 1.1: In order to address health equity, the department will have identified gaps in resources and reach, and potential solutions.

Objective 1.1.1: Complete an assessment on the current scope of community outreach and engagement as part of the Community Health Assessment by 12/31/18.

Objective 1.1.2: Collaborate with partners to complete an assessment of the communities in the county who are high risk to determine gaps as part of the Community Health Assessment in reach by 12/31/18.

Objective 1.1.3: Collaborate with partners to create a plan to address assessment findings as part of the Community Health Improvement Plan by 12/31/19.

Goal 1.2: The department will have identified internal opportunities to maximize current staffing and financial resources to further address health equity and social determinants of health and wellness.

Objective 1.2.1: By 12/31/18, develop a framework for a department training plan that outlines a strategy for training staff on emerging topics related to a culture of health equity/social determinants of health and wellness.

Objective 1.2.2: By 12/31/20, partner with at least one community organization to identify best practices in maximizing staff and other resources.

Goal 1.3: The department will improve effective and timely use of information and technology.

Objective 1.3.1: Create and implement an informatics and technology plan by 12/31/19.

Objective 1.3.2: Develop a process for prioritizing projects by 12/31/19.

Priority Area 2: Recruitment, hiring, and retention

The Dakota County Public Health Department will focus on equitable recruitment, hiring, and retention of employees. We will advocate for changes to policies and practices to allow us to recruit and hire diverse employees that represent the communities we serve. Work will be done to hire positions that can engage all of the populations we work with. We will put additional attention on efforts that retain diverse employees and develop employee skills.

Goal 2.1: The department will employ more diverse staff that reflect the communities that we serve.

Objective 2.1.1: By 12/31/18, review minimum qualifications on job descriptions with an equity lens to determine where best practices can be implemented.

Objective 2.1.2: By 12/31/19, align with county and division to identify a process for applying equity best practices in hiring.

Objective 2.1.3: By 12/31/20, make recommendations on innovative approaches the department can take to attract students to government public health as a career.

Goal 2.2: The department will have increased retention rates among staff, especially those that reflect the communities we serve.

Objective 2.2.1: By 12/31/18, support staff involvement in County Employee Resource Groups to promote an inclusive work environment.

Objective 2.2.2: Formalize career coaching to be used with all staff by 12/31/18.

Objective 2.2.3: Update the talent management plan by 12/31/19.

Performance Measures

The performance measures were developed to track progress at the Goal level. These will be analyzed annually by the Department Epidemiologist.

Goal 1.1: In order to address health equity, identify gaps in resources & reach, and potential solutions.

> **Measure:** By December 31, 2020, potential solutions have been identified to meet up to three of the top community needs identified.

Goal 1.2: Identified internal opportunities to maximize current staffing & financial resources to further address health equity and social determinants of health.

> **Measure:** By December 31, 2020, at least one new way to utilize staff or financial resources to address health equity or social determinants of health has been identified.

Goal 1.3: The department will improve effective and timely use of information and technology.

> **Measure:** By December 31, 2020, increase staff satisfaction with information technology systems from 74% to 80%.

Goal 2.1: Employ more diverse staff that reflect the communities we serve.

> **Measure:** By December 31, 2020, increase staff racial and ethnic diversity from 16% to 22%, to reflect the County population.

Goal 2.2: Increased retention rates among staff, especially those that reflect the communities we serve

> **Measure:** By December 31, 2020, decrease the turnover rate for racially and ethnically diverse staff from 6% to 3%.

Monitoring

The implementation of each objective will be carried out by Public Health staff working in small teams. The core team gathered a list of staff who self-identified that they were interested in working on one or more objectives. A lead was assigned to each objective/goal, either a Supervisor or Coordinator, and a small team was formed. The teams created work plans to show action steps they plan to take to accomplish their objective(s) and will meet or communicate as needed. The leads for each team will meet quarterly to share updated on progress or barriers encountered.

Updates to the plan

The Strategic Plan will be updated annually by the core team, as needed. Leads from each team will share accomplishments, barriers, or set-backs with the core team during quarterly meetings. This document will be updated accordingly. Progress and updates on the plan will be shared with all department staff each October and with the Public Health Management Team each September.

Updates:

- November 2018: Changed language of Goal 1.3 to better reflect informatics, and separate communications.

Acknowledgements

Thank you to the following individuals for their contributions to the Dakota County Public Health Department Strategic Plan.

Dakota County Board of Commissioners

Kathleen A. Gaylord (chair)

Liz Workman

Mike Slavik

Thomas A. Egan

Joe Atkins

Mary Liz Holberg

Chris Gerlach

Partners/Facilitators

Julia Ashley
Public Health Nurse Consultant, Minnesota Department of Health, Public Health Practice Section

Tommi Godwin
Planner, Washington County Department of Public Health & Environment

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Sierra Hill
Public Health Coordinator

Thank you also to the Public Health Management Team, Public Health Coordinators, Health and Social Equity Committee members, and staff in all units for their input and participation throughout the process.

For questions or additional information, please contact Michelle Trumpy, Administrative Manager, by e-mail (Michelle.Trumpy@co.dakota.mn.us) or by phone (651-554-6181).

Appendix A

In the Public Health Department and across the Community Services Division we use the social determinants of health as a framework to carry out our work.

"Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH).

We know that poverty limits access to healthy foods and safe neighborhoods and that more education is a predictor of better health. We also know that differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about SDOH, we can not only improve individual and population health but also advance health equity." (*Centers for Disease Control and Prevention*, 2017)

Dakota County Public Health Department
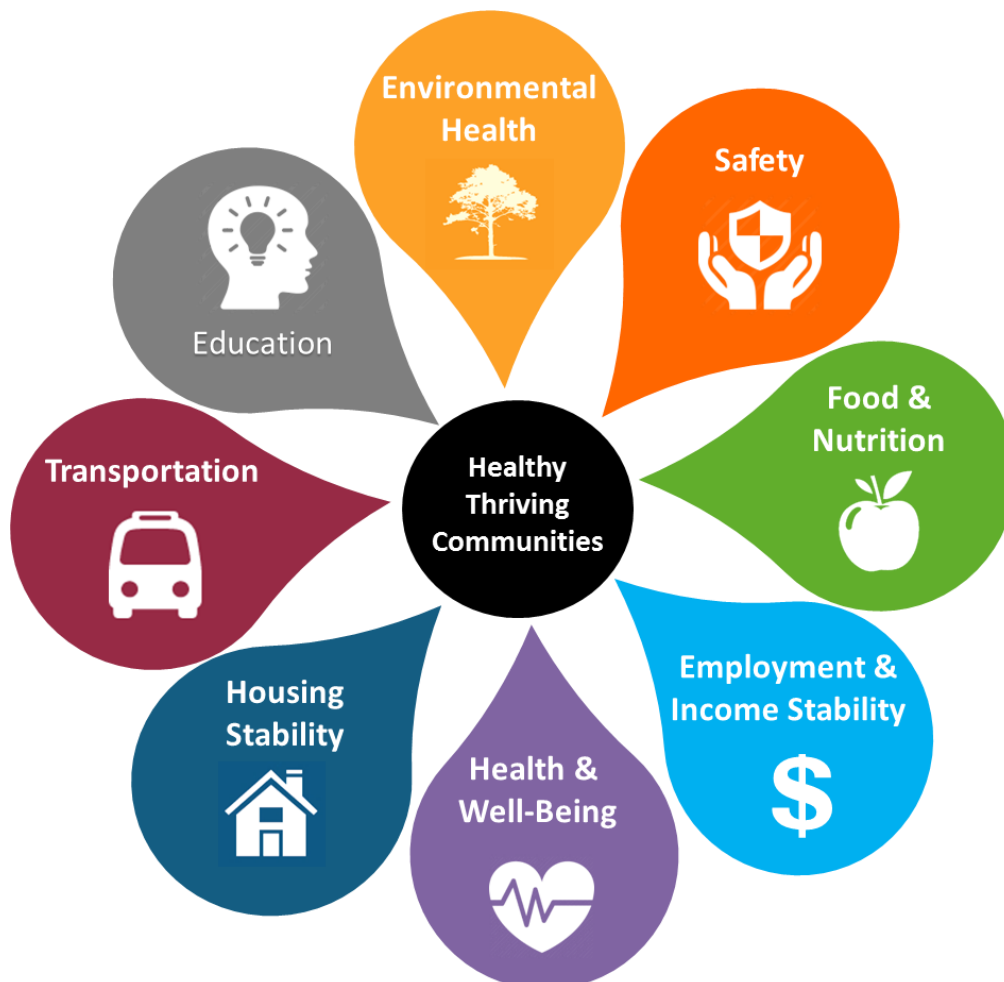
Health Equity Strategic Planning

Session Summary - March 7 & March 20, 2017
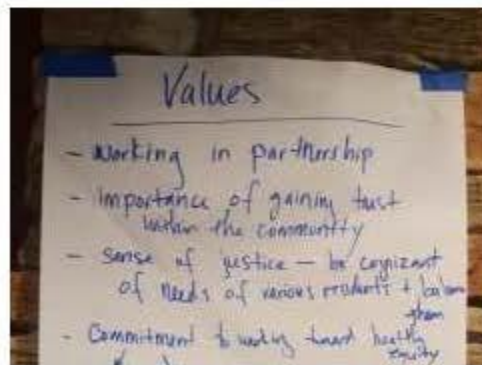
Participants: Gina Adasiewicz, Lisa Bauer, Beth Bisciglia, Bonnie Brueshoff, Olivia Collins, Melanie Countryman, Katie Galloway, Karen Huotari, Jeanne Joyce, Erin Karsten, Tammi Kukulka, Christine Lees, Jess Luce, Vicki Martin, Amy Mimm, Mary Montagne, Coral Ripplinger, Debra Thingstad Boe, Sharon Traen, Michelle Trumpy, Jill Verchota-Luce, Muna Waritu

2017-2020 STRATEGIC PLANNING FOR HEALTH EQUITY

Dakota County Public Health Department (DCPHD) Mission

Building healthy families and communities in Dakota County through partnerships to prevent disease, disability, and injury; promote physical and mental health and safety; and protect health and the environment

Vision

- A workforce that actively practices cultural humility
- Working in partnerships to address Social Determinants of Health
- Sharing power with the community
- Committed, informed, and engaged leadership
- Innovative, interactive communication with all

Values

- Working in partnership
- Helping people achieve the highest level of health
- Build trust for the community to be partners in their own health
- Community-driven work, the voice of the community
- Make data-driven decisions
- Courage to have difficult conversations
- Commitment to address root causes
- Commitment to working toward health equity, engage staff and community

Updated: 03-28-2017

Strategic Directions

- *Increasing Organizational and Community Capacity*
- *Mobilizing New and Existing Partnerships*
- *Broadening Inclusiveness and Access Through Innovation*

Increasing Organizational And Community Capacity
- Recruitment, retention, hiring
- Educating and training stakeholders
- Dedicated Resources

Mobilizing New and Existing Partnerships
- Internal and External Collaboration
- Authentic Community Engagement

Broadening Inclusiveness and Access Through Innovation
- Inclusivity and Accessibility
- Innovative Communication

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Consider our work so far. Where have we seen successes? Challenges?

Successes	Challenges

Successes

- Talking about it – we are this far
- Leadership commitment to work on health equity
- Strong community partners also committed
- Increased intention to *go to* our clients vs. requiring they come to us
- Greater awareness (dept, county, etc.)
- Capacity to look at data, share awareness
- Training – past, and planned for the future
- Developing "trusted places" to talk about health equity
- Talking <u>and</u> Doing
- Social Determinants of Health (SDOH) – influencing community/ staff engagement plans

Challenges

- Workforce doesn't reflect community
- Federal policy doesn't encourage innovation
- Addressing poverty
- How to reach community partners not already engaged
- Supporting partners to advance strategic measures
- Discussions re: health equity become political – are we prepared for this?
- Staff time, resources for new initiatives
- Talking about bias – how to address when it comes up in our work? Doing nothing = participating
- Best practices – not lumping together populations of color when identifying root causes – consider unique contexts

Updated: 03-28-2017

What values will we uphold to advance Health Equity in Dakota County?

Values

- Working in partnership
- Importance of gaining trust within our community
- Sense of justice – be cognizant of needs of all residents
- Commitment to working toward health equity, engage staff and community
- Make data-driven decisions
- Shared value of helping disadvantaged populations
- Helping people achieve the highest level of health
- Build trust for the community to be partners in their own health
- Community-driven work, the voice of the community
- Courage to have difficult conversations
- Commitment to address root causes
- Broad definition of health
- Understanding the greatest needs

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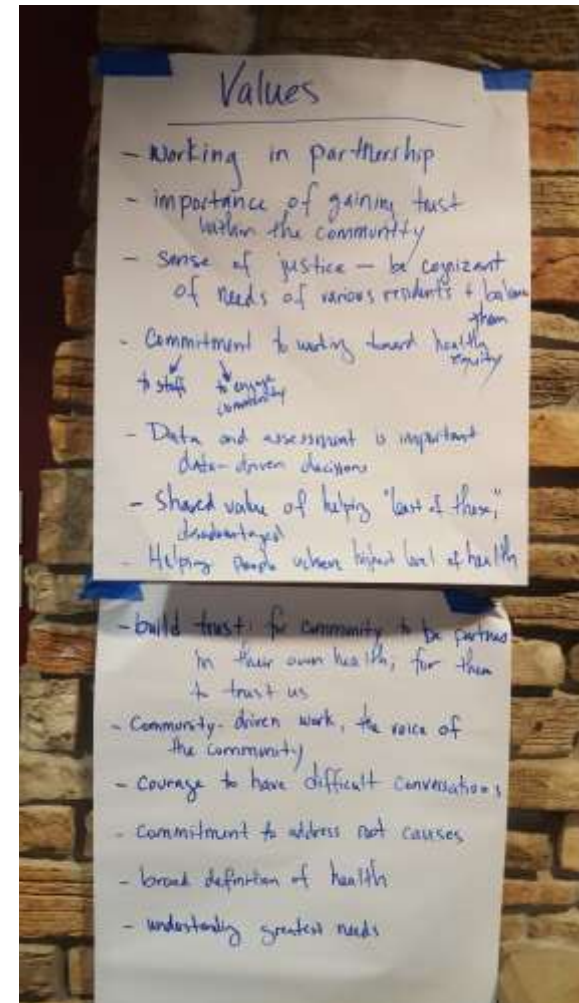
Practical Vision Workshop – March 7, 2017

Reflecting on the environmental scan and our discussion of values, what do we want to see in place in 3 to 5 years as a result of our actions?

A workforce that actively practices cultural humility	Working in Partnerships to Address Social Determinants of Health	Sharing Power with the Community	Committed, Informed, and Engaged Leadership	Innovative, Interactive Communication with All
• Staff liaisons to our under-represented communities • Flexibility for all staff to work in community regardless of job title • County funded diverse community health workers (2 in PH) and courageous community organizers • More diverse workforce (x3) • Intentional career advancement of diverse workforce • A staff that reflects the diversity of the community • Training with E & EA on working with families of other cultures • Increased tolerance toward all cultures • Staff are trained on how to have difficult conversations • All staff have been able to learn about their biases • Use a health equity lens in decision-making	• Age-friendly components in city comp plans – competition between cities to be most age-friendly (e.g. walkability) • More accessible community gardens • Access to affordable foods, no food deserts • Use of tech for clients, so they don't have to come to an office • School community gardens • Easy, attainable, and affordable counseling for families and individuals with therapists & psychiatrists • Inter-generational daycare centers with elderly staff • Adequate housing and transportation • More transit options, innovation – ride share, mobility management • Political advocacy: housing, minimum wage, paid family leave, child care for all	• Align health equity work with our partners • Public health is invited to the table • Coalition on shelter needs, PH, SS, Faith communities • Peer health leaders • Greater partnerships with community orgs that are reluctant to receive our services • Our service delivery is defined by community priorities • Community events to listen to the voice of the community • Community-led initiatives occur • Community voice in everything we do • External community representation on our Equity/Diversity committees	• Diverse county board that understands Health Equity • County Health Board has identified key priorities to addressing health disparities • Use a health equity lens in decision making	• Materials are accessible to all populations • Redesigned external webpage to meet the needs of our diverse community • Increased capacity to tell our story and client stories

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Strategic Directions Workshop – March 20, 2017

What needs to happen during the next 3 years to achieve our vision?

	Recruitment, retention, hiring	Educating and training stakeholders	Dedicated resources	Evaluation
Increasing Organizational and Community Capacity	• Engage ER on diverse hiring • Discuss/meet ER hiring practices • Change education requirements in hiring • Hire department Community Health Workers to engage all communities • Recruit, retain diverse staff • Advocate for changes related to hiring and retention	• Train staff on how to have difficult conversations • Build staff capacity • Training for County Board • Community leader training • Broadly engaging County Board • Increase staff awareness • Develop employee capacity and skills (IDP) • DC works article sharing results of community survey	• Community liaison • Devote time, resources, funding • Get creative with funds • Special projects funding	• Build equity evaluation into everything • Develop methods to collect outcome data

	Internal and external collaboration	Authentic community engagement
Mobilizing New and Existing Partnerships	• Partner within division to address social determinants of health • Leverage health equity work of others • Develop one focus across division to pilot • Create a shared vision in dept.	• Go to community, listen to needs • Develop process for what shared power looks like • Change existing engagement with communities • ID communities to partner with • Seek community input

	Inclusivity and accessibility	Innovative communication
Broadening Inclusiveness and Access through Innovation	• Acknowledge LGBTQ families in service delivery • Ask "Who's not at the table?" • Acknowledge more religious holidays • Assure equal accessibility to all public health services • Comprehensive assessment of specific community needs • Create a tool to evaluate health equity impact	• Increase PH visibility through social media • Use technology to reach out in community "voice" • Test alternative communication strategies • Collaborate with ECHO for communications • Equity communication plan for all levels

Appendix C

SCOT Analysis

A summary of the strengths, challenges, opportunities, and threats (SCOT) analysis completed during the May 9th, 2017, strategic planning session. Strengths and challenges are internal, while opportunities and threats are external to the department.

Strengths

- Accreditation
- Increased work with partners (e.g. Birth to 8)
- Increased focus/culture of quality improvement
- Modify to include increased focus on equity and inclusion: "Commitment to delivery of culturally competent services and organizational diversity."
- Inclusion of Social Determinants of Health in work (including Division)
- Modify to include innovative work and data: "Effective utilization of technology."
- Unique commitment of staff
- Increase community health assessment aligned with hospitals
- Engaged constituents in action teams (e.g. CHIP)
- Committed and competent staff (creative, flexible and innovative)
- Effective utilization of technology
- Incorporate evidence-based practice in departmental work

Challenges

- Political environment
- Doing more community engagement/health equity (time, capacity, support)
- Recruitment and retention of workforce, especially diverse employees
- Department doesn't reflect constituents
- Constant new challenges – how to accomplish new work and do ongoing work
- Funding structure for public health is limited and inconsistent
- Difficulty demonstrating the impact of public health in the short-term
- Implementation of integrated services delivery model
- Situations are more complex – low hanging fruit already "picked"
- Finding ways to make public health visible
- How do all units fit together
- No comparable data across programs or jurisdictions

Opportunities

- Public Health 3.0
- Integrated Service Delivery may create opportunities for partnerships/funding
- Leadership development (LPHA, division)
- Collaboration with public health is encourages nationally (e.g. city planners)
- Community engagement
- Social media along with other technology/social media availability
- Chief Public Health Strategist
- Many of these improve visibility/value of public health
- Increased understanding of Social Determinants of Health – opportunity to think outside the box
- Increased data & who it is shared with (e.g. GIS mapping)
- Build capacity for collaboration
- Better access to population data = better description of achievements.
- Retirements creating opportunities for talented staff
- Opportunities to cross-train
- Science and competence to address public health priorities in multiple domains/organizations

Threats

- Political environment: Policies; impact on Dakota County residents/constituents try to influence local government
- Inconsistent funding impacts long-term partnerships (schools etc.)
- Competition for talented staff, especially staff that reflect our community
- Aging population
- Expand existing threat to include changes to the Affordable Care Act: "Trend toward higher risk employer provided health insurance resulting in high rates of underinsured citizens."
- Environmental impact on health
- Climate change – now and in the future: water, ability to be active…
- Distrust of science including public health
- Social media can distort information
- Reliance on technology -- if something happens (can't access computer etc) it would be a big problem
- Opiate crisis – impact on all units (mental health, families, funding, polices)
- Racism: individual, systemic, institutional
- Perceived/potential lack of willingness to address disparities
- Utilization of science to engage people in behavioral change
- Emerging infections

Appendix D

Priority Areas

A final list of the priority areas that the group brainstormed during the May 9th session. All participants ranked their choices of priority area in order from most important to least. Results are listed below each priority area.

Priority areas were further narrowed down using a prioritizing matrix, led by Julia Ashley on May 23rd. This exercise showed which areas should be addressed sooner by identifying "ins" and "outs".
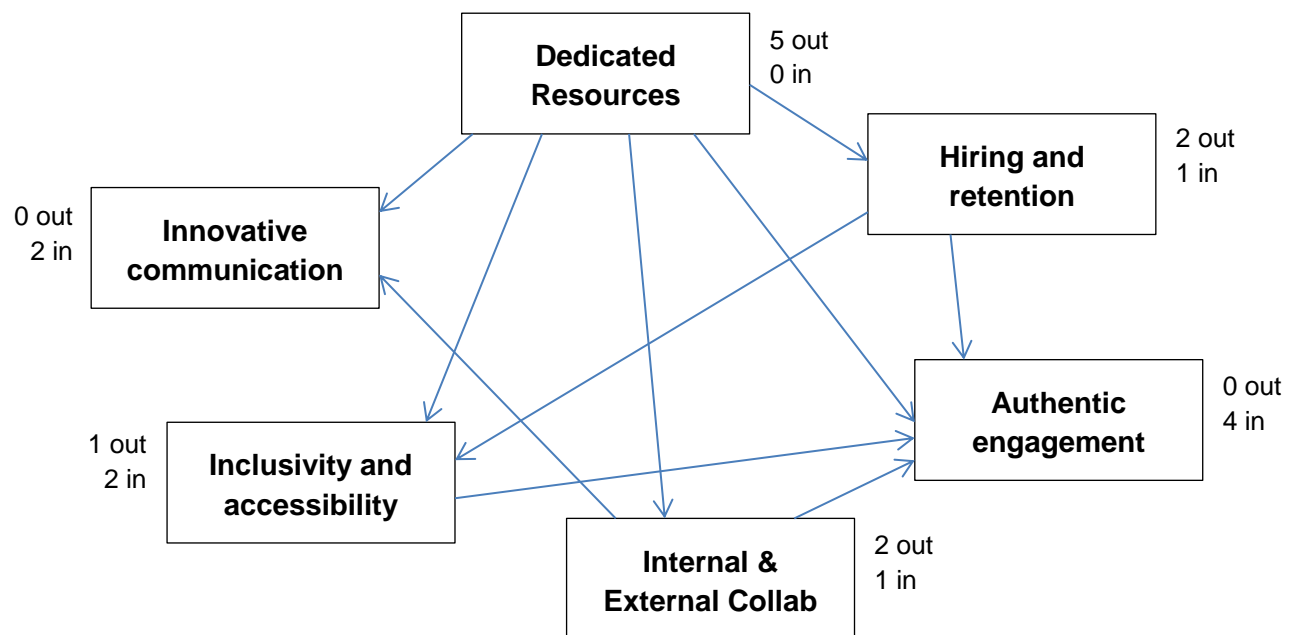
At the end of the exercise, three priority areas emerged to use moving forward:

- Dedicated resources
- Recruitment, hiring, and retention
- Internal and external collaboration

The core team ultimately made the decision to eliminate the third priority area, internal and external collaboration. They chose to do this because it became clear that collaboration was woven into the other priority areas and the goals, it was included as a department value, and because they felt that the plan needed to be trimmed in order to make it manageable.

Strategic Planning Priority Areas (Strategies): *What needs to happen during the next 3 years to achieve our vision?*

1. Recruitment, retention, hiring
[Avg=3.23, Top 3=11/24]
- Engage ER on diverse hiring - Discuss/meet ER hiring practices
- Change education requirements in hiring
- Hire department Community Health Workers to engage all communities
- Recruit, retain diverse staff
- Advocate for changes related to hiring and retention

2. Authentic community engagement
[Avg=3.77, Top 3=13/24]
- Go to community, listen to needs
- Develop process for what shared power looks like
- Change existing engagement with communities
- ID communities to partner with
- Seek community input

3. Internal and external collaboration
[Avg=3.91, Top 3=11/24]
- Partner within division to address social determinants of health
- Leverage health equity work of others
- Develop one focus across division to pilot
- Create a shared vision in dept.

4. Inclusivity and accessibility
[Avg=4.00, Top 3=10/24]
- Acknowledge LGBTQ families in service delivery
- Ask "Who's not at the table?"
- Acknowledge more religious holidays
- Assure equal accessibility to all public health services
- Comprehensive assessment of specific community needs
- Create a tool to evaluate health equity impact

5. Innovative communication
[Avg=4.10, Top 3=9/24]
- Increase PH visibility through social media
- Use technology to reach out in community "voice"
- Test alternative communication strategies
- Collaborate with ECHO for communications
- Equity communication plan for all levels

6. Dedicated resources
[Avg=4.57, Top 3=10/24]
- Community liaison
- Devote time, resources, funding
- Get creative with funds
- Special projects funding

7. Educating and training stakeholders
[Avg=5.21, Top 3=3/24]
- Train staff on how to have difficult conversations
- Build staff capacity
- Training for County Board
- Community leader training
- Broadly engaging County Board
- Increase staff awareness
- Develop employee capacity and skills (IDP)
- DC works article sharing results of community survey

8. Evaluation
[Avg=5.72, Top 3=2/24]
- Build equity evaluation into everything
- Develop methods to collect outcome data

→

Strategic Planning Priority Areas (Strategies): *What needs to happen during the next 3 years to achieve our vision?*

New Priority Areas/Strategies suggested:

- Engaging, mobilizing older adults/boomers to support age-friendly communities

- Performance management – how do we know we are making a difference?

- Utilize innovative tools/technology in decision-making OR Effective technology

Strategic Plan Vision Elements: *Reflecting on the environmental scan and our discussion of values, what do we want to see in place in 3 to 5 years as a result of our actions?*

A workforce that actively practices cultural humility	Working in Partnerships to Address Social Determinants of Health	Sharing Power with the Community	Committed, Informed, and Engaged Leadership	Innovative, Interactive Communication with All	Effective and Innovative Operations
• Staff liaisons to our under-represented communities • Flexibility for all staff to work in community regardless of job title • County funded diverse community health workers (2 in PH) and courageous community organizers • More diverse workforce (x3) • Intentional career advancement of diverse workforce • A staff that reflects the diversity of the community • Training with E & EA on working with families of other cultures • Increased tolerance toward all cultures • Staff are trained on how to have difficult conversations • All staff have been able to learn about their biases • Use a health equity lens in decision-making	• Age-friendly components in city comp plans – competition between cities to be most age-friendly (e.g. walkability) • More accessible community gardens • Access to affordable foods, no food deserts • Use of tech for clients, so they don't have to come to an office • School community gardens • Easy, attainable, and affordable counseling for families and individuals with therapists & psychiatrists • Inter-generational daycare centers with elderly staff • Adequate housing and transportation • More transit options, innovation – ride share, mobility management • Political advocacy: housing, minimum wage, paid family leave, child care for all • Public health is central to the Integrated Service Delivery model • Communities for a lifetime	• Align health equity work with our partners • Public health is invited to the table • Coalition on shelter needs, PH, SS, Faith communities • Peer health leaders • Greater partnerships with community orgs that are reluctant to receive our services • Our service delivery is defined by community priorities • Community events to listen to the voice of the community • Community-led initiatives occur • Community voice in everything we do • External community representation on our Equity/Diversity committees • Consistently engage community members • Trusting, inclusive, effective community relationships	• Diverse county board that understands Health Equity • County Health Board has identified key priorities to addressing health disparities • Use a health equity lens in decision making • County administration and division leadership committed and engaged in public health • Health in all Policies	• Materials are accessible to all populations • Redesigned external webpage to meet the needs of our diverse community • Increased capacity to tell our story and client stories • Increased public health visibility	• Right tools and technology at the right time • Nimbly respond to emerging issues