

STRATEGIC PLAN, 2023

Ontario County Public Health



Public Health
Prevent. Promote. Protect.
Ontario County, NY

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Note from Public Health Director

Public Health's Strategic Plan is the result of a process that involved every member of the department. It's no easy task, getting 26 people with various job descriptions, responsibilities, and schedules in a room together, but it's imperative to the process of assessing who we are, where we are and where we want to be. Developing the plan together taps into the expertise of team members, ensures the plan is mutually agreed upon, and confirms we have capacity to carry it out.

Every three years, New York State requires health departments and community stakeholders to assess their community and create a Community Health Improvement Plan (CHIP). The state didn't waive this requirement in 2022, even though health departments were still enmeshed in the COVID-19 pandemic. A modified Community Health Assessment (CHA) was completed, the CHIP was created, and documentation was submitted to NYS in December 2022.

This CHA/CHIP cycle, partners agreed to look upstream and selected interventions targeting children that could be delivered equitably across all socioeconomic groups. CHIP goals are, 1) Decrease the rate of childhood obesity; and 2) Decrease the rate of depressive disorders in adolescents. Care has been taken to weave CHIP priorities into the fabric of the plan you find here to ensure we're working in concert with community partners and stakeholders. Working together across disciplines increases our impact and effectiveness.

To pursue the priorities outlined in our strategic plan, we must be able to acquire, maintain, and develop qualified, skilled staff. To that end, we've aligned our Workforce Development Plan (WFDP) with our strategic priorities. Additionally, every plan needs to include strategies to measure success and improve performance. Infusing performance management and quality improvement into our strategic plan ensures we're working efficiently, hitting our targets, and informing our practice with data. It will also place us in good stead when we apply for reaccreditation from the Public Health Accreditation Board (PHAB) in 2025.

Developing the department's CHIP, WFDP, and Strategic Plan in tandem was a heavy lift, but the timing was excellent. As the pandemic waned, team members were eager to regain focus. Staff participated in three meetings in which we discussed the department's culture, strengths, knowledge gaps, values, mission and vision. Seasoned program coordinators brought their expertise and insights while new employees shared observations and fresh ideas. Their passion, empathy, commitment, intellect, humor, and resiliency reassure me Ontario County residents will have the programs, information, and support they need to pursue healthy lifestyles now and in the future.

Mary Beer, Director of Public Health

Stakeholders

Health and Human Services Committee (HHS)

The Health and Human Services Committee represents the department at meetings of the Ontario County Board of Supervisors (OCBOS), our legislative body. HHS is made up of six elected Supervisors who hear and respond to Public Health resolutions and bring them to the full board for final approval. The Public Health Director reports directly to HHS every three weeks; providing department updates, educating about emerging issues, presenting resolutions, and reviewing quality improvement reports.

Members of HHS were invited to participate in the strategic planning process and will receive copies of the department’s finalized strategic plan. It will be reviewed during a regularly scheduled meeting with opportunity for comments and questions. Department leadership will consider use of a formal survey of legislative body members prior to the next planning cycle.

2023 HHS Membership

1. Dan Marshal, Chairman (Town of South Bristol)
2. Tamara Hicks (Town of Naples)
3. James Kennedy (City of Geneva)
4. Jared Simpson (Town of Canandaigua)
5. Norman Teed (Town of Phelps)
6. Frederick Wille (Town of East Bloomfield)

Public Health Planning Committee and Team

The Director of Public Health Director (DPH), Director of Preventive Services (DPS), and Director of Quality Improvement (DQI) met prior to convening department members to identify best practices for strategic planning and the best approach for engaging staff.

Planning Committee

Mary Beer, DPH

Jennifer Green, DQI

Kate Ott, DPS

Planning Team

Heather Blacken

Christine Lotyczewski

Christy Richards

Jessica Boise

Molly McNear

Judy Romeiser

Kassandra Doyle

Michael Megalo

Jennifer Sainnoval

Kimberley Ferguson

Susan Mook

Margarita Sumeguín

Matthew Hanggi

Rebecca Packard

Hasham Tariq

Tracy Harp

Chasa Petroski

Rachael Jagger

Christine Pullin

“It is great to do what you love but greater with a great team.” — Lailah Gifty Akita

Mission, Vision, and Values

During the first of three strategic planning meetings, the department's Vision, Mission, and Values were reviewed and updated.

Vision: **Healthy people, Safe communities, Sustainable environments**

Mission: **To improve the current and future health of all communities we serve through education, environmental responsibility, outreach, and creative partnerships.**

Values:



Though department members routinely receive training in cultural competency and humility, equity was specifically discussed during planning sessions. Historically, Public Health practitioners are sensitive to differences in race, ethnicity, age, religion, etc. There are, however, additional perhaps more subtle differences that can lead to health disparities and marginalization. Providing time for discussion of concepts like social justice, diversity, and inclusion prepares staff to consider additional factors that affect a population's health and enables them to share these concepts with community partners. Appendix A provides a list of definitions reviewed with staff.

Strategic Planning Process Overview

The strategic planning process was led by the Ontario County Public Health Director, Director of Preventive Services, and Director of Quality Improvement. The planning process began in August 2022, with half day planning sessions for all staff on Dec. 5, 2022, Dec. 12, 2022, and Jan. 23, 2023.

Leadership utilized the National Association of County and City Health Officials' (NACCHO) Strategic Planning Guide to assess readiness for strategic planning. In August and September of 2022 five surveys were administered to Public Health staff. Public Health core competency assessments were split into three surveys to prevent respondent fatigue.

1. Internal Customer Satisfaction Survey or an assessment of staff satisfaction
2. Mission, Vision, and Values (Review/Pre-assessment)
3. Core Competency Assessment 1-3

4. Core Competency Assessment 4-6
5. Core Competency Assessment 7-8

Strategic Planning Day 1

Review of the Staff Satisfaction Survey: The Public Health Director reviewed survey results and led a discussion to elicit additional input. Topics included work-life balance, leadership styles, policies about working from home, and flexible work hours. Members informally debriefed about the effects of the pandemic on department dynamics and job satisfaction. Staff and supervisors agreed the assessment should be repeated in 2023. Additionally, the management team offered to schedule a session with a representative from the Employee Assistance Program (EAP) to further debrief and prepare for anticipated changes in leadership in 2023. This was accepted and occurred on February 15, 2023.

Review of Vision, Mission, and Values Survey: Results, including comments, were shared with participants by the DQI. The group was then split into small teams to discuss potential changes. When participants were brought together, team-based decision making was used to tailor the Vision, Mission, and Values to accurately reflect the goals and work of the department. Department members expressed understanding that the health of a community is multifactorial and current practices, policies, social determinants (access to healthcare, poverty, housing, families, education, etc.), and environmental changes impact not just current generations, but future ones, as well. The Vision and Mission were updated to include the future residents of Ontario County.

Strategic Planning Day 2

Review of the Community Health Improvement Plan (CHIP): Goals, objectives, interventions, and disparities were shared with department members. The department will work with community partners to address the disparity of low socioeconomic status as members integrate CHIP interventions into programming through December 31, 2024, to:

1. Decrease the past-year prevalence of major depressive episodes among adolescents by 10%.
2. Decrease (any percentage) the rate of obesity among school children (K-12).

Review of Public Health Core Competency Surveys: All staff members were required to complete Core Competency assessments via Survey Monkey in the weeks prior to strategic planning. These were created by the DPS and DQI based on a tool created by the Council on Linkages Between Academia and Public Health Practice (Council on Linkages) and can be found at: http://www.phf.org/resourcestools/Pages/Core_Public_Health_Compencies.aspx. Responses were compiled by the DQI and cumulative results were presented to the team. These were discussed and compared to previous assessments (Figures 1 and 2).

A slight decline in equity competency scores (3.29/4 to 3.22/4) was identified and may reflect retirements and hiring of individuals who are new to public health practice. These skills influence our ability to engage community partners, provide programming, and implement our CHIP. During the meeting, through shared decision-making, staff and supervisors agreed to emphasize cultural humility and equity in annual mandatory trainings. Goal: by 2025, staff scores on equity assessment will increase by 5%.

“The best teams I’ve encountered have one important thing in common: their team structure and processes cover a full range of distinct competencies necessary for success.”
–Jesse James Garrett

Figure 1

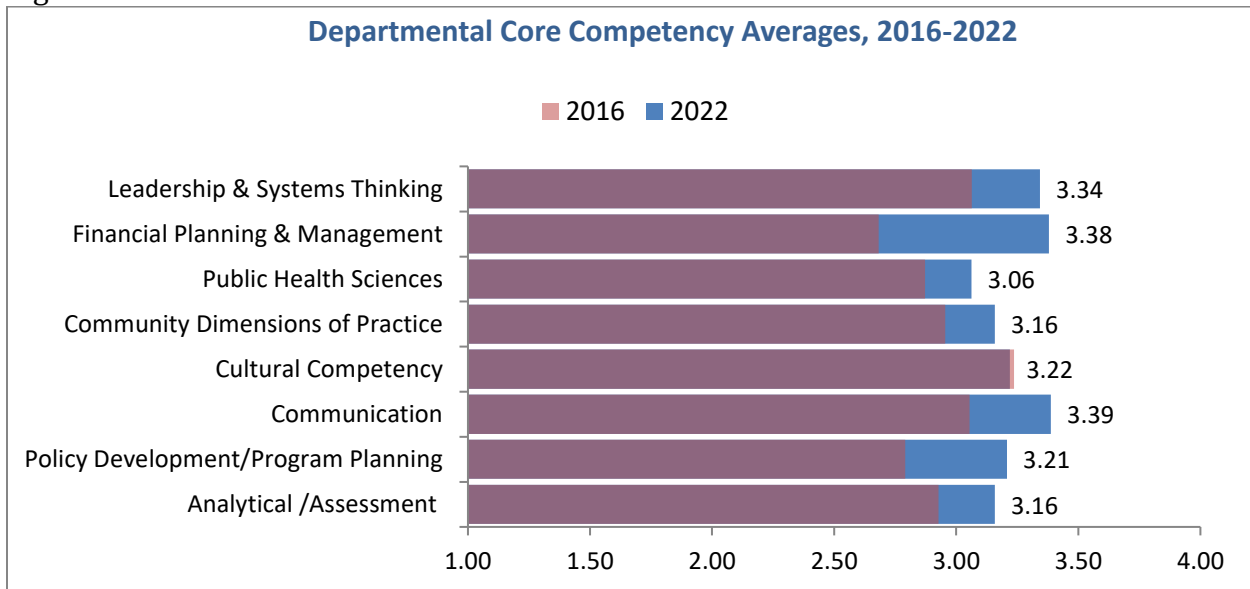
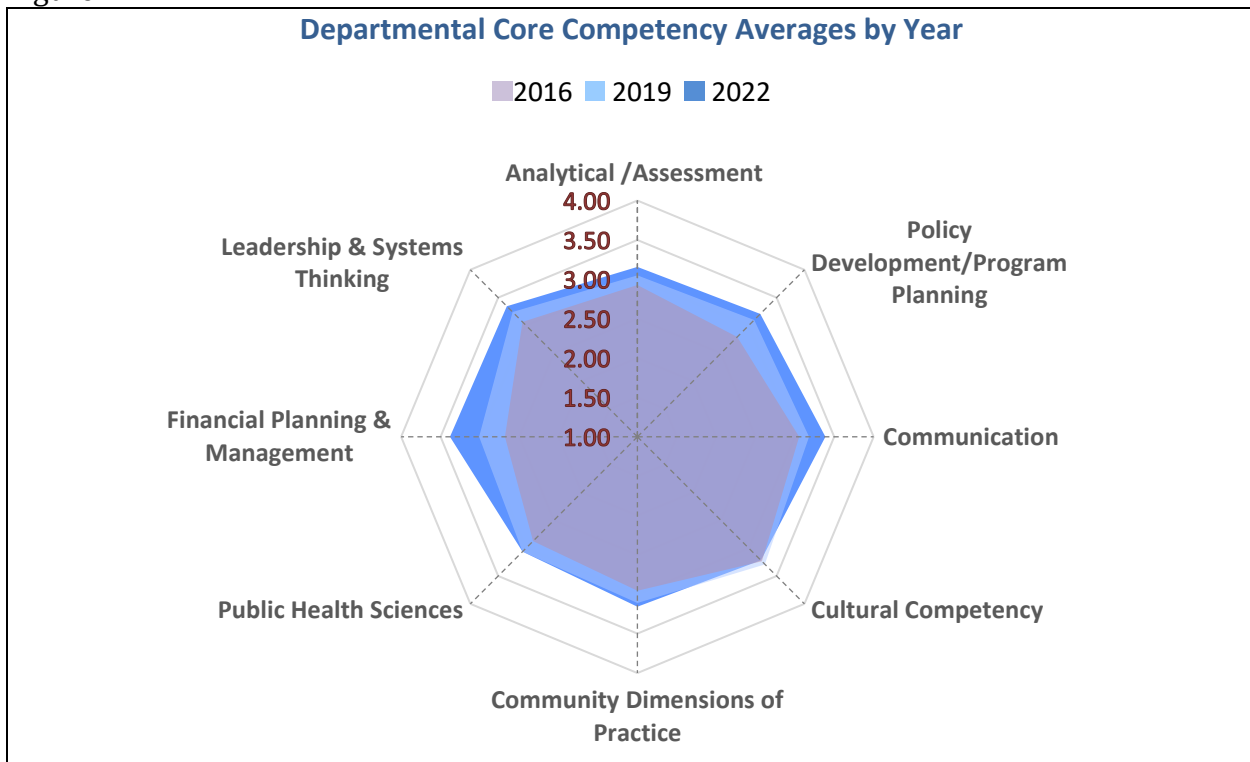


Figure 2



Skill in Public Health Science was also identified as an area for improvement. The group agreed that understanding biostatistics, epidemiology, health policy and management, social and behavioral sciences, and environmental health are foundational to program planning, implementation, and

evaluation. The department's annual education plan will include Public Health Science and its related competencies. Goal: by 2025, Public Health staff scores on public health sciences assessment will increase by 5%. A detailed description of mandatory trainings is included in the department's Workforce Development Plan (WFD).

SWOT Analysis: At the end of Day 2, participants worked in small groups to identify strengths, weaknesses, opportunities, and threats that will influence the department's ability to attain CHIP goals (1. Decrease childhood obesity, 2. Decrease adolescent depression). This provided practice in leadership and systems thinking, communication, and collaboration. Results of the SWOT analyses were used to identify and further demarcate strategic priorities, goals, and objectives. See Appendix B for a summary of the SWOT analyses.

Strategic Planning Day 3

Members met a final time in January of 2023 to discuss and finalize the strategic plan and determine how the department is situated to address its strategic priorities and implement strategies. Between meetings two and three, leadership created a draft document for team members using information gleaned from previous meetings, including the department's Vision, Mission and Values, Core Competency results, the CHIP SWOT analysis, and comments shared by team members throughout the process.

During meeting three, the DPS outlined four potential Strategic Priorities, seven Strategies, and numerous Objectives. There was discussion and opportunity for questions. Once the team was satisfied with the plan, members were separated into groups and completed a SWOT analysis on the department's ability to address identified priorities. It was concluded that perceived weaknesses and threats could be successfully mitigated by the department's strengths (relationships in the community, supportive legislative body, motivated staff, etc.) and opportunities (anticipated increases in funding, new partners, established community programs, etc.). A summary of the SWOT analysis can be found in Appendix C.

Administrative Planning

Over the course of the pandemic (3/2020-12/2022), the department received unanticipated grants from New York State. These came in numerous installments, each with specific workplans and allowable expenses. Grant duration, award amounts, restricted funds, and reporting requirements changed frequently throughout the pandemic. Public Health staff and leaders were stretched thin, the Incident Command System (ICS) was in place, and other Public Health activities were suspended. ICS redefined roles and responsibilities in the department, and though it included a logistical element, priority was not given to the fiscal component of pandemic response.

Throughout the pandemic, the department experienced excellent support from the legislative body and Ontario County leadership. However, employee furloughs and newly created work-from-home policies, created challenges. The management of COVID-19 grants fell almost entirely to Public Health personnel. Additionally, the process of accepting funds by resolution at meetings of the legislative body, made it difficult to respond quickly to logistical needs, including purchasing supplies, hiring temporary staff, and paying overtime. The introduction of a new financial

management software system during the pandemic further overwhelmed Public Health staff and made the process of utilizing and managing grant funds challenging.

In the first quarter of 2023, many hours were spent sorting out expenses, assigning them to the correct grants and budget lines, completing reports, modifying budgets, and vouchering for reimbursement. To prevent confusion in the future and to make day-to-day financial management smooth and effective for Public Health and fiscal staff, the strategic plan will be updated to include the following.

- Health Finance will appoint a Fiscal Manager to the department.
- Fiscal Manager will work with department leadership during public health emergencies.
- Fiscal Manager will meet at least quarterly with public health staff.
- PH staff will receive training and support in the county's fiscal management system.

Strategic Priorities

"If you don't know where you are going, you might wind up someplace else." – Yogi Berra

As a result of the strategic planning process, department members agreed to pursue four Strategic Priorities. A complete accounting of selected strategies, objectives, and timelines is found in Appendix D.

Priority 1: Deliver Public Health programming based on identified CHIP priorities.

Goals: Decrease the rate of childhood obesity and decrease the rate of depressive disorders in adolescents.

1. Incorporate CHIP priorities and address disparities in core Public Health programming.
 - 1.1. Ensure department's core work reflects CHIP priorities.
 - 1.2. Seek out staff and community partners from diverse populations.
2. Integrate CHIP priorities into PMQI outcome measures.
 - 2.1. Revise the PMQI dashboard to reflect results-based accountability using Clear Impact software.
3. Maintain relationships with community leaders including legislative body, municipalities, daycare centers, schools and hospital systems.
 - 3.1. Attend HHS every 3-weeks to provide CHIP progress, highlight emerging issues, review PMQI reports, promote health in all policies, and offer public health expertise.
 - 3.2. Collaborate with schools to address childhood mental health.
 - 3.3. Collaborate with daycares and hospitals to address childhood nutrition.

Priority 2: Maintain a competent Public Health workforce.

Goal: Effective succession planning and hiring practices that reflect the demographics of the community.

1. Establish and maintain staff proficiency.
 - 1.1. Provide immersive orientation for new staff.
 - 1.2. Annual in-service training in public health core competencies, prioritizing areas scored lowest on evaluation.
2. Expand the PH workforce.
 - 2.1. Utilize NY State Public Health Fellows.
 - 2.2. Accept interns and students into the department.

- 2.3. Utilize the WFDP in succession planning to identify gaps in expertise and representation of the community.
- 2.4. Continuous assessment of department structure to keep pace with anticipated changes to workforce, funding, and governance.

Priority 3: Ensure a high standard of Public Health practice.

Goal: Maintain PHAB Accreditation.

1. Align performance management with Public Health practice.
 - 1.1. Continue to track data and reporting indicators.
 - 1.2. Designate and train staff in use of Clear Impact data management software.
 - 1.3. Use a public-facing scorecard to inform the community of Public Health activities.
2. Become reaccredited in 2025.
 - 2.1. Meet with responsible staff to ensure delivery of public health programming aligns with best practices and PHAB requirements.
 - 2.2. Participate in regional PMQI and accreditation committees to address multi-jurisdictional requirements.
3. Ensure high competency in financial management and planning.
 - 3.1. Quarterly review of core grants with fiscal staff and grant-funded PH staff.
 - 3.2. Quarterly meetings with Ontario County Grant Coordinator to review supplementary grants and discuss additional grant opportunities.
 - 3.3. Advocate for:
 - 3.3.1. Designation of a PH Fiscal Manager.
 - 3.3.2. Quarterly meetings with fiscal manager to review revenues and expenditures.

Priority 4: Enhance or expand the role of PH in leveraging policy to improve community health.

Goal: Increase knowledge regarding Public Health’s role in municipal policy development.

1. Explore relationship between local public health policy and public health practice.
 - 1.1. Review NY State legislation for the legalization of cannabis; consider the potential impact on the health of the community; and present comments/recommendations to the legislative body.

While the priorities of our strategic plan are specific to the department, they must relate to the broader plan for the community (CHIP) to prevent redundancy and enhance the number of partners working toward common goals. Additionally, crafting a forward-thinking WFDP that is informed by CHIP goals and strategic priorities ensures we will be well positioned with staff and expertise.

Alignment of Strategic Priorities with the Ten Essential Public Health Services

CDC’s 10 ESSENTIAL PUBLIC HEALTH SERVICES

- 1 Assess & monitor population health status, factors that influence health, & community needs & assets.
- 2 Investigate, diagnose, & address health problems & hazards affecting the population.
- 3 Communicate effectively to inform & educate people about health, factors that influence it, & how to improve it.
- 4 Strengthen, support, & mobilize communities & partnerships to improve health.
- 5 Create, champion, & implement policies, plans, & laws that impact health.

- 6 Utilize legal & regulatory actions designed to improve & protect the public's health.
- 7 Assure an effective system that enables equitable access to services & care needed to be healthy.
- 8 Build & support a diverse & skilled public health workforce.
- 9 Improve & innovate public health functions through ongoing evaluation, research, & continuous QI.
- 10 Build & maintain a strong organizational infrastructure for public health.

Every day, health departments across the US provide programming reflected in the CDC's Ten Essential Public Health Services. It is important to review them during the strategic planning process to ensure the developing plan is focused and aligned within this framework. Public Health has evolved dramatically in the last 30 years. Once staffed mostly with nurses who provided in-home services and a smattering of primary prevention, it is now focused on community collaboration and mobilization, innovation and research, policy development and implementation, equity, and leadership.

Strategic Priority 1: Deliver PH programming based on identified CHIP priorities.

The CHIP was created via collaboration between the health department, hospitals, and community stakeholders. To avoid duplication of effort, the department's strategic priorities and interventions, must be connected to those of the CHIP. As the 2022-2024 CHIP is implemented, success will be measured using Public Health's PMQI process to ensure collaboration, accountability, and best practice.

Community collaboration is imperative to the success of the local health department and the wellbeing of the public. Twenty-six people cannot meet the needs of a population of over 100,000. Completing the CHA and creating and implementing the CHIP is a cross-sector collaboration that relies on the experiences, skill, and buy-in of those doing related work. It captures all activities described in the first of the ten essential public health services and includes many components of the second, third, fourth, and seventh.

Strategic Priority 1, *Deliver Programming Based on Community Health Improvement Plan Priorities*, aligns with the following essential public health services:

- 1 Assess and monitor population health status, factors that influence health, and community needs and assets.
- 2 Investigate, diagnose, and address health problems and hazards affecting the population.
- 3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
- 4 Strengthen, support, and mobilize communities and partnerships to improve health.
- 7 Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Strategic Priority 2: Maintain a competent PH workforce.

This strategic priority aligns closely to essential public health services eight and ten. During and since the COVID-19 pandemic the nation's Public Health system has been hemorrhaging practitioners; many from burnout and fatigue but some due to threats from the public or termination by legislators who took issue with their pandemic work. Our department remained

intact throughout 2020 and 2021. Between January of 2022 and January of 2023, however, we experienced one unexpected resignation and three retirements (anticipated). Positions have been filled but becoming an adept Public Health practitioner takes time.

Human resources are our best resources and its vitally important to hire, develop, and maintain competent staff. Careful interviewing and vetting regarding work ethic, interpersonal skills, communication style, attitudes about group work, and desire to learn will ensure not only expertise, but a work environment in which employees can flourish; one that they enjoy and value and are unlikely to leave. Initial and ongoing education to fill gaps in core competencies, ensures members have the tools they need to succeed. Hiring interns and NY State Public Health Fellows, builds infrastructure locally and regionally. Careful succession planning and ongoing evaluation of current and anticipated trends will ensure the department is poised for the future. These elements are addressed in detail in our 2023 Work Force Development Plan.

Strategic Priority 2, *Maintain a Competent Public Health Workforce*, aligns with the following essential public health services:

- 8 Build and support a diverse and skilled public health workforce.
- 10 Build and maintain a strong organizational infrastructure for public health.

Strategic Priority 3: Ensure a high standard of Public Health practice.

In September of 2020, the department became accredited by the Public Health Accreditation Board (PHAB). In 2025, we will apply for reaccreditation. The initial process was long and arduous, but it significantly improved our practice, particularly in the realm of performance management and quality improvement. We're wiser and more experienced now and plans for reaccreditation are underway. In preparation, the department has partnered with other Finger Lakes counties to purchase a data management software system called Clear Impact. Time and effort will be required to train staff and load content but once completed, the department and region will be able to accurately and easily collect, monitor, analyze, and present data to ensure a high standard of public health practice. Strategic priority three is aligned with essential public health services one and nine.

Strategic Priority 3, *Ensure a high standard of Public Health practice*, aligns with the following essential public health services:

- 1 Assess and monitor population health status, factors that influence health, and community needs and assets.
- 9 Improve and innovate public health functions through ongoing evaluation, research, and continuous QI

Strategic Priority 4: Enhance or expand the role of PH in leveraging policy to improve community health.

Health departments in New York are prohibited from lobbying but there are entities that make our voices heard; the National Association of County and City Health Officials (NACCHO), the New York State Association of County Health Officials (NYSACHO) and the New York State Association of Counties (NYSAC). On the local level, Public Health practitioners must find creative ways to

influence policies, plans, and laws that impact their community's health, and must align these with the goals, vision, and values of the County and its legislative body. Public Health strategies to address local policies often revolve around collecting data, providing education, and raising awareness.

The potential effects of the legalization of cannabis in New York is an emerging public health threat. In 2023, the department will gather, organize and share data related to this issue. We will partner with other county departments and affiliated organizations, including Public Safety, law enforcement agencies, Safety Council, Campbell Commission, Department of Social Services, Partnership for Ontario County, and others. Public Health leadership will capitalize on time spent with partners and the legislative body to begin conversations about how to plan for and address as yet unseen regulations related to the legalization of cannabis. These activities are aligned with essential public health services two, three, five, and six.

Strategic Priority 4, *Enhance or expand the role of PH in leveraging policy to improve community health*, aligns with the following essential public health services:

- 2 Investigate, diagnose, and address health problems and hazards affecting the population
- 3 Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
- 5 Create, champion, and implement policies, plans, and laws that impact health.
- 6 Utilize legal and regulatory actions designed to improve and protect the public's health.

Culture of Quality

"Change can be frightening, and the temptation is often to resist it. But change almost always provides opportunities - to learn new things, to rethink tired processes, and to improve the way we work." – Klaus Schwab

Quality improvement (QI) is much more than scheduled audits and satisfaction surveys. It requires department members to be active stakeholders and to look at their work (and the department's) through the lenses of efficiency, effectiveness, and excellence. Though the department has always had a solid plan for quality improvement, it has been further developed, expanded, and embraced since embarking on the path to accreditation. QI has been woven into new employee orientation, programming, policy development, and staff training (two QI trainings annually). Additionally, prior to engaging in the strategic planning process, the department completed a culture of quality assessment using the NACCHO QI Roadmap to a Culture of Quality, QI Self-Assessment Tool 2.0 at <https://qiroadmap.org/assessment>.

PMQI fosters creativity. Employees are encouraged to view program audits with an inquisitive eye and work with the Director of Quality Improvement (DQI) to determine if measures are applicable, reflect their work, and are based on best-practices. New performance measures may be added and outdated or inconsequential ones, discarded. Additionally, staff is encouraged to partner to solve problems and increase efficiencies by initiating and participating in QI projects, using PDCA (Plan, Do, Check, Act). Trying out new ideas, looking for novel solutions, and thinking outside of the usual boxes are concepts valued by department leadership.

Ontario County Public Health collaborates with other health departments in the Finger Lakes to monitor effectiveness and improve processes across the region. Members from eight counties meet monthly via the Pivotal Public Health Partnership to discuss regional projects, conduct QI projects, track performance management, and ensure departments are poised to apply for accreditation/reaccreditation. In 2022, the group crafted a regional PMQI plan which has been approved by the Public Health Directors in the Region. In the first quarter of 2023, eight counties contributed to the purchase of a performance management software system called Clear Impact. It includes a public facing dashboard and the ability to conduct and document PMQI activities. Loading historical data and training staff in the use of this tool, is an important part of our Strategic Plan.

Outcome Measurement

Objectives outlined in the department’s strategic plan will be monitored by the DQI and progress will be noted in our performance management system and in the strategic plan’s progress chart. If goals, priorities, or objectives evolve, the plan will be updated. The plan’s progress chart is found in Appendix D. An updateable copy is kept on the department’s shared drive, accessible to team members.

Figure 3 details strategic priorities chosen during the planning process. It describes objectives, identifies responsible parties, includes timelines, and defines the measurement of success. Plans for tracking and evaluation are boxed in red.

Figure 3

Strategic Priority: Deliver PH programming based on identified CHIP priorities. Goals: 1. Decrease rate of childhood obesity, 2. Decrease rate of depressive disorders in adolescents.					
Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation	
1. Incorporate CHIP priorities and address disparities in core PH programming.	A) Ensure department’s core work reflects CHIP priorities.	Prevent staff Management	Ongoing through 2025	Quarterly PMQI reporting, OCHC minutes & quarterly CHIP reports.	
	B) Seek out staff & community partners from diverse populations (racial, SES, age, etc.)	Prevent staff, OCHC, Management	Ongoing through 2025	Diverse stakeholders recruited. See OCHC membership list & WFDP.	
2. Integrate CHIP priorities into PMQI outcome measures.	A) Revise PMQI dashboard to reflect results-based accountability using Clear Impact software.	Management, Pivotal, Prevent staff	Ongoing through 2025	Quarterly reporting in Clear Impact.	
3. Maintain relationships with community leaders including legislative body (HHS), municipalities, daycare centers,	A) Attend HHS; provide CHIP progress, review PMQI reports, promote health in all policies, offer PH expertise, etc.	Management	Ongoing through 2025	Evidence of discussion of Public Health topics in Legislative Log	
	B) Collaborate with schools to address childhood mental health	OCHC, Prevent staff	Ongoing through 2025	CHIP quarterly reports-school policies and training in Youth Mental Health First Aid.	

schools and hospital systems.	C) Collaborate with daycares and hospitals to address childhood nutrition	OCHC, Prevent staff	Ongoing through 2025	CHIP quarterly reports-nutrition ed. in childcare settings & standardized food security screening tool in EMRs.
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Strategic Priority: Maintaining a competent PH workforce
Goal: Effective succession planning and hiring practices that reflect the demographics of the community.

Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation
1. Maintain and expand the Public Health Workforce	A) Establish and maintain staff proficiency 1. Immersive orientation for newly hired staff. 2. Annual core competency training, prioritizing areas scored lowest on evaluation	DQI, Health Educators, Management	Ongoing through 2025	In-service training log-100% of staff to complete 80% of required trainings. Increased staff proficiency in core competencies via survey tool.
	B) Expand workforce 1. Utilize Public Health Fellows. 2. Accept interns and students into department.	Management	Ongoing through 2025	Larger pool of qualified applicants for permanent positions. 2 Interns annually.
	C) Utilize the WFDP in succession planning to identify gaps in expertise and representation.	Management	Ongoing through 2025	Diverse PH workforce that represents the community it serves.
	D) Continuous assessment of department structure to keep pace with anticipated changes to workforce, funding, and local and state governance.	Management	Ongoing through 2025	Reclassification of positions and creation of new positions, as necessary.

Strategic Priority: Ensure a high standard of PH practice.
Goal: Maintain PHAB accreditation.

Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation
1. Align Performance Management with PH practice.	A) Continue to track data and reporting indicators.	Prevent staff	Quarterly	Quarterly updates
	B) Designate and train staff in use of Clear Impact data management software.	Management, Pivotal, Designated staff	Quarterly	All historical data entered into dashboard and staff trained by December 31, 2023.
	C) Use the public facing scorecard to inform the community of PH activity.	Designated staff, DQI	June 2024	Public-facing scorecard available to community.
2. Become reaccrredited in 2025.	A) Meet with responsible staff to ensure delivery of public health programming aligns with best practices and PHAB requirements.	Management, DQI, Program Coordinators	Docs to PHAB Sept. 2025.	Reaccreditation from PHAB.

	B) Participate in Regional PMQI/Accreditation Committee meetings to address multi-jurisdictional requirements.	DQI	Quarterly	ID multi-jurisdictional measures by December 2023. Provide MJD documentation by September 2025.
3. Ensure high competency in financial management and planning.	A) Quarterly review of core PH programming grants with fiscal staff and grant-funded PH staff.	Management, Program Coordinators, Health Finance	Quarterly	4 meetings/year (or more) documented.
	B) Quarterly review of additional grants and potential grant opportunities with OC Grant Coordinator.	Management, OC Grant Coordinator	Quarterly	4 meetings/year (or more) documented.
	C) Advocate for a more effective approach to management of PH funds including: a. Designation of a PH Fiscal Manager by Director of Health Finance. b. Quarterly meetings with Fiscal Manager to review revenues and expenditures.	Management, Director of Health Finance, Designated PH Fiscal Manager	Jun. 2023 Fiscal Manager assigned; quarterly meetings scheduled	4 meetings/year (or more) documented. Balanced budget.
Strategic Priority: Enhance or expand the role of PH in leveraging policy to improve community health. Goal: Increase knowledge regarding PH role in municipal policy development.				
Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation
1. Explore relationship between public policy and public health.	Review NYS legislation for public health impact and present comment to the legislative body (2023-cannabis legalization).	Management, Health Educators, Legislative Body	Dec. 2023	Legislative Log: documentation of presentation to HHS.

Relationship Between Plans

During the development of the CHIP, Strategic Plan, and Workforce Development Plan (WFDP), attention was given to outcome measurement. Leadership has intentionally intertwined the department’s PMQI Plan with these three plans to ensure the evaluation process is well-defined, meaningful, and ongoing.

Figure 3 demonstrates the relationship between plans. Each box contains a summary of the plan, identified by the laterally oriented text to its left. Each plan has been assigned a color. Shaded areas within each plan represent the influence of the other three plans.

- Where the CHIP is integrated into the Strategic Plan, WFDP, and PMQI plan is highlighted in green.
- Where the Strategic Plan impacts the CHIP, WFDP, and PMQI Plan is highlighted in orange.
- Where the WFDP speaks to the CHIP, Strategic Plan, and PMQI Plan is highlighted in purple.
- Where the PMQI Plan interfaces with the CHIP, WFDP, and Strategic Plan is highlighted in blue.

Figure 3

<p style="writing-mode: vertical-rl; transform: rotate(180deg);">OCPH STRATEGIC PLAN</p> <p><u>Strategic Priority: Deliver PH programming based on CHIP</u> Incorporate CHIP priorities and address disparities in core PH programming. Incorporate CHIP priorities in PMQI outcome measures. Maintain relationships with community leaders including legislative body, municipalities, daycare centers, schools and hospital systems.</p> <p><u>Strategic Priority: Maintain a competent PH workforce.</u> Maintain and expand the Public Health Workforce. Utilize the WFDP in succession planning to identify gaps in expertise and representation of the community. Continuous assessment of department structure to keep pace with anticipated changes to workforce, funding, and local and state governance.</p> <p><u>Strategic Priority: Ensure a high standard of PH practice.</u> Align Performance Management with PH practice. Become reaccredited in 2025. Ensure high competency in financial management and planning.</p> <p><u>Strategic Priority: Enhance/expand role of PH in leveraging policy to improve community health.</u> Explore the relationship between public policy and public health.</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PERFORMANCE MANAGEMENT & QI PLAN</p> <ul style="list-style-type: none"> → Quarterly PMQI reporting → Quarterly CHIP activity reports → Diverse stakeholders recruited. → Decrease rate childhood obesity per NYS Education Dept. BMI Survey. → Decrease rate of adolescent depression by Risk and Protective Factor School Survey. → Quarterly reporting in Clear Impact. → Evidence of discussion of Public Health topics in Legislative Log. → In-service training log-% staff in compliance with required trainings. → Increased % in staff competency by core competency survey tool. → Increase in # of qualified candidates. → Increasingly diverse PH workforce. → # New or reclassified positions. → Historical data entered in Clear Impact. → % Staff trained in Clear Impact. → Reaccreditation documentation submitted (including multi-jurisdictional) and approved by PHAB. → Legislative Log: documentation of presentation to HHS.
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">COMMUNITY HEALTH IMPROVEMENT PLAN</p> <p><u>Decrease the rate of childhood obesity</u> Assess nutrition programming in daycares. Support unified approach to early childhood nutrition programming. Collect, analyze, and manage data and establish baseline rates for student weights. Partner with hospitals to determine feasibility of creating a standardized process and screening tool to assess for food insecurity during visits to healthcare providers. Report out progress to partners and the community.</p> <p><u>Decrease depressive disorders in adolescents</u> Engage/sustain relationships with mental health providers. Act as liaison between ECHO program & school districts. Supplementing school-based ECHO workgroups with LHD staff. Assist schools with creation of policies for training of staff in YMHFA. Manage and analyze data provided by hospital mental health providers. Advertise and promote Triple P program. Provide mental health and suicide prevention education to adolescents during the school day</p>	<p style="writing-mode: vertical-rl; transform: rotate(180deg);">WORKFORCE DEVELOPMENT PLAN</p> <p>Assess competency of workforce to identify knowledge & experience gaps. Create departmental education plan to address knowledge gaps needed to complete CHIP interventions. Review employees' competency progress at performance appraisals. Conduct performance management & quality improvement activities to ensure best practice. Consider threats and opportunities that may impact hiring and retention of workforce</p>

Dissemination

The Strategic Plan you find here reflects the ideas, expertise, and insights of department members and leaders. It provides a blueprint for Public Health practice in Ontario County; one that will help the department remain engaged, focused, and accountable. The final document will be presented at a team meeting in March 2023 and will be stored on a shared drive.

The DQI will share the plan with the PMQI Committee and the Professional Advisory Committee (PAC) this spring. Updates on progress will be presented quarterly. Additionally, the Public Health Director will provide the plan to members of the legislative body at a meeting of the Health and Human Services Committee. Highlights will be discussed and there will be time for questions, comments, and recommendations. Updates will be provided annually.

Community members and partners will initially access this plan on the Public Health website. When Clear Impact is integrated into the department, a public-facing dashboard will be used for this purpose.

Over the course of the next three years there will be new opportunities and undoubtedly, new threats; internal ones like staffing and leadership and external ones like funding streams, legislation, and potential disease outbreaks. Additional strategic priorities may arise and new goals may be required. Public Health's Strategic Plan will be monitored and updated to ensure the work of the department remains data driven and responsive to changes in the internal and external environments. Changes will be made in collaboration with team members, leadership, and the legislative body.

"A strategy is not permanent. It's like water, it will keep changing itself as the obstacles come." – Pooja Agnihotri

Appendix A

DEFINITIONS:

Anti-racism – The active practice of identifying, challenging, and eliminating racism by changing systems, organizational structures, policies and practices, and attitudes, so that power is shared equitably.

Justice - The responsibility to challenge and diminish barriers, avoid causing harm, and create opportunities for an equitable society so that all individuals and communities can live meaningful lives. *Justice* requires the fair disbursement of common advantages and the sharing of key burdens.

Equity - A fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

Diversity - The existence of differences and similarities among people including, race, gender, ability, and many other elements related to one’s identity and experiences. Fully engaging and benefiting from diversity requires equitable conditions and a culture of inclusion.

Inclusion - The act of welcoming, respecting, supporting, and valuing all people, all voices, and truly engaging them, listening to, and valuing their experiences and perspectives, to inform and drive decisions on collective priorities. Inclusion requires sustainable and meaningful engagement with people and organizations that represent diversity in experience, thought, and culture.

Cultural Humility - The ability to continuously self-reflect, build knowledge, understand, appreciate, and appropriately and positively interact with people from cultures or belief systems different from one’s own. It leverages institutional accountability to redress oppression, discrimination, and harm individually, interpersonally, institutionally, and structurally.

Adapted from PHAB IDEA Glossary of Terms July 2022

Appendix B

Results of SWOT Analysis:
Prevent Childhood Obesity – Food Insecurity

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> • Fully staffed • Dedication to chronic disease programs • Open communication amongst staff • Awareness of the issue • Wanting change • Educated staff • Relationships with schools • Partnerships 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> • Unable to provide fresh produce to low-income families • Resources • Need an influential person to champion healthy eating • Time • Finding diverse partners • Feasibility • Funding
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> • Partner with large food suppliers like Seneca Foods • Work with local grocery stores • Repurposing/Preventing food waste • Churches – Cooking Matters Program • Need more free little farm stands – give, swap, take • Buy in from daycares • Take advantage of rural environment – local produce and opportunities for physical activity • Going “green” • Education to families about how to read price labels (cost/unit) • Education to families about how to read nutritional labels • Working with schools/pediatricians • Education to parents about healthy eating, physical activity, reducing screen time • Education about growing/storing/cooking food • Community Coop gardens • Encourage local farm stands to take SNAP 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> • Sustainability • Unwalkable communities • Burnout from same people doing burden of the work • Food environments – junk food • Financial hurdles/inflation • Parent buy-in/Knowledge/Skills/Ability • Environmental disasters/Climate change • Global food shortages • Generational poverty • Food link – Rochester centric, ignores rural communities • Confounders other than food insecurity – physical activity, screen time • School punishing students by revoking recess • Claim of “picky eater” – not wanting to waste resources on healthy food because kids won’t eat it. • Parents not setting a good example • Getting adults to participate in physical activity or wellness activities • Winter

Results of SWOT Analysis:
Mental Health-Reduce Adolescent Depression

STRENGTHS

- Strong Mission, Vision, Values
- Relationship with HHS
- Diversity in staff
- Diversity in staff experience
- MH Specialist
- Awareness
- Willing to learn and improve
- Want to work on issue
- Creativity
- Fully staffed
- PH Fellows
- Stop DWI Program
- Partnering with OC Sheriff Dept
- Narcan training
- Trainers in ASIST, Safe Talk, Talk Saves Lives.
- Social Media team

OPPORTUNITIES

- Partnerships with MH & other organizations for Narcan and other MH trainings
- Free trainings available
- State and federal funding availability
- Trained employees
- Partnership for Ontario County
- Sheriff Dept
- Work with VA/Medical providers
- Social Media
- Jail programs, i.e., DRP
- Harm reduction
- Opening/increasing communication in the community about MH and suicide
- Informal peer support
- Epic Zone
- Support groups for family members
- Schools

WEAKNESSES

- Lacking knowledge/training
- Do not have a departmental MH Specialist
- Silos
- Knowledge on laws related to drugs (THC)
- Lack of collaboration between departments
- PH funding
- Lack of power
- Lack of influence on policy

THREATS

- Adverse Childhood Events
- MH treatment is optional and self-managed
- Lack of MH referral resources/providers
- Children with busy schedules-lack of down time
- Political and economic climate
- Social isolation
- Liability (schools don't want to see the big picture because then they are liable to act)
- Future pandemics, global health threats
- Opioid epidemic, Fentanyl, emerging drugs
- Social media
- Stigma
- Bail reform
- Cannabis legalization in NY
- Society unwilling to acknowledge kids are suffering with poor mental health
- Negative fallout from the pandemic
- Playing catch-up from pandemic
- Self-medicating

Appendix C

Results of SWOT Analysis:
Ontario County Public Health Strategic Priorities

<p style="text-align: center;">STRENGTHS</p> <ul style="list-style-type: none"> • Skilled staff • Fellows and interns • Health educators x 3 • Accreditation • Workplace culture • Leadership culture (Kate) 	<p style="text-align: center;">WEAKNESSES</p> <ul style="list-style-type: none"> • New staff/lack of staff • Civil service • Lack of diversity • Lack of succession plan (not allowing new staff to overlap and be trained by people knowledgeable in the program) • Non-competitive compensation • IT support • Siloed from other departments
<p style="text-align: center;">OPPORTUNITIES</p> <ul style="list-style-type: none"> • Support of governing body • New funding opportunities • NACCHO political support • Community partnerships • Fellowship program • Friendship with law enforcement • New Sheriff • Volunteers • Baby boomers • Recognizing areas other than Canandaigua 	<p style="text-align: center;">THREATS</p> <ul style="list-style-type: none"> • Unable to lobby • Lack of cannabis laws • Unclear enforcement mechanisms (cannabis) • Funding inconsistency/unknown • Public opinion • Lack of health knowledge • Fellowship ends in 2024 • MUNIS • Canandaigua centric/less interaction with smaller towns/villages • Poor communication about programs from the state

Appendix D



Ontario County Public Health Strategic Plan Progress Chart, 2023-2025

Strategic Priority: Deliver PH programming based on identified CHIP priorities.					
Goals: 1. Decrease rate of childhood obesity. 2. Decrease rate of depressive disorders in adolescents.					
<i>CHANGES ARE IN ITALICS</i>					
Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation	Progress
1. Incorporate CHIP priorities and address disparities in core PH programming.	A) Ensure department's core work reflects CHIP priorities.	Prevent staff Management	Ongoing through 2025	Quarterly PMQI reporting, OCHC minutes and quarterly CHIP reports.	
	B) Seek out staff and community partners from diverse populations (racial/ethnic, low SES, seniors, etc.)	Prevent staff, OCHC, Management	Ongoing through 2025	Diverse stakeholders recruited. See OCHC membership list and WFDP.	
2. Integrate CHIP priorities into PMQI outcome measures.	A) Revise PMQI dashboard to reflect results-based accountability using Clear Impact software.	Management, Pivotal, Prevent staff	Ongoing through 2025	Quarterly reporting in Clear Impact.	
3. Maintain relationships with community leaders including legislative body (HHS), municipalities, daycare centers, schools and hospital systems.	A) Attend HHS every 3-weeks to provide CHIP progress, highlight emerging issues, review PMQI reports, promote health in all policies, and offer PH expertise.	Management	Ongoing through 2025	Evidence of discussion of Public Health topics in Legislative Log	
	B) Collaborate with schools to address childhood mental health	OCHC, Prevent staff	Ongoing through 2025	CHIP quarterly reports-school policies and training in Youth Mental Health First Aid.	
	C) Collaborate with daycares and hospitals to address childhood nutrition	OCHC, Prevent staff	Ongoing through 2025	CHIP quarterly reports-nutrition ed. in childcare settings & standardized food security screening tool in EMRs.	
Strategic Priority: Maintaining a competent PH workforce					
Goal: Effective succession planning and hiring practices that reflect the demographics of the community.					
Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation	Progress
1. Maintain and expand the Public Health Workforce	A) Establish and maintain staff proficiency 1. Immersive orientation for newly hired staff. 2. Annual in-service training on core competencies, prioritizing areas scored lowest on evaluation.	DQI, Health Educators, Management	Ongoing through 2025	In-service training log-100% of staff to complete 80% of required trainings. Increased staff proficiency in core competencies via survey tool.	
	B) Expand workforce 1. Utilize NYS Public Health Fellows. 2. Accept interns and students into department.	Management	Ongoing through 2025	Larger pool of qualified applicants for permanent positions.	
	C) Utilize the WFDP in succession planning to identify gaps in expertise and representation of the community.	Management	Ongoing through 2025	Diverse PH workforce that represents the community it serves.	
	D) Continuous assessment of department structure to keep pace with anticipated changes to workforce, funding, and local and state governance.	Management	Ongoing through 2025	Reclassification of positions and creation of new positions, as necessary.	
Strategic Priority: Ensure a high standard of PH practice.					
Goal: Maintain PHAB accreditation.					
Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation	Progress
1. Align Performance Management with PH practice.	A) Continue to track data and reporting indicators.	Prevent staff	Quarterly	Quarterly updates	
	B) Designate and train staff in use of Clear Impact data management software.	Management, Pivotal, Designated staff	Quarterly	All historical data entered into dashboard and staff trained by December 31, 2023.	
	C) Use the public facing scorecard to inform the community of PH activity.	Designated staff, DQI	June 2024	Public-facing scorecard available to community.	
2. Become reaccredited in 2025.	1. Meet with responsible staff to ensure delivery of public health programming aligns with best practices and PHAB requirements.	Management, DQI, Program Coordinators	Submit documentation 9/2025	Reaccreditation from PHAB.	
	2. Participate in Regional PMQI/Accreditation Committee meetings to address multi-jurisdictional requirements.	DQI	Quarterly	ID multi-jurisdictional measures by December 2023. Provide MJD documentation by September 2025.	
3. Ensure high competency in financial management and planning.	A) Quarterly review of core PH programming grants with fiscal staff and grant-funded PH staff.	Management, Program Coordinators, Health Finance	Quarterly	4 meetings/year (or more) documented.	
	B) Quarterly review of additional grants and potential grant opportunities with OC Grant Coordinator.	Management, OC Grant Coordinator	Quarterly	4 meetings/year (or more) documented.	
	C) Advocate for a more effective approach to management of PH funds including: i. Designation of a PH Fiscal Manager by Director of Health Finance. ii. Quarterly meetings with Fiscal Manager to review revenues and expenditures.	Management, Director of Health Finance, Designated PH Fiscal Manager	By 6/30/24: Fiscal Manager in place; quarterly meetings scheduled	4 meetings/year (or more) documented. Balanced budget.	
Strategic Priority: Enhance or expand the role of PH in leveraging policy to improve community health.					
Goal: Increase knowledge regarding PH role in municipal policy development.					
Strategy	Objectives	Responsible Party	Timeline	Measure/Evaluation	Progress
1. Explore relationship between public policy and public health.	A) Review NYS legislation for public health impact and present comment to the legislative body (2023-cannabis legalization).	Management, Health Educators, Legislative Body	Complete by 12/31/2023	Legislative Log: documentation of presentation to HHS.	