



# STRATEGIC PLAN

2017 - 2019



## MISSION STATEMENT

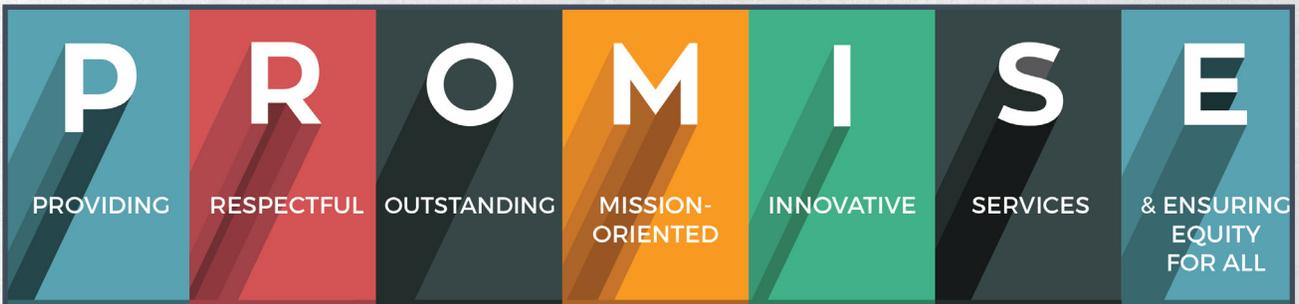
The mission of Summit County Public Health is to protect and promote the health of the entire community through programs and activities designed to address the safety, health and well-being of the people who live in Summit County. The Health Department seeks to create a healthful environment and ensure the accessibility of health services to all.

## VISION STATEMENT

We envision a community where all can achieve optimal health where they live, work and play, resulting in

**Healthy Places, Healthy People, and Healthier Tomorrows.**

## CORE VALUES



SCPH's core values are reflected in our strategic approach and guide our interactions with our clients, community partners and each other. We believe these values are what make us unique and are essential to helping create a healthier community for all. Summit County Public Health's core values are embodied in the acronym "**PROMISE.**"

**P**roviding professionalism – Honesty, integrity and competency in all interactions

**R**espect – Everyone who interacts with us in any capacity will be treated with respect

**O**utstanding quality – We are nationally accredited and have an ongoing commitment to continuous improvement

**M**ission-driven dedication – Our mission statement says it all. It's who we are and what we do

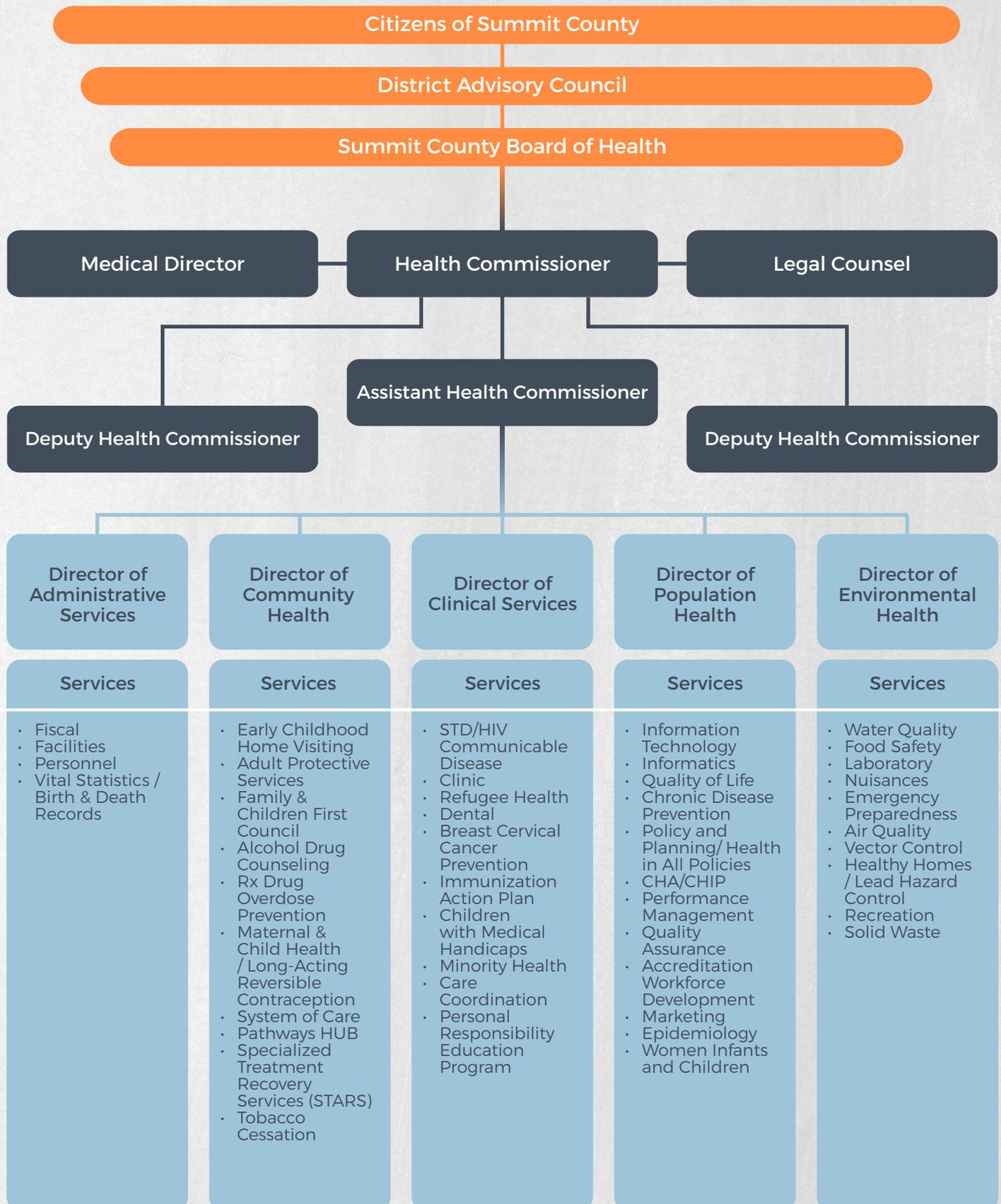
**I**nnovation – We look at every situation as an opportunity to be forward-thinking and proactive

**S**ervice-orientation – Our goal is to provide excellent customer service in all interactions

**E**quity for all – Everyone should have the opportunity to attain their highest level of health, regardless of social or demographic factors

# SUMMIT COUNTY PUBLIC HEALTH ORGANIZATION CHART

JANUARY 2017



## INTRODUCTION

Summit County Public Health has adopted the Robert Wood Johnson Culture of Health (RWJ) approach for the 2017-2019 Strategic Plan development. RWJ recently developed a new framework for working differently to improve health for all. The framework consists of the following four components:

### **RWJ FRAMEWORK**

- 1. Focus on making health a shared value**
- 2. Fostering cross-sector collaboration to improve well-being**
- 3. Creating healthier, more equitable communities and healthcare settings to improve quality of care, reduce costs and achieve better outcomes**
- 4. Strengthening integration of health services in systems through programs, policies and unique collaborations**

Additional emphasis will be focused in two other areas:

- 1. Quality assurance and performance management**
- 2. Marketing and branding of health district services**

Our planning for the 2017-2019 Strategic Goals reflects the findings of our Community Health Assessment, maintains National Accreditation and supports the Summit County Community Health Improvement Plan. Public Health's assumed responsibility in local communities is to promote health and prevent disease. We meet this broad goal by conducting surveillance; providing services, regulatory action, health education and activities embedded in community collaboration. There is collective community trust placed upon the Board of Health, the health commissioner and health district management staff to ethically and efficiently serve the local public interest.

The Agency consists of the Office of the Health Commissioner and five divisions: Administration, Community Health, Clinical Services, Environmental Health and the new Population Health Division. The role of the Board of Health of the Summit County Combined General Health District (dba Summit County Public Health (SCPH)) is to adopt policies and secure funding for programs and services to be carried out by the Health District.

The Board of Health has authority to make such orders and regulations as are necessary for the promotion of health and prevention of disease and the abatement of nuisances. SCPH receives revenue from property taxes, licenses, permits, fees and services as well as local, state and federal grants and contracts.

This strategic planning process differs from past processes in that the planning was approached from a cross-divisional perspective, rather than division specific public health priorities. Our Mission and Core Values remain unchanged. The PROMISE statement of core values was added to represent our commitment to the health and prosperity of the citizens of Summit County. These values will be promoted through all agency internal and external communications.

## SCPH & EMERGING PUBLIC HEALTH ISSUES

Summit County Public Health assumes a variety of roles to address emerging public health issues. As the Chief Health Strategist, we promote the health improvement strategy for an entire community requiring a shift from organizational thinking to community focused thinking. The Chief Health Strategist leads a multi-sector approach to focus community resources on improving specific health outcomes. The Collaborator role allows us to align resources and assists other lead agencies in implementing and developing strategies to solve community problems. These problems could either reflect a change in policy or a newly identified community issue such as opiates. As an active/participating member, SCPH would monitor the situation and assess risk level to the community and our need for further involvement.

### ROLE AS A LEADER CHIEF HEALTH STRATEGIST

#### **Issue 1: Social Determinants, Health Equity and Discrimination**

Contemporary public health theory subscribes to the central relationship of social determinants, health equity and discrimination on health outcomes. Traditional public health approaches have focused on efforts to address health care access and opportunities to affect personal behaviors without sufficient attention to upstream social influences on health. Despite this evidence-based association between poverty, education, environmental factors, housing and the discrimination 'isms' on health status, public health has struggled to assume a principal role in addressing these issues.

#### **Issue 2: Funding and Staffing Stresses**

Throughout Ohio and the nation, local health departments continue to experience core funding cuts leading to eroding or eliminated essential public health services. The historic narrowing of Public Health mission has results in a shift of fiscal support towards categorical funding for specific issue related mandates. Collaboration, staff empowerment, and a business approach must be the foundations of growth opportunities.

#### **Issue 3: Emerging Infectious Diseases**

The increasing global impact of infectious disease has made it necessary for public health to broaden its core capacity for surveillance beyond the traditional public health focus. Specific factors precipitating the emergence of disease can be identified in virtually all cases; public health must monitor the various environmental, ecological, biological, demographic, and clinical factors that may place people at increased risk for contact with a previously unfamiliar microbe or its natural host.

#### **Issue 4: Aging Workforce**

Workers across all sectors are closing in on retirement age, and occupations with some of the oldest workers can be found in the public sector. This means that a new crop of public servants will soon need to step up and take the helm of government. The looming retirement of this vast segment of baby boomers has long occupied much attention. Difficulty will arise

## SCPH & EMERGING PUBLIC HEALTH ISSUES

in making sure there are adequate numbers of well-trained public health professionals to fill these roles. Early recruitment efforts need to include students interested in public health and environmental health science.

### **Issue 5: Role of Social Media/Technology**

For many, the internet is now the primary means for accessing information used to manage one's own health or the health of others. Social media and the ubiquity of mobile devices has made it easier for large numbers of people to rapidly access and share health information. While this has made timely preventative and diagnostic information widely available, it also creates opportunities for misinformation to rapidly circulate without the involvement of health practitioners or public health institutions.

## THE ROLE AS A COLLABORATOR

### **Issue 6: Health Care Reform and Medicaid Expansion**

The Patient Protection and Affordable Care Act (ACA) makes sweeping changes to the financing of health care. The ACA provides local health departments both opportunities and challenges requiring flexibility in a changing health care system. Ohio's Medicaid reforms in the past two years have been recognized nationally for helping to reduce costs, improve health outcomes, and improve care coordination. These efforts are at the cross roads of continued success and in the future may face decreased funding and political support.

### **Issue 7: Evolution of Health Care Delivery System**

Episodic, disease-oriented care in hospitals is not the most effective or efficient way to improve the health of the population. The patient-centered medical home (PCMH) model acknowledges this reality. The PCMH promotes team-based care across a spectrum of providers and in a variety of locations. This approach encourages patients to become stakeholders in their care. This care delivery system is also designed to utilize information technology, coordinate care across the community, monitor the patient's conditions, and support patient awareness. Advances in IT to support for real-time monitoring will make the PCMH model standard clinical practice. Hospitals will be able to discharge patients earlier, because they know that the patient's health can be continuously assessed, and acute conditions can be addressed outside of the hospital environment.

### **Issue 8: Mental Health and Addiction**

The opioid crisis, which affects millions of people across the country, shows no signs of stopping. Pioneering effective interventions will be necessary to combat this epidemic. The complexity of the opioid crisis requires coordinated interventions across the medical, legislative, behavioral, and educational systems. Communities will succeed only if they engage and align all stakeholders to create systems that can prevent new individuals from becoming dependent on opioids, while supporting the recovery of those who are already addicted. Failing to take such an approach will result in burnout among those working individually to improve the current situation and result in a rate of progress that is too slow to keep up with the velocity of this crisis because of the power of opioid addiction.

## SCPH & EMERGING PUBLIC HEALTH ISSUES

### **Issue 9: Gun Violence Prevention**

Prevention efforts guided by research on developmental risk can reduce the likelihood that firearms will be introduced into community and family conflicts or criminal activity. Prevention efforts can also reduce the relatively rare occasions when severe mental illness contributes to homicide or the more common circumstances when depression or other mental illness contributes to suicide. Reducing incidents of gun violence arising from criminal misconduct or suicide is an important goal of broader primary and secondary prevention and intervention strategies. Such strategies must also attend to redirecting developmental antecedents and larger sociocultural processes that contribute to gun violence and gun-related deaths.

### THE ROLE AS ACTIVE MEMBER / PARTICIPATING MEMBER

### **Issue 10: Climate Events**

The increase in significant climate events including tornadoes, drought, extended periods of extreme cold and heat, and flooding require adequate preparation for potential health risks. Climate events have, and will continue to be, a focus of nearly all emergency preparedness activities. New and emerging diseases that are vector-borne impact the health of many residents. There continues to be increased awareness the built environment plays on health as well as clean air and safe food.

## ASSESSING AND ENGAGING THE COMMUNITY, BOARD MEMBERS, AND AGENCIES

In the summer of 2015, Summit County Public Health began collecting data in partnership with Ideastream/WVIZ Public Television to conduct a local focus group with local leaders to begin the strategic planning process. Participants contributed a total of 106 verbal and/or written responses that identified 31 key health indicators. This created a broad foundation for moving forward with more focused assessment strategies within groups.

Summit Coalition for Community Health Improvement (SCCHI) has been engaged in strategic planning. The Summit County 2016 Community Health Assessment (CHA) indicators were selected with the assistance and guidance of SCCHI. The 2016 CHA indicators are organized using the County Health Rankings model of population health, developed jointly by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. This model provides a comprehensive methodology for understanding how a community's collective efforts to improve health and social conditions interacts with prevailing socioeconomic and health conditions to produce desirable (or undesirable) outcomes in a community's health and quality of life.

Using this methodology, SCCHI organized into four subcommittees: Clinical, Health Behaviors, Social/Economic and Physical Environment to discuss, recommend and vet indicators proposed for the 2016 assessment. Subcommittees met regularly for four months to complete this step of the process. SCCHI reconvened as a larger group to select the final list of indicators. From there, SCPH Epidemiology Department gathered data and started formulating the report.

SCPH Epidemiology gathered data from a variety of sources including County Health Rankings, American Community Survey, and Community Health Status Indicators. SCPH also utilized the 2013 Youth Risk Behavioral Survey, the Ohio Department of Health Birth and Death Data, EpiCenter, Summit County Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) Survey and the Explorys Platform, a new tool for obtaining prevalence data utilizing hospital electronic health records.

The Explorys Platform permits for the collection and combination of data from medical software sources that covers clinical, claims, billing accounting, device, community and patient derived. It allows for cohort building of client records to evaluate a population of your choosing around disease profiles, medications, visit history and many other applications. For the purpose of the CHA, Explorys was used to build cohorts of people from the three digits zip codes found within Summit County 442 and 443. There were 7 sessions over the last year establishing indicators, setting priorities and determining community needs.

The robust data collection and analysis performed during the 2016 Community Health Assessment process and the consensus on community health priorities built through the 2017 Community Health Improvement Plan (CHIP) helped to inform the selection of the strategic priorities and objectives contained in this plan.



This icon denotes objectives that are aligned with the 2017 CHIP priorities

# ASSESSING AND ENGAGING THE COMMUNITY, BOARD MEMBERS, AND AGENCIES

The American Public Health Association promotes a Health in All Policies (HiAP) approach as a strategy for addressing the complex factors that influence health and equity, also referred to as the social determinants of health, which include educational attainment, housing, transportation options, and neighborhood safety. Summit County Public Health been heavily engaged in the HiAP effort in Summit County, including a robust community engagement process.

## COMMUNITY ENGAGEMENT FOR HEALTH IN ALL POLICIES

The Community Engagement Plan (CEP) was built on four types of activities:

- **Focus groups**
- **Paper surveys**
- **Web-based survey distributed through social media**
- **Community forum**

These questions were developed in order to best gather how the social determinants of health affected their lives both positively and negatively:

- **What about or in your community gives you joy, happiness or pleasure in your life?**
- **What about or in your community keeps you from experiencing joy, happiness or pleasure in your life?**

From those who were engaged in the CEP efforts we learned, for example, those interpersonal connections (family, friends, a sense of community), community infrastructure (parks, services, arts and cultural events), a sense of meaning and purpose (e.g. church, spirituality) and the ability to meet basic needs were the most important conditions that support health and wellness. Impediments to living life to its fullest included some of the opposite factors, namely broken connections, lack of infrastructure, racism and basic needs not being met. In addition, one message that is perhaps the single most important takeaway from participants is that they feel disconnected from policy-makers.

Summit County Public Health conducted a strengths, weaknesses, opportunities and threats (SWOT) analysis from June through October of 2016 with the community, board members and staff. This included face to face meetings, electronic surveys and board retreats. Major themes included: financial stability, policy development, environmental health assessment, health inequity, school-based health services, opiate response, infant mortality, food insecurity, chronic disease, professional development, marketing, community health assessment findings, gaps in services and senior services. This was conducted with open-ended questions allowing participants the ability to convey their own perspective. The data from all three groups was then analyzed into frequencies which support our 2017-2019 priorities.

## ASSESSING AND ENGAGING THE COMMUNITY, BOARD MEMBERS, AND AGENCIES

The Community Themes and Strengths survey was completed via internet survey during September 2016 by various community stakeholders. The survey was modeled after the Community Themes and Strengths Survey that was distributed during the State of Ohio State Health Assessment (SHA) regional forums. Analysis of results also utilized the state's definitions and groupings

The Forces of Change Assessment was completed by SCCHI in September 2016. The group identified a list of 30 potential broad forces of change that had the potential to affect the health and quality of life of Summit County residents. After further analysis, 17 forces were identified as being broad enough to affect multiple systems and large populations. During the October 2016 meeting, SCCHI members were asked to select their top four forces of change in order to help narrow down the list. An internet survey was also sent out to individuals that were not in attendance.

# ASSESSING ENVIRONMENTAL HEALTH IN SUMMIT COUNTY

## COMMUNITY CAPACITY

In October 2014, Summit County Public Health (SCPH) determined their capacity to undertake the final phases of the assessment. As the PACE-EH assessment was beginning, the 2015 Community Health Improvement Plan (CHIP) update was completed. One of the key conclusions of the CHIP was the need to focus on the intersection of the physical environment and overall population health. Once the agency capacity was defined, it became important to characterize the community to set the framework for the assessment while providing context for the different populations within Summit County. The initial community survey focused on all 31 municipalities within Summit County. The Summit County Environmental Council (SCEC) served as the environmental health assessment team to guide the process and collaborate on setting priorities for action.

Once the environmental health assessment team convened, they began identifying the goals, objective, and scope. In an effort to create a sustainable, but responsive mechanism to track and measure environmental health issues, SCPH planned to use the community feedback collected from the PACE-EH project to create an annual environmental health report. This second report would take a more comprehensive, programmatic look at important environmental health principles and how they impact the health of Summit County residents annually.

## COMMUNITY SURVEY & COMMUNITY ACTION

Using both the emerging issues from the 2015 CHIP update and the issues identified in the first phase of the PACE-EH assessment in 2011, the SCEC began developing a comprehensive list of issues that addressed key environmental health components that impact Summit County residents. The issues presented a robust snapshot of environmental health concerns. To ensure that the issues fell within the definition of environmental health, the SCEC analyzed the initial list to ensure they were truly related to environmental health.

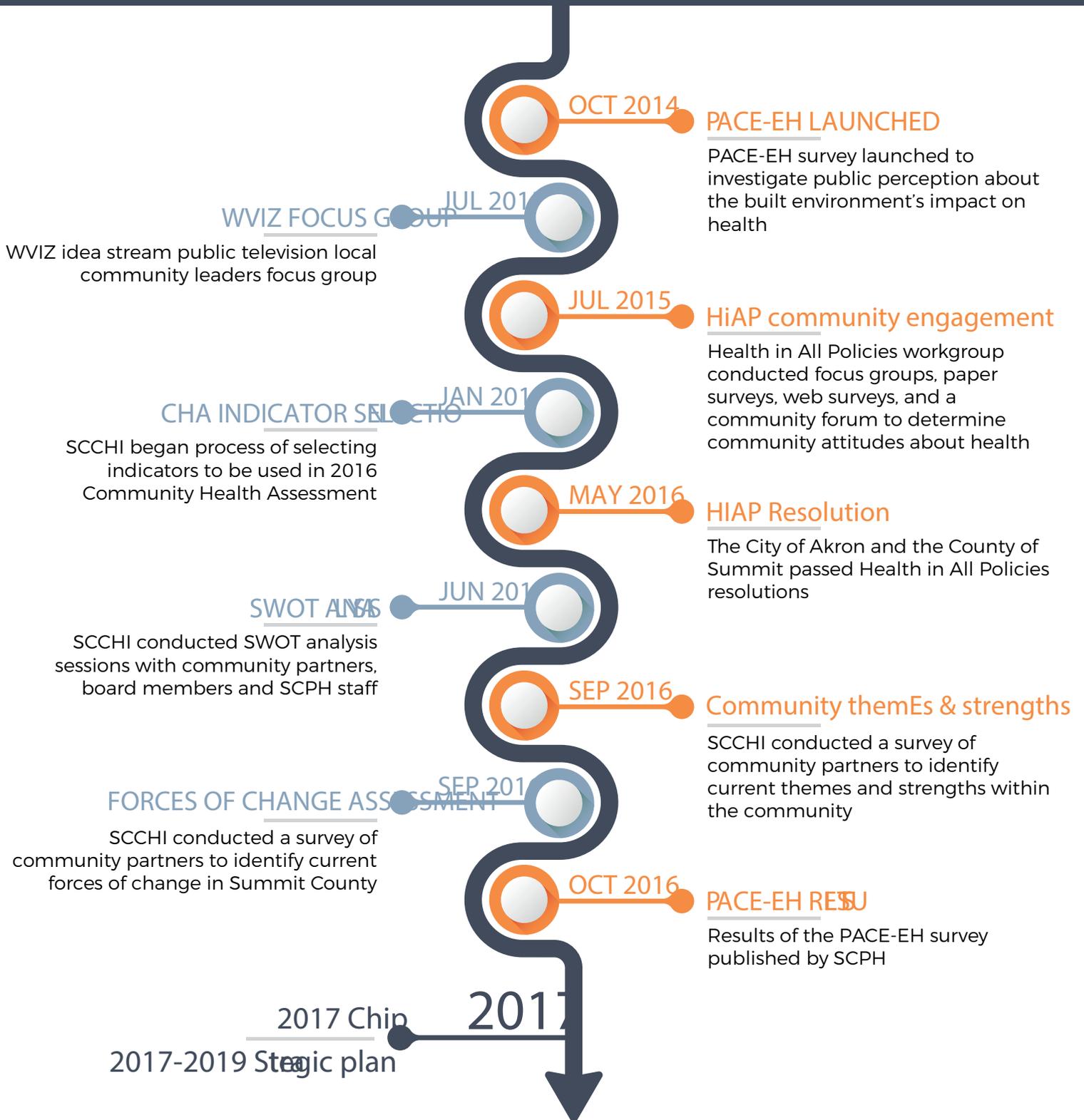
### PACE ASSESSMENT

Based on the survey results and their impact on both human health and environmental health, the following issues were ranked with priority:

- **Lack of locally grown food**
- **Lack of recycling facilities**
- **Too many abandoned homes**
- **Too many abandoned commercial properties**
- **Lack of “green space”**
- **Implications of climate change**

Additional information can be found in Agencies I & II

# COMMUNITY ENGAGEMENT TIMELINE



# STRATEGIC PRIORITIES 2017-2019

## I. HEALTH ASSURANCE & ACCESS

### Improve quality of life through public health programming, assessment and surveillance

#### Strategies:

- Develop programs and partnerships to effectively and efficiently respond to community needs
- Actively seek to engage the community related to programming, policies and infrastructure that affects them
- Continuously evaluate the needs of the community relative to the emerging public health issues (surveillance and monitoring)

## II. HEALTH EQUITY & SOCIAL DETERMINANTS OF HEALTH

### Promote and facilitate policy change to address health inequities, social determinants of health and the built environment

#### Strategies:

- Health in All Policies
- Develop internal policies that address health equity and the social determinants of health

### Develop programs that reduce health inequities and address the social determinants of health

#### Strategies:

- Develop internal procedures to address health inequities and the social determinants of health
- Develop programs that target vulnerable populations to reduce health inequities
- Prioritize customer service and cultural competency in all staff trainings and professional development opportunities

# STRATEGIC PRIORITIES 2017-2019

## III. QUALITY IMPROVEMENT & PERFORMANCE MANAGEMENT

### Maintain a competent public health workforce that is knowledgeable of emerging public health issues, is engaged and motivated

#### Strategies:

- Achieve and maintain agency- and program-specific certification or accreditation
- Recruit, hire and train quality staff to deliver exceptional service and evidence-based practices / models of programming

### Foster a culture that continuously looks to create efficiencies and reduces costs

#### Strategies:

- Lean training and principles
- Utilize staff to maximize program efficiency and revenue reimbursement
- Create standard operating procedures (SOPs) and streamlined work processes

## IV. BRANDING, MARKETING & OUTREACH

### Develop an agency-wide branding plan to increase community awareness of SCPH programs and mission

#### Strategies:

- Consolidate agency advertising, marketing and branding to create efficiencies and standard designs
- Utilize technology to expand and enhance outreach efforts

### Expand outreach to the community

#### Strategies:

- Community education and training
- Outreach to priority populations

# STRATEGIC PRIORITY I: HEALTH ASSURANCE & ACCESS

## GOAL 1: IMPROVE QUALITY OF LIFE THROUGH PUBLIC HEALTH PROGRAMMING, ASSESSMENT AND SURVEILLANCE

Strategy 1 : Develop programs and partnerships to effectively and efficiently respond to community needs	
Objectives	
1. Partner with the Summit Food Policy Coalition to address ongoing concerns surrounding food deserts and food insecurity in Summit County	
2. Conduct a needs assessment of laboratory services and explore options for expansion of the EH Water Quality lab	
3. Convene SCCHI coalition meetings to facilitate community health improvement planning	
4. Obtain mental health certification to be responsive to community need for trauma-informed care	
5. Partner with the aging network to conduct a needs assessment and identify a prioritized strategic plan to improve access to affordable community based services for older adults	
6. Lead collaborative efforts with the Bed Bug Task Force by conducting quarterly meetings, enhancing the website presence, and creating a standardized educational project providing resources and tools	
7. Develop and implement the Medication Assisted Treatment Program	
8. Determine the feasibility for the implementation of targeted Alcohol Tobacco and other Drug (ATOD) prevention and treatment services in underserved communities	
9. Protect and improve our watershed by partnering with new and existing communities to provide storm water testing, monitoring and pollution elimination services	
10. Implement the household sewage treatment system operation permit	
11. Develop a cost effective sustainability plan for the STARS program to ensure access to ATOD services for Summit County Children's Services families	
12. Work with Akron Children's Hospital to pilot a program introducing home-based environmental interventions to reduce the number of childhood asthma attacks requiring an ER visit.	

# STRATEGIC PRIORITY I: HEALTH ASSURANCE & ACCESS

**Strategy 2** : Actively seek to engage the community related to programming, policies and infrastructure that affects them

**Objectives**

1. Be a convener of collaborative partnerships that are responsible to community needs regarding refugees and other vulnerable populations including hosting the Refugee Task Force and continue the work of the Minority Health initiative.	
2. Convene stakeholders throughout Summit County to complete a needs assessment and a targeted strategic plan for the refugee population	
3. Present identified health priorities to meeting of area charitable foundations	
4. Assist in developing "The 3 things Every Community can do to Improve Health" low cost practices	

**Strategy 3** : Continuously evaluate the needs of the community relative to emerging public health issues (surveillance and monitoring)

**Objectives**

1. Engage and educate the medical community surrounding the issue of childhood lead poisoning through community engagement, educational credits, and resident doctor outreach	
2. Implement and convene a forum for information dissemination on human trafficking	
3. Analyze and track trends through the creation of a Poison Death Review committee	
4. Monitor and evaluate the Community Health Improvement Plan (CHIP)	
5. Continue to participate and advise the Community Advisory Council for School-Based Health Centers	

# STRATEGIC PRIORITY II: HEALTH EQUITY & THE SOCIAL DETERMINANTS OF HEALTH

## GOAL 1: PROMOTE AND FACILITATE POLICY CHANGE TO ADDRESS HEALTH INEQUITIES, SOCIAL DETERMINANTS OF HEALTH AND THE BUILT ENVIRONMENT

Strategy 1 : Health in All Policies	
Objectives	
1. Develop policies to promote tobacco use prevention (T21) and create tobacco free environments	
2. Promote adoption of Health in All Policies legislation in Summit County municipalities	
3. Work to advance policies and projects that create Complete Livable and Green Streets and increase access to natural active living spaces	
4. Work with community partners to address youth violence through policies and programming	
5. Work with Summit County businesses to assess and improve worksite wellness policies	
6. Ensure that programs and policies that impact large system change also focus on the needs of older adults and the disabled	

Strategy 2 : Develop internal policies that address health equity and the social determinants of health	
Objectives	
1. Ensure that SCPH clinic/dental clients are referred to all available resources for insurance coverage and assistance both locally and at a state level to be medically compliant	
2. Increase the recruitment and hiring of a diverse workforce that reflects the SCPH service area	
3. Create an inclusive and supportive work environment for all employees	
4. Ensure all SCPH employees are able to effectively serve all members of the community regardless of race, gender identity, sexual orientation, religion etc.	

# STRATEGIC PRIORITY II: HEALTH EQUITY & THE SOCIAL DETERMINANTS OF HEALTH

## GOAL 2: DEVELOP PROGRAMS THAT REDUCE HEALTH INEQUITIES AND ADDRESS THE SOCIAL DETERMINANTS OF HEALTH

**Strategy 1** : Develop internal procedures to address health inequities and the social determinants of health

### Objectives

1. Develop internal resource guides for staff to refer clients to use free or unusual services such as community groups that will offset cost for those in need	
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**Strategy 2** : Develop programs that target vulnerable populations to reduce health inequities

### Objectives

1. Ensure individuals with limited English proficiency (LEP) have access to pertinent information in their native languages	
2. In coordination with the FDA Oral Culture Learners Project, ensure that food safety education and resources are available in multiple languages and/or include simple visual directions	
3. Ensure that 100% of staff participate in Roots of Inequity training	
4. Utilize Healthchek data to target outreach to families with children who are behind on their well child visits	
5. Implement the evidence-based Nurse Family Partnership program to provide home visiting services to pregnant women medically at-risk for poor birth outcomes.	

**Strategy 3** : Prioritize customer service and cultural competency in all staff trainings and professional development opportunities

### Objectives

1. SCPH will incorporate cultural competency training into the SCPH Workforce Development Plan and require at least one training each year to all employees on best practices related to cultural competency.	
2. Ensure that 100% of staff receive Bridges out of Poverty training	
3. Improve interaction with limited English proficient (LEP) clients in the WIC program	

# STRATEGIC PRIORITY III: QUALITY IMPROVEMENT & PERFORMANCE MANAGEMENT

## GOAL 1: MAINTAIN A COMPETENT PUBLIC HEALTH WORKFORCE THAT IS KNOWLEDGEABLE OF EMERGING PUBLIC HEALTH ISSUES, IS ENGAGED AND MOTIVATED

<b>Strategy 1 : Achieve and maintain agency- and program-specific certification, accreditation or compliance</b>	
<b>Objectives</b>	
1. Achieve a Culture of Quality as defined by the National Association of County and City Health Officials (NACCHO)	
2. Maintain national accreditation through the Public Health Accreditation Board (PHAB)	
3. Ensure all clinical services and programs remain in compliance with certification standards	
4. Pursue certification as a continuing education provider for Counselor, Social Worker and Marriage and Family Therapy Board to promote community wide trainings and staff development	
5. Ensure that all Alcohol Tobacco and other Drugs (AToD) services and programs remain in compliance with certification standards	
6. Achieve Healthy Families America accreditation for early childhood home visiting programs	

<b>Strategy 2 : Recruit, hire and train quality staff to deliver exceptional service and evidence-based practices / models of programming</b>	
<b>Objectives</b>	
1. Develop and implement internal operations training for supervisors and senior management	
2. Develop a leadership training series for management	
3. Educate staff on new and/or updated policies and procedures	
4. Develop an internal Lean Boot Camp curriculum and an introductory course for all staff	
5. Establish a formal mentoring program and have a cohort of at least 40 staff participate	
6. Provide and develop CEU programming for licensed staff	
7. Provide opportunities for cross training within all divisions	
8. Implement pre-employment candidate screening tools and tests	
9. Engage the workforce to improve morale and seek ideas for improvement	
10. Integrate PROMISE values into agency culture and employee evaluations	
11. Assess organizational capacity, staffing levels and pay scales to provide recommendations for reorganization and scale adjustments that maximize efficiency and effectiveness.	

# STRATEGIC PRIORITY III: QUALITY IMPROVEMENT & PERFORMANCE MANAGEMENT

## GOAL 2: FOSTER A CULTURE THAT CONTINUOUSLY LOOKS TO CREATE EFFICIENCIES AND REDUCE COSTS

Strategy 1 : LEAN training and principles	
Objectives	
1. Implement formal quality improvement (QI) projects across all divisions and programs	
2. Ensure that all staff completes introductory Lean training	

Strategy 2 : Utilize staff to maximize program efficiency and revenue reimbursement	
Objectives	
1. Select a private billing company for clinical health services. All old billing clean up and both dental and clinical billing release weekly	
2. Monitor Medicaid and Private reimbursements quarterly	
3. Structure counseling program based on the Behavioral Health redesign criteria to maximize reimbursement	
4. Set performance management criteria for all direct service programs	
5. Implement a time and geographical tracking system for staff safety and accountability	
6. Establish productivity standards by job title and function and incorporate expectations into employee job descriptions	

# STRATEGIC PRIORITY III: QUALITY IMPROVEMENT & PERFORMANCE MANAGEMENT

Strategy 3 : Create SOPs and streamlined work processes	
Objectives	
1. Develop standard operating procedures for all critical processes to become part of division training and operations manuals for staff	
2. Implement an electronic workflow for communicating, monitoring and tracking key agency priority initiatives	
3. Implement electronic workflow for administrative processes such as purchasing, travel and onboarding	
4. Implement the use of technology in the Air Quality unit to conduct paperless inspections	
5. Create a foodborne illness response manual which includes written SOP's, establishment of a foodborne illness outbreak response team, and contingencies for just in time training in the event of a foodborne illness outbreak	
6. Streamline and consolidate community coalition work to maximize coordination and participation	
7. Conduct a division-wide CQI project involving all EH programmatic units to improve the complaint and enforcement management process with funding from the LGIF grant award	
8. Utilize a spreadsheet to track and reduce complaints and paper voids in Vital Statistics	
9. Administer and analyze customer and referral satisfaction surveys in all programs providing direct services	
10. Develop a standardized interagency referral process	

# STRATEGIC PRIORITY IV: BRANDING, MARKETING & OUTREACH

## GOAL 1: DEVELOP AN AGENCY-WIDE BRANDING PLAN TO INCREASE COMMUNITY AWARENESS OF SCPH PROGRAMS AND MISSION

<b>Strategy 1 : Consolidate agency advertising, marketing and branding to create efficiencies and standard designs</b>	
<b>Objectives</b>	
1. Develop and implement an agency wide marketing plan and brand strategy	
2. Designate an agency representative and develop SOPs for all marketing activities	
3. Ensure that all applications for funding include resources for outreach, branding and marketing	
4. Establish an agency contract with a marketing agency and develop a plan for sustainability	
5. Standardize all agency marketing materials and outward communications (email signature, press releases, envelopes) with a consistent brand	
6. Conduct a brand audit to assess existing marketing materials	

<b>Strategy 2 : Utilize technology to expand and enhance outreach efforts</b>	
<b>Objectives</b>	
1. Utilize technology options to engage, retain and ensure clients are in adherence and are reminded of upcoming appointments (text messaging, FaceTime, video and social media)	
2. Redesign the agency website and create specific websites for target populations	
3. Develop data dashboards using business intelligence software for internal and external use	
4. Develop targeted online marketing campaigns to promote programs and increase service delivery	

# STRATEGIC PRIORITY IV: BRANDING, MARKETING & OUTREACH

## GOAL 2: EXPAND OUTREACH TO THE COMMUNITY

Strategy 1 : Community Education & Training	
Objectives	
1. Educate the public on the US Environmental Protection Agency's Enforcement and Compliance History Online (ECHO) web tool and other publically available compliance tracking databases	
2. Develop educational materials on the value of public health	
3. Provide industry training on: food safety, septic system maintenance, swimming pool management, and air pollution control	
4. Provide homeowner education and information courses on household septic programs	
5. Educate employees, customers and facilities to identify signs of human trafficking	
6. Provide education on lead poisoning from lead based paint in homes and risks from every day products for various populations	
7. Water quality will provide training to sewage treatment system service providers who perform inspections to assure quality standards for information reporting	
8. Provide infectious disease/ HIV/ STD education to daycares and nursing homes to prevent the spread of communicable disease	
9. Continue to educate the community and medical providers on disease prevention and emerging diseases	

Strategy 2 : Outreach to priority populations	
Objectives	
1. Conduct targeted Food & Recreation outreach initiatives	

## APPENDIX | STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

In the summer of 2015, Summit County Public Health began collecting data in partnership with Ideastream/WVIZ Public Television to conduct a local focus group with local leaders to begin the strategic planning process. Participants contributed a total of 106 verbal and/or written responses that identified 31 key health indicators. This created a broad foundation for moving forward with more focused assessment strategies within groups.

Summit Coalition for Community Health Improvement (SCCHI) has been engaged in strategic planning sessions over the last year establishing indicators, setting priorities and determining community needs. American Public Health Association promotes a Health in All Policies approach as a strategy for addressing the complex factors that influence health and equity, also referred to as the social determinants of health, which include educational attainment, housing, transportation options, and neighborhood safety.

### COMMUNITY ENGAGEMENT WITH HEALTH IN ALL POLICIES

The Community Engagement Plan (CEP) was built on four types of activities: focus groups, paper surveys, a web-based survey distributed through social media, and a community forum. Two questions were at the center of these interactions. These questions were developed in order to best gather how the social determinants of health affected their lives both positively and negatively.

1. What about or in your community gives you joy, happiness or pleasure in your life?
2. What about or in your community keeps you from experiencing joy, happiness or pleasure in your life?

From those who were engaged in the CEP efforts we learned, for example, those interpersonal connections (family, friends, a sense of community), community infrastructure (parks, services, arts and cultural events), a sense of meaning and purpose (e.g. church, spirituality) and the ability to meet basic needs were the most important conditions that support health and wellness. Impediments to living life to its fullest included some of the opposite factors --namely, broken connections, lack of infrastructure, racism and basic needs not being met. In addition, one message that is perhaps the single most important takeaway from participants is that they feel disconnected from policy-makers.

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### What about or in your community gives you joy, happiness or pleasure in your life?

**Relationships and Purpose-** Connections with family is the single most significant, positive element in peoples' lives that was mentioned in survey results. Connections with family, friends and neighbors, as well as having a sense of belonging and participating in community events and activities, accounts for more than 35% of the responses.

**Community Infrastructure, Built Environment, and Business Engagement-** Taken together, these areas that highlight community assets, both public and private, were specified in over a quarter of the categorized responses. People described these positive elements in their lives in a variety of ways. From neighborhood parks to the Summit County Metro Parks, to the Towpath, to the Cuyahoga Valley National Park, respondents made clear that the park system, with its hiking, walking, and biking trails, plays a conspicuous and affirming role in their lives. Many respondents expressed their pleasure in being outdoors, in the fresh air, engaging in outdoor activities, and communing with nature. Others identified access to recreational infrastructure like gyms, fitness centers, or community centers as instrumental in their lives.

**Basic Needs Being Met-** A third important theme people identified was the joy they feel when their basic needs are met. At least one of the following themes were identified by 145 ( out of 528) respondents as having a positive impact on their lives : living in a safe, peaceful environment, accessing healthy food and health care, experiencing financial security, and appreciating the strong educational system.

### What about or in your community keeps you from experiencing joy, happiness or pleasure in your life?

**Broken Connections with Individuals and Communities-** Where connections are the most significant positive element, broken connections, whether with people or institutions, are the most significant people face. Among these barriers to happiness is living in the midst of unlawful activities such as shootings and killings, drug activity and gangs. Racism, both personally mediated and institutional is another example of a circumstance that represents a broken connection in the community. Additional barriers named included insufficient cultural competency, representative diversity, connection to communities and a lacking understanding of historical and root causes of poverty. Individual level broken connections identified included broken family relationships; broken relationships with neighbors and co-workers; and broken relationships with other individuals as evidenced by "apathy," "disrespect," and "rudeness."

**Unmet Basic Needs-** Insufficient income and jobs was a critical factor among unmet needs. Sixty-two survey respondents specifically described this barrier, stating "need a job for everyone; this will result in less crime," "low-wage employment," fewer opportunities," and "difficulty obtaining gainful employment." Many forum participants also pointed to financial instability, as a result of high health care, medical, education, and childcare costs, among other things, as a significant barrier in their lives. Poverty, living with insufficient resources and the inability to earn enough money to alleviate the situation are leaving people stressed at a fundamental level.

**Inhospitable Built Environment-** Gaps in Community Infrastructure- The third negative theme people identified in their responses is dealing with an inhospitable built environment. "Speeding cars," "traffic," "not enough sidewalks," and "abandoned houses" were among some specifics mentioned. In addition, several people articulated dissatisfaction with the need to drive everywhere, stating, e.g., "I wish our community were more walkable," and "not enough things to do in walking distance." Closely related to the inhospitable built environment are gaps in community infrastructure. Respondents shared that there are not enough interesting restaurants, cafes, and locally-owned stores. Respondents also pinpointed difficulties meeting people, suggesting a need for more social opportunities.

**Meaning and Purpose Lacking-** The absence of meaning and purpose was a fourth theme that emerged from responses. This gap centered primarily on the struggle to have enough time after working long hours to do other things, perhaps spending time with family or having fun. The pressure people feel to find ways to meet their basic need for income likely detracts from their ability to have the relative luxury of having a life filled with meaning and purpose. As forum participants contributed, that luxury is also denied to people struggling with poor health. One person shared: "if you are sick, you cannot think of goals to fulfill." Another explained: "illness gets in the way; with illness, [you] can't focus on anything else. " All the joy that people attain by having a meaning-filled and purposeful life, as respondents described in response to the previous question, is unavailable to those who instead are struggling with time and health constraints, and otherwise trying to meet basic needs.

**Weather-** While the weather remains outside the control of policy-makers, how our local institutions respond is not. For example, if local government would facilitate a better system for clearing sidewalks in the winter so pedestrians, particularly school children, could use them, that system would improve the ability of residents to be more physically active during snowy months.

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The results from the community engagement plan and subsequent report have informed the creation of the Health in All Policies Charter which was passed in both the City of Akron and County of Summit in May 2016, demonstrating the commitment of policy makers and government officials to consider health when making decisions.

The work done to engage the community on what is important to them has contributed significantly to the 2016 Community Health Assessment. The themes identified through these focus groups are consistent with those found through both the Community Themes & Strengths and Forces of Change Assessments completed by community organizations, government officials and health care professionals.

### SWOT ANALYSIS

Summit County Public Health conducted a SWOT Analysis from June through October of 2016 with the community, board members and staff. This included face to face meetings, electronic surveys and board retreats. Major themes included: financial stability, policy development, environmental health assessment, health inequity, school-based health services, opiate response, infant mortality, food insecurity, chronic disease, professional development, marketing, community health assessment findings, gaps in services and senior services. This was conducted with open-ended questions allowing participants the ability to convey their own perspective. The data from all three groups was then analyzed into frequencies which support our 2017-2019 priorities.

Our SWOT analysis provided the following information:

STRENGTHS	WEAKNESSES
Collaborative Community/Public Initiatives Active Living Community with Green Space Access to Health Care/Community Services Culturally Diverse Passionate Staff/Workforce Accredited Health Department	Media presence Branding Lack of funding Training Needs Data Management
OPPORTUNITIES	THREATS
Potential for hospital collaborations CHA/CHIP Internal and External Communications Health in All Policies Senior Citizens Program Community Engagement Early Childhood Programs Proactive way system to identify individuals in need	Hospital System Collaboration Out of County Duplicate Service Providers Grant Dependent Changing Political Environment Difficult Social Issues- Access to Mental Health/ Substance Abuse/Crime/Health Care Costs

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## COMMUNITY THEMES & STRENGTHS

The Community Themes and Strengths survey was completed via internet survey during the month of September by various community stakeholders. The survey was modeled after the Community Themes and Strengths Survey that was distributed during the State of Ohio State Health Assessment (SHA) regional forums. Analysis of results also utilized the state's definitions and groupings. The top five answers for each question are represented below.

### QUESTION 1: What makes you most proud of our county?

Top 5 Responses
Collaboration & alignment
Community engagement (sense of community)
Active Living Environment (Park System)
Access to Health Care and Community Services
Education, Arts & Culture

### QUESTION 2: What do you believe are the 2-3 most important characteristics of a healthy county?

Top 5 Responses
Access to healthcare / medical care
Economic vitality
Education
Safety
Healthy Food Environment

### QUESTION 3: What do you believe is keeping our county from improving health and quality of life?

Top 5 Responses
Lack of funding and resources
Lack of collaboration / alignment
Political climate
Poverty
Lack of education

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## FORCES OF CHANGE ASSESSMENT

The Forces of Change Assessment was completed by the Summit Coalition for Community Health Improvement (SCCHI) during the September 2016 meeting. The group identified a list of 30 potential broad forces of change that had the potential to affect the health and quality of life of Summit County residents. After further analysis, 17 forces were identified as being broad enough to affect multiple systems and large populations. During the October 2016 meeting, SCCHI members were asked to select their top four forces of change in order to help narrow down the list. An internet survey was also sent out to individuals that were not in attendance. The following are the most critical forces of change that were identified through the selection process.

<p><b>OPIATE EPIDEMIC</b></p>	<p>As overdoses and overdose deaths continue to rise, the impact of the current opiate epidemic can be felt across multiple systems. Some of these systems such as police, fire and EMS are often the first responders when there has been a drug overdose. This is why there is an increasing push to obtain lifesaving naloxone to prevent unintentional deaths. Other systems, such as Summit County Children’s Services, are finding that placement costs are rising due to the increasing amount of heroin and opiate use resulting in a child being taken into custody. Children removed from these situations can often present higher needs thus requiring more costly intervention. Providers are trying to balance the demands of the current crisis, while also working to prevent future drug use and abuse through programs that target children and policy level strategies around prescribing and monitoring.</p>
<p><b>AFFORDABLE CARE ACT</b></p>	<p>The 2010 Affordable Care Act (ACA) and the related expansion of Ohio’s Medicaid program in 2014 have helped many in Summit County obtain access to health insurance coverage. However, adequate access to health services still remains a challenge for many who find that health insurance premiums and out of pocket costs continue to rise and Medicaid providers for some services, such as dental, are limited. Furthermore, the viability of the ACA is highly dependent on the outcome of the 2016 presidential election which leaves the potential implication of millions finding themselves without coverage. Even if the ACA remains intact, rising costs and limited access will need to be addressed through community programs that can mitigate some of the cost issues, prevention programs that can prevent costly diseases and educational programs that can teach the proper utilization of health insurance.</p>
<p><b>BEHAVIORAL HEALTH REDESIGN</b></p>	<p>The State Fiscal Year 2016/2017 budget continues the Kasich Administration’s commitment to modernize Ohio’s Medicaid program. At the center of this effort is a proposal to rebuild community behavioral health system capacity across the state. The legislation provides targeted investments to support the initiatives such as: developing new services for individuals with high intensity service and support needs; improving health outcomes through better care coordination; and recoding all of Medicaid behavioral health services to achieve alignment with national coding standards. This presents unique challenges to Summit County agencies as the proposed rates are often lower than those that have been utilized in the past. There is the potential for financial hardship when considering the large investment in EHR systems. Furthermore, in 2018 behavioral health will be reimbursed by Medicaid Managed Care Organizations. Every agency will be grandfathered in during the first year but after, the MCO’s will have the choice of what behavioral health and AOD agencies they wish to contract with.</p>

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<p><b>REDUCTION IN FEDERAL &amp; STATE FUNDING</b></p>	<p>An overall reduction in federal and state funding, coupled with increasing responsibility on local governments, directly affects programming and services delivered to Summit County's most vulnerable residents. Although this can provide ample challenges, it also allows for unique collaborations to address resource restraints and programmatic gaps. An example is the Adult Protective Services program through the Summit County Department of Job and Family Services. Reductions in state funding essentially made this program an unfunded mandate. Rather than reduce services, SCDJFS worked with Summit County Public Health and other community agencies to implement a model in which adults are protected from conditions of abuse, neglect, self-neglect and exploitation.</p>
<p><b>INCREASING VULNERABLE POPULATIONS SOCIAL NEEDS</b></p>	<p>One such vulnerable population is residents that are foreign born with limited English proficiency. With these special populations come both challenges and opportunities. According to a report commissioned by Partnership for a New American Economy and the Knight Foundation, immigrants and refugees held close to \$137 million in spending power, which is defined as the net household income available to a family after paying federal, state, and local taxes. Additionally, during 2000-2013, foreign born residents increased the total housing value in Summit County by \$207 million. Although the economic benefits to Summit County are great, there are challenges associated with a rising number of refugees. These include locating housing, ensuring physical and behavioral health care needs are met, and providing accurate and timely translation services for needed community services. Summit County's large public agencies currently spend a combined \$865,000 on translation services annually (Summit County Public Health, 2015). These costs are often greater than the Medicaid reimbursement rate for medical services rendered. The cost issue is often compounded by issues regarding accuracy in translation due to the many dialects within each population. Issues regarding mental health status are also of increasing concern. Other vulnerable populations are those in extreme poverty, recovering from alcohol and other drug dependence, mental health issues and unstable home environments.</p>
<p><b>GROWING AGING POPULATION</b></p>	<p>It is estimated that there are 10,000 older adults who turn 65 every day in in the United States, a trend that is expected to continue for the next 13 years (Pew Research Center, 2010). There are several implications for a growing population of older adults as identified by the Akron Community Foundation's 2015 Creating Measurable Community Impact report. First and foremost, capacity among service providers will be required to grow in order to address the needs of this population in order to avoid waiting lists. Consequently, the demand for caregivers and transportation will increase. Secondly, there will be older employees in the workforce and a growing number of retirees. Lastly, a growing older adult population will impact tax collections as income taxes, expenditures and property taxes decline as people age.</p>
<p><b>INFRASTRUCTURE / BUILT ENVIRONMENT CHANGES</b></p>	<p>There are an increasing number of policy makers, government officials and developers that are recognizing "place matters." The built environment certainly affects the health and quality of life for an individual and can have either positive or negative impacts on economic viability for a community. Summit County is seeing a rise in projects and policies to improve the built environment by increasing green space, improving walkability/ bikeability and reducing accidents. With these opportunities to improve the built environment come challenges such as gaining adequate community input on what is important and needed based on their experiences, avoiding gentrification and incorporating health equity concepts into decision-making.</p>

### PACE MODEL

Using community responses as a catalyst for determining public health priorities, the PACE process employed a 13-part task list to determine community needs. The process outlines how key stakeholders engage communities to identify the environmental health barriers and collaborate to set priorities for action.

#### THE SCEC ASSESSED:

1. Were the issues locally appropriate? Would it be of concern to local residents?
2. Do the issues fall within the scope of the assessment?
3. Does the issue truly represent a relationship between the environment and human health?

Once the issues were compared against these key factors, the SCEC developed a comprehensive community survey. The survey assessed major components of the natural and built environments and assessed perceived quality, quantity, and impact on health. In an effort to be representative of Summit County, the survey implementation period relied on community partnerships and accessibility in all parts of the county. The survey was shared with over 70 community organizations and 20 community-wide events over a six-month period.

Accessibility was a key part of administering the survey and ensuring it reached residents across the county. The assessment team ensured accessibility the following ways:

**Language:** The survey was published in five different languages; English, Spanish, Karen, Nepali, and Burmese in an effort to be reflective of the languages most spoken in communities across the county.

**Survey Accessibility:** Making the survey accessible to residents across several platforms allowed for the assessment to reach residents who may not traditionally engage in some public health practices. The survey was administered on several platforms including; websites, email distribution, social media, Quick Response (QR) codes, mobile links, and traditional paper surveys.

### RESULTS

Based on the survey results and their impact on both human health and environmental health, the following issues were ranked with priority:

- Lack of locally grown food
- Lack of recycling facilities
- Too many abandoned homes
- Too many abandoned commercial properties
- Lack of “green space”
- Implications of climate change

#### LACK OF LOCALLY GROWN FOOD

Approximately 53% of survey respondents throughout the county indicated that there was a lack of locally grown food. To measure food access, we used a food environment index score to determine if there are individuals living in poverty with limited access to a grocery store or those without access to a reliable food source. Based on the 2015 CHIP Update, SCPH identified that the food index score for Summit County fell from 7.1 to 6.8 which indicates there are more Summit County residents without reliable food access. Food access has emerged as a key barrier for quality of life across the nation. Lack of access to food has shown to be a detriment to the proper development of children and can also lead to obesity when adequate access to quality food is limited creating a food insecurity which the USDA defines as lack of reliable access to healthy and nutritious foods. Lack of locally grown food can be compared to the primary and secondary food sources. In addition to identifying what sources are utilized and mapping where these sources are located throughout the county, perception on quality and gathering a greater understanding for what it takes to access healthy and nutritious food tells a greater story of what food access includes. SCPH along with many community partners through the Summit County Community Health Improvement (SCCHI) Coalition have begun developing programs, policies, and initiatives that take a more comprehensive look at food access in Summit County.

#### LACK OF RECYCLING FACILITIES

Recycling is vital to sustaining the health of our environment because it reduces our waste production and subsequently decreases our carbon footprint. Approximately 35% of residents surveyed believed there is a lack of recycling facilities throughout the county. Based on data from Summit ReWorks, 30 out of the 31 municipalities in Summit County offer curbside recycling programs and approximately 12 out of 31 have drop-off recycling facilities. Because recycling is available in most parts of the county, recycling education and awareness may be an area of opportunity.

#### ABANDONED HOMES

Abandoned and dilapidated homes create an eyesore in communities which in turn can diminish a sense of pride in community. Conversely, abandoned homes create safety and health hazards as they potentially pose risk for lead poisoning, rodent infestation, and safety

concerns with broken materials. Approximately 34% of residents surveyed indicated that abandoned homes in their neighborhood have a significant impact on their health.

### **ABANDONED COMMERCIAL PROPERTIES**

Similar to abandoned homes, abandoned commercial properties can create adverse effects on communities. They can impact the economic growth and development of a particular community. About 31% of residents surveyed indicated that abandoned commercial properties have a significant impact on health. Several initiatives exist in Summit County to revitalize communities including the Better Block Initiatives and Complete Streets.

### **LACK OF GREEN SPACE**

Trees, parks, and gardens or “green space” are important not only for beautification of a community but they offer a space for physical activity and create an added sense of community. When asked about the amount of green space in their neighborhood, 28% indicated there was not enough green space.

### **IMPACTS OF CLIMATE CHANGE**

There is a wide understanding that our climate is changing and that these changes may pose new threats to our health. While this is a global problem which cannot be solved by a lone community, it is an area of concern that needs further examination.



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