STARK COUNTY HEALTH DEPARTMENT

"Striving Toward a **Healthier** Community."

Strategic Plan

2024 to 2028

January 2024

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Stark County Health Department
2024-2028 Strategic Plan

Introduction

Strategic planning focuses on bridging an organization's present state to its desired future. The best plans are inspired, compelling visions of measurable outcomes. They are actionable rather than merely descriptive, championed by invested Leadership/Board members, and implemented by engaged teams.

In August 2023, the Stark County Health Department (SCHD) committed to developing a comprehensive five-year strategic plan. A 23-member multi-disciplinary team engaged in a unique process of inquiry, reflection, discernment, and action planning. This report describes the strategic planning process and the outcomes delivered by the individuals listed below.

Janet Allen, Communicable Disease Coordinator, Nursing Services
Tasha Catron, DEI Education Specialist, Admin/Support Services
Kay Conley, Director Admin/Support Services
Paul DePasquale, Director Environmental Health Services
Allie DeVore, Unit Manager, Nursing Services
Walt Doerschuk, Communications Specialist, Admin/Support Services
Stephanie Hann, Unit Manager, Nursing Services
Amanda Kelly, Health Promotion and Planning Manager, Admin/Support Services
Steven Ling, Financial Manager, Admin/Support Services
Maria Maurillo, Public Health Nurse, Nursing Services
Emily McCallum, Clerk, Admin/Support Services
Laurie Middleton, HR Manager, Admin/Support Services
Courtney Myers, District Programs Coordinator, Environmental Health Services
Aubrey Neuenschwander, Unit Manager, Nursing Services
Kirk Norris, Health Commissioner
Cory Obendorfer, REHS-IT, Environmental Health Services
Todd Paulus, Unit Manager, Environmental Health Services
Kelly Potkay, Accreditation Coordinator/Health Educator, Admin/Support Services
Randy Ruszkowski, Unit Manager, Environmental Health Services
Michelle Schoonover, Drug Overdose Coordinator, Nursing Services
Paige Seech, REHS, Environmental Health Services
Julianna Smith, Epidemiologist, Nursing Services
Amanda Uhler, Director Nursing Services
Amy Ascani, Emergency Planning Coordinator/Support Services

Stark County Health Department
2024-2028 Strategic Plan

Vision Statement

Striving toward a healthier community with public health excellence.

Mission Statement

To promote and improve the health of all Stark County residents.

S Sustainability | **T** Transparency | **A** Accessibility | **R** Resiliency | **K** Knowledge

SCHD Core Values

Sustainability	Supporting workforce and program needs through training, innovative practices and financial strategies to better meet community needs.
Transparency	Providing timely, accurate, evidence-based information and open communication that's tailored to the needs of the community and builds public confidence.
Accessibility	A focus on programs and services made available to all in need that aim to enhance health equity and meet the unique needs of our community.
Resiliency	Adapting to the ever-changing environment and overcoming the challenges to achieve a healthier community.
Knowledge	Experienced and resourceful staff who are prepared to use evidence-based practices to best serve our community

DEI Statement

The Stark County Health Department strives to create a work culture that embraces diverse ideas, backgrounds, and life experiences, where all individuals are respected and valued, leading to a stronger connected workplace reflecting the community we serve.

Definitions

Diversity:	Equity:	Inclusion:	Belonging:
The wide variety of shared and different personal and group characteristics among human beings.	Fair treatment, access and opportunity for all people.	An environment in which everyone is welcomed, respected, and encouraged to fully participate.	Everyone's unique identity is valued and respected.

The Strategic Planning Process

From September to December 2023, the core SCHD strategic planning team met five times to create a compelling, inspired, measurable pathway to the future. Using Question Thinking techniques in each step, they built a strategic framework, identified strategic priorities, and articulated measurable action plans.

Step 1: PREDICTED VS. CREATED FUTURE

The core team began its work on September 8, 2023, during an in-service day for all employees and Board members, by facilitating small group discussions of the **Predicted vs. Created Future** exercise, a critical first step. Using the questions below, this activity revealed themes that helped the organization identify strategic priorities. All attendees participated in discussion of the following questions:

1. If nothing changes operationally or strategically over the next several years, what is the predicted future for SCHD and its constituencies?
2. What future do you want to create for SCHD? How do you envision the organization's future operational impact and strategic position?
3. What's missing to close the gap between the predicted and created futures? In other words, what work lies ahead to make the created future a reality?

A compilation of the small group answers to these questions produced two important items to guide future work: *Strategic Themes* and *Gap Analysis*.

Ten ***Strategic Themes*** arose from the group discussions of the Predicted and Created Futures:

1. Technology
2. Communication
3. Staffing
4. Employee satisfaction/retention/engagement
5. Public image/trust
6. Facility/work environment
7. Safety
8. Funding
9. Emergency preparedness
10. Community outreach/engagement/partnerships/marketing

As the answers to Question #3 took shape, the following ***Gap Analysis*** described the work needed to make the Created Future a reality:

1. Data driven services: study and use data to set services based on needs; public engagement based on public needs; community health workers, case management, collaboration to direct people to needed resources.
2. Improved internal communication among Staff/Board/Management; transparency; accountability; leadership open to change; support for innovation.

3. Improved external communication and image: marketing, advertising, social media, translation; community presence and outreach; relationships with other agencies; leadership; collaborations.
4. Better legal solutions.
5. Upgraded technology and dedicated IT staff.
6. Staffing: hire staff to meet needs; seek funding to support new hires; diversity.
7. Employee satisfaction: compensation practices, personal/professional development, turnover, silos, rewards/appreciation, health and wellness, training, safety, fairness, flexibility.
8. Funding and budget: grants, insurers; capital budget; efficiency assessment/budget analysis; increased elected official support for funding; supplemental, non-restricted funding.

Step 2: THE STRATEGIC FRAME

Following the Predicted vs. Created Future exercise, in two meetings on September 26 and October 24, 2023, the core team focused on building the Strategic Frame, which provides the context within which the strategic plan lives. The Frame's most important function is to guide future decision making, encouraging effective strategic choices that can be tested against its borders: Do the choices achieve purpose and ambition? Do they honor stakeholder commitments? Do they leverage assets? Do they rest on guiding beliefs? It also provides clarity about how best to capitalize on opportunities and mitigate challenges.

Through structured inquiry, the team explored each of the four Frame elements:

Purpose and Ambition:

A shared sense of organizational purpose and ambition allows a team to align on its "reason for being" and vision of success. Because Purpose and Ambition reflect the organization's mission and vision, the discussion often inspires teams to review and refresh those statements to better align with their Strategic Frame.

1. For what purpose does SCHD exist?
2. Do the vision and mission statements express this well?
3. Given its purpose, what ambition is worthy of who the SCHD is and what it is committed to?

Strategic Assets

This discussion enhances strategic perspective in that it identifies and analyzes both readily available assets and missing or potential resources needed for successful plan implementation.

1. What does SCHD have that other providers of similar services do not? What makes you unique? What are your competitive resources?
2. For each asset, what strategic attention is needed? Should you stop investing in or let any asset go? What new assets should you develop?

Stakeholder Promises:

These are commitments to constituents (e.g., community members, employees, partners, accreditors, etc.) that the organization must honor, regardless of circumstances. Because they are promises the organization believes it must make rather than a laundry list of those it wants to make, trade-offs are sometimes necessary. Stakeholder promises often reflect organizational values.

1. Who comprises the SCHD community?
2. What do you promise these stakeholders?

Guiding Beliefs About the Future

These are deeply held convictions about how and why the organization serves its stakeholders. They are beliefs on which the organization is willing to bet its future, and they typically reflect organizational values.

1. What beliefs are crucial to SCHD fulfilling its purpose and ambition?
2. What risk is associated with depending on a belief?
3. How much opportunity is associated with betting on a belief?
4. Which beliefs should become criteria for future choices?

Step 3: ACTION PLANNING

Once the Strategic Frame was complete, the team prioritized the ten themes and the gap analysis from the Predicted vs. Created Future exercise. In two meetings on November 28 and December 14, 2023, the core team identified the top three priorities, articulated them as the following Strategic Goals, and developed a five-year Action Plan for each.

2024-2028 STRATEGIC GOALS

I. Intentionally improve public image to build community trust.

Goal Team: Amanda Uhler (Team Leader), Janet Allen, Amy Ascani, Tasha Catron, Kay Conley, Walt Doerschuk, Courtney Myers, Paige Seech

II. Improve workforce retention through employee satisfaction.

Goal Team: Laurie Middleton (Team Leader), Allie DeVore, Maria Maurillo, Emily McCallum, Aubrey Neuenschwander, Kelly Potkay, Randy Ruszkowski, Michelle Schoonover, Julianna Smith

III. Increase and sustain funding and revenue to meet community needs.

Goal Team: Amanda Kelly (Team Leader), Paul DePasquale, Stephanie Hann, Steve Ling, Kirk Norris, Cory Obendorfer, Todd Paulus

Progress Reporting

The SCHD team is committed to regular Action Plan progress reporting:

1. Goal Teams will touch base regularly and prepare quarterly progress updates for the Core Strategic Planning team.
2. The Core Team will meet quarterly to hear updates from the Goal Teams and address challenges or questions that arise.
3. The Board will receive quarterly strategic plan updates and an annual progress presentation from Core Team members.
4. Each Goal Team will prepare its own annual progress report for the Core Team, which then will bring a summary report to the Board.
5. SCHD staff will receive progress reports at least twice a year at Department-wide meetings.

Progress Update Template

Below is a simple progress report template. The SCHD team should feel free to adjust the format and content if needed. The consultant is available to assist with any aspect of plan implementation and progress reporting. Strategic planning progress will also be tracked in Clear Impact Performance Management software, and the Core Team will maintain a color-coded Excel dashboard to show the status of all Action Steps.

Sample

Strategic Goal Progress Update

Goal:
Date:

WORK COMPLETED

Action Steps	Completion Date	Status and Next Steps

WORK REMAINING IN PLANNING PERIOD

Action Steps	Deadline	Status

NEW WORK TO BE INCORPORATED

Action Steps	Timeline	Description

Strategic Plan Implementation
Best Practices

The work begins! These tips will help you successfully execute your strategic plan:

1. Fully communicate the plan internally so that all employees and Board members understand its scope and depth. Communicate the plan to external constituents in an appropriate summary fashion.

2. Ensure that each goal team has clarity around the following:
    a. The scope, depth, and time frame of their action plan.
    b. Individual roles and responsibilities.
    c. Team meeting schedule.
    d. Progress reporting requirements.

3. Honor the established timelines for each goal. Deadline adjustments should:
    a. reflect legitimate need,
    b. acknowledge the impact, if any, on other goals or operations, and
    c. be noted in progress reports.

4. Agree on a schedule both for update and detailed progress reports.
    a. Commit to written documentation.
    b. Celebrate progress!
    c. Acknowledge and address challenges as they occur.
    d. Reserve time on Board meeting agendas for high-level strategic plan updates. This practice will keep the work front of mind for everyone.
    e. Schedule in-depth progress reports at regular intervals (e.g., quarterly, semi-annually, annually). Incorporate into regular Board/Leadership meetings or schedule separate gatherings.
    f. Standardize the format for updates to ensure consistency among reports. To this end, a progress report template has been provided.

5. Practice peer-to-peer accountability. Honor the opportunity to support each other when challenges arise.

6. Remember that the Strategic Frame is your decision-making guide star. Your affirmation of the four elements of the Frame reflects your commitment to achieving your goals. When questions and challenges surface, resolve them in alignment with your Strategic Frame.

7. Schedule an annual meeting to review progress and clarify remaining work in the planning period.

8. ***Be intentional about acknowledging and celebrating your accomplishments!***

Conclusion

To the SCHD Team:

It was a distinct privilege to facilitate your thoughtful, dedicated work on behalf of the Stark County Health Department, a vital community resource. You are skilled, insightful professionals who created a comprehensive, actionable pathway to the future for the SCHD and the communities you serve. The photo below shows you deliberating the Strategic Frame early in the process.

Thank you for an amazing learning experience. I am available to support you during plan implementation as challenges and questions arise, and I am eager to celebrate your inevitable successes. I wish you the best as you bring the Stark County Health Department's Created Future to life.

Lyn Sabino, MA, SPHR, BCC

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Stark County Health Department
Strategic Frame 2024-2028

Purpose and Ambition

The Stark County Health Department is the premiere public health provider, responding to the ever-changing environment with data-driven decisions and community engagement.

Strategic Assets

Our efforts are enhanced by:

- Unique, county-wide, affordable services and programs.
- Resiliency.
- Connection to community services.
- Passion to serve.
- Knowledgeable staff with specialized skills.
- Supportive, involved Board and elected officials.

Guiding Beliefs

We believe that:

- Internal and external stakeholders alike deserve our respect and sincere concern.
- We are united around service.
- Stark County residents deserve evidence-based programs that meet their needs, treat root causes, and address social determinants of health.
- By forecasting and monitoring program sustainability, we can make a measurable difference in the community.
- By understanding community and individual needs, we provide services and care that help them thrive.

Stakeholder Promises

To our internal and external stakeholders, we promise:

- Financial responsibility.
- A safe, fair, welcoming workplace where employees have a voice and opportunities for growth.
- Consistent delivery of accessible, non-discriminatory services and programs to the Stark County community.
- Ethical, trustworthy dissemination of accurate information.
- Commitment to community education provided by expert staff and partners.

Public Image

Strategic Goal: Intentionally improve public image to build community trust.

Team Members: Amanda Uhler (Team Leader), Janet Allen, Amy Ascani, Tasha Catron, Kay Conley, Walt Doerschuk, Courtney Myers, Paige Seech

Planning Period: January 2024 - December 2028

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
I. Improve clarity and effectiveness of internal communication efforts.					
I.1. Increase % of staff indicating our internal communication has improved (survey question). **A.** Develop and administer staff communications survey (baseline) **B.** Review survey results **C.** Expand/increase TV messaging. **D.** Present information on programs and roles at other service area meetings. **E.** Promote group activities, volunteer opportunities, and networking as a team with a focus on underserved populations. **F.** Resurvey staff to determine if internal communication has improved.	**I.1.A, B, C** Communications Specialist **I.1.D** Directors, Managers **I.1.E** Wellness Committee; Cultural Committee; DEI Specialist **I.1.F** Communications Specialist	**Overarching goal due by 4Q 28** **I.1.A** **1Q 24** **I.1.B** **2Q 24** **I.1.C** **2Q 24 to 4Q 28** **I.1.D** **4Q 28** **I.1.E** **4Q 28** **I.1.F** **3Q 28 to 4Q 28**	**Infrastructure:** • Survey tool • Tech capabilities **Resources:** • Survey Monkey • TVs • Location for offsite • Website **Cost:** • Staff time • Materials for expansion • Cost of rental space • Presenter fees **Obstacles:** • Employee response • Cost • Time • Availability	**I.1 Evaluation** a. Compare initial staff survey with repeat survey—% change in responses noting improved internal communication. b. # of additional communications added for the timeframe. c. Number of additional events recorded for the timeframe. d. Number and type of staff trainings.	**I.1 Outcomes** **1)** After the baseline is established, an increase in staff reporting in follow-up survey improved internal communication. **2)** Increase in staff policy/procedure knowledge through follow-up survey. **3)** Increase in staff knowledge of all internal service area programs through follow-up survey.

Public Image

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
I.2. Increase % of staff that agree or strongly agree that Leadership and employees communicate well. (PH Wins Survey). **A.** Add this question to the new survey with a comment box for direct feedback. **B.** Add SCHD Board agenda and meeting minutes to our website. **C.** Hold at least one annual full-day, off-site employee meeting using PH Workforce funds. **D.** Hold quarterly executive leadership meet-and-greets for new and current staff.	**I.2.A** Communication Specialist **I.2.B** Communication Specialist; Health Commissioner; Directors **I.2.C** Health Commissioner; Directors; DEI Specialist **I.2.D** Health Commissioner; Directors; HR Manager; DEI Specialist	**I.2.A** **1Q 24** **I.2.B** **3Q 24 to 4Q 28** **I.2.C** **4Q 28** **I.2.D** **4Q 28**			**I.2 Outcomes** **1)** Increase from 55% baseline to at least 80% that employees agree or strongly agree that leadership and employees communicate well. (PHWINs 2022 results indicated 55%)
I.3. Increase percentage of staff that think SCHD is committed to addressing Social Determinants of Health (SDOH) that impact public health. (2023 Cultural Assessment; baseline 60%). **A.** Provide education to staff on 10 essential services with health equity focus.	**I.3.A** DEI Specialist; HC & Directors **I.3.B** DEI Specialist; HR Manager **I.3.C** Accreditation Coordinator; DEI	**I.3.A** **2Q 25** **I.3.B** **4Q 24** **I.3.C** **1Q 25** **I.3.D** **3Q 26**			**I.3 Outcomes** **1)** Increase from 60% to at least 80% of employees who think the organization is committed to addressing SDOH.

Public Image

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
B. Add 10 essential services to new employee orientation or mentorship program. **C.** Provide training and presentations to staff on the Community Health Improvement Plan (CHIP) priority focus areas. **D.** Identify other trainings through research or recommendations on SDOH.	Specialist; Director Admin and Support **I.3.D** DEI specialist; Cultural Committee				
II. **Improve clarity and effectiveness of external communication efforts.**					
II.1. To improve SCHD branding, increase the number of jurisdictional partners (townships, villages, cities) that initiate or increase use of SCHD logo/materials in their communications (e.g., web, newsletter, social media). **A.** Survey of jurisdictional partners to determine if they use our HD content/logo in their publications and if they are willing to add HD content to their web, print, and social media. **B.** Provide regular, requested, and indicated communication	**II.1.A** Communication Specialist; Director Admin **II.1.B** Communication Specialist; Goal Team; appropriate Expert Staff **II.1.C** Director Admin; Accreditation Coordinator	**II.1.A** **Q1 24 to Q2 24** **II.1.B** **Q3 24 to Q4 25** **II.1.C** **Q4 24 to Q1 26**	**Infrastructure:** • Survey Tool **Resources:** • Staff • Time **Cost** • Staff time **Obstacles:** • Staff availability • Time constraints • Requests that are not public health related • # of requests • Available content	**II.1 Evaluation** a. # of surveys completed of total sent b. Tracking of jurisdictional partner webpages, newsletters, and social media	**II.1 Outcomes** 1) At least 10 (out of 32) or 31% of jurisdictional partners use our materials, logos, and/or request presentations about SCHD services.

Public Image

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
materials and presentations to political subdivisions, townships, and villages. **C.** Provide communications specifically about CHIP priorities, programs, and progress.					
II.2. Increase community awareness that health equity is at the core of public health through 10 essential services training. **A.** Add health equity questions in the DAC survey and/or during meetings. **B.** Training/presentation on health equity and public health provided during DAC meetings or other meetings held with jurisdictional partners. **C.** Research and create a culture page on SCHD webpage that includes DEI/culture.	**II.2.A** Communications Specialist **II.2.B** Director Admin **II.2.C** Communication Specialist; DEI Specialist; Health Commissioner; Directors	**II.2.A Q1 24 to Q2 24** **II.2.B Q1 25 to Q1 28** **II.2.C Q4 24 to Q4 26**		**II.2 Evaluation** a. Evaluation or survey to gauge knowledge on topics/feedback. b. Website section added/completed. c. Tracking the number of meetings/forums held.	**II.2 Outcomes** 1) At least 80% of the jurisdictional partners indicate they are aware health equity is the core of public health's essential services.
II.3. Engage with community and jurisdictional partners to coordinate meetings/forums in locations with vulnerable populations to get input on SCHD services needed.		**II.3.A Q1 25 to Q4 25** **II.3.B Q2 25 to Q425**		**II.3 Evaluation** a. Tracking number of participants at events. b. Completion of evaluation during or	**II.3 Outcomes** 1) Identify at least five services/needs identified in discussions or

Public Image

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
A. Identify political subdivisions or grass root organizations that address vulnerable populations. B. Coordinate town hall/forum meetings in locations with vulnerable populations. C. Create an agenda and identify key questions for meeting. D. Promote meetings through partners, social media, and/or public announcements. E. Conduct evaluation survey of participants.	**II.3.A** DEI Specialist; Director Admin **II.3.B** DEI Specialist; Director Admin **II.3.C** DEI Specialist; Director Admin **II.3.D** DEI Specialist; Communication Specialist **II.3.E** Communication Specialist; Director Admin	**II.3.C** **Q1 26** **II.3.D** **Q2 26 to Q3 26** **II.3.E** **Q4 26 to Q2 27**		following events.	survey to use for future planning.
III. Improve technology options for public access to SCHD services (responsive technology).					
III. 1 Implement innovative technology options or upgrades to current systems. **A.** Expand online payment and permit request portal for EH services. • identify other EH programs to add to online payment portal • execute online option for additional programs.	**III.1.A** Tech Committee; EH Director and Managers; Admin Clerks; EH Coord; Director Nursing **III.1.B** EH Coordinator; Dir Nursing; Nursing Managers or Staff	**III.1.A** **3Q 26** **III.1.B** **1Q 24 to 2Q 27**	**Infrastructure:** • County portal • Existing EMR system functionality **Resources:** • Staff time • County IT support • Software purchase	**III.1 Evaluation** a. # of EH program usage of IT portal b. # of customers using portal c. Customer feedback d. Improved no show rates	**III.1 Outcomes** 1) Implement at least three innovative technology options. 2) Increase by 5% the number of online payment and permit portal

Public Image

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
B. Research options for text reminders for scheduled services such as electronic medical records (EMR). **C.** Implement text program. **D.** Promote/encourage staff or partners to submit ideas for innovative technology systems. **E.** Identify at least one program to implement a strategy from the submissions. **F.** Identify funding for new programs that can support implementation through grants, cost methodology, or general funds.	**III.1.C** Dir Nursing; EH Coordinator, assigned Nursing staff (using texting) **III.1.D** Tech Committee; Communication Specialist; Dir Nursing; EH Coordinator **III.1.E** Tech Committee; Health Commissioner; Directors; EH Coordinator; Director Nursing **III.1.F** Health Education (HE) Manager; Fiscal Manager; Directors; EH Coordinator; Director Nursing	**III.1 C** **1Q 27** **III.1.D** **Q1 24 to 1Q 27** **III.1.E** **2Q 27 to 1Q 28** **III.1.F** **1Q 24 to 4Q 28**	**Cost:** Could be substantial for text system or additional technology **Obstacles:** • Environmental code requirements • IT support available • Privacy compliance		applications for EH services. 3) Decrease missed nursing visits by 10% by offering additional technology options.

Employee Satisfaction

Strategic Goal: Improve workforce retention through employee satisfaction.

Team Members: Laurie Middleton (Team Leader), Allie DeVore, Maria Maurillo, Emily McCallum, Aubrey Neuenschwander, Kelly Potkay, Randy Ruszkowski, Michelle Schoonover, Julianna Smith

Planning Period: January 2024 - December 2028

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
I. PROFESSIONAL DEVELOPMENT					
I.1. Improve new employee onboarding process. **A.** Create step by step job responsibility training manuals. **B.** Implement Mentorship Program. **C.** Develop uniform orientation follow up process for management level. **D.** Expand new employee required training to include the student academic orientation.	**I.1.A** Aubrey N., Randy R., Laurie M., Employees Management **I.1.B** Kelly P., DEI Specialist Mentors, Management **I.1.C** Kelly P., Laurie M. Michelle S., Management, WFD Team, HR **I.1.D** Kelly P., Laurie M., Michelle S., WFD Team, HR, Mgmt.	**I.1.A** **1Q 24** Identify staff who can create step by step job training manuals. **2Q 24 to 4Q 24** Employees write job training manuals. **1Q 25** Management review and finalize job training manuals. **2Q 25** Review job training manuals for clarity and understanding. **I.1.B** **2Q 24** Promote mentorship program; identify mentors.	**Infrastructure** • Network Drive (share) **Resources** • SharePoint • Manual Reviewer • Academic Committee • WFD Team • New Employee Orientation Survey • Mentorship Program Evaluation • WFD Survey • Cultural Assessment • Clear Impact Performance Mgt	**I.1 Evaluation** a. Completed training manuals. b. Fully implemented Mentorship Program. c. Expanded onboarding and established semi-annual management meeting. d. All new employees attend academic orientation.	**I.1 Outcomes** 1) Improved 2 and 5 yr. retention rate. 2) At least 50% of mentees will report that program participation was beneficial. 3) At least 50% of mentees will report program participation was a positive experience. 4) An increased number of new employees reporting sufficient time was provided for orientation process.

Employee Satisfaction

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
		4Q 24 Train mentors. **1Q 25** Implement Mentorship Program. **I.1.C.** **1Q 24** Initial management review of current onboarding process; identify areas of improvement. **2Q 24 to 3Q 24** Develop uniform management staff orientation follow up process. **3Q 24** Implement new uniform management staff onboarding process. **1Q 25** Implement semi-annual management meeting to ensure department level information is communicated effectively.	System **Cost** • $400 reimbursement per employee (75+/-) • Employee Time • Employee Onboarding **Obstacles** • Employee Time • Universal Understanding of Manuals • Keeping Training Manuals current		

Employee Satisfaction

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
		I.1.D **1Q 24** New employees begin attending student academic orientation.			
I.2. Encourage employees to engage in internal and external professional development opportunities. **A.** Consistently incorporate discussion of $400 reimbursement during annual evaluation. **B.** Provide employee education on using $400 reimbursement. **C.** Create a WFD subcommittee to focus on professional development opportunities.	**I.2.A** Laurie M., Directors, Management **I.2.B** Emily M., Executive Team, Fiscal Mgr., Publishing **I.2.C** Kelly P., Laurie M., Michelle S., WFD Team, WFD Training Subcommittee	**I.2.A** **1Q 24** Obtain baseline data of 2023 employee $400 reimbursement utilization. **1Q 24 to 4Q 24** Consistently implement Performance Evaluation Checklist, including discussion of $400 reimbursement. **1Q 25 to 4Q 25** Track employee utilization of $400 reimbursement. **I.2.B** **1Q 24** Develop Insider article to promote and educate on use of $400 reimbursement and sample trainings. **2Q 24** Incorporate article continuously in Insider.		**I.2 Evaluation** **I.2.A & B** a. Comparison of employee $400 reimbursement utilization from 2023 to 2025. **I.2.C** a. Established WFD training subcommittee. b. Compare # of trainings and total employee training hours between 2024 and 2025.	**I.2 Outcomes** 1) Increased # employees utilizing $400 reimbursement. 2) Increased # employees responding they were encouraged to use $400 for a relevant class, certification, or training. 3) Increased # employees reporting they were encouraged to attend conferences, training courses, workshops. 4) Increased # employees reporting satisfaction with training received. 5) Increased # employees reporting satisfaction with

Employee Satisfaction

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
		1Q 25 Provide annual $400 reimbursement reminder at department meetings. **I.2.C** **1Q 24** Discuss training subcommittee with WFD Team. **2Q 24 to 4Q 24** Promote training subcommittee and identify team members. **1Q 25** Begin facilitation of training subcommittee. **2Q 25** Obtain 2024 baseline data of employee training and hours completed. **1Q 25 to 4Q 25** Track number of training courses and total employee training hours.			available education and training opportunities. 6) Increase # employees participating in professional development. 7) Increase in total employee training hours.

Employee Satisfaction

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
II. EMPLOYEE SATISFACTION and APPRECIATION					
II.1 Cultivate organizational belonging and inclusivity. **A.** Implement employee focused lunch and learn presentations. **B.** Develop employee-led subcommittees to expand social engagement opportunities. **C.** Develop a communication platform for employees to provide input, feedback, suggestions on department programs, services, initiatives, policies. **D.** Implement department-wide DEI and CHIP strategies to enhance internal initiatives, policies, and plans.	**II.1.A** Kelly P., Laurie M., Michelle S., Management, WFD Team, WFD Training Subcommittee, Employees **II.1.B** Kelly P., Employee-Led Wellness Subcommittees, Management, Employees **II.1.C** Kelly P., Laurie M., Michelle S., Executive Team, Employee Rec, Employees **II.1.D** Kelly P., Laurie M., Michelle S., Executive Team, DEI Specialist, Cultural	**II.1.A** **1Q 24** Discuss training subcommittee w/WFD Team **2Q 24 to 4Q 24** Promote training subcommittee and identify team members. **1Q 25** Training subcommittee begins. **1Q 25 to 2Q 25** Identify topics for lunch and learn presentations. **3Q 25 to 4Q 25** Organize lunch and learn schedule. **1Q 26 to 4Q 26** Implement lunch and learn presentations. **II.1.B** **1Q 24** Discuss employee-led subcommittees with Wellness.	**Infrastructure** • Shared Network/Drive • Technology **Resources** • Knowledgeable Staff • WFD Team • WFD Survey • Employee Rec Committee • Employee Satisfaction Survey • Wellness Committee • DEI Specialist • Cultural Committee **Cost** • Speakers • Employee Time **Obstacles** • Employee Participation (Conflicts/ Flexibility) • Cost of Speakers	**II.1 Evaluation** **II.1.A** a. Established WFD Training Subcommittee. b. Track #/type of lunch and learn presentations. c. Track # employees in lunch and learn presentations. d. Identify top three attended lunch and learn presentation topic areas. **II.1.B** a. Established Employee-Led Subcommittees. b. Track #/type of employee-led subcommittees. c. Track # employees participating on employee-led subcommittees.	**II.1 Outcomes** 1) Increased # of employees reporting satisfaction with ongoing education, training available. 2) Increase in # of employees participating in wellness initiatives. 3) Increased # employees reporting satisfaction with current working environment. 4) Increased # employees reporting they feel their work environment is supportive of diverse cultural perspectives. 5) Increased # of employees reporting SCHD effectively communicates what is happening internally to staff. 6) Increased #

Employee Satisfaction

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
		2Q 24 to 3Q 24 Develop and implement employee wellness survey. **4Q 24 to 1Q 25** Promote and identify employees to facilitate employee-led subcommittees. **2Q 25 to 4Q 25** Implement employee-led subcommittees. **II.1.C** **1Q 24 to 2Q 24** Create employee communication platform. **3Q 24 to 4Q 24** Develop platform educational materials and promote at staff meeting. **4Q 24** Implement platform. **1Q 25 to 4Q 25** Monitor platform and appropriately respond to employee input, feedback, and suggestions.		**II.1.C** a. Established Employee Communication Platform. b. Tracked # of employee input, feedback, and suggestion items submitted. c. Tracked # of employee input, feedback, and suggestion items resolved. **II.1.D** a. Established Organizational Action Plan. b. Tracked #, type of recommendations made. c. Tracked # of recommendations incorporated into internal initiatives, policies, plans.	employees reporting they feel valued and appreciated as employees of SCHD.

Employee Satisfaction

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
		II.1.D **1Q 24 to 4Q 24** Develop DEI Organizational Action Plan that includes DEI strategy to enhance internal initiatives, policies, and plans. **1Q 25 to 4Q 25** Review internal initiatives and policies for areas of improvement. **1Q 26 to 4Q 26** Present recommendations to Executive Leadership. **1Q 27 to 4Q 27** Work with appropriate internal committee/group to implement recommendations and update policies. **1Q 28 to 4Q 28** Communicate all changes/updates to employees.			

Funding and Revenue

Strategic Goal: Increase and sustain funding and revenue to meet community needs.

Team Members: Amanda Kelly (Team Leader), Paul DePasquale, Stephanie Hann, Steve Ling, Kirk Norris, Cory Obendorfer, Todd Paulus

Planning Period: January 2024 - December 2028

ACTION STEPS	Accountability	Completion Dates	Infrastructure, Resources, Cost, Obstacles	Evaluation/ Measurement	Expected Outcome(s)
1. Promote publicly SCHD financial responsibility and how public health is funded. **A.** Research the topic and ways to share the message. **B.** Develop the message. **C.** Test the message (e.g., focus group). **D.** Add financial section to website. **E.** Share with the public (social media, website, political subdivision, partner articles). **F.** Re-evaluate/modify message based on community feedback.	Goal Team, in conjunction with: **1.A** Goal Team **1.B** Communications Specialist **1.C** Goal Team **1.D** Technology Committee **1.E** Publishing Committee, Communications Specialist, Executive Leadership **1.F** Communications Specialist	**1.A** **1Q 24 to 2Q 24** **1.B** **3Q 24 to 2Q 25** **1.C** **3Q 25 to 4Q 25** **1.D** **1Q 26 to 2Q 26** **1.E** **3Q 26 to 4Q 26** **1.F** **1Q 27 to 4Q 27**	**Resources** • Financial Data • Ohio Revised Code **Obstacles** • Need to confirm flow of information follows department policy/procedure. • Need to ensure clear, general, simple message.	**1. Evaluation** a) Implementation of messaging to the public.	**1. Outcomes** 1) Sharing financial responsibility and public health funding messaging, as evidenced by at least three (3) platforms with the message.

Funding and Revenue

2. Evaluate sustainability and cost benefit of all programs. **A.** Develop/revise tool for uniform and consistent measurement across all service areas/programs. **B.** Determine what % of expense is from the general fund. **C.** Complete assessment for all programs and establish quantifiable goals for expected outcomes. **D.** Compare data (cost benefit to cost methodology) regularly and make recommendations for programs. **E.** Develop and implement plans for improving efficiency/sustainability of programs. **F.** Identify programs that need additional funding.	Goal Team, in conjunction with: **2.A** Executive Leadership, Unit Managers **2.B** Financial Mgr. **2.C** Service Area Directors, Unit Managers, Program Coordinators **2.D** Executive Leadership **2.E** Goal Team **2.F** Goal Team	**2.A** **1Q 24** **2.B** **2Q 24** **2.C** **3Q 24 to 4Q 24** **2.D** **1Q 25 to 4Q 25** **2.E** **1Q 26 to 4Q 26** **2.F** **1Q 27 to 4Q 27**	**2. Obstacles** • Various fiscal years for programs. • Issues with capturing actual time in Kronos.	**2. Evaluation** a) Tool developed. b) Assessment completed. c) Improvement plan developed and implemented.	**2. Outcomes** 1) More efficient programs and services as indicated by an increase in unrestricted funding (not special revenue), from 2024 (baseline) to 2028.
3. Secure funding for programs, unfunded mandates, emerging community needs, and CHIP	Goal Team, in conjunction with:	**3.A** **1Q 24 to 4Q 28**	**Obstacles** • Current funding	**3. Evaluation**	**3. Outcomes** 1) Resources

Funding and Revenue

priorities. **A.** Monitor public health trends and need for funding of new programs and CHIP strategies. **B.** Develop a case statement of need and communication plan for additional funding. **C.** Secure additional funding.	**3.A** Executive Leadership, Community Health Needs Assessment (CHNA) Advisory **3.B** Service Area Directors, Unit Managers. Program Coordinators **3.C** Grant Specialist	**3.B** **1Q 27 to 4Q 27** **3.C** **1Q 28 to 4Q 28**	limitations. • Rising costs of programs (staff time, technology, infrastructure). • Unable to have carryover fund.	a) Case Statements of Need are developed. b) Communication Plan is developed.	available to mitigate the emerging needs, as identified in after-action reports.
4. Advocate at local, state, federal level for PH funding. **A.** Research how public health is funded in other states. **B.** Utilize quarterly correspondence (e.g., post card, District Advisory Council (DAC) Newsletter to discuss PH funding. **C.** Lobby legislators for additional funding for identified local/state public health needs.	Goal team, in conjunction with: **4.A** Goal Team **4.B** Executive Leadership, Publishing Committee **4.C** Executive Leadership Team	**4.A** **1Q 25 to 4Q 25** **4.B** **1Q 26 to 4Q 28** **4.C** **1Q 27 to 4Q 28**	**Resources** • Professional Organizations (AOHC, OEHA). **Obstacles** • Freshman legislator lack of background knowledge. • Majority of states funded differently.	**4. Evaluation** a) Include funding in at least two annual correspondences to elected officials.	**4. Outcomes** Introduction of public health related bills in Ohio General Assembly that could benefit public health funding, as evidenced by Association of Ohio Health Commissioners (AOHC) Public Affairs Committee documentation.