

Clackamas County Public Health Division Strategic Plan



*July 2012
Clackamas County, Oregon*

Health, Housing
& Human Services 
CLACKAMAS COUNTY

Prepared for Clackamas County Public Health Division/
Health, Housing & Human Services
by Milne and Associates

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Executive Summary

Clackamas County Public Health Division (CCPHD) completed an organizational strategic plan in July 2012. That work was accomplished in tandem with completion of a community health improvement plan (CHIP) in partnership with the community in June 2012. The management team and other key staff completed the strategic plan over a period of nine months, using a process facilitated by a consulting firm.

The plan envisions a series of activities to address measurable objectives framed by three strategic directions:

1. Improve public health effectiveness
2. Increase participation in policy analysis and development
3. Assist communities to improve health

Implementation activities will begin with an orientation of health department staff and the county commissioners/board of health in July 2012. The plan is well integrated with the CHIP, and is integral to moving the organization into ongoing quality improvement activities. Moreover, the plan is consistent with the county strategic plan. The many attributes of the health department suggest that the plan will result in a strengthened department, broader collaboration with community partners, and will contribute to improved health status among county residents.

Background

Clackamas County, Oregon, is a medium-sized county located in northwestern Oregon. It occupies 1,879 square miles and includes 15 incorporated cities, 53 unincorporated communities and Census-designated places, and 5 hamlets and villages. The 2010 estimated population is 375,992. A five-member board of county commissioners governs the county. Public health services are provided by CCPHD, one of three metropolitan health departments serving the three metropolitan counties.

In September 2011, CCPHD published an RFP entitled “Clackamas County Public Health Accreditation Readiness: Strategic Planning and Community Health Improvement Plan Development.” Having completed an initial health assessment of the county earlier in 2010, CCPHD decided to move forward with development of the two additional prerequisites for accreditation.

Milne & Associates, LLC (M&A), a Portland-based public health consulting firm, was selected from among the respondents to the RFP in November 2011. The two principals for the firm, Casey Milne and Tom Milne, agreed to facilitate the strategic planning process (as well as the accompanying CHIP development).

This report summarizes the process used, the resulting Strategic Plan, and related issues.

Strategic Planning Process

M&A met with the Public Health Services Manager (now Division Director) and the Policy Analyst (Accreditation Coordinator) late October 2011, to begin planning meeting dates and to discuss a means of coordinating concurrent development of the public health strategic plan and the CHIP. M&A reviewed in depth the Public Health Accreditation Board's (PHAB) guidelines for strategic plan development and submitted a work plan designed to assure that all PHAB requirements would be met.

Participants in the strategic planning process were to include the Division Director, all of the public health program managers, Policy Analyst, Health Office and administrative support staff. During the 9-month process, additional staff was added, including the newly hired Epidemiologist, an AmeriCorps VISTA volunteer (accreditation assistant), and the newly hired policy analyst (See Appendix I). It was agreed to schedule meetings of the strategic planning group on approximately a monthly basis to assure coordination with the CHIP planning. The plan also included at least two meetings during which health department line staff would have an opportunity to be updated about the process being used and to offer input.

The process was designed to create a plan that would guide CCPHD at a strategic level for the next three years, and to include a process for updating the plan annually to create a rolling strategic plan. Content of the plan was also intended to satisfy all of the requirements of PHAB, reflecting the division's intention to apply for accreditation in the near future. A description of the process used is included in Appendix 2 and notes from the planning meetings are included in Appendix 3.

Mission, Vision, and Guiding Values

Mission Statement

Promoting and assisting individuals, families, and communities to be healthy, safe and thrive. By working with our communities, Public Health strives to:

- *Prevent disease and injury*
- *Create conditions that support health*
- *Protect food, water, and air*
- *Prepare for emergencies*

Vision Statement

Clackamas County residents are healthy and thrive

Guiding Values

- *Integrity*
- *Respect*
- *Collaboration*
- *Stewardship*
- *Innovation*
- *Social Justice*
- *Equity*

Environmental Scan Results

The planning team considered a number of data elements descriptive of the environment in which the strategic plan would be implemented, including the following:

- An analysis of internal strengths and weaknesses as well as external opportunities and threats (SWOT Analysis, Appendix 4)
- External trends and events (Appendix 5)
- National trends in public health (Appendix 6)
- The leading health indicators from Healthy People 2020 (Appendix 7)

The SWOT analysis demonstrated that the organization has many strengths that are key to addressing the challenges of the future, including a strong complement of leaders and staff as well as coordination and partial integration with other county departments. However, projected staff retirements, including that of the division's director, will require attention and diligence in order to replace strong leaders and staff with well-trained and experienced new leaders. Many opportunities exist in the community for greater partnerships and collaborative efforts.

CCPHD managers group also felt that, due to an experienced staff and management, the organization has addressed many of the national public health trends and is well positioned to handle emerging external health trends or threats in the future.

Summary of Strategic Priorities, Goals and Objectives

The strategic plan was completed over the course of nine meetings, averaging about two hours apiece. The plan comprises three strategic directions with accompanying goals, and ten objectives. Each of the objectives includes a listing of activities, identification of the lead convener within the organization, and a set of progress indicators.

What follows is a summary of the strategic directions, goals, and objectives included in the plan. The full work plan with actions, timelines, performance standards and identification of lead conveners is included in Appendix 8.

Strategic Direction A: Improve public health effectiveness

Goal: *Evaluate and continuously improve CCPHD's processes, programs and interventions in order to protect and promote health in Clackamas County.*

Objective A-1: Develop a comprehensive CCPHD performance management framework

Objective A-2: Implement a formal quality improvement process based on organizational policies and direction as defined in *PHAB Standards and Measures v. 1.0*, Standard 9.2, to be completed

Objective A-3: Implement performance management framework into organizational practice, programs, processes, and interventions, to be completed

Objective A-4: Develop a CCPHD Workforce Development Plan that addresses short and longer term public health workforce needs, to be completed

Strategic Direction B: Increase CCPHD's participation in policy analysis and development

Goal: *Develop the capacity and increase the role of CCPHD across all levels of policy analysis, development, and advocacy.*

Objective B-1: Build internal capacity for policy analysis and development by providing educational and training opportunities in public health policy development, to be fully achieved

Objective B-2: CCPHD will increase community awareness of the impact of local, state, and national policy that affects the health of Clackamas County residents through ongoing education, advocacy, and promotion

Strategic Direction C: Assist communities to improve health

Goal: *Support local health improvement by providing resources, technical assistance, and expertise to local groups, individuals and partners.*

Objective C-1: Conduct ongoing community health assessments and publish reports for community-wide use at appropriate intervals

Objective C-2: Facilitate and engage in local planning processes on a yearly basis

Objective C-3: Maintain and improve capacity to provide technical assistance to clients, organizations and partners by providing public health information and resources

Objective C-4: Identify funding opportunities for community partners and organizations

Linkages with the CHIP and Quality Improvement

Staff has identified CCPHD responsibilities enumerated by and/or implicit in the CHIP (See CHIP report for listing of suggested improvement strategies involving CCPHD staff). The principal responsibility for CCPHD will be in convening a Public Health Advisory Committee (PHAC) for implementation of the plan by involving community members to assist in the planning and tracking of improvement initiatives. CCPHD will also take the lead role in providing data and technical support. The strategic plan includes support for CHIP in the work activities listed under Strategic Direction C, Objective C-1.

CCPHD has been initiating quality improvement activities for the past few years, but not yet in a formal or strategic way. However, Strategic Direction A, Objectives A-1, A-2, and A-3 include specific activities that will include the development of a performance management plan that will be integral to the implementation of this strategic plan. The performance management plan will tie in this report's strategic directions, goals and objectives and align them with quality improvement activities, along with additional strategic organizational initiatives.

Plan Implementation

CCPHD's managers have identified a number of key implementation steps, to be inaugurated in July 2012. These include the following:

- Orientation of staff to the plan in early July
- Briefing of the County Commissioners (who serve as the Board of Health) on July 31
- Placing work activities and deliverables in the performance management plan calendar for monthly and quarterly reviews and updates
- Elaboration of specific responsibilities among managers and staff
- Identification of training needs for staff that will be required for plan implementation

CCPHD's managers are also considering employing the plan as a "rolling three year plan." Under this approach, at the end of each year, the managers and other key staff would:

- Review progress on the plan
- Identify work activities, objectives and other elements of the plan that have been completed and no longer need to be included in the plan
- Celebrate the successes of the year
- Increase the clarity of the next year's work activities which were identified as Year 2 work in the strategic plan
- Add a new Year 3 plan outline

Conclusions

No strategic plan can anticipate future impacts resulting from significant swings in the national, state or local economy, from shifts in political environments, or from a variety of other factors. Nevertheless, CCPHD is well positioned to implement the strategic plan successfully for a variety of reasons, including:

- Continued presence of a strong/effective managers group and experienced/committed staff
- Structural coordination with the two other adjacent metropolitan health departments through a shared Health Officer Team and a Regional Public Health Leadership Team, both contributing to collaboration, joint planning and integrated policy development
- Recent strengthening of data capacity through the hiring of a Masters-prepared epidemiologist
- Strong leadership from a recently hired policy analyst who will have specific responsibility for both CHIP and strategic plan implementation and for public health accreditation processes
- Recent designation by the County Commissioners as a separate Public Health Division, which will raise visibility, create a more attractive position for recruiting a new director, and contribute to increased accountability and reporting to the county commissioners/board of health
- A history of excellent collaboration with local organizations and service agencies
- Recent completion of a CHIP with potential for expanding visibility and collaboration

Another factor of importance is that CCPHD's strategic plan is consistent with the Mission, Principles, Vision, and Strategic Areas of Focus of the county's overall strategic plan for 2011-2016. For example, the county strategic plan includes among its "Areas of Focus":

- Build a best in class public safety system and health and human services continuum and programs that focus on integrating prevention and recovery
- Invest in prevention
- Pursue opportunities to adopt a climate change action plan
- Engage our community partners

The county strategic plan concludes with the following:

"Beginning in 2011, the County will formalize the Strategic Plan into the budget process. Departments will align their proposed budgets with the Board's Areas of Focus as outline in the plan."

The content of CCPHD's strategic plan is not only consistent with the county's plan, but also places emphasis in areas that will result in delivery of more effective public health services for the future in Clackamas County, Oregon.

Appendix 1

Planning Team Membership

CCPHD Staff

- Steve Dahl, Environmental Health Program Manager
- Pam Douglas, Administrative Support
- Jennifer Eskridge, former Policy Analyst (Accreditation Coordinator)
- Marti Franc, Public Health Division Director
- Tessa Jaqua, AmeriCorps VISTA Volunteer (Accreditation Assistant)
- Sunny Lee, Epidemiologist
- Paul Lewis, Health Officer
- Dana Lord, Manager, Public Health Programs Manager
- Philip Mason, Policy Analyst (Accreditation Coordinator)
- Larry MacDaniels, Preparedness, Emergency Services and Healthy Communities Programs Manager
- Cathy Perry, Maternal Child Health & Communicable Disease Programs Manager

M&A Consultants

- Casey Milne, Principal
- Tom Milne, Principal
- Grant Higginson

Appendix 2

Strategic Planning Process

The planning process that was used is described below.

October 2011

- Met with CCPHD managers group:
 - Clarified expectations, project plan, roles & responsibilities, and timelines
 - Reviewed PHAB requirements for documentation
 - Began planning timelines, meeting dates
- Reviewed PHAB on-line Accreditation Orientation
- Reviewed data and CCPHD organizational description, provided by staff. Planned agenda for first meetings
- Prepared for and conducted first meeting of CCPHD managers group to begin strategic planning process:
 - Reviewed the 8-step strategic planning process to be used, the expected timelines for the work, and the process for aligning the strategic plan with CCPHD responsibilities identified in the CHIP, with H3S Department mission, goals and initiatives, and with the county strategic plan
 - Facilitated development of the foundations of the plan, which include updating of the CCPHD's vision, mission and operating values
 - Facilitated a SWOT analysis of CCPHD, including consideration of external trends and threats that will impact health unless addressed effectively
 - Reviewed the core elements of the County Strategic Plan
- M&A compiled and wrote up notes for meeting; compiled documentation of attendance for meetings. Coordinated with staff for planning of next meetings (occurred after each meeting).

November 2011

- Prepared for and conducted second meeting of CCPHD managers group:
 - Review results of first meeting
 - Completed development of revised Mission Statement, Vision statement and Organizational Values
 - Completed the SWOT Analysis
 - Began development of themes that will guide identification of Strategic Directions
- Prepared for and conducted first meeting of the larger planning group for strategic planning:

- Reviewed the 8-step strategic planning process to be used, the expected timelines for the work, and the process for aligning the strategic plan with CCPHD responsibilities identified in the CHIP, with the H3S Department mission, goals and initiatives, and with the county strategic plan
- Discussed the role of the committee and relationship with the CCPHD managers group in strategic planning
- Reviewed the work completed by the CCPHD managers group
 - Solicit input, revisions
 - Seek approval of product

December 2011

- Prepared for and conducted 3rd meeting of CCPHD managers group:
 - Reviewed revisions from managers group
 - Sought agreement/approval
 - Achieved closure on the Mission-Vision-Values and SWOT Analysis
 - Completed identification of themes to guide strategic direction development
 - Identified three to five strategic directions that will serve as the foundation of the strategic plan
- Grant Higginson began meeting with the local medical community and health officers to solicit their perspectives regarding community strengths, weaknesses, health issues of note, and opportunities for improving health status

January 2012

- Prepared for and conducted 1st discussion of strategic planning at all staff meeting
 - Provided update of progress to date
 - Shared process for providing input into the strategic planning
- Prepared for and conducted 4th meeting of CCPHD managers group for strategic planning
 - Reviewed progress to date
 - Reviewed results of all staff meeting input
 - Finalized identification of Strategic Directions
 - Began development of measurable objectives for each strategic direction

February 2012

- Grant Higginson completed process with medical community
- Prepared for and conducted 5th meeting of CCPHD managers group:
 - Reviewed progress to date
 - Finalized strategic directions and measurable objectives
 - Began development of a strategic plan implementation plan
 - Began discussions of integrating CHIP implications for public health into the strategic plan

March 2012

- Prepared for and conduct 2nd meeting with all staff
 - Reviewed general themes, draft operational plan, relationship with ongoing programs and services
 - Solicited feedback
 - Brief update on CHIP planning

April 2012

- Prepared for and conduct 6th meeting of CCPHD managers group:
 - Reviewed placeholders for the CHIP plan
 - Continued work on strategic plan implementation plan

May 2012

- Prepared for and conduct 7th meeting of CCPHD managers group:
 - Completed any unfinished work from prior meeting(s)
 - Finalized the work plan including process outcomes for each objective
 - Continued development of placeholders for public health implications from the CHIP plan
 - Discussed implementation of the strategic plan

June 2012

- CCPHD managers group met with key staff without consultants to:
 - Make final revisions in the implementation plan
 - Discuss implementation

July 2012

- Prepared for and conduct 9th meeting of CCPHD managers group:
 - Finalized content of the strategic plan and all of its components
 - Agreed on the place markers for the CHIP plan
 - Discussed alignment of internal priorities and strategies needed to assure that the plan is implemented

Appendix 3

Planning Meeting Notes

Meeting #1 Summary; 10/27/11

1. **Introductions:** Each member of the CCPHD managers group introduced themselves and what they hoped would come out of the strategic planning process and/or what threat they are most concerned by:
 - **Cathy Perry:** Would like to see a framework that supports best practices, QI. Sees as a threat the image of public health
 - **Pam Douglas:** Looks forward to learning more about public health. Sees as threat Marti's retirement next year. Hopes to see the process address reaching the outliers, the populations we don't reach.
 - **Dana Lord:** Would like to see public health take on the food industry to make inroads with obesity. Sees as a threat the graying of government.
 - **Jennifer Eskridge:** Would like to see a process where people can learn from those with experience, and increasing people getting services they need
 - **Larry MacDaniels:** Sees as a threat succession and decreased funding; would like to see better access to needed health care
 - **Marti Franc:** Sees health care reform as a possible threat in terms of where public health fits.
 - **Paul Lewis:** (arrived later)
 - **Casey Milne, Milne & Associates, LLC**
 - **Tom Milne, Milne & Associates, LLC**
2. **Expectations:** Each member expressed issues/expectations for the strategic planning process and the resulting plan:
 - The process might be great, but lack of follow-up leads to failure
 - Want clarity in the plan
 - Want a roadmap to take the organization through the transitions--a plan that is really used
 - Have concern that processes like this can go on for too long a period of time; that disinvests people, gets little buy-in
 - Want it to be helpful to people who are not a part of this process
 - The plan needs to be accessible
 - Plan needs to be user friendly
 - Let's write the plan for our successors
 - The process should pull new people into the process
 - Get input from staff
 - Need process to collect input
 - Process needs to be safe
 - Maybe Survey Monkey?
 - Maybe a smaller group between all staff meetings?
3. **Mission:** The plan needs to use the mission statement from H3S

4. **Vision:** Drafts were identified; process to complete next meeting
5. **Values:** A listing of 5 values was agreed upon, and will be reviewed at the next meeting
6. **SWOT:** Strengths and Weaknesses were identified, and will be compiled for review next meeting. Next Meeting will include identification of Opportunities and Threats
7. **Evaluation:** Team members shared thoughts about what worked, what didn't work:
 - I'm confused about what the difference is between mission and vision
 - Bring examples of mission and vision to next meeting
 - The structure you brought and the materials were very useful
 - Impressed by what we got done
 - All members participated in the process
 - Like the use of Post-Its
 - Consider the Health Impact Pyramid

Meeting #2 Summary; 11/17/11

1. **Introductions:** Each member of the CCPHD managers group introduced themselves for Grant Higginson. Grant explained his role on the overall project, and will be mostly engaged in the CHIP development, engaging the Clackamas County medical and hospital community. Present at the meeting were:

<ul style="list-style-type: none"> • Cathy Perry • Pam Douglas • Dana Lord • Jennifer Eskridge • Larry MacDaniels 	<ul style="list-style-type: none"> • Marti Franc • Paul Lewis, MD • Grant Higginson, MD • Casey Milne • Tom Milne
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2. **Mission Statement:** The group agreed to extend the H3S Mission statement so that the statement reads:

Promoting and assuring individuals, families, and communities to be healthy, safe and thrive. By working with our communities, we

 - *Prevent disease and injury*
 - *Create conditions that support health*
 - *Protect food, water, and air*
 - *Prepare for emergencies*
3. **Vision:** The group agreed on the following vision statement:

Clackamas County residents are healthy and thriving
4. **Values:** The group agreed on the following values, with the last two to be considered for inclusion at the next meeting:

<ul style="list-style-type: none"> • <i>Integrity</i> • <i>Respect</i> • <i>Collaboration</i> • <i>Stewardship</i> 	<ul style="list-style-type: none"> • <i>Innovation</i> • <i>Social Justice</i> • <i>Equity</i>
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5. **SWOT:**

- **Strengths and Weaknesses:** The group agreed that the compilation/analysis was useful, and requested that the items included in each category be mapped against the brainstormed list from the first meeting. It was agreed to not wordsmith further, but to include the brainstormed list in the appendix.
- **Opportunities and Threats:** The group brainstormed opportunities and threats that may present themselves over the next 5 – 10 years. The two lists will be compiled and summarized by M&A for review at the next meeting.
- **External Factors:** The group brainstormed other external factors that may arise in the next 5 – 10 years that may have relevance to the organization and/or to the health of the public. That list will be compiled and summarized by M&A for the next meeting.
- **Trends in Public Health:** The group reviewed a listing of trends related to public health organizations that was compiled by M&A. It was agreed that the organization is already addressing most if not all of the trends listed.

6. **Strategic Directions, Part 1:** M&A facilitated a process to identify what themes need to be addressed in order for the “ideal healthy community” to be possible to achieve. Similar brainstormed ideas were combined and/or reworded, and a nominal group process was employed to identify the most important themes. That list has been compiled and will be examined in the context of the organization’s mission, vision, values, SWOT analysis, external factors and county strategic plan to identify the Strategic Directions at the next meeting.

7. **Project Structure:** Marti and Jennifer explained the respective roles of the strategic planning group, the CHIP planning committee, and of the organization’s staff (per all staff meetings).

Meeting #3 Summary; 12/1/2011

Participants:

Cathy Perry	Dana Lord	Jennifer Eskridge
Larry MacDaniels	Marti Franc	Steve Dahl
Paul Lewis, MD	Casey Milne	Tom Milne

1. **Feedback from Accreditation Steering Committee:**

- Accreditation Steering Committee had one suggestion for revision in the Mission Statement for consistency with the county mission statement
- The role and purpose of the Steering Committee was discussed and requires further delineation

2. **Mission – Vision – Values:**

- The group agreed with the change in mission statement recommended by the Steering Committee

- A single word was revised in the Vision Statement
- The group requested that all documents for the strategic plan be merged into one document with a table of contents for ease of review

3. SWOT and External Factors:

- A few minor changes were made to the SWOT Documents
- Several changes were made to the External Factors document
- Both have been incorporated into the draft plan

4. Strategic Directions, Part 2: Referencing the SWOT analysis, the external factors document, the prioritized themes from the last meeting, and the Leading Health Indicators from Healthy People 2020, the team brainstormed 12 areas to be considered as the basis for strategic directions. Those areas included the following:

- Assure a competent workforce
- Strengthen internal technology
- Engage to address social determinants
- Protect and improve the environment
- Align, embed, and contract with the private sector for health care
- Cooperate and enjoin with the university for training, education and research
- Expand partnerships to reduce chronic disease
- Engage in healthcare reform to assure population health is addressed
- Develop evaluation/improvement capacity for health department programs
- Develop efficient, flexible and ongoing health assessment; leverage health information technology
- Integration with Clackamas County planning –or– Expand inclusion of health considerations in policy development
- Develop, use, and promote use of evidence-based methodology preventive practices

Next, the group combined, merged and shortened the list to Four Core Strategic Directions, which will serve as the container for the health department’s strategic plan:

- A. Strengthen Internal Capacity of CCPHD to improve effectiveness.**
This strategic direction is intended to incorporate the following:
 - Innovation
 - Continuous Quality Improvement (QI)
 - Protection
 - References are also made to the following from the listing above: a, b, f, l, and j
- B. Expand CCPHD’s capacity and opportunity to engage in policy development.** This strategic direction is intended to incorporate the following from the list of 12 above: d, h, and k

- C. Empower/Build community capacity and involvement. This strategic direction is intended to incorporate “Engagement” and the following from the list of 12, above: c and l
- D. Decrease the burden of chronic disease, communicable diseases, and disability. The strategic direction is intended to incorporate the following from the list of 12, above: e, g, and h

It was agreed that M&A would provide a write-up to the group through Jennifer, and that each would review, suggest refinements, and bring one to two measurable objectives for each of the four strategic directions. It was requested that the refinements and draft objectives be submitted to Jennifer by December 14. She will forward them to Casey & Tom, and the results will be discussed at the January 12 meeting.

Meeting #4 Summary; 1/12/2012

Participants:

Cathy Perry	Dana Lord	Jennifer Eskridge	
Marti Franc	Paul Lewis, MD	Casey Milne	Tom Milne

1. **Strategic Directions:** The group reviewed the strategic directions developed at the last meeting, considering the need for inclusiveness, elimination of overlap, and clarity. One Strategic Direction was deleted and the other three were revised. The Strategic Directions were revised to read as follows:
 - Improve public health effectiveness
 - Increase public health participation in policy development
 - Assist communities to improve health

2. **Measurable Objectives:** The group spent the remainder of the meeting considering ideas for objectives to be attached to each of the three strategic directions. It was noted that while the pre-Christmas work on objectives was very good, those needed to be supplemented with an eye on creating a 3-year work plan. The ideas for objectives – to be reworded as measurable objectives by managers between now and the March meeting, include the following (with notation that the objectives are not in any order of priority):
 - A. **Improve public health effectiveness:**
 - Adopt a QI policy for the organization
 - Create a quality improvement plan for the organization which includes fostering a culture of QI and innovative thinking
 - Orient staff to the QI policy and plan
 - Use performance measures for key organizational programs and activities
 - Develop a system of data collection, analysis and reporting to support performance measurement and evaluation
 - Strengthen organizational capacity for program evaluation

B. Increase public health participation in policy development:

- Identify policy needs related to the CHIP
- Build capacity for short term policy analysis and development
- Identify and work with partners and advocates to influence policy at the state and local levels
- Encourage utilization of health impact statements to guide local policy considerations
- Participate with CLHO and regionally in planning for public health involvement in health transformations and CCOs

C. Assist communities to improve health:

- Support community health improvement activities by providing small, competitive grants to community organizations
- Provide technical assistance and support to community organizations in addressing population health issues, including the social determinants of health
- Provide technical expertise to community partners about the use of health data, data analysis, epidemiology, quality improvement and evaluation of outcomes
- Lead local efforts to address priority population health issues, including those identified in the CHIP

Note: The objectives listed above for each of the three strategic directions are intended to represent each of the ideas shared at the CCPHD managers meeting. It is requested that managers work together to do the following:

1. Review and revise the objectives
2. Add additional objectives where needed
3. Assure the objectives are measurable

It is requested that the review work be completed and provided to Jennifer by Tuesday, January 24. Jennifer will send the revised objective to the Milnes who will place them in the materials for the next meeting.

- 3. Next All-Staff Meeting:** The next all-staff consideration of the strategic plan will be on March 7. Marti will work with M&A to clarify intended results and improve the meeting process. Ideas discussed included:
- Defining a clear process and desired outcomes in advance
 - Sharing and explaining the nomenclature
 - Doing work in groups at tables with managers facilitating
 - Sharing specific examples of how ongoing work in the organization fits in the strategic directions and objectives
 - Discussing more on the background and the idea of a culture of quality improvement

Meeting #5 Summary; 2/23/2012

Participants:

Cathy Perry	Dana Lord	Jennifer Eskridge	Tom Milne
Marti Franc	Paul Lewis, MD	Steve Dahl	Casey Milne

1. **Measurable Objectives:** After a brief warm-up, the team confirmed that the 3 strategic directions developed previously continue to be considered final. The team reviewed the measurable objectives developed at the last meeting and revised in “homework” following the meeting. Virtually all of the objectives in the first strategic direction, “Improve public health effectiveness” were revised, following as a guide the PHAB Standards 9.1 and 9.2. Several other objectives in the remaining 2 strategic directions were revised as well. The updated objectives are now found in the draft strategic plan.
2. **Implementation Plan:** M&A shared a format for developing an implementation plan for the strategic plan. The elements of the plan include the following for each objective:
 - Year & Quarter for work to begin
 - Name of convener/lead person
 - Names of others to be involved in the work
 - Description of desired outcome
 - Benchmarks to be achieved with timelines
 - Activities to take place to achieve benchmarks
 - Identification of resources needed

It was agreed that M&A will provide Jennifer with a finalized format, and that the PH Managers will take this work on as homework. No completion date was defined.

3. **Integration with CHIP:** It is estimated that CHIP planning will require two and perhaps three more meetings. One more strategic planning meeting is needed to complete the plan, and then an additional meeting to merge the plan with CHIP.
4. **One Word Meeting Evaluation:**
 - Ready to celebrate
 - OK
 - Momentum
 - Somewhat focused; need the action piece
 - Seeing light at the end of the tunnel
 - Seeing the gold nuggets in the pan
 - Happy this is on schedule
 - Smug

Meeting #6 Summary; 4/26/2012

Participants:

Cathy Perry	Dana Lord	Tessa Jaqua	Steve Dahl
Marti Franc	Paul Lewis, MD	Casey Milne	Tom Milne
Larry MacDaniels	Sunny Lee		

- Warm Up:** The team was asked to envision CCPHD in ten years from now, and then respond to the question, “what attribute is most desired in the health department of the future”. Answers included:
 - The workforce is young, highly educated, engaged within the division at a high level of acceptance and support, and valued by the community for their technical assistance in planning and service.
 - Better coordination of data in the division so staff knows what’s going on and are able to communicate with the community.
 - The division in 10 years will be embedded in clinics as case managers and educators, will meet occasionally with each other, will have a wealth of information, and will be well integrated at the local level.
 - CCPHD is a separate department and leads the initiative of health in every policy, meeting regularly with the Board.
 - CCPHD is an integrated service, continually present in the community, influencing policy, impacting community agencies, focusing on data, research, and policy interpretation. The workforce is well educated.
 - The younger workforce will have more current knowledge about current challenges (e.g. climate change), will be more collaborative with existing departments (planning, etc.), and will incorporate public health concerns and practices with work of other departments.
 - Public health managers and staff know where they are going and how to get there.
- CHIP Placeholders:** M&A reviewed the references to CCPHD that are currently in the CHIP draft plan. Most if not all are very consistent with the current objectives in the strategic plan draft. The final meeting of the CHIP group will most likely be June 19, at which time all references to the health department will have been identified. They will need to be represented in the final strategic plan.
- Implementation Plan:** The group worked through the full draft implementation plan. It was agreed that the person who is listed as the “convener” on the form will be responsible for completing that line of the form. M&A requested a turnaround of the updated form by May 7.

Meeting #7 Summary; 5/16/12

Participants:

Cathy Perry	Dana Lord	Tessa Jaqua
Larry MacDaniels	Marti Franc	Steve Dahl
Paul Lewis, MD	Casey Milne	Tom Milne

1. Finalizing the Work Plan:

- The group worked through each of the objectives for the strategic directions, revising and finalizing the content
- M&A will turn around the plan with updates before leaving on Thursday
- PHAB requires that the strategic plan identify elements of the plan that will need to be addressed in a quality improvement plan. The objective in strategic direction #1 pertaining to QI will reflect this

2. Placeholders for CHIP: CHIP implications need to be reflected in the final strategic plan as well. There is currently good reflection of this requirement in the near final plan. The CHIP planning committee meets again June 19 to finalize the plan; any additional implications for CCPHD will be incorporated after that meeting.

3. Implementation Process: M&A shared recommendations for implementation of the strategic plan, which included:

- Arranging for one person to keep track of progress on the objectives and performance measures (progress indicators)
- Breaking down the the plan into Years 1-3 and sharing with staff
- Scheduling progress updates for at least one managers' meeting each month, and a quarterly review
- Keep notes during the year about additional progress measures and/or objectives that might be added to the Year 2 plan and beyond
- At the completion of Year 1, review what has been successfully completed, what was not done, celebrate the successes and create an adjusted/expanded plan for Year 2
- Maintain the strategic plan as a rolling 3 year plan, and updates will be much easier to accomplish than was developing the initial plan

4. One Word Evaluation: Each person share "one word" that they are taking from the meeting that reflects where they are with the process:

- Intense – commitment
- Overwhelming – busy
- Sobering – Promising
- Exciting/Inspired/Hopeful (x4)
- New Beginning
- Barefoot – New Shoes (need to be broken in to be comfortable)
- Challenging Future

Meeting #8 Summary; 6/18/12

Participants:

Steve Dahl	Marti Franc	Sunny Lee
Dana Lord	Larry MacDaniels	Philip Mason
Pam Douglas	Tessa Jaqua	

1. Purpose of Meeting:

CCPHD managers, Philip, Tessa and Sunny reviewed the current version of the strategic plan. Managers were asked to think of their current programs to see if they are currently operating with the goals and objectives outlined.

2. Changes to Draft Strategic Plan:

- Our name should consistently read: Clackamas County Public Health Division (CCPHD) throughout the strategic plan. This is to reflect and recognize that public health services are now its own division due to recent system re-organization
- Updates on progress indicators by YR/QTR are needed
- 'Lead Convener' and 'who will be involved' columns: remove names and have titles only. A key will be made to identify current staff/managers in each position. This will help to keep updates to a minimum if turnover should occur
- **A.1.4:** Remove LEAN consultation or make as a progress indicator (lean is 1 specific, great QI tool of many that we should be using moving forward)
- **C.4.4:** Business Services no longer exists due to re-organization.
- Marti would like to add an objective(s) regarding CCPHD changing with internal and external system changes and organization. She would also like to mention our work with the CCOs. These could either be combined into one objective or split into internal/external

3. Action Items:

- Pam will be converting the current table into an Excel worksheet. This will allow for sorting options. We will have a master table and each program will have a version to sort and edit to meet their specific program needs
- Pam will also create an outline of the strategic plan to present at the All-Staff Meeting. The outline will need to indicate where staff involvement was taken into consideration
- Philip will send updates and input to Milnes before the next strategic planning meeting

Meeting #9 Summary; 7/10/12

Participants:

Cathy Perry	Dana Lord	Tessa Jaqua
Larry MacDaniels	Marti Franc	Steve Dahl
Paul Lewis, MD	Sunny Lee	Philip Mason
Casey Milne	Tom Milne	(Student Intern)

1. Warm-up:

The group was asked to think about and share one or more professional contributions they have made in their career. The purpose of the exercise was to support team members in accepting their accomplishments as a prerequisite to move on to tackle higher goals, a key step in taking on the new strategic plan.

2. Finalizing the Strategic Plan:

The team reviewed the strategic plan draft, updated from the 8th meeting, and agreed upon the following changes:

- a. Accepting changes offered by M&A that were suggested at the 8th PH Managers meeting (A-3-1; B-1-4; and C-1-4), with the understanding that Paul and Sunny would likely make minor modifications to the latter.
- b. For the purposes of the plan to be shared as the general strategic plan, and included with the PHAB application, delete the columns “Who will be involved” and “Resources Needed.” Both were viewed as important, but details to be finalized in the implementation plan.

It was also agreed that the planning and implementation details be updated during CCPHD manager group meetings and shared during bi-monthly staff meetings.

Finally, it was agreed that the strategic plan as written (and reflecting the changes above) is considered done.

- ### **3. CHIP Factors Related to the Strategic Plan:**
- It was agreed that the paper by this name, developed by Philip, serves as an excellent guide on how and where the strategic plan must interface with the CHIP plan.

4. Implementation of the Strategic Plan:

- Casey shared and briefly reviewed a set of questions that can help guide implementation and build commitment to the plan
- Tom briefly reviewed suggestions for implementation that include specific steps to take each quarter
- Other factors that were discussed included:
 - The involvement of domain workers

- Integrating the QI process and plan into the strategic plan activities (possibly through a performance management plan that focuses on QI but also encompasses a variety of strategic initiatives for the division)
- Education for staff about elements of the strategic plan, especially in Strategic Direction B. Brown bags are being planned for that purpose
- Development of a calendar listing specific responsibilities
- Sharing the contents of the strategic plan with staff, the commissioners, and the community
 - Managers are meeting with staff tomorrow, July 11
 - A session has been planned with the Board of Health/ County Commissioners on July 31

5. Feedback to M&A: Members of the CCPHD managers group shared what worked and what didn't work so well through the strategic planning process:

- Worked:
 - Providing materials in advance of the meetings was very helpful
 - Highlighting changes in documents helped focus the work
 - Philip appreciated being brought up to speed as a new employee and member of the planning group, and the support M&A gave him
 - Having M&A as "task masters" helped us get through this
 - Requiring all CCPHD managers to participate in the strategic planning process was good and helped us learn each others different styles and contributions
 - M&A brought us through this process, involving a massive amount of work. Pretty amazing!
- Didn't work/could have been done better:
 - The warm-up exercises didn't work for some and could have been briefer
 - Doing the CHIP and strategic plan work concurrently was a challenge and a lot of work
 - Sometimes it would help to give the planning process a rest and then pick it back up

Strategic Planning Notes from All-Staff Meeting, 1/4/2012

Background: M&A facilitated a session at the CCPHD all-staff meeting to provide background on the strategic planning process, and to solicit input from staff about the four strategic directions identified by PH Managers at their 12/1/11 meeting. The following is an attempt to sort that input into the four strategic directions.

A. Strengthen Internal Capacity of CCPHD to improve effectiveness.

- Consider legacy building to make the organization sustainable
- Position ourselves for the next generation. Between one-third and one-half of employees are approaching retirement.

B. Expand CCPHD capacity and opportunity to engage in policy development.

- Conduct “fantasy planning,” considering what we want and what is needed rather than where the money comes from.
- Expand collaboration with other departments in the County, such as housing, juvenile corrections.
- Work/collaborate with the planning department, especially on environmental issues.

C. Empower/Build community capacity and involvement.

- Field nurses have to deal with social determinants.
- For the most part, current programs are not addressing social determinants.
- Capture the stories in the community about health issues and successes.
- Deepen our understanding of our partners and their roles.

D. Decrease the burden of chronic disease, communicable diseases, and disability.

- Find a way to use the volunteers to the maximum in community health activities (possibly through Medical Reserve Corps).
- High school students often have projects required for graduation; align those with public health work when possible.
- Develop an endowment fund dedicated to specific public health work.
- Work with the Universities in the state; students want to be involved, with or without pay.
- Address global changes. The water supply will face challenges, and cases of Rickettsial diseases and fungal diseases are up.
- Focus needed on the aging population (chronic diseases are increasing).
- Consider using volunteers, but recognize that resources are needed for orientation, coordination, etc.
- Explore how we free our current staff to do more “non-service” work.
- Increase our focus “upstream.”

Current Activities: During the announcement phase of the meeting, the following were shared and might be further explored for how they fit into the strategic directions:

- The “no wrong door” approach to getting people (babies) into needed services
- Program of peer support for pre- and post-delivery moms
- Shared trainings with other programs/partners
- The opening of school health clinics in Milwaukie, Estacada, and Canby High Schools
- Getting dental hygienists connected with Housing Authority centers
- Working with insurance companies to pay for uninsured care
- Mapping dental resources in the community
- Students (college) interested in project work up to 200 hours in public health arenas
- Addressing barriers to breast feeding
- Working with the homeless to reach homeless

Homework: In response to the suggestion staff be provided with suggested things to read and/or “homework,” please consider the following as ideas:

1. Review the list above. Add any additional thoughts and insights. Send them to tom.milne@comcast.net and/or casey.milne@comcast.net
2. Look through CCPHD’s community health assessment. Do any issues stand out as being worthy of consideration for CCPHD to take on over the next 5 years?
3. Without thinking about where the money would come from, what activity/program could CCPHD take on that would improve health and make you proud to be on staff?
4. Consider informing yourself about the social determinants of health. One place to start is www.who.int/social_determinants/thecommission/en/, which provides an introduction to the issue from the perspective of the World Health Organization. Their Commission report on social determinants can be downloaded at http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf.
5. Consider your current job at CCPHD. Can you think of ways that you could be more efficient and/or effective at your work? Can you think of ways that, with little added effort, you could contribute an added measure to improving health in Clackamas County?

Appendix 4 SWOT Analysis

A SWOT Analysis was conducted to identify the areas in which CCPHD within the Department of Health, Housing and Human Services demonstrate strengths, areas in need of strengthening, external opportunities and threats. This analysis is intended to help guide development of the public health strategic plan.

Strengths:

Our organizational strengths are many and varied, and are summarized as having:

- **Our dedicated staff** are well educated, have excellent experience and skills, with many bringing long tenure and providing institutional knowledge. They collaborate internally and provide strong leadership internally and at the department level.
- **Our programs are strong** and address a range of public health issues, with departmental and countywide support. Ongoing investment in training and commitment to the LEAN process keep our program operations at a high level. We are small which allows us to be nimble in our responses to emerging issues.
- **Integration and co-location** with other departmental programs and services assures continuity and responsiveness. Our facilities are excellent, supporting staff and attracting clients of services.
- **The settings in which we work** are inspiring and support our work. Our county has abundant natural areas and unincorporated spaces, the county's population is diverse and enjoys overall an above-average income, and we enjoy excellent relationships with our partners, both public and private.

Weaknesses:

Our organization, while strong, must contend with some weaknesses that can challenge fulfilling our mission:

- **Our staff and managers**, while dedicated and excellent, are aging and many will be retiring from the organization over the next few years. Sometimes with tenure comes resistance to change and loss of flexibility, which can be challenging in an environment where external/internal rates of change are accelerating. There is some potential that intellectual resources will be drained from the organization.

- **Our resources** are historically limited, and this limits our capacity as well as the level of workforce development we would prefer to provide. We experience very limited access to our own data.
- **Our relationship with governance** presents limitations, both in terms of not reporting directly to the Board on a regular basis and in having a governing board that has limited understanding of our role and function.
- **Public agency limitations**, wherein we experience bureaucracy and multiple levels of rules that can limit our focus and effectiveness.
- **Communications** are not a strength of the organization, and our use of the media is limited and outmoded.
- **Community connections** involve a range of uncertainties about the future of public health, including organizational status, funding, leadership, and health reform.

Opportunities:

There are a variety of opportunities over the next 5 to 15 years, which include the following:

- **Our Community** will experience an increasing need for services consistent with our mission and vision as the population of the county continues to grow. Our visibility will increase as a result of accreditation, healthcare reform and increased public need. New partners, including community activists and local grassroots groups may come forward to collaborate in addressing health issues and give rise to new ways to communicate with the public and our partners.
- **Our Approach to our Mission** will likely be affected by opportunities to regionalize some services to improve access and quality. There will be opportunities to increase the connection of science and data to practice in preparing for coming changes in health care at the community level. Through partnerships, we will have opportunities to address the economic and social conditions that determine health. We will need to increase our focus on environmental health issues—such as climate change and our partnerships with state and local organizations.
- **Our Workforce** will experience turnovers and retirements creating opportunities for new leadership, new perspectives, and expanded expertise. Turnover will also help facilitate creation of new roles for our workforce as new opportunities appear. Partnering with educational programs will help new students learn our history as they work toward our future.

- **Finance and infrastructure** changes will affect the division. The changing financial picture at the state, national and international levels will create new opportunities for financing public health activities. While there may be economic expansion in the future that will benefit public health, even the strain that governments are experiencing now offers opportunities for re-examining priorities and new ways of structuring services. The infrastructure supporting public health is likely to improve in some areas as well, particularly as technology continues to evolve and information technology supports improvement. Linkages will strengthen involvement in transportation and development issues affecting population health.

Threats:

Our division faces a variety of potential threats over the next 5 to 15 years:

- **Our Community** will experience an aging population; decrease personal incomes in a depressed economy, and the likelihood of greater numbers of non-working adults. There will be increased demand for senior services. However, a significant part of the population does not understand the role and scope of public health, what we do, and the importance of our mission. Reflecting national and regional trends, there will likely be some presence of distrust of both government and science.
- **Our Services** face a number of threats, including increased need and demand for means to address an increasing burden of chronic diseases including diabetes, emerging diseases, obesity rates, health impacts from climate change and dementia. The potential for an increasing scope of what we do may diffuse our focus and decrease our expertise. A continuing threat is demonstrating the effectiveness of prevention work – one of our core areas of responsibility – given the long timelines requires for results to manifest. Another threat may be our inability to be flexible as healthcare needs change and our responses are not as quick to change.
- **Healthcare Services** in our state and county are likely to change in the years ahead, reflecting the growing and the aging population, and healthcare reform. Access to care may change significantly, and the disenfranchised population may be negatively impacted. The results of poor access may lead to impacts on health status to the population, which will negatively impact the health department.
- **Our Workforce** may be negatively impacted by position losses as retirements occur in the context of threats to organizational funding. The field of public health competes poorly with other domains for new workings because of poor visibility and lower rates of pay.

- **Finance and Infrastructure** threats will arise in an environment of cutbacks in all federal domestic spending for health and social service programs. As a result, public health will likely be less prepared and capable of planning for and responding to emerging diseases and epidemics. The infrastructure may face the threat of system breakdown, and ineffective reshuffling of responsibilities may damage response capacity further. Funding through the traditional silos significantly limits new and linked responses to community needs. Response capacity to systems change may not be aligned with healthcare needs.

Appendix 5 External Trends

The following factors were brainstormed by the CCPHD managers group on November 17, 2011 as being of real or potential significance to public health in the county in the next 5 to 10 years. While they were not identified as opportunities or threats, it was acknowledged that these factors could be either, depending on how they manifest and on preparation and capacity to respond.

- Media and advertising changes in the future
- The Supreme Court decision regarding the Patient Protection and Affordable Care Act (i.e. 'Obamacare')
- The political environment
- Population pressures
- The global economy
- The market
- Immediacy of media response to breaking events
- Emergencies – volcanoes, earthquakes, fires, etc.
- Stress on children
- Changes in immigration
- Changes in family structure
- Changes in demographics, including:
 - The response from the population
 - Impact on health status
 - And for both of these, impact on community stress levels
- Social movements
- Increasing prison population

Appendix 6 National Public Health Trends

National Trend
POLICY
<ul style="list-style-type: none"> • Development of local public health policy • Improved/expanded use of data to drive public health policy and decision making • Creating Health Impact Assessments for city/county or regional policymaking
IMPROVING HEALTH OUTCOMES
<ul style="list-style-type: none"> • Developing healthy communities • Development of community, system based approaches to public health • Addressing health disparities and health equity • Addressing social determinants of health
GOVERNANCE AND ADVISORY
<ul style="list-style-type: none"> • Developing county level health advisory committees • Strengthening connection with the governing body
ALTERNATIVE SERVICE MODELS
<ul style="list-style-type: none"> • Creating “spin-off” organizations and/or supporting other organizations to take on activities that may not fit in governmental public health departments • Convening/supporting coalitions to address access to medical care • Replacing narrow personal health services programs with broader population level focus • Integration of quality improvement in systems, results and accountability • Elimination of internal program silos and addressing internal culture change • Integration of bioterrorism preparedness with general emergency preparedness
RESOURCE DEVELOPMENT
<ul style="list-style-type: none"> • Community collaboration to leverage funds • Building strong internal epidemiology capacity • Accrediting the health department • Image building with the community
TECHNOLOGY
<ul style="list-style-type: none"> • GIS Mapping and targeting of services • Creating a more highly accessible and usable website
STAFF DEVELOPMENT
<ul style="list-style-type: none"> • Partnering with academia for staff training and research • Development of Organizational Excellence among staff • Building across internal programs to increase response capacity with trained staff • Expanding diversity of the workforce

Appendix 7

Leading Health Indicators – Healthy People 2020

The Leading Health Indicators are composed of 26 indicators organized under 12 topics. The Healthy People 2020 Leading Health Indicators are:

Access to Health Services

- [Persons with medical insurance \(AHS-1.1\)](#)
- [Persons with a usual primary care provider \(AHS-3\)](#)

Clinical Preventive Services

- [Adults who receive a colorectal cancer screening based on the most recent guidelines \(C-16\)](#)
- [Adults with hypertension whose blood pressure is under control \(HDS-12\)](#)
- [Adult diabetic population with an A1c value greater than 9 percent \(D-5.1\)](#)
- [Children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV vaccines \(IID-8\)](#)

Environmental Quality

- [Air Quality Index \(AQI\) exceeding 100 \(EH-1\)](#)
- [Children aged 3 to 11 years exposed to secondhand smoke \(TU-11.1\)](#)

Injury and Violence

- [Fatal injuries \(IVP-1.1\)](#)
- [Homicides \(IVP-29\)](#)

Maternal, Infant, and Child Health

- [Infant deaths \(MICH-1.3\)](#)
- [Preterm births \(MICH-9.1\)](#)

Mental Health

- [Suicides \(MHMD-1\)](#)
- [Adolescents who experience major depressive episodes \(MDE\) \(MHMD-4.1\)](#)

Nutrition, Physical Activity, and Obesity

- [Adults who meet current Federal physical activity guidelines for aerobic physical activity and muscle-strengthening activity \(PA-2.4\)](#)
- [Adults who are obese \(NWS-9\)](#)
- [Children and adolescents who are considered obese \(NWS-10.4\)](#)
- [Total vegetable intake for persons aged 2 years and older \(NWS-15.1\)](#)

Oral Health

- [Persons aged 2 years and older who used the oral health care system in past 12 months \(OH-7\)](#)

Reproductive and Sexual Health

- Sexually active females aged 15 to 44 years who received reproductive health services in the past 12 months (FP-7.1)
- Persons living with HIV who know their serostatus (HIV-13)

Social Determinants

- Students who graduate with a regular diploma 4 years after starting 9th grade (AH-5.1)

Substance Abuse

- Adolescents using alcohol or any illicit drugs during the past 30 days (SA-13.1)
- Adults engaging in binge drinking during the past 30 days (SA-14.3)

Tobacco

- Adults who are current cigarette smokers (TU-1.1)
- Adolescents who smoked cigarettes in the past 30 days (TU-2.2)

Each of the 26 indicators listed under the 12 topics above will be tracked, measured, and reported on regularly throughout the decade

Appendix 8 Work Plan for Strategic Plan

Strategic Direction A: Improve public health effectiveness

Goal: *Evaluate and continuously improve CCPHD's processes, programs and interventions in order to protect and promote health in Clackamas County.*

Objective A-1: Develop a comprehensive CCPHD performance management framework by 12/31/2012.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q3	1. Set annual performance measures for each program area.	Epidemiologist	<ul style="list-style-type: none"> • [2012/Q4] Identify where there currently are measures. • [2012/Q4] Pull together data from the state. • [As needed] Add to standards over time where needed.
2012/Q3	2. Identify 1-3 indicators for each performance measure to track progress toward achieving the measures.	Epidemiologist	<ul style="list-style-type: none"> • [2012/Q4] Set performance measures. • [2012/Q4] Meet with CCPHD managers/program staff to come up with measurable indicators. • [2012/Q4] Establish frequency of data collection. • [2012/Q4] Establish staff responsibilities for sustaining indicators (see activity 3).
2012/Q3	3. Identify responsibility for monitoring progress and reporting.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q4] List of those responsible. • [2013/Q2] Progress reports from monitoring.
2013/Q1	4. Identify areas where not achieving objectives requires focused quality improvement processes.	CCPHD Director	<ul style="list-style-type: none"> • Coordinate with Objective A-2. • [2013/Q2] Official report from the QI Committee.

Objective A-2: Implement a formal quality improvement process based on organizational policies and direction as defined in *PHAB Standards and Measures v. 1.0*, Standard 9.2, to be completed by 12/31/2012.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q2	1. Establish a Quality Improvement Committee.	Policy Analyst	<ul style="list-style-type: none"> • [2012/Q2] Recruit staff to participate. • [2012/Q3] Hold first committee meeting. • [2012/Q3] Establish a regular meeting calendar. • [2012/Q3] Draft and approve (by managers) committee charter.
2012/Q3	2. Develop a written performance management plan.	Policy Analyst	<ul style="list-style-type: none"> • [2012/Q2] Create a draft plan. • [2012/Q3] Approve (by managers) plan. • [2012/Q4] Begin implementing QI activities.
2012/Q4	3. Identify and implement a systematic process for assessing customer satisfaction with CCPHD services.	QI Committee	<ul style="list-style-type: none"> • [2012/Q4] Survey of work teams to determine proper methods. • [2012/Q4] Draft of customer service survey system presented. • [2013/Q1] Final approval and implementation of the customer service survey system. • [2013/Q4] Evaluation report on system implementation.
2013/Q1	4. Complete an annual performance management self-assessment.	CCPHD Director	Note: Coordinate with A-1-4

Objective A-3: Implement performance management framework into organizational practice, programs, processes, and interventions, to be completed by 03/01/2013.

Year/QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q3	1. Adjust organizational practices, processes and structure in the context of the new divisional status.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q3] Identify all implications of the new structure regarding practices, processes and structure. • [2012/Q3] Map out all changes and new resources (if any) needed. • [2012/Q4] Begin implementing changes.
2012/Q3	2. Add Performance Management as a standing agenda item at CCPHD manager group meetings.	CCPHD Director/ Admin Support	<ul style="list-style-type: none"> • [2012/Q3-continuous] Provide written and verbal reports of performance measures and management progress.
2012/Q2	3. Provide or identify and send staff to performance management training.	CCPHD Managers	<p>(Already underway)</p> <ul style="list-style-type: none"> • Identify what training is needed. • Identify training available. • Send staff from each team to trainings.

Objective A-4: Develop a CCPHD Workforce Development Plan that addresses short and longer term public health workforce needs, to be completed by 06/01/2013.

Year/QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q3	1. Review & integrate nationally adopted core competencies for the public health workforce.	Policy Analyst	<ul style="list-style-type: none"> • [2012/Q4] Documentation of core competency discussion in work team meetings. • [2013/Q1] Competencies adopted. • [2013/Q2] Evidence of continuing education regarding core competencies.
2012/Q4	2. Initiate workforce design.	Policy Analyst	<ul style="list-style-type: none"> • [2012/Q4] Align with county EE directives re: retention of staff, management training, student interns, etc. • [2013/Q1] Provide mentoring of staff.
2013/Q1	3. Assess training needs.	Policy Analyst	<ul style="list-style-type: none"> • [2013/Q1] Administer training self-assessment. • [2013/Q1] Administer staff training survey.
2013/Q2	4. Consolidate assessment data into a training plan and identify resources needed for implementation.	Policy Analyst	<ul style="list-style-type: none"> • [2013/Q3] Implement training plan.

Strategic Direction B: Increase CCPHD’s participation in policy analysis and development

Goal: *Develop the capacity and increase the role of CCPHD across all levels of policy analysis, development, and advocacy*

Objective B-1: Build internal capacity for policy analysis and development by providing educational and training opportunities in public health policy development, to be fully achieved by 03/31/2013.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q3	1. Create opportunities to raise awareness and educate public health services staff about health policy.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2] Hire policy analyst. • [2012/Q3] Policy regarding the use of MRC volunteers is considered. • [2013/Q1] Hold health policy brown bag lunch/ informational session.
2012/Q3	2. Develop skills among key staff in policy analysis and development.	CCPHD Director	<ul style="list-style-type: none"> • [2013/Q1] Identify staff interested in developing policy analysis skills. • [2013/Q2] Identify training opportunities in policy analysis and development. • [2013/Q3] Send staff to trainings.
2013/Q1	3. Develop internal policies and procedures for policy analysis and development.	CCPHD Director	<ul style="list-style-type: none"> • [2013/Q1] Review County policies and procedures regarding involvement in policy analysis and development. • [2013/Q2] Draft policies and procedures that are consistent with county policy for use in addressing CCPHD policy development.
2012/Q3	4. Participate in community policy development regarding development of and services by Community Care Organizations (CCOs).	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q3] Orient new CCPHD Director to status of community discussions/ considerations of CCOs. • [2012/Q3] Continue participation in CCO related meetings.

Objective B-2: CCPHD will increase community awareness of the impact of local, state, and national policy that affects the health of Clackamas County residents through ongoing education, advocacy, and promotion.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q2	1. Identify partners and advocates who address health policy.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2] Meeting notes containing the discussion of this topic in CCPHD managers group meeting. • [2012/Q3] List of partners and advocates who address public policy with contacts.
2012/Q2	2. Identify policy issues from 2012 CHIP that will be addressed by Public Health Division.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2] Meeting notes containing the discussion of policy issues identified in the CHIP.
2012/Q2	3. Join or continue participating in committees, coalitions and workgroups (i.e. Health Transformation, CCO's, Early Learning Council, CLHO).	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2 - 2012/Q4] Orientation for Policy Analyst, new CCPHD Director. • [2012/Q3] Create a plan for regularly reporting policy information gleaned from meetings with aforementioned committees, coalitions, and workgroups.
2012/Q2	4. Communicate current public health policy activity to public health staff and the public.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q4] Establish a regular communication plan to provide information about policy activity to staff and the public. • [2013/Q1] Regular Alfresco Share posts about policy activity.
2012/Q2	5. Continue to work with the Board of County Commissioners on their role as the Local Board of Health.	CCPHD Director/ Health Officer	<ul style="list-style-type: none"> • [2012/Q3] Meet with H3S director to recommend that the county commissioners completely fulfill ORS pertaining to their role as a Board of Health, including possibly convening as a Board of Health regularly. • [2012/Q4] Accompanied by department director, meet with Board Chair to orient to Board of Health requirements (ORS) and recommend regular meeting as a Board of Health. • [2012/Q4] Identify a health-policy issue to bring before the Board. • [Continuous] Plan to bring health policy issues to board on ongoing basis. • [2012/Q2] Develop formal recommendations on health policy issues as needed. • [2013/Q1] Evidence of a

			<p>recommendation.</p> <ul style="list-style-type: none"> • [Ongoing] Keep a list of topics for the Board of Health to discuss regularly.
2012/Q2	6. Track relevant legislation, policy issues and evidence-based best practices.	Policy Analyst	<ul style="list-style-type: none"> • [2012/Q3] Develop a plan to track relevant legislation. • [2012/Q4] Develop regular progress reports on the relevant legislation that is being tracked.
2012/Q2	7. Participate in making local health impact recommendations.	CCPHD Director	<ul style="list-style-type: none"> • Continue with TSP/Health equity for transportation. • [Ongoing] Make recommendations to department director regarding health impact recommendations.

Strategic Direction C: Assist communities to improve health

Goal: Support local health improvement by providing resources, technical assistance, and expertise to local groups, individuals and partners.

Objective C-1: Conduct ongoing community health assessments and publish reports for community-wide use at appropriate intervals.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q1	1. Conduct an annual community health status update and publish the report.	Health Officer/ Epidemiologist	<ul style="list-style-type: none"> • [2012/Q1] Assemble and interpret data for report. • [2012/Q1] Disseminate report. • [2012/Q1] Provide opportunities for feedback. • [2012/Q4] Determine appropriate topics (how extensive) for annual update.
2012/Q3	2. Participate in the regional Healthy Communities Indicators project.	Epidemiologist	<ul style="list-style-type: none"> • [2012/Q2] Attend monthly HCI meeting. • [2012/Q2] Conduct preliminary inventory. • [2012/Q3] Collect additional data. • [2012/Q3] Identify 1st round of health indicators. • [2012/Q4] Development of HCI content/features. • [2013/Q1] Review site w/key stakeholders. • [2013/Q1] Finalize website and public access.
2012/Q2	3. Conduct regular primary data collection through multiple avenues.	Health Officer/ Epidemiologist	<ul style="list-style-type: none"> • [2012/Q3] Inventory data sources. • [2012/Q4] Establish source contacts. • [Ongoing] Update data when available.
2012/Q4	4. Support ongoing implementation of CHIP with assessment data.	Health Officer/ Epidemiologist	<ul style="list-style-type: none"> • [Ongoing] Support CHIP work by providing updated health status reports to support community targeting of priorities.

Objective C-2: Facilitate and engage in local planning processes on a yearly basis.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q3	1. Participate in Community Health Improvement Plan implementation.	Policy Analyst/ Admin Support	<ul style="list-style-type: none"> • [2012/Q3] Have an approved, written continuation plan. • [2013/Q1] Hold independently facilitated CHIP meeting. • [2013/Q1] Monitor progress of identified activities and responsibilities.
2012/Q2	2. Participate in community health planning processes that address specific population health needs.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2] Regular attendance of needs assessments meeting.
2012/Q4	3. Review strategic plan progress regularly; update and plan yearly.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2] Establish a calendar for review • [2012/Q4] Progress report on review made.

Objective C-3: Maintain and improve capacity to provide technical assistance to clients, organizations and partners by providing public health information and resources.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q2	1. Revise Public Health Division’s website to make existing services and information easier to find.	Epidemiologist /Policy Analyst	<ul style="list-style-type: none"> • [2012/Q3] Inventory public health services to include onto webpage. • [2012/Q3] Consider capacity for online determination of eligibility of services, community input. • [2012/Q3] Website promotion integrated into services provided. • [Ongoing] Collaborate with H3S communications workgroup.
2012/Q4	2. Develop a Public Health Division Data/Community Health Assessment webpage with current data, statistics and analysis of select indicators.	Epidemiologist /Policy Analyst	<ul style="list-style-type: none"> • [2012/Q3] Public health performance measures, health data update report. • [2012/Q4] Determine which data, in which form, at what frequency, are most relevant to the community. • [2013/Q1] Launch data page.
	3. Assure ongoing staff training in program specific evidence-based practices.	Policy Analyst/ CCPHD Director	<ul style="list-style-type: none"> • (Coordinate with Workforce Activities, Strategic Direction A)
2012/Q4	4. Provide interpretation of public health law and policy.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q4] Develop a plan for providing regular interpretation of public health law. • [2013/Q1-continuous] Assure documentation.

Objective C-4: Identify funding opportunities for community partners and organizations.

Year/ QTR to Begin	Activities by YR/QTR for Completion	Lead Convener	Progress indicators by YR/QTR
2012/Q1	1. Make mini-grants available to community partners for advancing progress on public health issues.	CCPHD Director	<ul style="list-style-type: none"> • Applications received (done). • Grants awarded (done). • [2012/Q4] Grantee reports received and summarized.
2012/Q4	2. Document & disseminate best practices for community-based health improvement projects (white paper?)	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q4] Review projects of 2011 and 2012 for successful completion and evidence of sustainability. • [2012/Q4] Create recommendations.
2012/Q4	3. Adopt successful 'grant-writing 101' curriculum.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q4] Develop curriculum. • [2013/Q1] Provide training.
2012/Q3	4. Refine the internal grant application procedure.	CCPHD Director	<ul style="list-style-type: none"> • [2012/Q2] Review current process, identify gaps. • [2012/Q3] Develop process that aligns with overall County grant development/management process.

Appendix 9 Annual Progress Reports

NOTE: As the plan is implemented, CCPHD will post annual reports demonstrating progress made in reaching the goals and objectives. The reports are to include a description of how progress is monitored, defined steps taken to address goals and objectives, enumeration of objectives fulfilled, and identification of changes made to the plan.

Appendix 10

Public Health Accreditation Board Standards for Strategic Plans

One reason that CCPHD convened the strategic planning process was to prepare the organization for a future that includes an evolving community, changing relationships with community partners, and a changing organizational structure and leadership. An additional benefit of completing the CHIP was that it represents one of three prerequisite requirement of the Public Health Accreditation Board (PHAB) for beginning the accreditation process. Accordingly, every attempt was made to assure that the CHIP planning process and the resultant plan met the standards set by PHAB. The following table is a crosswalk of the PHAB standards with the content of the Clackamas County CHIP.

Standard	Measure	Required Documentation	Page
5.3: Develop and Implement a health department organizational strategic plan	5.3.1-A: Conduct a department strategic planning process	1. Description of elements of the planning process used to develop the organization's strategic plan: <ul style="list-style-type: none"> a. Membership of the strategic planning group b. Strategic planning process steps 	<ul style="list-style-type: none"> a. Appendix 1 b. Page 3; Appendix 2
	5.3.2-A: Adopt a department strategic plan	1. Health department strategic plan dated within the last five years that includes: <ul style="list-style-type: none"> a. Mission, vision, guiding principles/values b. Strategic priorities c. Goals and objectives with measurable and time-framed targets d. Identification of external trends, events, or factors that may impact community health or the health department e. Assessment of health department strengths and weaknesses f. Link to the health improvement plan and quality improvement plan 	<ul style="list-style-type: none"> a. Page 4 b. Page 5 c. Page 5 d. Appendices 5, 6 and 7 e. Appendix 4 f. Page 6
	5.3.2-A: Implement the department strategic plan	1. Annual reports of progress towards goals and objectives contained in the plan, including monitoring and conclusions on progress toward meeting targets	To be included in Appendix 9