

# Ontario County Public Health

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*Strategic Plan 2014-2017*



**Public Health**  
Prevent. Promote. Protect.  
**Ontario County, NY**



# Introduction and Overview

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## Message from the Public Health Director, Mary L. Beer

Through the Strategic Plan for the years 2014-2017, the Ontario County Public Health Department will continue to strengthen partnerships with the community and health care providers throughout the County. The Mission, Vision, and Values reflect the importance of recognizing the needs of the County as a whole and its various populations.

We want to capitalize on the ideas and experiences of the local community so that our strategic intent of demonstrating excellence in public health results in the department being a valued and innovative community partner. The valuable experiences of our partners will foster the development of programs and policies that will contribute to the health and safety of the population. Together we will work to develop programs, policies, and services that meet the needs and desires of the various partners using our Values of “Effective Communication, Professionalism, Autonomy, Integrity, Fun, Compassion, and Excellence”.

In order to assure accountability we will measure outcomes as part of the Quality Improvement Plan to evaluate the efficacy and efficiency of our programs to ensure that taxpayer funding is used responsibly. We will be seeking accreditation from the Public Health Accreditation Board, a reflection of our on-going commitment to quality improvement. Our focus will continue to utilize evidence-based information in the provision of high quality services.

We encourage and welcome feedback and community participation as we move forward in our attempts to meet the needs of the County and to implement our Mission of “protecting and promoting the health and well-being of our community”.

## Introduction and Background

The process to develop the strategic plan embodied a period of 13 months and included outside consultants, the entire staff of the department as well as support from the governing body via the Health and Medical Services Committee.

Ontario County Public Health worked with a consultant from the Ad Council through the S2AY Rural Health Network to develop a Strategy Action Plan in late 2012 and early 2013. The process involved a full day planning session 11/30/2012 with the five other S2AY Network counties (Schuyler, Seneca, Steuben, Wayne, and Yates) to collectively conduct a SWOT analysis- an assessment of strengths, weaknesses, opportunities, and threats. A second full day planning session was held individually with Ontario County. This included staff at all levels. Strategic priorities, objectives, goals, and responsibilities were identified. These were discussed with and supported by the Health and Medical Services Committee.

Due to the timing of the planning process and its streamlined nature, the S2AY Network worked with the Empire Public Health Training Center at the University of Buffalo to secure additional consulting support for the six S2AY counties from the New York Council of Nonprofits (NYCON). The goal of this work was to support further development of the plans in meeting best practices and preparing for accreditation requirements. Each Department received about one day's additional consulting time (11/4/2013); this time included a 3 hour planning session with the entire Ontario County Public Health staff as well as further development of this strategic plan document and a phone meeting to review and revise the document.

The planning meeting with NYCON included a review of the Department's Strategy Action Plan and related progress; discussion about the organization's newly developed Community Health Improvement Plan (CHIP) and the information, skills, and strategies the Department would need to develop to successfully engage the community, implement the plan, and monitor plan progress; and a review of a Standards and Measures Self-Assessment conducted with the S2AY Network to identify key focus issues to prepare the Department for accreditation.

A key component of creating the Strategic Plan has been the development of the department's *Mission, Vision, and Values*. These were developed internally with participation from all staff members. A SWOT analysis was completed to determine *Values* (1/10/2013). *Mission* and *Vision* were crafted via a brainstorming session (1/18/2013) followed by the utilization of an affinity diagram. *Mission, Vision, and Values* are reviewed annually with input from all staff members.

A staff retreat was held on 1/5/2017 to update the 2014-2017 Strategic Plan. The process included reviewing results of an organizational profile staff completed via survey. *Mission, Vision* and *Values* were reviewed and compared to the newly developed *Ontario County Mission, Vision, Core Values and Core Behaviors* to ensure alignment.

This process resulted in the following:

Vision, Mission and Core Values were retained

Two items were added to Core Behaviors:

1. Provide unbiased data and analysis to decision makers
2. Advocate for the needs of the most vulnerable in our community

A SWOT analysis was conducted. Results were compared to the previously completed analysis. There were no deletions. Additions were made and are highlighted on pages four and five.

With leadership from the Public Health Director, members of the department updated the Strategic Plan to reflect goals for 2017.

# Mission, Values, and Vision

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## **Vision**

Healthy People in Healthy Communities

## **Mission**

Ontario County Public Health is a team of professionals devoted to protecting and promoting the health and well-being of our community.

## **Values**

- Effective Communication
- Professionalism
- Autonomy
- Integrity
- Fun
- Compassion
- Excellence

## **Strategic Intent**

Demonstrate excellence in Public Health to achieve better health, an improved healthcare system, and lower per capita healthcare costs in our community.

# SWOT Analysis: Review of Strengths, Weaknesses, Opportunities, and Threats

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## Strengths

- Experience
- Leadership
- Dedicated staff
- Flexibility
- Teamwork
- Creativity
- Cross trained staff
- Influential in community and county government
- Good external reviews/compliant
- Internal QI
- Resourceful
- Resources
- Strive to excel at some things
- Some strong partnerships
- Mission to expand exposure in community
- Support of county administration
- Good relationship with regional NYS DOH staff
- Empathy
- Depth of knowledge
- Tenacity
- Passion for the work
- Valued and respected
- Integrity
- Trust
- Autonomy
- Transparency
- Smart and bright staff
- Accessible
- Fresh eyes of new staff
- Rural/physical environment
- Benefits
- Accountability
- Professionalism

## Weaknesses

- Aging staff
- Knowledge re: technology, social media focus
- Communication
- Community/providers don't have a clear understanding of what PH does
- Research for new insights/solutions
- Data expertise, lack of statistician or epidemiologist on staff
- Lack of time
- NYSDOH communication
- Inexperience of new staff
- Rules, regulations, county policies, legal
- Difficulties with internship opportunities
- Money
- Public Health Apps folders

## Opportunities

- Networking
- Recruit younger staff/volunteers
- Sharing expertise from neighboring counties
- Partnerships with county departments
- Hospital mergers (increased providers)
- Focus on prevention
- Socio-economic issues (attract funding)
- IT department willing to allow social media
- PH accreditation
- Electronic health records
- Tourism – geography of county (trails)
- Wellness
- Expanding partnerships with hospitals, VA, and FQHCs
- Population growth
- Aging population
- Regional healthcare planning
- Supporting efforts to redesign mental health service delivery
- Capacity
- County car
- Social media
- Grants
- S2AY
- Diversity in county
- Quality Improvement
- Money for school
- Money
- Data collection via FLHSA
- Community inclusiveness
- NYSDOH/CDC support

## Threats

- Recruiting qualified staff
- County supervisors (budget)
- State/federal governments
- State and federal mandates
- Ever changing direction in government mandates and funding
- State regulations. RE: qualifications for staff, lack of qualified applicants
- Hospital mergers, competing hospitals
- Evolving socio-economic issues in county
- Medicaid managed care
- Lack of control/influence in Early Intervention and Preschool programs
- PH accreditation
- Increase in drug availability (186 corridor)
- Changes in other county department leadership
- Lack of Medicaid providers
- Natural disasters
- Social media/Internet
- Antibiotic resistance
- Lack of PH understanding in other agencies-misperceived as regulatory
- Low literacy levels
- Changes in healthcare and insurance
- Changing diversity in county
- Politics
- Environment
- Aging population
- Changes in funding
- Changes in cultural norms/family structure
- Economy
- Pockets of poverty
- Mental health
- Substance abuse

## **Participants in the 2017 Strategic Plan Update**

### **Administration**

Mary Beer, RN, MPH, Director of Public Health

Kate Ott, RN, MPH, Director of Preventive Health Services

Donna Stringer, RN, Director of Quality Improvement

### **Nursing**

Bloom, Kristen

Carmer, Lisa – PHN

Edwards, John – PHN

Gillmor-Mroz, Deborah – PHN

Lotyczewski, Christine – PHN

Pullin, Christine – PHN

Shaffer, Teresa – PHN

Strub, Rosemary – PHN

Ward, Lynnette - PHN

Webster, Beth -PHN

### **Administrative Support Staff**

Cordone, Tammy Jo – Typist

Nicole Tillotson – Secretary I

Packard, Rebecca – Office Specialist I

Sigourney, Susan – Typist

Romeiser, Judy – Account Clerk Typist

### **Other Professionals**

Richards, Christy – PH Educator

Strategic Issue/Priority: <b>Community Collaboration and Stakeholder Engagement</b>				<b>CHANGES ARE HIGHLIGHTED IN YELLOW</b>	
Goal: <b>Expand the reach and strengthen the effectiveness of community health collaborations.</b>					
Strategy	Objectives	Responsible Party	Timeline	Measure / Evaluation	Progress / Outcomes as of Jan. 2017
<b>1. More fully connect community health stakeholders to create better collaboration, deploy scarce resources more efficiently, and to affect greater positive impact on our community's health and safety.</b>	A) Determine who should be recruited to expand the health collaborative. a) <b>2017: Investigate options for engaging schools in OCHC</b>	1) DPHS, Prevent staff, OCHC a) <b>Prevent staff</b>	1) April, 2013 a) <b>2017</b>	1) Discussions occurred a) <b># school venues where OCHC was discussed</b>	Ongoing. Refer to OCHC Meeting minutes
	B) Recruit community stakeholders to participate in the OCHC	PHD DPS Prevent staff OCHC	2013 and ongoing	Stakeholders / partners recruited	<b>Eight partners recruited 2016.</b> Refer to CHIP Work plan
	C) Incorporate CHIP priorities and activities in community work	PHD Prevent staff OCHC	Ongoing	<b>CHIP Work plan activities reflected in monthly OCHC meeting minutes</b>	<b>Refer to CHIP Work plan and OCHC minutes</b>
	D) Inventory community connections held by agency staff and identify staff members for targeted deployment to support priorities established by the health collaborative.	DPHS Health Educator	2013 and annually	Community connections identified	Refer to Annual Reports 2014-2016
	<b>E) Seek out community leaders from growing diverse populations (racial, ethnic, older adults, etc.) for involvement in OCHC activities.</b>	<b>Prevent staff OCHC</b>	<b>Ongoing</b>	<b>Diverse stakeholders recruited</b>	<b>See membership list of OCHC</b>
<b>2. Expand relationships with local communities by expanding knowledge of communities and fostering relationships with key community members.</b>	A) Continue to build community relationships and expand access to communities throughout the county.	Prevent staff	3 <sup>rd</sup> Qtr. 2014 and ongoing	Relationships built. <b>Annual inventory of community connections held by staff.</b>	Refer to Annual Report 2014 - 2016
	B) Perform community windshield assessments and develop objectives for outreach.	Prevent staff	3rd Qtr. 2017	Community Windshields completed.	<b>Canandaigua and Farmington competed.</b> Target 2017-Remaining 8 communities. See Windshield Assessment folder in <b>Apps/Strategic Planning folder</b>



	C) Maintain communications with school nurses regarding communicable disease activities.	CD Coordinator	Ongoing	Communications maintained	Ongoing School influenza surveillance tool 2014- 2016
	D) Hold an annual “Snack and Chat” with school nurses to identify and explore opportunities for collaboration and provide training on public health topics.	Prevent staff	2nd. Qtr. annually	Program held. Program evaluated.	Yearly Snack and Chats held 2014-2016. Attendance averaged 12-15. Satisfaction surveys consistently positive.
	E) Conduct annual updates and education to supervisors on the Health and Medical Committee regarding public health activities.	PHD	2 <sup>nd</sup> Qtr. Annually	Updates/education provided	Annual Report was given to committee and presented by PH Director 2014, 2015 and 2016. See HHS minutes.
	F) Meet with Director of Planning to engage in discussions about zoning for healthy communities (built environment).	PHD	4 <sup>th</sup> Qtr. 2015	Planning in-service completed	<b>Completed.</b> See Staff Meeting Mins. Dated Feb 1, 2016
	G) Document governing, legislative, and public health department roles, responsibilities, and relationships.	PHD	4 <sup>th</sup> Qtr. 2015	Document completed	<b>Completed</b> October, 2015- See Annual Report
	H) Use a pro-active approach to reviewing selected public health laws and recommending updates or proposed legislation.	PHD	Ongoing	Approach developed. Laws/Regs/Policies reviewed/updated/initiated	Ongoing at S2AY PH Directors Meetings-see meeting minutes.
3. Strengthen working relationships with elected officials and municipal employees to build support for “Health in All” policies.	A) Interview Town Supervisors regarding PH needs in their communities.	Prevent staff	One-time meeting with Supervisor of assigned community	# Town Supervisors interviewed	New, Jan. 2017

**Strategic Issue/Priority: Public Health Outcomes and Impact**

**Goal: Employ best practices to positively affect the health of the community.**

Strategy	Objectives	Responsible Party	Timeline	Measure / Evaluation	Progress / Outcomes as of Jan. 2017
<p><b>4. Enhance program and process evaluation to support effectiveness, replication and expansion as part of ongoing QI plan.</b></p>	<p>A) Provide training to staff in the planning, implementation, and evaluation of public health programs.</p>	<p>Health Educator DPHS</p>	<p>2<sup>nd</sup> Qtr. 2014 and Ongoing</p>	<p>Training completed</p>	<p>Annual Training Record completed by each staff member 2014, 2015, and 2016.</p>
	<p>B) Enhance Department knowledge, skills, and use of evidence based practices.</p>	<p>Health Educator DPHS</p>	<p>Ongoing</p>	<p>Training completed</p>	<p>Annual Training Record completed by each staff member 2014, 2015, 2016</p>
	<p>C) Secure access to research-based resources.</p>	<p>PHD</p>	<p>1<sup>st</sup> Qtr. 2014 and Ongoing</p>	<p>Access secured</p>	<p><b>Completed</b> Access available to:</p> <ul style="list-style-type: none"> <li>• U of Albany Library Card</li> <li>• Prevention Agenda Resources</li> <li>• Click on Health</li> </ul>
	<p>D) Train staff on how to access and use research-based resources.</p>	<p>Health Educator</p>	<p>At orientation and ongoing</p>	<p>Training ongoing</p>	<p>Annual Training Record completed by each staff member 2014, 2015, 2016</p>
	<p>E) Continue to build relationships and expand the tools and resources needed to effectively serve in culturally and linguistically appropriate ways.</p>	<p>Management, EI and Prevent staff</p>	<p>Ongoing</p>	<p>Trainings completed</p>	<p>Annual Training Record 2014, 2015, 2016 and monthly Prevent Team Staff meeting minutes, starting 4<sup>th</sup> quarter 2016.</p>
	<p>F) Continue to improve cultural competency of Public Health Department</p> <p>a) Attend 1 meeting of Tools for Social Change</p> <p>b) Attend Bridges out of Poverty (1 or 2)</p> <p>c) Attend a Poverty Simulation</p> <p>d) Provide Cultural Competency training to staff during staff meetings, monthly</p>	<p>Prevent Staff</p>	<p>By 12/31/2017</p>	<p>a)-c) # staff receiving training d) # trainings provided</p>	<p>New Jan. 2017: Annual Training Record completed by each staff member.</p>

<b>5. Prepare for accreditation as part of departmental Quality Improvement Plan.</b>	A) Complete Core Competency self-assessment.	Prevent, EI and support staff	August, 2013 and ongoing annually	Assessments Completed	<b>Completed</b> yearly prior to Staff Retreat for Strategic Planning. Last completed 12/2016.
	B) Assign leadership to each of the domains.	PHD	August, 2013	N/A	<b>Completed</b> Accreditation Team created/roles assigned 2013
	C) Use Domain 4 to provide training and orientation to all staff.	DQI	1 & 2 <sup>nd</sup> Qtr. 2014	Training / Orientation Provided	<b>Completed</b> , see Sign in sheets Staff Development Binder 3/27/14 & 4/9/14
	D) Develop a plan for completion of remaining domains.	DQI	2 <sup>nd</sup> Qtr. 2014	Plan developed	<b>Completed</b> see Accreditation Committee Minutes
	E) Assess readiness to apply for accreditation.	DQI	2nd Qtr. 2016	Assessment completed	<b>Completed</b> see accreditation application
	F) Develop 2016 budget to include accreditation fees.	PHD	3 <sup>rd</sup> Qtr. 2015	Fee's included in 2016 budget	<b>Completed</b> , see 2016 budget
<b>6. Enhance Departmental planning to ensure relevance to County Public Health Issues</b>	A) Review and revise the strategic plan as appropriate.	PHD	4 <sup>th</sup> Qtr. every year.	Annual Review completed	<b>Completed</b> yearly- see revision date of document and meeting sign attendance sheet. Most recently accomplished 1/5/17.
<b>7. Pursue NY State Chronic Disease Incentive Monies</b>	B) Create and submit required documentation for NY State Incentive monies.	DPH DQI DPS	2 <sup>nd</sup> Qtr. 2017	Successful uploading of documentation to NYSDOH	New Jan., 2017: Date of submission

**Strategic Priority: Workforce Development**

**Goal: Ontario County Public Health will ensure ongoing staff competency and performance excellence.**

Strategy	Objectives	Responsible Party	Timeline	Measure / Evaluation	Progress / Outcomes as of Jan. 2017
<b>8. Develop a performance management system as part of departmental QI Plan.</b>	A) Develop a workforce development plan that includes public health core competencies.	DQI DPHS	1 <sup>st</sup> Qtr. 2014	Plan developed	<b>Completed</b> See Workforce Development Manual dated June 2015
	B) Revise the assessment/evaluation process to include the identification of core competency training needs.	DQI	2 <sup>nd</sup> Qtr. 2014	Revision Completed	<b>Completed 2014</b>
	C) Develop a succession plan for key functions and positions.	DQI DPHS PHD	3 <sup>rd</sup> Qtr. 2014	Succession Plan Completed	<b>Completed in 2015 and implemented in 2016</b>
	D) Continue to utilize succession planning for key functions and positions	DQI DPHS PHD	Ongoing	Positions filled Competent staff	Ongoing
	E) Revise job descriptions to include national core competencies	DQI DPHS PHD	4 <sup>th</sup> Qtr. 2015	Job Descriptions revised	<b>Completed 2015-2016</b> , see job descriptions in PH Apps
	F) Measure Core Competencies of staff, annually and provide training opportunities to sustain and augment competent PH workforce.	DPS DQI All PH Staff	Ongoing	Assessments Completed	Completed yearly prior to Staff Retreat for Strategic Planning. Last completed 12/2016.
<b>9. Continue to ensure visibility and recognition of Public Health in the community.</b>	A) Develop a committee to explore and identify branding needs.	Leadership and staff volunteers	2015	Community Survey	<b>Completed 2015</b>
	B) Develop a policy for PH branding	S2AY and Branding committee	2015	Policy developed/written	<b>Completed</b> Policy implemented 2015
	C) Utilize Branding Policy in all department documents and communications.	All staff	Ongoing	Management review of communications.	Ongoing