

# STRATEGIC PLAN 2014 – 2018



## TRUMBULL COUNTY GENERAL HEALTH DISTRICT



**Public Health**  
Prevent. Promote. Protect.

Adopted 8/27/2014

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## *Introduction...*

Trumbull County is 618 square miles with approximately 340 people per square mile. According to the most recent census data, Trumbull County has an estimated population of 207,406. It is made up of 89.1% White, 8.4% African American, 0.2% American Indian and Alaska Native, 0.5% Asian, 1.5% Hispanic, 1.7% two or more races, and 87.9% White alone, not Hispanic. Trumbull County is mostly a rural community in Ohio and is part of the Appalachian region. Our Community Health Assessment has shown that this type of demographic region has important health disparities. People living in these regions are more likely to be less educated, not be working, be below the federal poverty guidelines, be uninsured and have unmet health care needs. In Trumbull County, the median age of residents is 42 years of age, 16.1% of the residents live in poverty, 24,767 homes have a household member under the age of 18 years, and 35,520 homes have a member 60 years or older. There are 29,642 people classified as disabled with 2,080 of the disabled age 18 years or younger and 12,394 of disabled 65 years or older. According to the most recent statistics found, Trumbull County has 215 homeless people, although this number is probably much higher. In addition, Ohio has the largest Amish population in the United States with 5.2% of that population residing in Trumbull County. They are mostly concentrated in township of Mesopotamia with 682 households and a median income of \$34,000. In addition, in 2013 Trumbull County ranked 71 out of 88 Ohio counties for overall health outcomes; and in 2014, Trumbull County ranks 76 for these same indicators.

According to the most recent U.S. Census Data, Trumbull County General Health District (TCGHD) served a population of 137,850 residents. This being said, our health department is comprised of four divisions which include: Administration, Environmental Health, Nursing, and Health Education. The TCGHD employs thirty four full time professionals who work in these divisions. The Administration is comprised of the Health Commissioner, the Environmental Director, the Nursing Director, the Administrative Secretary, and the Fiscal Officer. The Environmental department consists of the nine Sanitarians, four Clerical and one Plumbing Inspector who administer programs including: private water systems; food service operations and retail food establishments; household and semi-public sewage treatment systems; camps; public pools; manufactured home parks; solid waste and construction/demolition debris facilities; nuisance investigations; schools; rabies surveillance; mosquito control; and plumbing. The Nursing department consists of three Registered Nurses; one Family Service Program Coordinator; nine Family Service Coordinators; and two Clerical who administer programs including: immunizations; home visiting; tuberculosis services; emergency preparedness; epidemiology; communicable disease follow-up; animal bite reports and follow-up; car seats; cribs for kids; rabies surveillance; maternal child care programs; child fatality review; public education; and pregnancy testing. The Health Education department consists of one Health Educator who administers programs including: reducing tobacco use and exposure; promoting physical activity and healthy eating; improving access to quality preventative health care services; and eliminating disparities and chronic disease.

## *Overview of the Strategic Planning Process...*

The Trumbull County General Health District conducted a strategic planning process from February through August 2014. The process included the following:

- Researched and utilized the NACCHO “Developing a Local Health Department Strategic Plan: A How to Guide”.
- Used a whole systems approach utilizing the “Power of Appreciative Inquiry” methods to develop a series of positive questions resulting in the establishment of common themes and affirmative topics.
- Developed a planning team and identified stakeholders which included the Board of Health, Health Commissioner, Division Directors, and Union Stewards.
- Identified the timelines and resources needed.
- Conducted two surveys of the internal staff and external stakeholders: the Readiness Assessment Survey; and the Mission, Vision and Values Statement Survey.
- Coordinated three meetings with the planning team.
- Conducted one half day strategic retreat on April 25, 2014 that included staff members and management.

This document summarizes the strategic issues and priorities identified by all members of the TCGHD and stakeholders through the planning process.

## *Mission, Vision, and Values...*

The planning team sent out the Mission, Vision and Values Survey on March 25, 2014 to all TCGHD staff and stakeholders. They were given one week to complete the survey and return it to the planning team. The survey described the current Mission, Vision and Values that were determined from the 2008 Strategic Plan and participants were asked to evaluate if these were still applicable today. There were twenty one surveys returned and interesting was that almost all participants agreed the 2008 Mission, Vision and Values were adequate, however the survey results indicated differently, that they were outdated and need to be amended. The survey results were analyzed for frequency of common responses to each question (see Appendix A.) As a result, the following Mission, Vision and Value statement were developed that best reflect the aspirations of this agency.

## **Trumbull County General Health District's Mission Statement:**

*We are committed to protect and promote the health and well-being of our community and prevent disease, disparity and harm to our residents. This is accomplished by responding promptly to serve the needs of the public in a professional and respectful manner with emphasis on public health education and outreach.*

## **Trumbull County General Health District's Vision Statement:**

*The effective exchange, collaboration, and communication of ideas and thoughts with all internal and external stakeholders will enhance our policies, procedures and programs. This along with the promotion of our public health services will eliminate disparities and have a stunning effect on our community.*

## **Trumbull County General Health District's Values:**

- **Integrity / Honesty:** *We act with integrity and are accountable for our actions.*
- **Effectiveness:** *We strive to be effective when providing our services.*
- **Dependability:** *We provide reliable and dependable services.*
- **Service:** *We deliver an exceptional level of service through our programs.*
- **Accuracy:** *Our programs are structured to accurately reach our targeted goals.*
- **Responsibility:** *We take responsibility for our performance in the services we deliver.*

## *SWOT (Strengths, Weakness, Opportunities & Threats) Analysis...*

A strategic planning process includes an analysis of the organization's strengths, weaknesses, opportunities, and threats (challenges.) TCGHD conducted the SWOT analysis through the survey and the Strategic Retreat that was held on April 25, 2014. The questions for the survey and the SWOT analysis were designed using an Appreciative Inquiry or AI approach. There were 32 participants or 94% of the staff who attended the retreat which was orchestrated by the "bottom up approach" while management "viewed from the balcony." The goals of the SWOT Analysis were to identify what we do well and are proud of; identify the areas where we could improve; and harness the opportunities that would strengthen our organization. The following table depicts the results of the SWOT analysis with the top selected concerns indicated in red. These concerns were used to develop the objectives during the Strategic Retreat. The complete results can be found in Appendix C.

<p style="text-align: center;"><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>❖ Dedicated</li> <li>❖ Well Trained</li> <li>❖ Strong Team</li> <li>❖ Compassion/Care</li> <li>❖ Not Afraid to Ask</li> <li>❖ Persistence</li> <li>❖ Assertive</li> <li>❖ Full Staff</li> <li>❖ Well Education</li> <li>❖ Caring, Empathetic, Compassion</li> <li>❖ Diverse with Knowledge</li> <li>❖ Supportive</li> <li>❖ Adapt Well to Change</li> <li>❖ Good Sense of Humor</li> </ul>	<p style="text-align: center;"><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"> <li>❖ Spread Thin</li> <li>❖ Increase Workload and Paperwork</li> <li>❖ Lack Self Promotion</li> <li>❖ Bad Attitude Toward the Public</li> <li>❖ Public Education/Public Relations</li> <li>❖ Communication External and Internal</li> <li>❖ Listening</li> <li>❖ Lack Diversity</li> <li>❖ Disseminating Messages</li> <li>❖ Stubborn</li> <li>❖ Slow to Respond</li> <li>❖ Poor Understanding of Other's Jobs</li> <li>❖ Lack of Cross-Training</li> <li>❖ Lack of Funding</li> </ul>
<p style="text-align: center;"><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>❖ Media</li> <li>❖ Partner with Schools and Universities</li> <li>❖ Technology</li> <li>❖ Working with Professionals</li> <li>❖ Training Opportunities Outside</li> <li>❖ Use of Interns</li> <li>❖ Location, Location, Location</li> <li>❖ Grants</li> </ul>	<p style="text-align: center;"><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>❖ Public Perception</li> <li>❖ Funding</li> <li>❖ Politics</li> <li>❖ Building</li> <li>❖ Personal Responsibilities</li> <li>❖ Demographics</li> <li>❖ Physical Threat</li> <li>❖ Lack of Cooperation from Other Agencies</li> <li>❖ Legal Threats</li> <li>❖ Safety Out in the Community</li> <li>❖ Increase State Paperwork</li> <li>❖ Grant Writing</li> <li>❖ Four Health Districts doing Things Differently</li> <li>❖ Weather</li> <li>❖ Space</li> <li>❖ Courts</li> <li>❖ Media</li> </ul>

## *Summary of Strategic Priorities...*

Questions used in the survey and the Strategic Retreat power point were framed using the Appreciative Inquiry (AI) process (see Appendix A.) Through this process, five common themes were developed along with affirmative topics. The following are a list of the themes and topics.

Themes:

1. Evidence based public health promotion.
2. Workforce development.
3. Public service awareness and outreach.
4. Excellence in service.
5. Fostering collaboration throughout the organization.

Affirmative Topics:

1. Our evidence based public health programs and its impact to promote healthier lifestyles and cleaner environment.
2. Our well trained workforce provides quality public health services.
3. By promoting our health services, the needs of the most underserved in the community are addressed.
4. A commitment to quality services makes a difference in the community.
5. Our collaboration facilitates trusted teamwork to successfully achieve the goals of the organization.

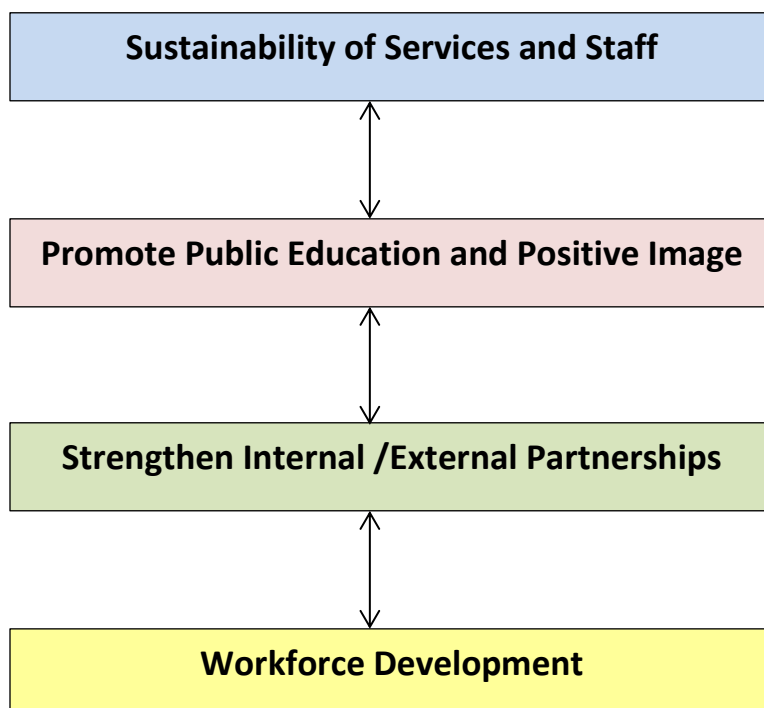
In addition, during the breakout sessions of the Strategic Retreat, objectives were development from the SWOT analysis (see Appendix D.) The following are a list of those objectives.

1. Funding Cuts
2. Public Relations/Perception
3. Self-Promotion
4. Excessive Workload
5. Reduction in Staff
6. Dedicated/Well Trained Workforce
7. Team Work

The themes and affirmative topics were compared to the objectives that came out of the SWOT analysis. From this examination, four priorities were established. The following are a list of the four priorities.



# Trumbull County General Health District Strategic Priorities



## *Strategic Goals and Objectives...*

### **Priority #1 – Sustainability of Services and Staff**

**Goal 1: Address funding cuts to maintain services and staffing levels.**

<i>Objective 1</i>	TCGHD will maintain current funding balances from 2014 through 2018.
<i>Actions</i>	<ul style="list-style-type: none"> <li>• Explore new funding opportunities to strengthen revenue.</li> <li>• Review and update fees annually.</li> <li>• Evaluate programs and services for effectiveness, efficiency and need annually.</li> <li>• Create financial dashboards.</li> </ul>

**Goal 2: Address funding cuts through partnership opportunities.**

<i>Objective 2</i>	By 2018, TCGHD will increase partnerships by 5%.
<i>Actions</i>	<ul style="list-style-type: none"> <li>• Maintain current partnerships and explore new partnerships to share resources.</li> <li>• Prioritize programs to reduce redundancy.</li> <li>• Collaborate with foundations for funding.</li> <li>• Establish relationships with local universities.</li> </ul>



## **Priority #2 – Promote Public Education and Positive Image**

**Goal 1: Use mass and social media to promote our services.**

<i>Objective 1</i>	By 2018, there is a 5% increase in the number of public health press releases and a 5% increase in the number of hits on TCGHD website.
<i>Actions</i>	<ul style="list-style-type: none"> <li>• Maintain and update the TCGHD web site regularly.</li> <li>• Collaborate with other agencies to promote our services.</li> <li>• Provide press releases to the media to promote our services.</li> <li>• Use different forms of social media to promote the TCGHD.</li> <li>• Create “brands” or “logos” for projects.</li> </ul>

**Goal 2: Improve and promote a positive image.**

<i>Objective 2</i>	By 2018, customer service satisfaction will improve by 5%.
<i>Actions</i>	<ul style="list-style-type: none"> <li>• Develop a joint information center and website so that all public health agencies produce accurate messages.</li> <li>• Educational campaigns for targeted groups, e.g. township trustees; physicians; agencies.</li> <li>• Improve the customer service process.</li> <li>• Increase home owner education of enforcement programs.</li> <li>• Promote programs and services at the Board of Health meetings.</li> </ul>

## **Priority #3 – Strengthen Internal and External Partnerships**

**Goal 1: TCGHD employees come together to work on specific projects that benefit the community.**

<i>Objective 1</i>	By 2018; TCGHD will increase the number of internal collaborative projects by 5%.
<i>Actions</i>	<ul style="list-style-type: none"> <li>• Familiarize employees with duties across departments.</li> <li>• Inter-department collaboration to identify housing conditions that aggravate childhood respiratory conditions, e.g. asthma, radon.</li> <li>• Recognize the skills and knowledge each person brings to the project.</li> </ul>

**Goal 2: TCGHD and outside agencies come together to work on specific projects that diminish disparities in the community.**

<i>Objective 2</i>	By 2018; TCGHD will increase the number of collaborative projects by 5%.
<i>Actions</i>	<ul style="list-style-type: none"> <li>• Develop project “task forces” that include diverse internal and external participants.</li> </ul>

## Priority #4 – Workforce Development

**Goal 1: TCGHD Employees use a holistic approach when dealing with the needs of the community.**

<i>Objective 1</i>	By 2018, 100% of TCGHD employees understand and follow policy and procedures.
<i>Actions</i>	<ul style="list-style-type: none"><li>• Provide staff with current copies of policies and procedures.</li><li>• Provide regular staff meetings to increase communication between staff and management.</li><li>• Provide team building exercises.</li><li>• Develop and utilize orientation/training check-lists.</li><li>• Acknowledgement of staff accomplishments.</li></ul>

# Putting the Plan in Action...

## IMPLEMENTATION PLAN

<p><u>Priority:</u> <b>Priority #1 – Sustainability of Services and Staff</b></p> <p><u>Strategy:</u> <i>Public Health Workforce Faces New Challenges and Opportunities</i> – Source: U.S. Department of Health and Human Services</p> <p><u>Goal 1:</u> Address funding cuts to maintain services and staffing levels.</p>				
Outcome Objective 1: TCGHD will maintain current funding balances from 2014 through 2018.				
Program Activities/Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Explore new funding opportunities to strengthen revenue.	Management	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. List of available funding opportunities identified.</li> <li>2. # of funding sources for which we applied.</li> </ol>	Funding obtained from new sources.
Review and update fees annually.	Division Directors	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. Annual cost methodology conducted for all program fees.</li> </ol>	Fees are updated to cover costs.
Evaluate programs and services for effectiveness, efficiency and need annually.	All staff	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. Surveys or evaluations done on health department programs.</li> <li>2. Analysis of the surveys and evaluations done on TCGHD's programs and services.</li> </ol>	Actions taken based on the summary report of program/services effectiveness.
Create financial dashboards.	Frank Migliozi, Dan Dean	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. Quarterly analysis of finances.</li> </ol>	Dashboards are used to monitor finances of TCGHD programs.

<b>Priority: Priority #1 – Sustainability of Services and Staff</b>				
<b>Strategy:</b> <i>Public Health Workforce Faces New Challenges and Opportunities</i> – Source: U.S. Department of Health and Human Services				
<b>Goal 2:</b> Address funding cuts through partnership opportunities.				
<b>Outcome Objective 2:</b> By 2018, TCGHD will increase partnerships by 5%.				
<b>Program Activities/Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline</b>	<b>Process Indicator</b>	<b>Outcome Indicator</b>
Maintain current partnerships and explore new partnerships to share resources.	Management and Staff	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. List our current partnerships.</li> <li>2. # of new collaborative partnerships achieved.</li> </ol>	Current partnerships maintained and new partnerships are developed.
Prioritize programs to reduce redundancy.	Management	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. Annual evaluation of program need.</li> </ol>	The degree of efficiency is improved through change in programs and procedures as redundancy is eliminated.
Collaborate with foundations for funding.	Management	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. Develop a list of local foundations that promote healthy behaviors.</li> </ol>	New funding obtained through local foundation for projects that promote healthy behaviors.
Establish relationships with local universities.	Frank Migliozi	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. An increase in intern opportunities at our health department.</li> <li>2. Collaborative data research projects are increased.</li> </ol>	An increase in health promoting activities in the community without an increase in funding through the integration of collaborative opportunities with colleges and universities.

<p><b>Priority: Priority #2 – Promote Public Education and Positive Image</b></p> <p><b>Strategy:</b> <i>Turning Negative into Positive: Public Health Mass Media Campaigns and Negative Advertising</i> U.S. National Library of Medicine; <i>Systematic Review of Public Health Branding</i> Journal of Health Communication</p> <p><b>Goal 1:</b> Use mass and social media to promote our services.</p> <p><b>Outcome Objective 1:</b> By 2018, there is a 5% increase in the number of public health press releases and a 5% increase in the number of hits on TCGHD website.</p>				
<b>Program Activities/Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline</b>	<b>Process Indicator</b>	<b>Outcome Indicator</b>
Maintain and update the TCGHD web site regularly.	IT Staff	September 2014 – December 2018	<ol style="list-style-type: none"> <li>1. # of times website is updated.</li> <li>2. # of postings per month.</li> </ol>	Current information is posted on TCGHD website.
Collaborate with other agencies to promote our services.	Management and Staff	September 2014 – December 2018	<ol style="list-style-type: none"> <li>1. Updated program flyers and brochures are provided to local agencies to distribute.</li> </ol>	Increase in utilization of our services as a result of collaborative social promotion.
Provide press releases to the media to promote our services.	PIO's	September 2014 – December 2018	<ol style="list-style-type: none"> <li>1. Joint Information Center (JIC) is formed to produce and disseminate consistent public health messages.</li> </ol>	Improvement of healthy behaviors and awareness because of the consistent public health messages.
Use different forms of social media to promote the TCGHD.	IT Staff and Management	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. List of types of social media used.</li> <li>2. # of "hits" to each of those sites.</li> </ol>	Increased awareness of public health messages throughout the community is achieved.
Create "brands" or "logos" for projects.	Management, Stakeholders, and Universities	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. # of new brands or logos created for programs.</li> </ol>	Brands or logos have improved health behaviors and use of services.

<b>Priority: Priority #2 – Promote Public Education and Positive Image</b>				
<b>Strategy:</b> <i>Health Communications and Social Marketing: Health Communication Campaigns that include Mass Media and Health Related Product Distribution</i> The Community Guide				
<b>Goal 2:</b> Improve and promote a positive image.				
<b>Outcome Objective 2:</b> By 2018, customer service satisfaction will improve by 5%.				
<b>Program Activities/Interventions</b>	<b>Person/Group Responsible</b>	<b>Timeline</b>	<b>Process Indicator</b>	<b>Outcome Indicator</b>
Develop a joint information center and web site so that all public health agencies produce accurate messages.	IT Staff, Management /PIO's	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. Joint Information Center (JIC) is formed to produce and disseminate consistent public health messages.</li> <li>2. Stakeholders develop a community website.</li> </ol>	Improvement of healthy behaviors and awareness because of the consistent public health messages.
Educational campaigns for targeted groups, e.g. township trustees; physicians; agencies.	Management and Staff	January 2015 – December 2018	<ol style="list-style-type: none"> <li>1. # of presentations developed and given to community groups.</li> </ol>	Increased awareness and appreciation of public health programs throughout the community.
Improve the customer service process.	Management	September 2014 – December 2018	<ol style="list-style-type: none"> <li>1. Develop and implement customer satisfaction surveys.</li> <li>2. Results of surveys used to evaluate and improve procedures.</li> </ol>	Improved service policies and procedures are implemented and used by staff.
Increase homeowner education of enforcement programs.	Staff	September 2014 – December 2018	<ol style="list-style-type: none"> <li>1. # of homeowner educational opportunities.</li> <li>2. # of environmental brochures developed and distributed to the public.</li> </ol>	Factual information raises the awareness of the importance of environmental preservation.
Promote programs and services at the Board of Health meetings.	Management	September 2014 – December 2018	<ol style="list-style-type: none"> <li>1. # of program presentations conducted at board of health meetings.</li> </ol>	Board of Health has a better awareness of programs and services which effectively drives their decisions making.

<b>Priority: Priority #3 – Strengthen Internal and External Partnerships</b>				
<b>Strategy:</b> <i>Local/Hospital Partnerships NACCHO</i>				
<b>Goal 1:</b> TCGHD employees come together to work on specific projects that benefit the community.				
<b>Outcome Objective 1:</b> By 2018; TCGHD will increase the number of internal collaborative projects by 5%.				
Program Activities/Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Familiarize employees with duties across departments.	Management	September 2014 – December 2018	1. #of staff cross trained.	Improved teamwork, appreciation and customer service is achieved.
Inter-department collaboration to identify housing conditions that aggravate childhood respiratory conditions, e.g. asthma, radon.	Staff and Stakeholders	January 2015 – December 2018	1. # of internal collaborative projects. 2. # of referrals made from home visiting to environmental department.	Collaborative efforts improve housing, sanitary conditions and indoor air quality.
Recognize the skills and knowledge each person brings to the project.	Staff and Stakeholders	January 2015 – December 2018	1. # of times employee participates in projects. 2. # of ideas proposed.	Better program development, longevity and outcomes.

<b>Priority: Priority #3 – Strengthen Internal and External Partnerships</b>				
<b>Strategy:</b> <i>Local/Hospital Partnerships</i> NACCHO				
<b>Goal 2:</b> TCGHD and outside agencies come together to work on specific projects that diminish disparities in the community.				
<b>Outcome Objective 2:</b> By 2018; TCGHD will increase the number of collaborative projects by 5%.				
Program Activities/Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Develop project “task forces” that include diverse internal and external participants.	Staff and Stakeholders	January 2015 – December 2018	1. Initiation of Project DAWN. 2. # of families educated about asthma in children. 3. # of home owners educated on the dangers of Radon. 4. # of home visiting programs working together. 5. # of residents aware of health insurance enrollment programs. 6. % of schools and organizations that promote increase physical activity and good nutrition. 7. Collaborate with employers to develop healthy workforce.	Trumbull County stakeholders work together to improve poor health outcomes.



<p><b>Priority: Priority #4 – Workforce Development</b></p> <p><b>Strategy:</b> <i>Training the Workforce in Evidence-Based Public Health: An Evaluation of Impact Among US and International Practitioners</i> Centers for Disease Control and Prevention</p> <p><b>Goal 1:</b> TCGHD Employees use a holistic approach when dealing with the needs of the community.</p>				
Outcome Objective 1: By 2018, 100% of TCGHD employees understand and follow policy and procedures.				
Program Activities/Interventions	Person/Group Responsible	Timeline	Process Indicator	Outcome Indicator
Provide staff with current copies of policies and procedures.	Management	September 2014 – December 2018	1. Evaluate, update, and distribute policies and procedures annually.	Consistent policies and procedures are being followed and implemented by employees.
Provide regular staff meetings to increase communication between staff and management.	Management	September 2014 – December 2018	1. # of staff meetings conducted.	Employees are up to date with current information that improves their interaction with the community.
Increase workforce competency.	Management, Staff and Partners	September 2014 – December 2018	1. Develop and utilize orientation/train ing check-lists. 2. Provide annual staff evaluations.	Employees are confident in decision making and deliver programs in a consistent manner.
Provide team building exercises.	Management	January 2015 – December 2018	1. # of team building retreats conducted.	Employees work together in a timely manner for a common goal.
Acknowledgement of staff accomplishments.	Management	September 2014 – December 2018	1. # of awards or acknowledgments distributed to staff.	Employees feel appreciated which results in improved work performance.

## APPENDIX A

### Survey

*This survey is necessary for the redevelopment of the Trumbull County Strategic Plan. In this survey you will be asked questions pertaining to our agency's Values, Mission & Vision.*

*We appreciate you taking the time to review it and give your honest opinions.*

*Thank you*

### VALUES:

State an agency's principles, beliefs and underlying assumptions that guide that agency.

Our agency's currently lists our Core Values as:

*Courtesy - Professional/Ethical - Sense of Humor –Integrity  
Honesty - Mutual Respect/Client Oriented (Compassionate)*

1. In your opinion do our agency's current core values state our principles, beliefs and underlying assumptions that guide our agency? ☐ Yes ☐ No

**YES – 17**

**NO - 4**

2. Values are unique to each organization and the staff that are part of that organization. In your opinion, and based upon the values listed below, what are the top 3 most important values in an organization, starting with 1?

<u>3</u>	Accountability	<u>4</u>	Accuracy	<u>2</u>	Collaboration	<u>0</u>	Courage
<u>1</u>	Credibility	<u>3</u>	Dedication	<u>6</u>	Dependability	<u>0</u>	Dignity
<u>2</u>	Diversity	<u>7</u>	Effectiveness	<u>0</u>	Efficiency	<u>1</u>	Empathy
<u>0</u>	Empowerment	<u>1</u>	Equality	<u>0</u>	Equity	<u>1</u>	Excellence
<u>0</u>	Flexibility	<u>4</u>	Honesty	<u>0</u>	Innovativeness	<u>11</u>	Integrity
<u>1</u>	Loyalty	<u>0</u>	Optimism	<u>0</u>	Persistence	<u>3</u>	Quality
<u>3</u>	Respect	<u>4</u>	Responsibility	<u>3</u>	Responsive	<u>5</u>	Service
<u>0</u>	Timeliness	<u>0</u>	Transparency	<u>0</u>	Wisdom		

### Key Values:

1. Integrity
2. Effectiveness
3. Dependability
4. Service
5. Accuracy, Honesty, and Responsibility
6. Accountability, Respect, Dedication, Responsive, and Quality

**MISSION:**

States an agency's purpose and what and why do they do what they do.

Our current Mission Statement reads as follows:

*The mission of the Trumbull County Health Department is to provide accessible preventative health services, regulations, resources, and education for the community in a courteous, timely, and efficient manner. Our services will have a positive impact on the health, safety, and well-being of those we serve. We will treat the public with dignity and respect, (and recognize cultural diversity) and individual needs through our programs and services.*

1. In your opinion, does our agency's mission statement adequately state our purpose, what we do and why? ☐ Yes ☐ No

**YES – 17**

**NO – 4**

2. In your opinion what does our current mission statement say about who we are, what our purpose is, what our agency does, who we serve and how we are unique?
- a. Protect, Promote, and Prevent – 9
  - b. Commitment to the Community – 7
  - c. Serve the Public – 6
  - d. Professionalism and Respect for our Constituents – 4
  - e. Educational Services – 3
  - f. Making a Difference – 3
  - g. Problem Solving – 1
  - h. Providing Timely Services – 1
3. In your opinion what are the basic social and political needs that our agency fills?
- a. Education – 6
  - b. Address Community Needs – 5
  - c. Disease Prevention – 5
  - d. Service to All – 4
  - e. Safety – 3
  - f. Enforcement of Laws and Regulations – 3
  - g. Child Safety – 3
  - h. Collaboration – 2
  - i. Immunizations – 2
  - j. Improvement – 1
  - k. Resources – 1
  - l. Qualified Health Leadership – 1
  - m. Accountability to the Public – 1
4. In your opinion what are the basic social and political problems we are here to address?
- a. Public Health Education and Promotion – 7
  - b. Public Safety – 5
  - c. Environment – 5
  - d. Follow the Laws, Rules and Regulations – 4
  - e. Being Politically Neutral – 4
  - f. Addressing Community Needs – 3
  - g. Policies – 1
  - h. Access to Care – 1

5. In your opinion what is our agency's role in filling or addressing these needs or problems?
- a. Emerge as Leaders – 5
  - b. Provide Education – 4
  - c. Follow State and Local Rules – 3
  - d. Provided Services to the Needy – 3
  - e. Seek Financial Assistance to Help the Needy – 3
  - f. Stakeholder Engagement – 2
  - g. Resource – 2
  - h. Nuisance Abatement – 1
  - i. Immunizations – 1
  - j. Upgrade Septic's – 1
6. In your opinion, how does our role differ from other agencies?
- a. Core Responsibility – 7
  - b. Promote/Educate – 5
  - c. Regulatory – 5
  - d. Provide Health Services – 4
  - e. Support Structure – 3
  - f. Address Community Needs – 2
7. In your opinion, how does our agency recognize, anticipate or respond to needs or problems?
- a. Prompt Response – 9
  - b. Evaluate/Adjust – 4
  - c. Inform the Public – 3
  - d. Collaborate – 3
  - e. Follow the Law – 2
8. Who are our stakeholders, and how should we respond to them?

**Stakeholders:**

- a. The Public – 12
- b. Elected Officials – 6
- c. The Board of Health – 3
- d. Staff/Employees – 2
- e. Schools – 2
- f. Hospitals – 2

**How do we respond to them:**

- a. Respond – 7
- b. Timeliness – 5
- c. Collaborate – 3
- d. Empathy – 1

### **VISION:**

Gives an agency's ideal state or conditions that they aspire to change or create.

Our current Vision Statement reads as follows:

*As the foundation of public health, the dedicated staff of the Trumbull County Health Department shall be leaders in providing accessible quality services to maintain a healthy community and environment. We shall have a positive impact on the community by safeguarding the quality of life in every person through health promotion and regulation. We shall also empower individual and community responsibility through our programs and services.*

1. In your opinion, does our agency's vision statement give the ideal state or conditions that our agency aspires to change or create? ☐ Yes ☐ No

**YES – 20**

**NO - 1**

2. Please identify 5 critical issues or problems that our agency must address for its success in the future:
- a. Perception/Image – 11
  - b. Better Communication – 8
  - c. More Education/Educational Services – 7
  - d. Collaboration Inside our Dept. – 6
  - e. Advertising/Promoting our Services – 5
  - f. Outside Collaboration – 5
  - g. Funding Cuts – 4
  - h. Environmental Issues – 3
  - i. Adjusting to Change – 3
  - j. Increase Staff Levels – 2
  - k. Technology – 2
  - l. Availability to the Public – 2
  - m. Safety – 1
  - n. Access to Care – 1
  - o. Awareness of Regulations – 1
  - p. Workforce Development – 1
  - q. Diverse Services – 1
  - r. New Sources of Income – 1
  - s. Accreditation – 1
3. In your opinion, what do you believe is the best plan for addressing these critical issues in the next 3 to 5 years?
- a. Develop Educational Outreach – 5
  - b. Collaboration – 5
  - c. Grant/Funding – 3
  - d. Self-Promotion Image – 2
  - e. Change – 2
  - f. Use of a Public Relations Firm – 2
  - g. Program Evaluation – 2
  - h. Understanding the we are Public Servants – 1
  - i. Better Board of Health Involvement – 1
  - j. Increase Staff Levels -1
  - k. Deal with Media – 1

- l. Expand our Website – 1
- m. Elected Officials – 1
- n. Increase Group Meetings -1
- o. Internal Involvement – 1
- p. Efficiency – 1
- q. Transparency – 1
- r. Planning /Implementing/Assessing– 1
- s. Improve Communication
- t. Walk the Talk – 1
- u. Whole Systems Approach

### **Appreciative Inquiry Questions**

1. Describe a peak experience or high point in your professional life at this agency, or a previous employer, when you felt most alive, most engaged, and really proud of yourself and your work:
  - a. Salutation – 3
  - b. Teamwork (accomplishing a task as a team.) - 3
  - c. H1N1 Flu Clinics – Felt a part of a process and engaged and there was a benefit to the public with and achievable goal- 2
  - d. Working with families and making a difference in their everyday lives (one on one interaction.) - 2
  - e. One on one teaching (Individual Interaction) /educating the public and making a difference in improving the quality of life and environment - 2
  - f. Coming to work and making a difference that brings positive change - 2
  - g. A recognition program - 2
  - h. Management Support – 1
  - i. Public Education – 1
  - j. Labor Relations/Management Collaboration - 1
  - k. Implementing program knowing it's making a difference – 1
  - l. Being involved from onset of a new program through the implementation of the program – 1
  - m. Being challenged and always learning something new – 1
  
2. What do you most value about our agency & its larger contribution to society & the community?
  - a. Making a difference and quality improvement -13
  - b. Comfortable work environment and friendliness – 3
  - c. Teamwork – 2
  - d. Value the Employees and their dedication to serve the public – 1
  - e. Follow Laws and Regulations – 1
  - f. Responding to Public Needs and Addressing Disparities – 1

3. If you were granted 3 wishes to heighten the health and vitality of this organization, what would they be?
- a. More Teamwork – 5
  - b. Technology – 4
  - c. Increase Staff – 4
  - d. Better Public Image – 4
  - e. Better Media Relations – 4
  - f. Increase Funding for Programs – 4
  - g. More Appreciation – 3
  - h. More Support – 2
  - i. Better Collaboration – 2
  - j. Wellness Clinic – 2
  - k. Improve Internal Communication - 2
  - l. Legal Collaboration - 2
  - m. Simplify things – 2
  - n. Less Paperwork – 1
  - o. Friendly Environment – 1
  - p. Clinic for Minor Health – 1
  - q. Outreach – 1
  - r. Showing we are Making a Difference – 1
  - s. Educational Awareness – 1
  - t. Remove the Politics – 1
  - u. Last, but not least, a Clean Basement – 1

## **APPENDIX B**

### **AGENDA**

Trumbull County Health Department  
Strategic Planning Retreat  
April 25, 2014  
12:00 p.m. – 4:30 p.m.

- Introduction – Frank Migliozi
- History of TCHD Strategic Planning – Frank Migliozi
- Power point presentation – Frank Migliozi, Sandy Swann
- SWOT Analysis – All Staff
- Vote – All Staff
- 10 to 15 minute Break
- Break out groups – All Staff
- Adjournment



## APPENDIX C

# Trumbull County Health Department

## Meeting Title: Strategic Planning Meeting – Trumbull County Health Department

**Time:** 12:00 p.m.

**Date:** April 25, 2014

**Attendees:**

Name	Department	Date
Jenn Jornigan	TCHD	04/25/2014
Frank Migliozi	TCHD	04/25/2014
Mel Milliron	TCHD	04/25/2014
Beverly Cope	TCHD	04/25/2014
Steve Kramer	TCHD	04/25/2014
Bob O'Connell	TCHD	04/25/2014
Greg Hall	TCHD	04/25/2014
Dan Dean	TCHD	04/25/2014
Kristyn Bugnone	TCHD	04/25/2014
Kenya Franklin	TCHD	04/25/2014
Jan Chickering	TCHD	04/25/2014
Dr. Enyeart	TCHD	04/25/2014
Lisa Spelich	TCHD	04/25/2014
Sharon O'Donnell	TCHD	04/25/2014
Sharon Bednar	TCHD	04/25/2014
Kris Wilster	TCHD	04/25/2014
Natalie Markusic	TCHD	04/25/2014
Rod Hedge	TCHD	04/25/2014

<b>Tara Lucente</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Richard Curl</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Johnna Ben</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Randee Shoenberger</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Sandy Swann</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Kathy Parrilla</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Julie Paolone</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Jennifer Francis</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Cathy Lavernick</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Nikki Reeder</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Andrea Nueman-Taddei</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>William Gootee</b>	<b>TCHD</b>	<b>04/25/2014</b>
<b>Dianne Simon</b>	<b>TCHD</b>	<b>04/25/2014</b>
Please Bring/Read: Survey Findings		
Teleconference details:		
Meeting purpose: TCHD Strategic Planning Retreat with Health Department Staff.		

**Agenda – Also see attached agenda.**

<b>Item</b>	<b>Time</b>	<b>Agenda Item</b>	<b>I Presenter</b>
1 Introduction and Background to Strategic Planning			<b>Frank Migliozi / Mel Milliron</b>
2 Facilitate the SWOT analysis			<b>Frank Migliozi / Mel Milliron</b>
3 Breakout group to deliberate on common themes			<b>Frank Migliozi / Mel Milliron</b>

## APPENDIX D

### SWOT ANALYSIS FOR TRUMBULL COUNTY GENERAL HEALTH DISTRICT Strategic Retreat 4/25/2014

(Numbers depict additional people identified this item)

#### Strengths

- STRONG TEAM ----- 13
- NOT AFRAID TO ASK ----- 3
- PERSISTANCE -----1
- ASSERTIVE-----1
- FULL STAFF
- WELL TRAINED-----17
- WELL EDUCATED -----2
- DIVERSE WITH KNOWLEDGE ----- 5
- CARING ----- 8
- WELL EQUIPPED
- WELL FINANCED -----2
- TAKE PRIDE -----3
- WORK WELL WITH OTHER AGENCIES -----5
- RESPECT EACH OTHER'S OPINIONS
- EMPATHETIC -----2
- COMPASSION -----7
- SUPPORTIVE -----2
- ADAPT WELL TO CHANGE ----- 2
- FUN-GOOD SENSE OF HUMOR-----3
- DEDICATED -----16

#### Opportunities

- TRAINING OPPORTUNITIES OUTSIDE-----9
- PARTNER WITH SCHOOLS -----19  
(UNIVERSITIES, COLLEGE OF PUBLIC HEALTH)
- USE OF INTERNS
- TECHNOLOGY -----10
- WORKING WITH PROFESSIONALS -----6
- LOCATION, LOCATION, LOCATION -----6
- MEDIA -----20
- GRANTS -----4

#### Weaknesses

- COMMUNICATE EXT & INT -----3
- SPREAD THIN-----13
- INCREASE WORKLOAD/PAPERWORK -----17
- LISTEN -----1
- ATTITUDE TOWARD PUBLIC -----10
- WEAK EDUCATING THE PUBLIC -----8
- PUBLIC RELATIONS-WEAK -----7
- LACK DIVERSITY -----3
- DISSEMINATING MESSAGES -----1
- STUBBORN
- SLOW TO RESPOND-----1
- POOR UNDERSTANDING OF EACH OTHER'S  
JOBS -----5
- LACK OF SERVICES -----1
- LACK OF FUNDING -----2
- LACK OF TRAINING -----2
- LACK OF PA SYSTEM
- LACK OF SELF PROMOTION -----10
- LACK OF CROSS TRAINING -----7

#### Threats

- BUILDING -----1
- PERSONAL RESPONSIBILITIES -----2
- DEMOGRAPHICS
- PUBLIC PERCEPTION -----4
- PHYSICAL THREAT
- LACK OF COOPERATION FROM OTHER  
AGENCIES -----5
- LEGAL THREATS -----1
- SAFETY OUT IN THE COMMUNITY -----2
- INCREASE STATE PAPERWORK -----5
- GRANT WRITING
- POLITICS -----15
- FUNDING -----17
- 4- LHD'S DOING THINGS DIFFERENTLY-----4
- MEDIA -----5
- DEPENDENT TO COUNTY  
(LINKAGE/COMPUTERS)
- TECHNOLOGY
- PUBLIC PERCEPTION -----15
- WEATHER
- SPACE -----5
- COURTS -----4
- OTHER PROFESSIONALS -----3

## APPENDIX E

### TRUMBULL COUNTY GENERAL HEALTH DISTRICT

#### STRATEGIC PLANNING PRIORITY/STRATEGY BREAK OUT GROUP #1 – Public Perception/Public Relations/Media

OBJECTIVE: Public Perception ( Public Relations + Self Promotion + Media+ Politics

1. PRIORITY: Within 12 months, increase awareness of Health Department Programs

Suggested Strategy: Media

Suggested Strategy: Educate Trustees

Suggested Strategy: Educate Physicians, (Get referrals from physicians for shots etc.)

2. PRIORITY: Within 12 months, increase knowledge of Realtors/Public to Sewage Rules

Suggested Strategy: Give presentation at Realtor CEU Meeting

Suggested Strategy: Have a Rules Presentation to Public

Suggested Strategy: Homeowner Education

3. PRIORITY: Within 6 months, increase customer service

Suggested Strategy: Peer review

Suggested Strategy: Streamline Paperwork process ( Turn product quicker)

Suggested Strategy: Technology (Tablets, etc)

**TRUMBULL COUNTY GENERAL HEALTH DISTRICT**

**STRATEGIC PLANNING PRIORITY/STRATEGY BREAK OUT GROUP #1 - Public Perception/Public Relations/Media**

OBJECTIVE: Public Perception

1. PRIORITY: Within 12 months, use media to increase public perception

Suggested Strategy: Press releases/ social media/brochures/ handouts

Suggested Strategy: Advertise Radio, ( Immunization clinics/ car seats, pregnancy tests, flu shots, rabies)

Suggested Strategy: Health Fairs

2. PRIORITY: With 14 days, make public aware of all programs

Suggested Strategy: Use newspapers to list ALL programs

Suggested Strategy: Use Radio to list ALL programs

Suggested Strategy: Use social media/ email to list ALL programs

3. PRIORITY: Educated public on how Trumbull County Health Department is funded

Suggested Strategy: Use newspaper to list how are funded, (Grants, taxes, etc.)

**TRUMBULL COUNTY GENERAL HEALTH DISTRICT**

**STRATEGIC PLANNING PRIORITY/STRATEGY BREAK OUT GROUP #2 – Dedicated Workforce**

OBJECTIVE: Dedicated Work Force (Dedicated, well trained, strong team)

1. PRIORITY: Maintain employee morale

Suggested Strategy: Better communication between staff+staff & staff+ management ( record meetings)

Suggested Strategy: Recognize staff accomplishments/department accomplishments

Suggested Strategy: To Board meeting- to show positive

2. PRIORITY: Staff Training

Suggested Strategy: Staff Development

Suggested Strategy: In house trainings on-conflict resolution, phone etiquette, etc.

3. PRIORITY: Train the board-What we do

Suggested Strategy: Gets positive image out

Suggested Strategy: Do tag alongs, with secretaries & nurse/ environmental, Get out of the building to learn.

Suggested Strategy: Work with media to tell what we do and make us appear positive in eyes of public.

Topics: Rabies, Ticks, Immunizations, Disinfecting wells

**TRUMBULL COUNTY GENERAL HEALTH DISTRICT**  
**STRATEGIC PLANNING PRIORITY/STRATEGY BREAK OUT GROUP #3 – Funding Cuts**

OBJECTIVE: Funding Cuts ( partnering with schools and universities)

1. PRIORITY: Create new funding sources and increase education

Suggested Strategy: Public Health Seminars and charge fee

Suggested Strategy: Reach out to St. Joe's to partner with them to offer services

Suggested Strategy: Donations, ( foundations/philanthropists)

2. PRIORITY: Bring in Interns and data collection ( use of bio stats and epi data)

Suggested Strategy: Inform local schools ( KSU & YSU) of need for interns

3. PRIORITY: Contract with grant writer ( Julie Green )

Suggested Strategy: Access % of \$78 million for public health education from affordable care act.

Suggested Strategy: Consider participating in outside grants when we are approached

Suggested Strategy: Cost effectiveness analysis of services (to show difference that we are making to increase chances of obtaining grant of donation Funds)

**OBJECTIVE: Funding Cuts**

4. PRIORITY: Expanding Services and Partnerships

Suggested Strategy: Sport Physicals. ( Resident, Nurse Practitioners, Physician's Assistants, Dr.)

Suggested Strategy: Housing Program

Suggested Strategy: Drug Programs

**TRUMBULL COUNTY GENERAL HEALTH DISTRICT**

**STRATEGIC PLANNING PRIORITY/STRATEGY BREAK OUT GROUP #4 – Excessive Workload**

OBJECTIVE: Excessive Work Load ( increase workload, spread thin, paperwork)

1. PRIORITY: Streamline, less duplication, better use of computer programs

Suggested Strategy: One computer system/ countywide-will save time reduces phone time

Suggested Strategy: Gain access to countywide databases- internet based

Suggested Strategy: Computer training for Software programs, (ie) Excel

2. PRIORITY: Spread Thin

Suggested Strategy: Person available to access ( point person) & field? Staff and public

Suggested Strategy: Accreditation Coordinator to take lead and provide answers ( Kenya, point person/ when accredited duties become Less)

3. PRIORITY: Cross Training staff to reduce workload

4. PRIORITY: Decrease replication/dailies

Suggested Strategy: Put in Computer/ Supervisor to sign/ then goes to Johnna to file for Auditor's

Suggested Strategy: Electronic signatures



## **APPENDIX E**

### **LIST OF PARTICIPANTS**

**Robert Biery, President**, Board of Health

**James Enyeart, M.D.**, Health Commissioner

**Frank Migliozi**, Director of Environmental

**Sandy Swann**, Director of Nursing

**Sharon Bednar**, Secretary

**Johnna Ben**, Administrative Secretary

**Nikki Brink**, Family Service Coordinator

**Kristyn Bugnone**, Family Service Coordinator

**Jan Chickering**, Secretary (Medical Assistant)

**Beverly Cope**, Secretary (Medical Assistant)

**Richard Curl**, Public Health Sanitarian

**Dan Dean**, IT Specialist

**Jennifer Francis**, Family Service Coordinator

**Kevin Francis**, Public Health Sanitarian

**Kenya Franklin**, Family Service Program Coordinator

**William Gootee**, Public Health Sanitarian In Training

**Greg Hall**, Public Health Sanitarian

**Rod Hedge**, Public Health Sanitarian

**Jennifer Jornigan**, Family Service Coordinator

**Steve Kramer**, Public Health Sanitarian

**Cathy Lavernuick**, Family Service Coordinator

**Natalie Markusic**, Accreditation Coordinator

**Mel Milliron**, Health Educator

**Tara Lucente**, Family Service Coordinator

**Andrea Neuman-Taddei**, Family Service Coordinator

**Bob O'Connell**, Plumbing Inspector

**Sharon O'Donnell**, Secretary

**Julie Paolone**, Secretary

**Kathy Parrilla**, Public Health Nurse

**Beth Shelar**, Family Service Coordinator

**Randee Shoenberger**, Public Health Nurse

**Diane Simon**, Public Health Sanitarian

**Rita Spahlinger**, Public Health Nurse

**Lisa Spelich**, Food Protection Secretary

**Kris Wilster**, Public Health Sanitarian

## **APPENDIX G**

### **Trumbull County General Health District Strategic Planning Committee Meeting**

**Date:** February 26, 2014

- 1) Introduction to strategic planning
- 2) Review of the strategic planning readiness assessment
- 3) Forming the planning committee
- 4) Identifying Stakeholders

Internal-governing body members, senior staff, middle managers, administrative staff, front-line staff, union reps, advisory board

External-Funders, state agencies (ODH), coalition members, partner agencies, other health depts., competitors, community members, special target populations, policy makers, media

- 5) Selection of stakeholders:

Levels: primary, secondary, key

Stakeholder analysis: promoters, defenders, latents, apathetics

Level of engagement worksheet

- 6) Potential data sources & worksheet completion
- 7) Develop a project plan
- 8) Mission, vision and values

## APPENDIX H

# Trumbull County Health Department

## Meeting Title: Strategic Planning Meeting – Trumbull County Health Department

### Logistics

<b>Time:</b> 3:00 p.m.			
<b>Date:</b> February 26, 2014			
<b>Attendees:</b>			
<b>Name</b>	<b>Department</b>	<b>Date</b>	
Natalie Markusic	TCHD	02/26/2014	
Sandy Swann	TCHD	02/26/2014	
James Enyeart, M.D	TCHD	02/26/2014	
Frank Migliozi	TCHD	02/26/2014	
Bob Biery	TCBH	02/26/2014	
Kenya Franklin	TCHD	02/26/2014	
Kris Wister	TCHD	02/26/2014	
Mel Milliron	TCHD	02/26/2014	
Please Bring/Read: Draft CHA			
Teleconference details:			
Meeting purpose: TCHD Strategic Planning Readiness Assessment.			

### Agenda – Also see attached agenda.

Item	Time	Agenda Item	I Presenter
1 Introduction to Strategic Planning			Frank Migliozi / Natalie Markusic
2 Review of the strategic planning readiness			Frank Migliozi / Natalie Markusic

assessment			
3 Forming the planning committee.			Frank Migliozi / Natalie Markusic
4 Identifying the stakeholders.			Frank Migliozi / Natalie Markusic
5 Selection of the stakeholders.			Frank Migliozi / Natalie Markusic

### Open Actions

NO.	Action/Discussion	Who	When	Status or Comment
1	Provided copies of the readiness assessment and discussed the items on the worksheet.	Frank/Natalie	Prior to strategic retreat.	Completed review of the worksheet with the planning committee.
2	Values/Vision/ and Mission survey to be sent out.	Frank	Sent to entire TCHD staff to complete by April 1, 2014	Survey will be created by Frank and will be sent to staff in March.
3	Strategic Retreat for all employees	Management	April 24, 2014	Retreat agenda and power point to be developed.
4				

### Closed Actions

NO.	Action/Discussion	Who	When	Status or Comment
1				
2				
3				

### Comments:

TCHD Strategic Retreat to be planned for April 25, 2014.

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