



Always Working for a Safer and Healthier Lincoln County



**Lincoln County Health Department
Strategic Plan
2020- 2025**

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Acknowledgements

Staff Contributors:

Shelley Hersil, Health Officer/Director
Becky Dallman, Program Assistant
Carly Imhoff, Fiscal Clerk
Sarah Frisch, Public Health Nurse
Jennifer Johnson, Public Health Nurse
Judy Sargent, Public Health Nurse
Mary Klade, Public Health Nurse
Karen Krueger, Public Health Nurse
Sue Kuber, Public Health Nurse
Marla Reimann, Public Health Nurse
Kristin Bath, Public Health Educator
Meghan Williams, Environmental Health Specialist
Jeremy Blankenship, Environmental Health Technician

Board of Health Contributors:

Michael Loka, Chairperson
Dora Gorski, Vice-Chairperson
Sue Weith, Secretary
Dr. Jeffrey Moore, Medical Advisor
Brenda Mueller
Derek Woellner
Patricia Voermans

Plan Consultants:

James Lawrence, WI Division of Public Health Northern Region Office of Policy and Practice Alignment
Charlotte Ahrens, WI Division of Public Health Northern Region Office of Policy and Practice Alignment

For more information on the Lincoln County Health Department Strategic Plan contact Shelley Hersil, CHES, MPH, Lincoln County Health Department at shersil@co.lincoln.wi.us or 715-539-1360. Visit us on Facebook or check out our programs and services at www.lincolncountyhealthdepartment.com

Guiding Statements

Mission

A leader in public health by promoting optimal health and safety through prevention, protection, and intervention.

Vision

A safe and thriving Lincoln County where everyone has the opportunity for optimal health and quality of life.

Core Values

Excellence

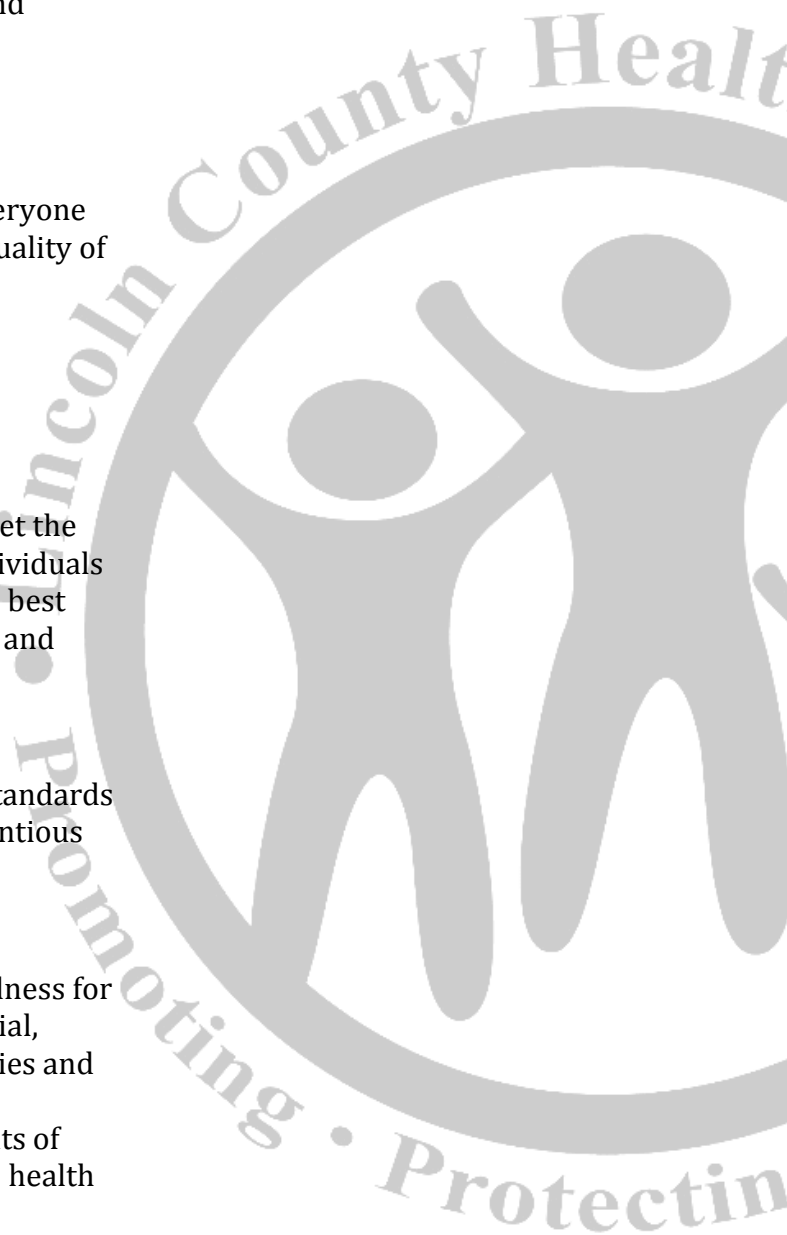
We strive to provide quality services that meet the needs and exceed the expectations of the individuals as well as the communities we serve through best practices and engagement of our community and partners.

Integrity

We adhere to high ethical and professional standards in our work and interactions. We are conscientious stewards of the resources entrusted to us.

Health Equity

We believe in promoting and advocating wellness for everyone in Lincoln County regardless of social, economic, or cultural factors. We foster policies and programs that are respectful of our diverse communities, consider the social determinants of health, and incorporate practices that reduce health disparities.



Purpose of the Plan

Strategic planning is a process by which an organization assesses how it is doing, figures out where it wants to go, and charts a path to get from here to there. The following are key objectives that were considered when developing the Lincoln County Health Department's Strategic Plan.

- ❖ **Maintain Accreditation:** Lincoln County Health Department (LCHD) became an accredited health department by the National Public Health Accreditation Board in September 2017. The Strategic Plan is one requirement of accreditation. It aligns with other important assessment, planning, and evaluation work such as a community health improvement plan, performance management plan, communication and marketing plans, and program work plans. Accreditation work continues to advance the performance and quality of LCHD programs and services.
- ❖ **Focus on Accountability:** This plan outlines our goals, objectives and strategies for the next five years providing a clear focus for our staff, Board of Health and community partners.
- ❖ **Promoting Innovation:** You will find in this strategic plan a thoughtful process in strengthening local public health through innovative thinking, embracing policy development, developing non-traditional partner relationships, and securing department capacity in order to achieve healthier communities.
- ❖ **Effective Use of Resources:** The plan focuses on a continual process to evaluate effectiveness and efficiencies of programs and service delivery which is in the forefront in light of current funding obstacles.
- ❖ **Engage Workforce:** Establishing an organizational culture of continuous learning and quality improvement guided by research and best practices that are identified not only by

The Public Health Accreditation Board (PHAB) defines strategic planning as "a disciplined process aimed at producing fundamental decisions and actions that will shape and guide what an organization is, what it does, and why it does what it does."



staff but also by, partners and customers is a priority for Lincoln County Health Department. This plan outlines strategies to continue to maintain a competent and capable workforce.

Addressing Emerging Trends



It is important for an organization to identify what the state of the world is today and what challenges we are currently facing. According to the Centers of Disease Control and Prevention, recent stressors on public health are driving many local governments to pioneer a new Public Health 3.0 model in which leaders serve as Chief Health Strategists, collaborating across multiple sectors and leveraging data and resources to address social, environmental, and economic conditions that affect health and health equity. In order to effectively lead the health of

the community, it requires a shift in thinking to a multi-collaborative health approach focusing on community resources and supporting policy and resource environment change to achieve health outcomes. Public Health 3.0 is a model to be considered when addressing emerging trends in public health such as health equity. The table below describes some of the emerging issues affecting health outcomes that were considered when developing this plan.

Table 1: Staff brainstorming results of emerging issues and impacts on public health.

Trends	Considerations
Social	
Lack of recreational activities for teens	<ul style="list-style-type: none"> • Develop innovative ways to engage target audience in public health strategies. • Support work in health equity and address social determinants of health.
Increase in elderly community	
Health equity	
Health	
Emerging communicable diseases	<ul style="list-style-type: none"> • Continue to exercise and plan for public health emergency events. • Assure access to care is at the forefront of public health plans.
Increase in health access barriers	
More chronically ill youth	
Substance use and mental health disease	
Technology	
Staying current on technology	<ul style="list-style-type: none"> • Anticipate current and new technology needs to advance public health work.
Environmental	
Water quality issues	<ul style="list-style-type: none"> • Continue to be leader in collaboration with partners to address the county's environmental health needs.
Increase in natural disasters such as flooding	
Economics	
Lack of job advancement; pay opportunity	<ul style="list-style-type: none"> • Advance work in health equity not only through the assessment and evaluation of public health programs but through partner collaborations.
Lack of affordable and quality housing	
No transportation in rural areas	
Tighter budgets – shared services	

Our Planning Process

A series of meetings were set by the Lincoln County Health Department to develop the strategic plan involving health department staff, Board of Health members, and stakeholders. The Wisconsin Department of Public Health Northern Region Office of Policy and Practice Alignment (DPH) provided technical assistance and consultation for this process. The framework used for planning was provided by the [National Association of County and City Health Officials \(NACCHO\) Developing a Local Health Department Strategic Plan: A How-To Guide](#). This strategic planning process resulted in a five-year plan for our agency that will help guide our efforts to provide high quality services and programs. The following is the timeline of planning activities.

March 11, 2019 – Planning meeting with DPH to review components of the strategic planning process and determine a timeline. The NACCHO guide was reviewed, as well as, sample stakeholder surveys provided by DPH. Accreditation requirements along with the alignment of department plans were evaluated.

May – Stakeholder survey was conducted electronically to gather information on department’s strengths, weaknesses, opportunities, and challenges. See results in Appendix A.

July 10 – The first all staff meeting was held. Meeting agenda items included brainstorm level of stakeholder power and influence; review mission, vision and core values; conduct strengths, weaknesses, opportunities, and challenges (SWOC) analysis (see appendix B); review mandated services; and brainstorm and prioritize goals, objectives and strategies for the next five years.

July 24 – A second all staff meeting took place to finalize the mission, vision and core values. Other meeting accomplishments included a review of stakeholder survey results, a brainstorming session of emerging issues or trends in public health, a review of mandated services, and an assessment of data/technology needs. The meeting concluded with further discussion of goals and objectives for the plan.

July 31 – The final all staff meeting focused on finalizing goals, objectives and strategies. This meeting followed with a separate Board of Health meeting to review and discuss the draft strategic priorities by the Health Officer/Director.

September 3 – Final review of the draft written plan for comment was provided to DPH, health department staff and Board of Health.

September 26 – Approval of strategic plan by Board of Health.

Our Planning Process

Linkage to Plans

As a nationally accredited health department, Lincoln County Health Department strives to achieve population health outcomes through policies, processes and plans. Part of the strategic planning process and accreditation for our health department is to review the Community Health Improvement Plan (CHIP) and Performance Management/Quality Improvement Plan (PM/QI) and consider their alignments to our chosen strategic priorities. The strategic plan is unique in that it addresses organizational emerging issues and innovative workforce initiatives that are not in the other two plans. However, the priorities within the 2020-2025 Strategic Plan can contribute and drive assessment, evaluation and initiation of activities that can positively impacting the CHIP and PM/QI Plan. See Diagram 1 below.



(Adapted from MarMason Consulting LLC, 2012)

Diagram 1: The alignment of public health plans from the NACCHO Guide.

Strategic Priorities

Strategic Priority 1: Achieve an organization of innovation and excellence

Objective 1: By December 31, 2025, assure LCHD meets all National Public Health Standards and Measures.

Linkage: Public Health Accreditation Board (PHAB), and National Public Health Standards and Measures

Strategy 1.1.1: Align goals, objectives, policies and agency planning efforts with Public Health Accreditation Board (PHAB) domains, standards and measures.

Strategy 1.1.2: Continue to engage LCHD staff and Board of Health in the accreditation process.

Strategy 1.1.3: Secure funding for accreditation fees.

Strategy 1.1.4: Complete annual PHAB reports.

Objective 2: By December 31, 2025, implement an ongoing process of health equity in education, structured dialogue, and organizational development.

Linkage: PHAB Domains 1, 3 and 7, Community Health Improvement Planning Process (CHIPP)

Strategy 1.2.1: Build core competencies and capacities of staff to successfully achieve health equity.

Strategy 1.2.2: Increase understanding of health equity among Board of Health members and partners.

Strategy 1.2.3: Integrate concepts of health equity and trauma informed care into programs and initiatives.

Objective 3: By December 31, 2025, enhance the use of actionable data analysis, presentation and program evaluation to inform public health strategies, program planning, and performance management.

Linkage: PHAB Domains 1 and 10

Strategy 1.3.1: Ensure that staff have access to the training, tools and technology available to use data to make decisions, improve performance, and communicate progress.

Strategy 1.3.2: Increase the utilization of a standard and formal process for program and service evaluation.

Strategic Priority 2: Embrace the community impact process by engaging cross-sector partnerships to mobilize change

Objective 1: By December 31, 2025, focus on the monitoring and guiding of public policy with partners that protect the health of the public.

Linkage: PHAB Domains 4, 5 and 6, CHIPP

Strategy 2.1.1: Build capacity and relationships to monitor and access local, state and federal policy in alignment with public health priorities.

Strategy 2.1.2: Synchronize a multi-channel communication and messaging approach for policy priorities, emerging issues, opportunities for learning, and specific policy roles of partners and the public.

Strategy 2.1.3: Incorporate health in all policies into decision-making processes with non-traditional partners.

Objective 2: By December 31, 2025, Board of Health, staff, and stakeholders will take an active role in advocating public health.

Linkage: PHAB Domains 4, 5, 6, 11 and 12 CHIPP

Strategy 2.2.1: Increase education and skills among staff, coalition members, and Board of

Health in taking on an active role in advocating for public health.

Strategy 2.2.2: Align and coordinate strategies for advancing legislation.

Objective 3: Organize, monitor, and evaluate the integration of social determinants in the Live Well Lincoln Community Health Improvement Plan.

Linkage: PHAB Domains 7 and 4 and CHIPP

Strategy 2.3.1: Engage target group in implementing coalition strategies.

Strategy 2.3.2: Develop coalition strategies in coalition work plans that address health inequities.

Strategy 2.3.3: Evaluate the implementation of strategies addressing social determinants of health.

Strategic Priority 3: Build organizational capacity

Objective 1: By December 31, 2025, retain and develop staff by providing tools and opportunities needed to build organizational capacity.

Linkage: PHAB Domains 8 and 9, Quality Improvement Plan, Workforce Development Plan

Strategy 3.1.1: Identify priorities of staff workload and provide support for staff decision making.

Strategy 3.1.2: Implement a tool for rapid QI process to encourage an innovative work environment.

Strategy 3.1.3: Continue to explore barriers and advocate for strategies to recruit and retain staff.

Objective 2: By December 31, 2025, maintain a skilled and competent workforce.

Linkage: Domain 8 and Workforce Development Plan

Strategy 3.2.1: Continue to develop a comprehensive system of professional development for staff that will promote continuous learning around public health core competencies and emerging training needs.

Strategy 3.2.2 Evaluate and reassign non-essential professional public health staff roles and responsibilities as public health faces employee recruitment issues.

Strategy 3.2.3: Develop an agency succession plan.

Objective 3: By December 31, 2025, Lincoln County Health Department will maintain existing funding resources and increase when available.

Linkage: Domain 12

Strategy 3.3.1: Continue to work with local, state, and national organizations and policy makers to advocate for sustainable public health resources.

Strategy 3.3.2: Realign resources based on program evaluations and identify new revenue streams in order to prioritize mandatory services and infrastructure building.

Plan Oversight

The Lincoln County Health Department Strategic Plan will be facilitated by the Health Officer/Director. The Accreditation Leadership Team will monitor implementation of the strategic plan's work plan at scheduled meetings. The Accreditation Leadership Team is made up of Lincoln County Health Department appointed staff and the Health Officer/Director. Although strategic plan implementation is continual, formal communication of progress made in reaching goals and objectives will be provided to the Board of Health and staff at a minimum of 3 times a year.

References

Auerbach, J. *Becoming the Chief Health Strategist: The Future of Public Health*. CDC. Accessed at <http://phsharing.org/wp-content/uploads/2016/09/Plenary-CDC.pdf>

Health In All Policies: A guide for State and Local
<http://www.phi.org/resources/?resource=hiapguide>

National Association of County and City Health Officials (NACCHO). Accessed at www.naccho.org
NACCHO (2010). *Developing a Local Health Department Strategic Plan: A How-To Guide*. Accessed at <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf>

National Public Health Accreditation Board Standards and Measures
<https://phaboard.org/standards-and-measures-for-initial-accreditation/>

Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century
https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Strategic Practices and Actions to Advance Health Equity in Local Health Departments
<https://healthequityguide.org/strategic-practices/>

Appendix A: Stakeholder SWOC

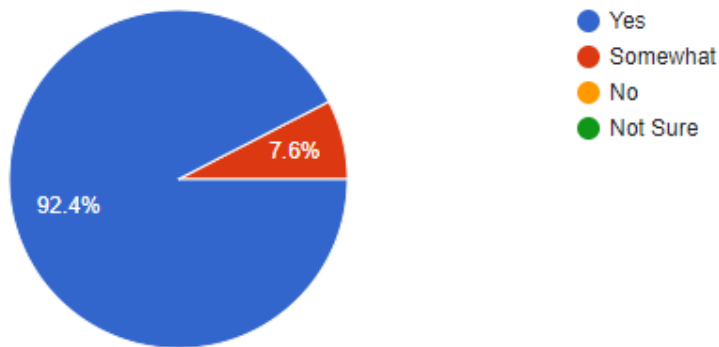
The Stakeholder Survey was emailed to the following groups: churches, long-term care facilities, assisted/independent living centers, health care providers, child care providers, veterinarians, schools, Live Well Lincoln, organizations, preparedness partners, Board of Health, county department heads, public health preparedness partners, and environmental health work groups.

Stakeholder Survey Results: 67 responses received	
Health Department Strengths	<ul style="list-style-type: none"> • Information sharing and communications • Provider or sharer of resources • Community education • Good collaborator and partner • Staff - caring, dedicated, leader, knowledgeable, proactive, team player
Health Department Weaknesses	<ul style="list-style-type: none"> • Lack of emphasis on needs of adults with developmental disabilities • Local programming in the Tomahawk Area • Lack of awareness of stakeholder initiatives • Short business hours • Staff interaction only mainly through technology • Lack of response capabilities • Lack of immunization audit contact person • Lack of work in meth homes • Slow with information • Not enough services in a timely manner • Focus on services with a small population (foot care) • Limited funding and resources • Lack of help with hoarding • More duties than staff • Reaching all communities in the county equally • Turnover of staff
Major Challenges	<ul style="list-style-type: none"> • Time and funding • Small staff size for a large amount of work • Lack of trained staff • Staff shortages • Updating technology • Cuts to local funding • Politics • Drug abuse, opioid epidemic • Vaccination issues • Mental health • Poverty • Changing people's habits • People are less accountable for their actions • Assisting people with their aging parents • Community involvement/motivation • Children experiencing trauma • Health care costs and lack of providers for low income needs

Specific Programs and Services to Focus on in Next 5 Years

- Emotional and mental health
- Substance use among teens
- School nursing in private schools
- Initiatives involving caregivers needs
- More community gardens in Tomahawk
- Child obesity, healthy nutrition
- Fun, physical activity events
- CHIP leadership
- Increase programs for infants and preschool age children
- Immunizations
- Supporting parents and healthy families
- Environmental hoarding issues
- Assistance with adults with developmental disabilities

92% consider the health department services to be an asset to the community



Source: Lincoln County Health Department Stakeholder Survey, 2019

Appendix B: Staff SWOC

Lincoln County Health Department Staff utilized the Strengths, Weaknesses, Opportunities, and Challenges (SWOC) Analysis. The following were identified.

Operations			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • Accredited • QI and performance management • Policies • Organized and proactive 	<ul style="list-style-type: none"> • Hours of operation • Lack of significant outcomes • Incorporating health equity into programming 	<ul style="list-style-type: none"> • Reapplication for accreditation • Health equity plan for agency 	<ul style="list-style-type: none"> • Addressing ACEs and the many challenges associated with trauma and health outcomes • Health equity in a rural community
Branding and Outreach			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • Outreach • Good marketing and branding 	<ul style="list-style-type: none"> • Communicating public health's value, our services, and purpose with public 	<ul style="list-style-type: none"> • Increase awareness of LCHD programs and public health topics 	<ul style="list-style-type: none"> • None Identified
Community and General Public			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • Customer interaction 	<ul style="list-style-type: none"> • Perception that services are not needed or valued • Outreach to vulnerable populations • Not able to serve all populations • Views of community, misinformed and conservative 	<ul style="list-style-type: none"> • Reaching more customers with programs 	<ul style="list-style-type: none"> • Community motivation • Increase diversity in our population • Aging and rural population • Poverty/lack of jobs • Anti-government
Funding			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • None Identified 	<ul style="list-style-type: none"> • Limited funding for programs and services 	<ul style="list-style-type: none"> • Grant funding 	<ul style="list-style-type: none"> • Tax adjustments • Funding/budget cuts
Partners and Collaboration			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • Data collection/evidence based • Work well with coalition members • Strong partnerships 	<ul style="list-style-type: none"> • Youth involvement • Delegating to community partners • Limited support from stakeholders 	<ul style="list-style-type: none"> • More sharing with other health departments • Increase interest among partners to collaborate • Ask target populations as to why they do not participate 	<ul style="list-style-type: none"> • None identified
Technology			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • None identified 	<ul style="list-style-type: none"> • Data collection 	<ul style="list-style-type: none"> • DNR switchboard, 	<ul style="list-style-type: none"> • Behind on IT as a

	improvement	duplication <ul style="list-style-type: none"> • IT support for off-site clinics • VPN doesn't work • Centralized data 	county, ability, training, and needs <ul style="list-style-type: none"> • IT specialized staff left
Capacity			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • Staff helps other staff when needed • Staff works well together 	<ul style="list-style-type: none"> • Staff stretched thin – no time for training, planning and evaluation • Contracts are a priority for department finances; work not as meaningful 	<ul style="list-style-type: none"> • Increase efficiency of program operations • Better time management 	<ul style="list-style-type: none"> • Limited training time for staff • Lack of available training • Work hours • Outbreaks • Laws
Workforce Development			
Strengths	Weakness	Opportunities	Challenges
<ul style="list-style-type: none"> • Diverse workforce • Cross training of staff to do multiple tasks • Knowledgeable and competent • Promote staff development 	<ul style="list-style-type: none"> • Wage scale not based on training/ experience • Training needed in WEDSS, health education, QI and PM • Recruitment of staff 	<ul style="list-style-type: none"> • More staff for specific programs • Hire a public health educator • Perks or benefits to attract staff/retain staff 	<ul style="list-style-type: none"> • Lack of tangible signs that we are making a difference which may lead to less staff satisfaction • Retiring nurses • Staff turnover