



Monroe County Health Department

Strategic Plan

2019 -2023



Public Health
Prevent. Promote. Protect.

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LETTER FROM THE DIRECTOR

Dear County Administrator Bialecki, Health and Human Services Board Members, County Board Supervisors, Colleagues, Partners and Citizens:

I am proud to present to you the 2019-2023 Monroe County Health Department (MCHD) Strategic Plan. This plan will guide MCHD's strategic direction and priorities over the next five years. The purpose of this plan is to serve as a roadmap to create meaningful and sustainable change within MCHD by outlining four focus areas (strategic priorities) that MCHD seeks to improve to provide the highest quality of public health possible for county residents.

The strategic plan was created over a 12-month period and followed the framework outlined in the *National Association of County and City Health Officials (NACCHO) Developing a Local Health Department Plan: A How-To Guide*. All department staff were involved in the strategic planning process by participating in a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and identifying MCHD values. The SWOT analysis was informed by an environmental assessment that collected employee input as well as internal and external data and perspectives. Following the SWOT analysis, a strategic planning team was formed. With the goal of creating a robust strategic plan that addressed issues from multiple perspectives, the team was made up of two public health nurses, the assistant director, community health educator/strategic plan coordinator, one front office staff person, and the WIC director. The strategic planning team met weekly over a two-month period to create goals and objectives for strategic priorities.

MCHD has many strengths including a knowledgeable, motivated, and dedicated staff; strong partnerships, teamwork, and offering a variety of programs. This plan builds upon those strengths to move us closer to our vision of "Healthy People, Healthy Monroe County."

Sincerely,

Sharon L. Nelson, RN, BSN, PHN

Director/Health Officer

MISSION, VISION, AND VALUES

MISSION

“To Protect, Promote and Improve the Health of County Residents.”

VISION

“Healthy People, Healthy Monroe County”

VALUES

Integrity

- Communicate with transparency
- Serve as a trusted source of accurate information

Equity

- Respect all people and value their contributions
- Treat staff, clients, partners, and community members with empathy, dignity, and understanding
- Recognize that our differences make us stronger

Collaborate

- Work with community partners to improve health and support a strong public health system
- Utilize the abilities of community partners to meet common goals

Advocate

- Continually strive to create a community that supports the health of all residents
- Empower residents to improve their own health and the health of their communities

Collaborate
Advocate **Equity**
Integrity

SUMMARY OF SWOT AND ENVIRONMENTAL SCAN RESULTS

ENVIRONMENTAL SCAN

In order to consider how the internal and external environments may affect the Monroe County Health Department in the next 3-5 years, the strategic planning facilitator conducted an environmental assessment. Data was gathered in alignment with five perspectives-community, financial, health department, state, national, legislative; and learning growth as outlined in the *National Association of County and City Health Officials (NACCHO) Developing a Local health Department Plan: A How-To Guide*. The following questions guided the data collection process:

- What is going on in the community the LHD serves? What are the trends, needs and opportunities for change within the community? Are our customers satisfied with our services?
- What is the financial picture within the economic climate? What are the LHD resources, assets and opportunities?
- How is the health department doing? What are the health department's strengths and weaknesses? Are internal processes efficient and meeting needs of the customer (internal or external)?
- What is going on at the state, national and legislative level that may impact the health department or community?
- What types of learning and growth are important for the health department? What is the current capacity of the health department to do the work needed now and in the future?

The first step of data collection was a staff survey that asked the aforementioned questions to all health department staff. Following the staff survey, data were collected from a number of internal and external sources including: the Monroe County Community Health Improvement Plan, MCHD 2017 budget, a regional community needs assessment-COMPASS 2018, MCHD annual report, Public Health Accreditation Board (PHAB) requirements, American Public Health Association priorities, Wisconsin Public Health Association priorities, *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*, and MCHD 2009 and 2016 accreditation self-analysis against PHAB standards.

Once data collection was completed, results were presented to staff at an all-staff strategic planning meeting on June 29th in order to inform the Strengths, Weaknesses, Opportunities, Threats (SWOT) analysis. For the full environmental scan, please see appendix A.

SWOT ANALYSIS

STRENGTHS

Many strengths were identified during the analysis. One of the greatest strengths was MCHD staff. Staff create a positive work environment that is social and respectful and are also dedicated, knowledgeable, forward-thinking, and motivated to seek out grants and funding to support programs and initiatives. Collaboration to include strong relationships with other local and regional organizations and internal collaboration through taking a team approach to projects was cited as another strength. Additional strengths included the broad-range of programs provided, and good work-life balance.

WEAKNESSES

Weaknesses mainly centered around internal and external communications, lack of capacity to take on more projects, an inconsistent understanding and education of health equity, and sustainable funding. Internal and external communications were identified as a weakness. Staff said that they often didn't have a clear understanding of programming and processes that weren't related to their job responsibilities. Additionally, many felt that as though the community and stakeholders don't have a clear understanding of what public health does or the value we contribute to the community. Other weaknesses included a lack of capacity to hire more staff or implement bigger projects; inconsistent understanding and education of health equity among staff, and sustainable funding.

OPPORTUNITIES

Opportunities identified included increasing visibility of MCHD through exposure to the community. Workforce development, work and communication styles, and team building were identified multiple times through the SWOT analysis process. Staff felt as though the aforementioned topics were opportunities for enhanced staff development. Additional opportunities included expanding and strengthening partnerships, possible increased grant availability related to the opioid epidemic, and fewer obstacles when establishing partnerships.

THREATS

Threats centered on the complexity of challenges faced by the community including the drug epidemic, inability for clients to keep appointments, and cost of healthcare. Additional threats included the political climate and the perception of public health programs, fear of audits and repercussions, and the potential impact on funding. Staff also identified the threat of compassion fatigue and impending retirements as possible impacts on the department.

SUMMARY OF STRATEGIC PRIORITIES

Upon reviewing the data from the SWOT analysis, six themes emerged: communication, funding, maintaining and building partnerships/relationships, healthy equity, public health advocacy and awareness, and increasing capacity. These themes were then merged into four strategic priorities: resource management, maintain and build on partnerships and relationships; public health advocacy and awareness; and enhance interdepartmental teamwork.

Keeping these priorities in mind, the Strategic Planning Team considered the following when creating strategic goals and objectives:

- Is this forward thinking and further aligning MCHD with public health 3.0?
- Does this build on strengths and opportunities to address weaknesses and threats?
- Does this help create meaningful, sustainable change?
- Does this help build capacity?
- Does this improve internal and external communications?
- Does this improve teamwork and collaboration?

RESOURCE MANAGEMENT

Keeping in mind the importance of leveraging strengths to address weaknesses and threats, this priority specifically addresses both fiscal resources and human resources. As staff are a significant strength to the department, creating an environment where they feel supported and valued was incorporated into this priority. Additionally, as funding and capacity are on-going threats and weaknesses, this priority incorporates increasing the ability of the department to secure funding that aligns with priorities.

MAINTAIN AND BUILD ON PARTNERSHIPS AND RELATIONSHIPS

Partnerships and relationships are an essential component of public health practice. Without community partners, it would be difficult to address the health issues facing county residents today. With a small staff, MCHD must build, maintain, and prioritize key partnerships to address health priorities.

PUBLIC HEALTH ADVOCACY AND AWARENESS

As public health evolves, so must MCHD. A key component of that evolution is that all staff have an understanding and awareness of how inequities play out and impact the health of residents, the role of public health in addressing those inequities, and how to incorporate health equity into practice. It is important for all staff to know how to speak to these inequities

and to the value of public health programs with external stakeholders such as elected officials, partner agencies, and county residents.

ENHANCE INTERDEPARTMENTAL TEAMWORK

Not only are external relationships important in public health, but also internal relationships. With a small staff, every department member is essential to MCHD's mission. Therefore, strengthening internal communication and ensuring that all employees understand each other's roles and responsibilities are key to a well-functioning public health department.

LINKAGES WITH CHIP AND QUALITY IMPROVEMENT PLAN

The Monroe County Health Department Strategic Plan is linked with the Monroe County Community Health Improvement Plan (CHIP) and Quality Improvement Plan. The priorities in the 2019-2023 strategic plan focus on building departmental capacity to address CHIP priorities in ways that are both effective and meaningful to county residents. We hope to accomplish this by building on the department's ability to secure funding; strengthening and prioritizing partnerships centered on CHIP and other priorities; understanding and incorporating health equity into practice; and effectively communicating with stakeholders. Additionally, as quality improvement plans are driven by performance management and strategic plans, we seek to align quality improvement projects with strategic plan priorities upon implementation.

GOALS AND OBJECTIVES

Strategic Priority #1: Resource Management
Goal #1: Build department infrastructure to pursue funding opportunities that align with priorities.
<u>Objective #1:</u> By December, 31, 2020, create a system for monitoring new and current grant opportunities.
<u>Objective #2:</u> By December, 31, 2021, create a process for pursuing grant opportunities.
<u>Objective #3:</u> By, December, 31, 2020, all public health staff will have training on grant writing and grant seeking.
<u>Objective #4:</u> By, December, 31, 2023, 50% of public health staff will actively participate in submitting a grant proposal that they have not worked on before.
Goal #2: Create a work environment where employees feel supported and valued.
<u>Objective #1:</u> By December, 31, 2021, staff satisfaction will be evaluated.
<u>Objective #2:</u> By December, 31, 2023, opportunities to enhance staff satisfaction will be identified.
Strategic Priority #2: Maintain and Build on Partnerships/Relationships
Goal #1: Build and maintain relationships that align with health department priorities.
<u>Objective #1:</u> : By December, 31, 2019, partnerships will be evaluated to determine alignment with health department priorities
Strategic Priority #3: Public Health Advocacy and Awareness
Goal #1: Increase understanding of health equity to better inform public health practice.
<u>Objective #1:</u> By December, 31, 2020, staff knowledge, and understanding of health equity will be assessed
<u>Objective #2:</u> By December, 31, 2021, provide training on health equity
<u>Objective #3:</u> By December, 31, 2023, evaluate how we are incorporating health equity into programs, practice
Goal #2: Communicate with external stakeholders to increase understanding of the role and value of public health.
<u>Objective #1:</u> : By December, 31, 2019, create a shared understanding of what we do as a public health agency
<u>Objective #2:</u> Educate staff on public health advocacy by December, 31, 2020.
<u>Objective #3:</u> Communicate with stakeholders regarding the value of public health by December, 31, 2020.

Strategic Priority #4: Enhance Interdepartmental Teamwork
Goal #1: Build interpersonal communication and personality awareness skills among staff in order to improve interdepartmental teamwork
<u>Objective #1:</u> By December, 31, 2019, staff will be trained on communication and personality styles in order to increase awareness.
Goal #2: Develop clear understanding of employee skill sets and job responsibilities to align staff with identified tasks and maximize efficiency.
<u>Objective #1:</u> Create formal documentation defining responsibilities for each staff member by December, 31, 2020.
Goal #3: Ensure efficient and consistent communication of program responsibilities, updates, and acute issues.
<u>Objective #1:</u> Investigate and create process to improve day-to-day interoffice communication by December, 31, 2019.
<u>Objective #2:</u> By June 30, 2019, clear expectations for calendars will be created.
<u>Objective #3:</u> Create procedure for staff program updates by December 31, 2019.

APPENDIX A ENVIRONMENTAL ASSESSMENT

MCHD ENVIRONMENTAL ASSESSMENT

WHAT IS AN ENVIRONMENTAL ASSESSMENT?

The purpose of the environmental assessment/scan is to compile meaningful data and information to analyze prior to identifying strategic issues. The environmental assessment gathers data and information to understand the historical perspective of the organization, the current context and the future outlook. This includes identifying the strengths, weaknesses and needs inside the organization and the external opportunities and threats or challenges. Information collected is reviewed, summarized and evaluated.

GATHERED DATA

Data Sources	Five Perspectives
<ul style="list-style-type: none"> • Staff Survey • CHA/CHIP • APHA, WPHA Policy assessments • PHAB • MCHD Annual Report • Wisconsin State Health Plan 	<ul style="list-style-type: none"> • Community • Financial • Health Department • State/National/Legislative • Learning and growth

COMMUNITY PERSPECTIVE

GUIDING QUESTIONS

- What is going on in the community MCHD serves?
- What are the trends, needs and opportunities for change within the community?
- Are customers satisfied with our services?

WHAT IS GOING ON IN COMMUNITY MCHD SERVES?

STAFF SURVEY RESPONSES

- | | |
|---|---|
| <ul style="list-style-type: none"> • Drug epidemic- use and treatment • Incarceration • Work time responsibilities conflicting family time • Health hazards/ environmental hazards/ comm. Disease • Behavioral health access • Food insecurity/ nutrition education • Housing (2) • Poor sanitation | <ul style="list-style-type: none"> • Poverty/living wage • Lack of childcare • Bullying • Lack of affordable health ins. for elderly • Foster/kinship care • Lack of affordable nursing. homes • Climate change • Social determinants-lack of “safety net” to support the basic needs of individuals and families |
|---|---|

MONROE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITIES 2015-2018, 2018-2021

- Alcohol and drug abuse
- Mental Health
- Nutrition

MONROE COUNTY COMMUNITY NEEDS IDENTIFIED BY COMPASS 2018

- | | |
|--|--|
| • More livable-wage jobs | • Alcohol and drug use |
| • Increased access to mental health services | • Increased access to high-quality childcare |
| • Food insecurity | |

WHAT ARE THE TRENDS, NEEDS AND OPPORTUNITIES FOR CHANGE WITHIN THE COMMUNITY?

WISCONSIN HEALTH IMPROVEMENT PLAN PRIORITIES (2020)

- | | |
|-----------------------------------|-----------|
| • Alcohol | • Opioids |
| • Tobacco | • Suicide |
| • Nutrition and physical activity | |

WISCONSIN STATE HEALTH PLAN: EMERGING ISSUES

- ACES, trauma, resilience
- Alzheimer’s and dementia

COMPASS 2018 (REGIONAL)

- | | |
|---|--|
| • More livable-wage jobs | • Increased wraparound support throughout the lifespan |
| • Improved mental health and increased access to mental health services | • Inclusion of socially diverse people |
| • Reduced drug and alcohol misuse and abuse | |

MCHD STAFF RESPONSES

#2 Opportunities for change

- Use of/ fostering partnerships-with other organizations, community members, and policy makers
- Drug prevention
- Weather- related disaster preparedness
- Development of infrastructure to support systems-level changes
- Instant gratification and result-driven society

MCHD STAFF RESPONSES

#3 Customer satisfaction

Staff felt as though customers were satisfied, but it was also identified that we don’t do much to track customer satisfaction department-wide.

FINANCIAL

GUIDING QUESTIONS

- What is the financial picture within the economic climate?
- What are the LHD resources, assets and opportunities?

WHAT IS THE FINANCIAL PICTURE WITHIN THE ECONOMIC CLIMATE?

2017 ANNUAL REPORT EXPENDITURES AND REVENUES

2017 Expenditures and Revenues
 January 1, 2017 – December 31, 2017

REVENUES

Revenues Budgeted	\$872,429.00
Actual Revenues	\$888,048.48

EXPENDITURES

Expenditures Budgeted	\$872,429.00
Actual Expenditures	\$850,226.19

STAFF SURVEY

- | | |
|--|---|
| <ul style="list-style-type: none"> • Threats to federal funding in general • County level-current pay structure • Federal funding in general • WIC funding • Better paying jobs → decreased public assistance | <ul style="list-style-type: none"> • Tax bill • Could use a grant writer • Limited local funding • Lack of understanding among stakeholders as to what the health department does |
|--|---|

WHAT ARE THE LHD RESOURCES, ASSETS AND OPPORTUNITIES?

STAFF SURVEY (REPEAT)

- CD funding from state
- Opioid abuse funding
- Co. level support for crib. Car seat programs
- Grant funding opportunities (4)
- Community support (1)
- Efficiently run
- Staff (1)
- “Out of the box” Thinking
- MCHO programs (WIC, HB+)
- Good relationships and partners
- Positive work environment
- Strong relationships with community partners
- Support from administration
- With expanding partnerships, may allow for additional grant funding opportunities
- Partner with others and pool resources to meet same objective

HEALTH DEPARTMENT PERSPECTIVE

GUIDING QUESTIONS

- How is the health department doing?
- What are the health department’s strengths and weaknesses?
- Are internal processes efficient and meeting needs of customer (internal or external)?

DATA SOURCES

- Staff survey
- PHAB Assessment
- Annual report
- PM data?

HOW IS THE HEALTH DEPARTMENT DOING?

STAFF RESPONSES

- Overall: Does well/strong overall with resources available, puts clients first and foremost

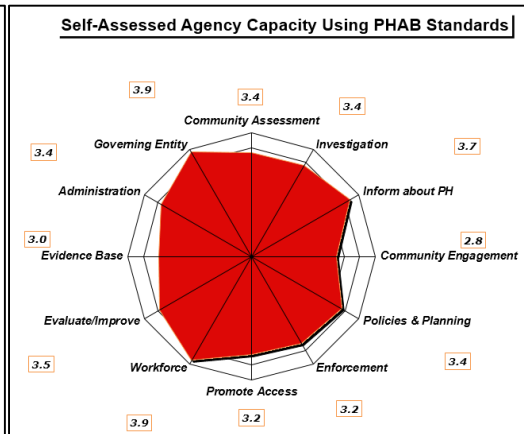
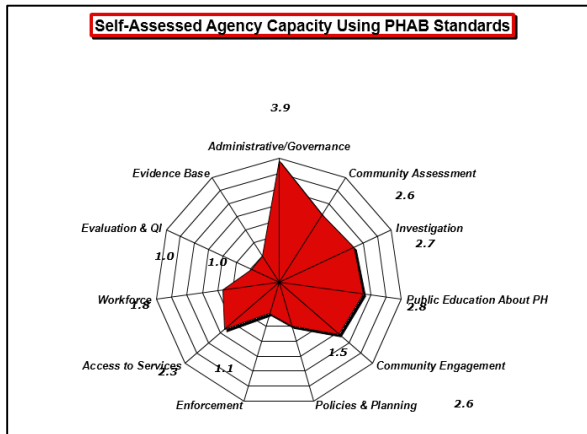
WHAT ARE THE HEALTH DEPARTMENT'S STRENGTHS AND WEAKNESSES

2016 PHAB SELF-ASSESSMENT

Assessment of the department against the criteria set by the Public Health Accreditation Board. Each domain rated on a scale of 0-4.

2009

2016



2016 AREAS FOR IMPROVEMENT

Measure	Identified Barriers	Identified Strategies
4.1.2: Stakeholders and partners linked to technical assistance regarding methods of engaging with the community	We don't do this much as community groups don't come to us for this very often, however, they may not know that they can or see this as our role. (We have consulted on a limited basis for MCSCC, Dementia-Friendly, Food Pantry project).	<p>"Advertise" our expertise in this area</p> <p>Outreach to local groups who are looking to make changes in a particular area of health</p> <p>Increase community groups' understanding of population health/prevention so that they better understand the full range of skills and services that MCHD provides</p>
4.2.1: Engagement with the community about policies and/or strategies that will promote the public's health	We don't do this often as we have limited resources (money, time, and staff) to bring people to the table. However, we are engaged with community members who are engaged & working on a specific issue.	One way we are trying to incorporate this more is through our food pantry project, we are assessing the strategies that would work best for nutrition education by conducting a needs assessment to inform the development of nutrition education initiatives for food pantries by partnering with local food pantry directors and the people who utilize the food pantries themselves.
5.2.4: Monitor and revise as needed, the strategies in the community health improvement plan in collaboration with broad participation from stakeholders and partner	We tracked 2013 and 2014; however, due to staff turnover, did not track as much in 2015.	We have designated one of our Public Health Nurses (Julie) as the leader of the CHIP and she will be assessing progress quarterly.
6.3.2: Inspection activities of regulated entities conducted and monitored according to mandated frequency and/or a risk analysis method that guides the frequency and scheduling of inspections of regulated entities	Barrier is communication- for example Regional sanitarians do not let us know if they will be in the area, only let us know if there is a problem.	Communicate with the Regional office to coordinate a better system for communication
7.2.1: Process to develop strategies to improve access to health care services	This issue is recognized by groups, but not actively worked on. In our position, it is difficult to incorporate private sector health care systems to change their services or create new health infrastructure.	One way we address this is through having representation on our local coalitions and workgroups from local health systems (e.g., behavior health providers on our mental health workgroup, healthcare administrators are invited to our CHIP meetings).

<p>11.1.2: Ethical issues identified and ethical decisions made</p>	<p>We do not have a formal policy for addressing ethical issues and making ethical decisions. There are pieces of ethics in various policies and procedures outlined by our office and the personnel policies. For example, the policy for employee acceptance of gifts is outlined by personnel and prioritization during a vaccine shortage is outlined in our PHEP. Our barrier is that there isn't an individual who is in charge of creating a policy and procedure for addressing ethical issues and ethical decision making in the department.</p>	<p>We can address this measure by appointing someone to spearhead creating a policy and procedure for ethical issues and decision making.</p>
<p>11.1.4: Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to specific populations with higher health risks and poorer health outcomes</p>	<p>We do not have a formal policy and procedure for assessing staff's knowledge of health equity and cultural competence. We have all received pieces of training, but not as a staff. The barrier is that there hasn't been anyone who is in charge of creating a policy and procedure for employee training and assessment around cultural competency.</p>	<p>We can address this measure by appointing someone to spearhead creating a policy and procedure for assessing staff's cultural competence and make sure there is training for staff in this area. Another way to address this would be to build cultural competence and healthy equity training into our new staff orientation procedure and then require staff to complete one cultural competence/health equity activity each year.</p>

ANNUAL REPORT ACCOMPLISHMENTS

- Developed and implemented the Monroe County Nutrition Coalition with community partners addressing the CHIP priority of nutrition/food insecurity to build a healthy community through comprehensive initiatives to promote good nutrition and access to healthy foods
- Partnered with community organizations to promote WIC Fit Families to provide healthful eating and physical activity messages
- Received a generous donation from the former Monroe County Medical Society to provide needed health education materials and supplies for Monroe County infants, children, and their families
- Received a grant from Theisen's to augment the Reading Empowers Development (RED) Program to purchase age-appropriate books for program participants to improve literacy by encouraging parents to read books to their children
- Received a grant from Remembering Jesse Parker, Inc for the purchase of car seats, cribs for kids program and Safety for All Kids (SAK) packs. The goal of decreasing childhood injuries and death as well as assuring a safe sleep environment for infants of income eligible families
- Received additional funding from WI Institute for Healthy Aging to enhance fall prevention with the Stepping On program
- Received a grant from Tomah Memorial Hospital Foundation board supporting the purchase of car seats with the goal of decreasing childhood injuries and death
- Received a Human Papillomavirus (HPV) mini grant from Wisconsin Department of Public Health to conduct HPV cancer prevention and vaccine education and awareness events
- Received additional public health preparedness funding from Wisconsin Department of Public Health to strengthen local level infrastructure and response for infectious diseases
- Received a partnership grant through Monroe County Safe Community Coalition awarded through the Interstate Postgraduate Medical Association to conduct community education and awareness around safe use and disposal of, as well as prevention of and misuse of, prescription drugs. "Wake Up Monroe County" campaign will be held in Spring 2018
- Received a mini grant from Department of Public Health, WIC to purchase and implement a "check-in" kiosk for WIC participants

STAFF RESPONSES

Strengths	Weaknesses
<ul style="list-style-type: none"> • positive work environment, very warm/welcoming group which is extended to clients • great work-life balance, • team approach to projects/program overlap (3) • forward-thinking staff (2) • good relationships with community, partners, and allies (3) • support from administration • Community respects health department • Staff possess multiple skills and strategies to improve and provide services to county residents • Provide excellent care and assist clients where we can. • Receive funding and grants to assist our health department • Group of detail-oriented, yet big picture people 	<ul style="list-style-type: none"> • Lack of understanding among stakeholders as to what the health department does (2) • I often don't know where my programs stand budget-wise throughout the year, • No funding to expand staffing • no sanitarian/environmental health specialist (2) • Preparedness- there are many more things that could be done that we don't have the time or resources for. • Could improve services to Hispanic population (language line or house interpreter for walk-ins, voicemail, and paperwork should automatically be in both English & Spanish) • As with any organizations, communicating needs is important. Need more understanding around individual communication and work styles (e.g., staff are very understanding & flexible when it comes to clients, but not necessarily with each other)

ARE INTERNAL PROCESSES EFFICIENT AND MEETING NEEDS OF CUSTOMER (INTERNAL & EXTERNAL)?

STAFF RESPONSES

- Discussed doing fewer mold/environmental visits- time would be better served providing information than going out on visits.
- I think we have really developed better communication to improve services (example WIC and HB+).
- Need to work on shared calendars so know when staff is not available for referrals at time of service
- The front office is not always informed enough to take some of the load off the nurse and not all new programs are relayed to front office staff.
- Lack of understanding of other programs within department-creates misunderstandings internally and externally.

STATE, NATIONAL, LEGISLATIVE PERSPECTIVE

WHAT IS GOING ON AT THE STATE, NATIONAL, AND LEGISLATIVE LEVEL THAT MAY IMPACT THE HEALTH DEPARTMENT OR COMMUNITY?

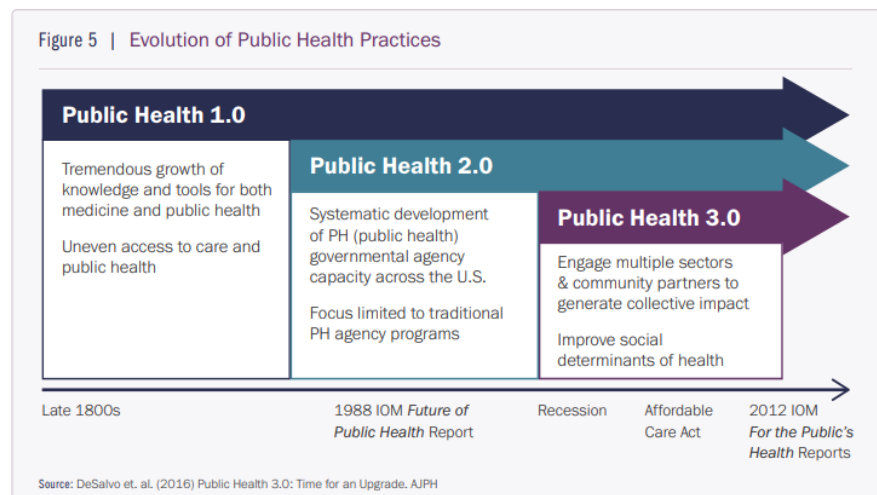
APHA

- American Public Health Association Priorities
 - Prevention and Public Health Fund
 - Affordable Care Act
 - Climate Change
- APHA National Advocacy Agenda 2017-2020
 - Stop regulatory rollbacks (e.g., nutrition labeling, environmental health)
 - Restore cuts from Public Health Prevention Fund
 - Protect women’s health and access to reproductive health services
 - Address the next new public health crisis of the day
 - Continue health equity work-racial/ethnic, income, geographic, and social discrimination

EVOLUTION OF PUBLIC HEALTH-PUBLIC HEALTH 3.0

Recommendations from the U.S. Department of Health and Human Services to realize the PH3.0 vision for all communities in the United States. Outlined in *Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure*:

- **Strong leadership and workforce**
 - Embracing the Role of the Chief Community Health Strategist
- **Cultivate Cross-Sector Partnerships**
 - Structured, cross-sector partnerships
- **Accreditation**
 - Public Health Accreditation Board (PHAB) criteria and processes for department accreditation should be enhanced
- **Improved data and metrics systems**
 - Timely, reliable, granular (i.e., sub-county), and actionable data should be made accessible to communities throughout the country, and clear metrics)
- **Enhanced Public Health Funding**
 - Funding should be identified to support core infrastructure as well as community-level work to address the social determinants of health.



WPHA

- WPHA-WALHDAB Legislative Priorities 2017-2018
 - *Short-term*: Secure funding for detection and management of communicable and infectious disease.
 - *Mid-term*: Adopt Centers for Medicare and Medicaid Services (CMS) rule for medical assistance (MA) reimbursement for community prevention activities (e.g., community health workers, health educators, diabetes educators, asthma educators).
 - *Long-term*: Infusing health in policy decision-making, with the ultimate goal of a “health in all policies” approach in Wisconsin.

STAFF RESPONSES

- | | |
|---|--|
| <ul style="list-style-type: none"> • Decrease in federal funding supports • Change in health insurance • Budget cuts • Child poverty • Drug abuse (2) • CD funding state • New tax bill • Grant opportunities • Immigration issues | <ul style="list-style-type: none"> • Changes to ACA • Distrust of government and science • Mental health • Title X funding • Environmental regulations (state and national) • Opioid funds • Public Health not a top priority |
|---|--|

LEARNING AND GROWTH

WHAT TYPES OF LEARNING AND GROWTH ARE IMPORTANT FOR THE HEALTH DEPARTMENT?

PHAB REQUIREMENTS (MEASURE 8.2.3)

1. Participation in personal professional development activities by staff of the department (other than management and leadership staff, who are addressed below)
2. Development activities for leadership and management staff
3. Participation of department leaders and managers in training provided by others outside of the health department

STAFF RESPONSES

- | | |
|--|--|
| <ul style="list-style-type: none"> • Social media • Internal programs • Keep updated on issues affecting clients • Keep updated on issues affecting public health • Systems change • Advocacy • Population health | <ul style="list-style-type: none"> • Health in all policies • Health equity • Incident reporting • Ongoing training/education for all staff for work-programs and responsibilities • Foster better communication in and out of department |
|--|--|

WHAT IS THE CURRENT CAPACITY OF THE HEALTH DEPARTMENT TO DO THE WORK NEEDED NOW AND IN THE FUTURE?

STAFF RESPONSES

- Coalitions and partnerships as a resource
- Lack of sanitarian/environmental health specialist on staff
- Short staffed
- Workforce development
- Resilient staff
- Limited capacity for growth
- Current requirements take a majority of our time
- One less nurse for flu clinics with recent retirement
- Many staff are at capacity and beyond