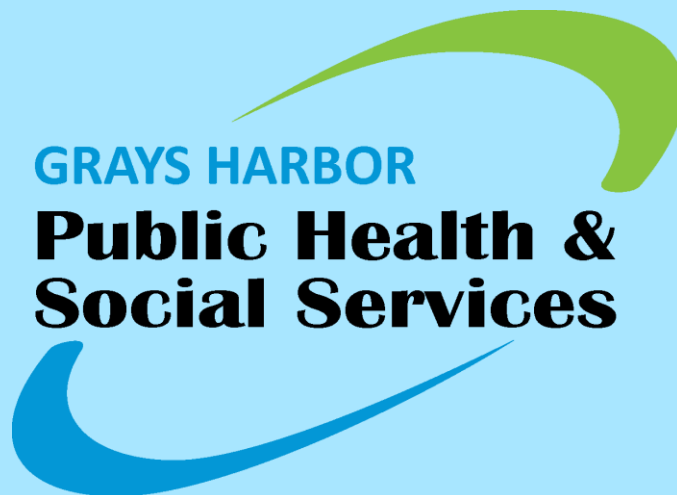


JULY 2019

# STRATEGIC PLAN 2019-2023



[healthygh.org](http://healthygh.org) | [facebook.com/healthyghc](https://facebook.com/healthyghc)

Prepared by: Kristina Alnajjar  
Public Health Manager

Approved by: Karolyn Holden  
Director

## 2

# INTRODUCTION

Grays Harbor County Public Health and Social Services (GHPHSS) is an integrated public health and social services agency. In partnership with local, state and federal partners, GHPHSS works to improve the health and wellbeing of the entire community, including the most vulnerable children and adults. Through efforts such as providing community education, preventing the spread of disease, and promoting policy, system and environment changes GHPHSS helps people be healthy.

GHPHSS reports directly to the Grays Harbor County Commissioners. The County's three commissioners also constitute the Board of Health. The Health and Human Services Advisory Board, made up of volunteers from our community, also provides recommendations to many programmatic areas. There are approximately 35 employed in the department.

GHPHSS provides services to promote healthier and safe living to Grays Harbor residents. These services include community health assessment and improvement, communicable disease investigation and control, family planning, vital records, maternal and child health promotion through home visiting and WIC, promotion of services for children with special healthcare needs, emergency preparedness and response, promotion of early access to dental services, drug prevention education, syringe service program, overdose prevention services, developmental disabilities resources, housing resources, therapeutic courts and behavioral health resources.

# 3

## OVERVIEW OF PROCESS

Below is a graphic depicting the steps used to guide the Strategic Planning process. GPHSS followed the guidance issued by the Public Health Accreditation Board (PHAB) to align with the accreditation standards.

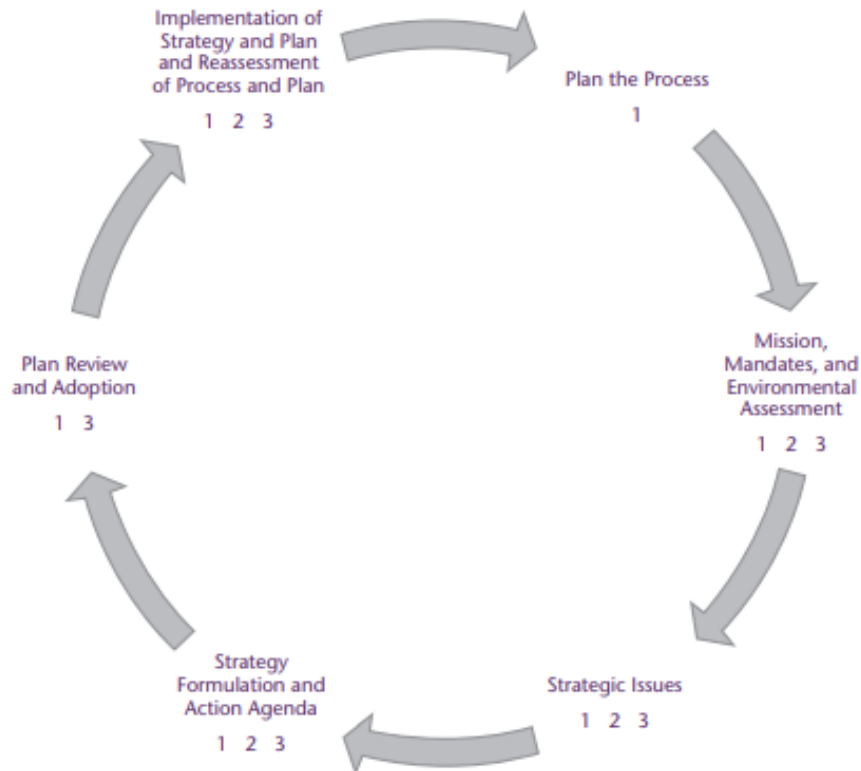
### The Strategic Planning Process Cycle

The stages where stakeholder analysis, vision formulation and goal definition could occur are noted by 1, 2 or 3.

1 – Perform Stakeholder Analysis

2 – Formulate Vision

3 – Define Goals



# 4

## PHASE 1

### Laying the Groundwork for Strategic Planning July 2018

The Strategic Planning Lead and the Director selected the members of the Strategic Planning Committee, outlined a realistic timeline, determined stakeholder engagement and developed a project plan. The Planning Lead and the Assessment Coordinator conducted an environmental scan and prepared data for the Strategic Planning Committee to review. The project timeline included a 12 month planning period with final adoption slated for the July 2019 Board of Health meeting.

Strategic Planning Committee members represent a variety of programs throughout the department.

Strategic Planning Lead	Kristina Alnajjar, Public Health Manager
Administration	Karolyn Holden, Director Beth Mizushima, Deputy Director Julie Myers, Admin Lead
Public Health	Brianne Probasco, Assessment Coordinator Kim McCaw, Clinic Supervisor Erin Schreiber, Home Visiting Supervisor
Social Services	Vera Kalkwarf, Social Services Manager Cassie Lentz, Housing Coordinator Dee Dee Garman, Developmental Disability Coordinator

## 5

## PHASE 2

### Strategic Planning Committee Data Review and Analysis October-November 2018

Committee members reviewed data elements relevant to GPHSS as listed below. They then created a SWOC Analysis (Strengths Weaknesses, Opportunities, and Challenges) and drafted priorities that addressed three strategic thinking questions: 1) What can we do? 2) What do we want to do? and 3) What should we do? See appendix for SWOC analysis.

1. GPHSS mission, vision and values statements
2. List of roles and services provided by GPHSS
3. County and State demographic data
4. Community Health Status: unemployment, cause of death, life expectancy
5. Local hospitals' Community Health Needs Assessments
6. 2015 GPHSS Strategic Plan
7. 2016 Workplace culture feedback from Labor Management Committee
8. 2018 Washington Governor's Interagency Council on Health disparities Action Plan for Department of Health
9. Public Health 3.0: A Call to Action: Department of Health
10. Results from 2018 National Public Health Performance Standards survey
11. Results from 2018 Cultural and Linguistic Competence Policy Assessment

## 6

## PHASE 3

### Stakeholder Contribution

October 2018-January 2019

#### Internal

Strategic Planning Committee believed that the current mission and vision are still relevant to the organization. Using the four guiding questions shown below employees updated our values statements to reflect current beliefs.

- 1) How do we want to treat each other?
- 2) How do we want to treat our clients?
- 3) How do we want to treat community partners?
- 4) What do we want to be known for?

#### External

Based on our SWOC Analysis, the Strategic Planning Committee drafted priorities for the Health and Human Services Advisory Board and Board of Health to rank in order of importance. Simple prioritization exercises were conducted. Each participant was given ten votes. Each was asked to first choose their top five priorities. Then, they were asked to choose their top three, and finally their top two. See appendix for Strategic Priorities Ranking Results.

## PHASE 4

### Identifying and Framing Crosscutting Themes, Emerging Issues and Strategic Ideas

December 2018

Committee members met to discuss stakeholder feedback and refine our strategic goals based on board rankings and updated values statements.

# 7

## **PHASE 5**

**Developing the Strategic Plan and Implementation Plan  
January-June 2019**

Strategic Planning Committee members broke up into smaller workgroups to develop implementation and measurement plans for each objective. Strategic Planning Lead consolidated plans and wrote report.

## **PHASE 6**

**Strategic Plan presented to County Commissioners for adoption  
July 25, 2019**

At this time GPHSS does not have a Quality Improvement Plan, a current Community Health Assessment or a Community Health Improvement Plan to cross list priorities, but within this strategic plan has objectives to complete the work. The Community Health Assessment will be used as the foundation for the Community Health Improvement Plan and the 2024-2028 Strategic Plan.

## 8

# GUIDING DOCUMENTS

## Mission

Our mission is to improve the health and wellbeing of the people in Grays Harbor County.

## Vision

We have a vision of Grays Harbor as a place where all people can be healthy throughout their lives.

## Values

Respect: We approach all people with significance, understanding, compassion and dignity.

Communication: We value effective, responsive and timely communication and our role as a trusted source of health information.

Collaboration: We work together for the mutual benefit of the community through the sharing of information, resources and ideas to achieve a common goal.

Continuous Improvement: We believe quality and professional development is a never ending effort for individuals and teams.

Integrity: We act with a consistency of character and are accountable to our community for our actions.

Health Equity: We will apply our knowledge and understanding of health equity to eliminate health disparities in our community.



## 9

# STRATEGIC GOALS & OBJECTIVES

**Strategic Goal**

To serve our community as the Chief Health Strategist by December 31, 2023.

**Objective 1**

Expand use of health data and evaluation in program planning, decision making and communication.

**Objective 2**

Invest in foundational infrastructure to increase organizational capacity.

**Objective 3**

Apply knowledge and understanding of health equity to practice.

## 10

# IMPLEMENTATION

The 2019-2023 strategic plan represents an ongoing process of setting priorities, reflecting on what is being learned and taking realistic steps forward. The strategic plan provides the organizational guideposts for GPHSS employees, community partners and board members to discuss and determine where to focus time and resources. At the broadest level, the implementation of the five year strategic plan occurs through the development and monitoring of each annual work plan.

The work plan and health indicator data will be reviewed annually by management and progress will be reported to the Board of Health, Health and Human Services Advisory Board and employees Q1 of each year. Upon review of the work plan progress and health indicator data, the strategic plan will be updated as needed.

Q3-2019	Adopt 2019-2023 Strategic Plan Develop 2019 Work Plan (short)
Q4-2019	Review 2019 Work Plan Develop 2020 Work Plan
Q2-2020	Review Health Indicator Data
Q4-2020	Review 2020 Work Plan Develop 2021 Work Plan
Q2-2021	Review Health Indicator Data
Q4-2021	Review 2021 Work Plan Develop 2022 Work Plan
Q2-2022	Review Health Indicator Data
Q4-2022	Review 2022 Work Plan Develop 2023 Work Plan
Q3-2023	Review 2023 Work Plan Review 2019-2023 Strategic Plan Develop 2024-2027 Strategic Plan
Q4-2023	Finalize 2024-2027 Strategic Plan Develop 2024 Work Plan

# 11

## ACTION STEPS

**Strategic Priority:**  
To serve our community as the Chief Health Strategist by December 31, 2023.

<b>Objective 1:</b> Expand use of health data and evaluation in program planning, decision making and communication.		<b>Benchmark and Method of Measuring Success:</b> Management, employee and boards can articulate public health best practice, program planning efforts and community health status knowledge.		
Action Steps (Deliverables)	By When	Resources Needed	Lead Person	Status
All health indicator data review meetings are scheduled through 2023	Y1-end of 2019	FTE	Directors	
Reoccurring program planning and evaluation meetings established	Y1-end of 2019	FTE	Managers	
All programs have evaluation metrics and financial monitoring tools in place	Y2-end of 2020	FTE Training	Managers	
Incorporation of community voice in all programs	Y3-end of 2021	FTE Social Media Surveys Community Partners	Supervisors	
Comprehensive communication plan published; including specifics on health and evaluation data, strategies to increase health literacy and updated communication tools	Y4-end of 2022	FTE Media contacts Community Partners Coalitions Committees Boards	Assessment Coordinator	
Complete Community Health Assessment and/or Community Health Improvement Plan	Y5-end of 2023	FTE Community Partners	Assessment Coordinator	

## 12

<b>Objective 2:</b> Invest in foundational infrastructure to increase organizational capacity.		<b>Benchmark and Method of Measuring Success:</b> Business, accounting and financing systems and performance management principles fully adopted.		
Action Steps (Deliverables)	By When	Resources Needed	Lead Person	Status
All Strategic Planning meetings are scheduled through 2023	Y1-end of 2019	FTE	Directors	
Work with IT to implement OnBase for document management	Y1-end of 2020	FTE Adequate IT support	Admin lead	
Update policies and procedures and create plan to routinely monitor	Y2-end of 2021	FTE	Admin lead	
Create system to keep all office tools and equipment up to date	Y2-end of 2020	FTE	Admin lead	
Adopt a Professional Development Program	Y3-end of 2021	FTE	Directors	
Develop a Quality Improvement Plan	Y3- end of 2021	FTE	Directors	
Develop system to routinely share expectations and feedback with employees	Y4-end of 2022	FTE	Directors	
Update job descriptions and create plan to routinely monitor	Y5-end of 2023	FTE	Directors	

<b>Objective 3:</b> Apply knowledge and understanding of health equity to practice.		<b>Benchmark and Method of Measuring Success:</b> Health equity principles will be seen in organizational policies and all employees will be able to articulate their role in promoting health equity.		
Action Steps (Deliverables)	By When	Resources Needed	Lead Person	Status
Conduct a health equity assessment with employees and boards	Y1-end of 2019	FTE Assessment Board of Health time	Trauma informed committee	
Develop a 3 year action plan to increase knowledge for employees and boards	Y2-end of 2020	FTE Training Board of Health time	Trauma informed committee	
Consider health equity principles in program planning and evaluation	Y3-end of 2021	FTE training	Managers	
Create policy and procedures to support health equity in all policies	Y4-end of 2022	FTE	Admin lead	
Include health equity and social determinants of health in all communication efforts	Y5-end of 2023	FTE training	Directors	

# APPENDIX

## SWOC ANALYSIS

<b>Strengths (Internal)</b>	<b>Opportunities (External)</b>
<ul style="list-style-type: none"> <li>• Employee diversity</li> <li>• Variety of in depth and breadth of interventions</li> <li>• Support of expertise growth (specialists)</li> <li>• Opportunity to work interdepartmentally</li> <li>• Generalist perspective</li> <li>• Subject matter expertise</li> <li>• Open conversation around employee morale and trust</li> <li>• Assessment capacity</li> <li>• Communication capacity</li> <li>• Policy template &amp; recent revisions/update</li> <li>• Updated software at county (OnBase)</li> <li>• Strong knowledge of referral network</li> <li>• Communication with other county departments</li> <li>• LEP Policy</li> <li>• Employee interest and capacity to address needs of diverse communities</li> </ul>	<ul style="list-style-type: none"> <li>• Increasing diversity in Grays Harbor</li> <li>• Hospitals expansion to mental/behavioral health focus</li> <li>• Strong local media presence</li> <li>• State agency trainings around disparities</li> <li>• Local, regional, state and national elected officials</li> <li>• Political will to address public health priorities</li> <li>• Fed/State focus on Opioid Crisis</li> <li>• Community organizations capacity</li> <li>• Community member desire for health data</li> <li>• Consumer Voices</li> </ul>
<b>Weaknesses (Internal)</b>	<b>Challenges (External)</b>
<ul style="list-style-type: none"> <li>• Internal historical knowledge is unwritten</li> <li>• Confusion around Public Health &amp; Social Service &amp; Environmental Health terminology</li> <li>• Lack of public understanding of GHPHSS's purpose</li> <li>• History of internal change with insufficient communication</li> <li>• Natural silos with PH 1.0, 2.0 and 3.0 work</li> <li>• Lack of resources for Assessment &amp; Communication</li> <li>• Policy/procedure updates needs</li> <li>• Lack of long term planning tools</li> <li>• Outdated admin infrastructure</li> <li>• Limitations of current tools and equipment</li> <li>• Budget and program planning limitations</li> <li>• Technological training for employees</li> <li>• Limited IT support—inadequate to current needs</li> <li>• Inadequate support to deal with routine maintenance of physical space</li> </ul>	<ul style="list-style-type: none"> <li>• Opioid Use Disorder-complex support needed (physical, mental &amp; behavioral)</li> <li>• Matching local priorities with funder's priorities</li> <li>• Two Public Hospital Districts</li> <li>• Provider shortage</li> <li>• Limited funding allocations for rural LHJs</li> <li>• Public Health Best Practice and research dissemination</li> <li>• Keeping up with training needs for a dynamic public health workforce</li> <li>• Lacking integrated systems around medical coordination</li> <li>• Medicaid transformation confusion</li> <li>• Baby boomers needs for health and social service support</li> <li>• National xenophobia</li> <li>• Soliciting and using consumer voice in a meaningful and intentional way</li> <li>• Stigma associated with mental health and substance use disorders</li> </ul>

## 14

# APPENDIX

## STRATEGIC PRIORITIES

### RANKING RESULTS

Priorities	Board of Health	Health and Human Services Advisory Board	Total
Efforts to increase funding stability	6	5	11 (18%)
Application of health data to inform decision makers and public	8	2	10 (16%)
Collaboration with community organizations to address concerns of diverse/marginalized communities	1	9	10 (16%)
Health literacy of our community	4	5	9 (15%)
Health equity and trauma-informed principles into all policies and procedures	5	1	6 (10%)
Performance management methods	3	3	6 (10%)
Community understanding and investment of public health	1	3	4 (7%)
Employee development to build skilled/informed responsive workforce	2	1	3 (5%)
Community participation and feedback on all projects	0	1	1 (2%)
Internal communication and collaboration	0	0	0 (0%)
	<b>30</b>	<b>30</b>	<b>60</b>