# STAFF REPORT

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| **Report To:** | Board of Health | **Meeting Date:** | July 16, 2020 |

**Staff Contact:** Nicki Aaker (naaker@carson.org)

**Agenda Title:** For Possible Action: Discussion and possible action regarding a proposed approval of Carson City Health and Human Services' (CCHHS) Revised Strategic Plan. (Nicki Aaker, naaker@carson.org)

Staff Summary: The Public Health Accreditation Board requires a strategic plan as a core document for re-accreditation. The CCHHS Strategic Plan sets forth an action strategy for CCHHS management and employees in the following priority areas: (1) partnerships; (2) communication; (3) communicable disease outbreak preparedness and response; (4) access to fresh fruits and vegetables; and (5) funding. It aligns with the goals of efficient government and organizational culture set forth in the Carson City Strategic Plan. The CCHHS Strategic Plan will be reviewed internally on an annual basis and a progress report will be given to the Carson City Board of Health annually.

**Agenda Action:** Formal Action / Motion     **Time Requested:** 15 minutes

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## Proposed Motion
I move to accept the Strategic Plan as presented.

## Board's Strategic Goal
Quality of Life

## Previous Action
The CCHHS Strategic Plan was originally taken to the Carson City Board of Health for approval on December 19, 2019. At that time, the Board of Health felt that it was too internally focused and needed to be more clearly tied to the organization's external work to address community needs before it could be approved.

To address the direction given by the Board of Health, the following changes were made for this final version of the Strategic Plan:
• Addition of a Priority Area to address local food deserts (Priority IV: Access to Fresh Fruits and Vegetables)
• Re-ordering of the original priority areas to move the more internally-focused Priority Areas towards the bottom of the list of Priority Areas

## Background/Issues & Analysis
In 2013, CCHHS developed the department's first Strategic Plan, which was accepted unanimously (7-0) by the Carson City Board of Health. The CCHHS Public Health Accreditation Board (PHAB) Site Visit Report, completed by the PHAB site visit team in 2016, cautioned that CCHHS was not just a "lean" organization, but somewhat too lean. Comments demonstrated a concern for the organization's ability to maintain the large volume of work with limited funding and comparatively few staff in relation to other health departments of similar size. Given the lessons learned from the first plan, the goal for this Plan was to identify a smaller, more manageable set of organizational goals and SMART objectives; set up a reporting system that puts minimal

workload on staff; and keep goals and objectives focused on the most pressing issues facing programs and staff.

In 2019, CCHHS began the process with each CCHHS division (Chronic Disease Prevention and Health Promotion, Clinical Services, Disease Control & Prevention, Human Services, and Public Health Preparedness) and completed a strengths, weaknesses, opportunities, and threats (SWOT) analysis. Four overarching themes were identified: communication, employee development, funding, and partnerships.

In addition, the SWOT analysis identified staff's concern with: burnout; breakdowns in internal communications; community misconceptions about the organization and poor health literacy; limited staff training and development opportunities; and funding restrictions bubbling to the top of potential issues to be addressed. While the first CCHHS Strategic Plan focused on external objectives, this iteration focuses on strengthening the organization from the inside out, in hopes that this fortitude will allow the organization to be more efficient and effective in its efforts to serve the community.

As the Strategic Plan was being finalized, the COVID-19 pandemic occurred. Due to CCHHS's response efforts, the finalization of the strategic plan was postponed due to efforts focused on COVID-19 and to ensure that the plan could address any issues that may have become apparent during the response.

**Applicable Statute, Code, Policy, Rule or Regulation**
N/A

**Financial Information**
**Is there a fiscal impact?** No

**If yes, account name/number:**

**Is it currently budgeted?**

**Explanation of Fiscal Impact:**

**Alternatives**
Modify the CCHHS Strategic Plan as presented.

**Attachments**:
CCHHS Strategic Plan-Final Draft.docx

**Board Action Taken:**

Motion: _____        1) _____        Aye/Nay
                                 2) _____        _____
                                                             _____
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                                                             _____
                                                             _____

_____
        (Vote Recorded By)

# Carson City Health and Human Services

## Organizational Strategic Plan
## 2020 - 2025

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# Introduction

In 2013, Carson City Health and Human Services (CCHHS) completed its first strategic planning process, as a part of the organization's efforts to meet requirements for accreditation by the Public Health Accreditation Board (PHAB). As the first time the organization had undertaken a strategic plan, the scope and nature of the goals, objectives, and activities were largely experimental; staff weren't entirely sure what was achievable, and what was too idealistic. However, many lofty goals were identified as a means of exploring what the organization was capable of completing.

While the organization made headway in many areas (including being awarded PHAB Accreditation in 2016), the volume of objectives and related measures that were being tracked decreased the feasibility of timely and accurate tracking and reporting. Staff members responsible for updating information were spending upwards of a full workday collecting and inputting information per month, affecting other work. Additionally, changes in grant funding and related programmatic priorities altered the organization's ability to move forward with many of the objectives. The first plan was ultimately too large and rooted in too many resources outside of the organization's control to be truly effective.

The process goals of this strategic plan were simple: identify a smaller, more manageable set of organizational goals and SMART objectives; set up a reporting system that puts minimal workload on staff; and keep goals and objectives focused on the most pressing issues facing programs and staff. Some of the issues arise from grant deliverables being focused on national and state initiatives and not allowing for community driven initiatives. Through the SWOT Analysis undertaken (full results in Appendix E), six overarching themes emerged: Partnerships; Communication; Communicable Disease Preparedness and Response; Access to Healthy Fruits and Vegetables; Employee Development; and Funding.

This plan will act as a guide for the next five years of activities CCHHS will undertake. It will be reviewed annually, and progress will be reported at least annually to the Carson City Board of Health (the CCHHS governing entity). Updates to this plan may include additional objectives, the tabling of objectives that prove to not yet be within the organization's reach, or alteration of the original goals or objectives.

# Strategic Priorities

## Priority I: Partnerships

Goal 1: Identify new non-traditional partnership opportunities and communicate existing partnerships across divisions.

## Priority II: Communication

Goal 2: CCHHS improves external and internal communication to facilitate program awareness and community health literacy.

## Priority III: Communicable Disease Outbreak Preparedness and Response

Goal 3: To ensure CCHHS and its partner organizations are prepared to respond to outbreaks of communicable diseases utilizing best and evidence-based practices.

## Priority IV: Access to Healthy Fruits and Vegetables

Goal 4: To improve equitable access to healthy fruits and vegetables across Carson City.

## Priority V: Employee Development

Goal 5: CCHHS Management identifies ways to assist employees with career development opportunities.

## Priority VI: Funding

Goal 6: Management Team deploys assessments of division services and uses results to focus on funding related to known gaps and improve employee workload.

# Priority I: Partnerships

## Goal 1: Identify new non-traditional partnership opportunities and communicate existing partnerships across divisions.

Objective 1A: By June 30, 2021, identify partner sector gaps for the organization as a whole.
Measure: Assessment completion

Objective 1B: By June 30, 2023, engage new partners to fill sector gaps identified through the assessment process.
Measure:  # of new partnerships

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During the SWOT Analysis process, many staff noted that there was a need to increase and share partnerships across CCHHS divisions. This came from a desire to find new ways for internal programs to partner on various projects, as well as to communicate and share the partnerships each division has generated with the others. Staff noted that while some programs and divisions have a broad spectrum of partners, others have struggled to make contacts or build relationships with the same or similar organization. In addition, staff discussed the need to look beyond the conventional partnerships long held by public health organizations (health care, social service non-profits, etc.) and identify different or "non-traditional" sectors (tribal groups, economic development, educational institutions, etc.) with which they could engage. It was felt by the Management Team that creating a "map" of divisional and programmatic relationships would help in communicating partnerships across the organization and identifying obvious gaps.

The perceived benefit of expansion into these "non-traditional" partnerships includes improved engagement with hard-to-reach populations, improved community-wide understanding of public health and related services, and increased likelihood of awareness of funding opportunities outside of traditional state and federal public health grantors. Additionally, exposure to new sectors allows for staff to learn more about the practices of others, and have the opportunity to take an innovative approach to complex public health problems; other sectors may have already found solutions to similar issues experienced by public health agencies, and connecting with those solutions, or creating new and innovative practices, may be necessary to address persistent public health issues.

## Priority II: Communication

### Goal 2: CCHHS improves external and internal communication to facilitate program awareness and community health literacy.

Objective 2A: By August 31, 2020, CCHHS will deploy updated 508 compliant website that improves information accessibility for all community members including persons with visual impairments along with other disabilities.
Measure: Website completion

Objective 2B: By December 31, 2020, CCHHS will collaborate with Carson City Human Resources on health-related articles for the citywide newsletter.
Measure:  # of articles contributed by CCHHS to CCHR

Objective 2C: By December 31, 2021, the Management Team and staff will work to build and implement an external communication plan focused on improving community health literacy within each program's jurisdiction.
Measure: Plan completion and implementation

Objective 2D: By December 31, 2023, the Management Team and staff will work to build and implement an internal communications plan.
Measure: Plan completion and implementation

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External and internal communications have been on the radar of CCHHS staff at all levels since the inception of the first organizational strategic plan. During the 2019 planning process, many staff voiced concern that limited health literacy in the community and confusion regarding the local nature of CCHHS (often confused for a state-level agency) may decrease community engagement and effectiveness of its programs.

In addition, the CCHHS website continues to be the focus of external communications to the communities the organization serves. By making the organization's website compliant with section 508 of the Rehabilitation Act of 1973 (as of its 1998 update), the content of the website will be accessible to persons with visual impairments and other disabilities, aligned with recent improvements in technology. By improving upon the accessibility of public health information through 508 compliance, CCHHS is not only meeting the requirements of federal grant funders, but also ensuring more equitable access to information for all community members.

However, communication with the community does not stop with the CCHHS website. While resources are limited, the CCHHS Management Team and staff will work to build an external communications plan to both improve community understanding of scope of services and work provided by the organization itself, but more importantly, to improve the public health literacy of residents within the communities it serves.

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To improve understanding of the role of CCHHS in public health among other City departments and staff, it is hoped to partner with Carson City Human Resources (CCHR) to provide health information and raise the visibility of the department. Carson City has approximately 1,200 active employees and retired personnel who receive the CCHR newsletter, many of whom live within the region served by CCHHS programs and services.

Additionally, the organization struggles with timely internal communication of staffing and program changes.  Within the health department, since there are different divisions, it is difficult to communicate internal changes quickly since there is not one person dedicated and available to compile and provide this information quickly, leaving some staff members feeling "out of the loop". This becomes important when staff are within the community and asked questions about other programs.  Staff feel they need to be more informed about all the other programs within the health department to give community members correct information. While several efforts to remedy this issue have been piloted in the past, an ideal solution has not yet been found. However, resolving issues to improve communications is a goal at all levels of the organization, and is reflected in these objectives.

## Priority III: Communicable Disease Outbreak Preparedness and Response

**Goal 3: To ensure CCHHS and its partner organizations are prepared to respond to outbreaks of communicable diseases utilizing best and evidence-based practices.**

Objective 3A: By December 31, 2020, complete an initial after-action report (AAR) of the Quad-County Public Health Response to the COVID-19 pandemic (Note: the AAR includes the identification of opportunities for improvement).
Measure: After-Action Report completed

Objective 3B: By December 31, 2021, address at least 90% of the areas for improvement identified within the COVID-19 response AAR within all applicable internal preparedness plans and other applicable plans or program processes.
Measure: % of areas for improvement addressed within internal plans and processes

Objective 3C: By December 31, 2023, review and revise as necessary at least 50% of existing internal communicable disease protocols to ensure alignment with current evidence-based practices.
Measure: % of protocols reviewed and revised as necessary

Objective 3D: By December 31, 2025, 100% of existing internal communicable disease protocols will have been reviewed and revised as necessary for alignment with current evidence-based practices.
Measure: % of protocols reviewed and revised as necessary

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The Novel Coronavirus-19 and its related illness (COVID-19) during the spring of 2020 proved to be an opportunity for CCHHS and the Quad-County Public Health Response (housed in CCHHS) to test its pandemic response plans and capabilities.

An "After Action Report" (AAR) is completed after a public health agency and their partner organizations have responded to disease outbreaks and other public health emergencies. The AAR documents what was done, how response capabilities were initiated, how communications were handled throughout the process, and the end results of the response. Additionally, an AAR includes information about how the organization can improve its plans and response processes for the future. While the AAR is a required course of action in this scenario, CCHHS wanted to ensure that the "lessons learned" are included in future plans, and this improvement strategy is communicated to the communities it serves.

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As the COVID-19 response is ongoing as of the completion of this plan, objectives related to specific public health preparedness (PHP) response plans and protocols cannot yet be included. However, these specific objectives and measures may be added to the CCHHS Strategic Plan during the annual revision process.

## Priority IV: Access to Healthy Fruits and Vegetables

**Goal 4: To improve equitable access to healthy fruits and vegetables across Carson City.**

Objective 4A: Identify all locations where fresh fruits and vegetables can be procured by community members within Carson City limits.
Measure: Exhaustive list of locations created

Objective 4B: Use Carson City GIS data to identify neighborhoods that may be considered "Food Deserts"
Measure: GIS map created

Objective 4C: Build and implement a plan to address "Food Deserts" identified within Carson City.
Measure: % of plan created and implemented

Objective 4D: Develop a survey to distribute to Health Department clients assessing their access to healthy fruits and vegetables.
Measure: Survey tool developed

Objective 4E: Survey Health Department clients on their access to healthy fruits and vegetables.
Measure: Number of clients surveyed

Objective 4F: Based on the survey results, work with partners to develop and implement a plan to potentially improve equitable access to healthy fruits and vegetables across Carson City.
Measure: If needed, % of plan created and implemented

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"Food Deserts" can be defined as low-income neighborhoods (usually census tracts are used for neighborhood boundary determination) in which a large part of the population has difficulty accessing supermarkets or large grocery stores (Dutko, Ver Ploeg, and Ferrigan, 2012). Because of this low access, residents of food deserts are often limited to purchasing food at convenience stores, corner markets, or fast food chain restaurants, which limits their ability to prepare and eat healthy meals. This is associated with a higher risk of cardiovascular disease, Type II diabetes, and other conditions.

While the Consolidated Municipality of Carson City is comparatively small to the other counties and cities in Nevada, it is still difficult for many community members to access grocery stores or other vendors where they can purchase fresh fruits, vegetables, and other healthy foods. This is most prominent in the City's most disadvantaged neighborhoods, where the lower cost of housing makes these areas the only accessible housing for many persons who cannot afford personal transportation, such as personal vehicles. While non-motorized and public

transportation may be available to many of these disadvantaged community members, it may not be feasible to utilize these services for the purpose of grocery shopping, particularly for those who are shopping for their family. This issue is exacerbated for those who have personal mobility issues, such as persons who are elderly or have a physical disability.

CCHHS staff wish to explore this community issue and to improve equitable access to healthy fruits and vegetables across the community. To do so, staff are undertaking an assessment to identify all places within the Carson City limits where fresh fruits and vegetables are available for purchase and document their address. After which, this information will be sent to Carson City GIS services for mapping. When this information is mapped, staff will be able to identify specific food deserts and then develop a specific plan to improve community access to healthy foods within these specific neighborhoods.

CCHHS staff will develop a survey to assess clients on their access to healthy fruits and vegetables. Based on the survey results, staff will work with partners to develop a plan to potentially improve equitable access to healthy fruits and vegetables across Carson City.

Dutko, Paula, Michele Ver Ploeg, and Tracey Farrigan. Characteristics and Influential Factors of Food Deserts, ERR-140, U.S. Department of Agriculture, Economic Research Service, August 2012. Available for free download at
https://www.ers.usda.gov/webdocs/publications/45014/30940_err140.pdf

# Priority V: Employee Development

## Goal 5: CCHHS Management to identify ways to assist employees with career development opportunities.

Objective 5A: By March 31, 2021, Managers will identify and deploy methods of assessing employee needs related to career development and recognition.
Measure: # of managers to ID and deploy method

Objective 5B: By March 31, 2022, participating employees will develop a personal career development plan.
Measure:  # of employees completing plan

Objective 5C: Employees complete opportunities outlined in their career development plan, annually by March 31st.
Measure: % of employees' activity/opportunity completion

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Through the process of the organizational SWOT analysis, staff members' desire for more opportunities to grow their professional skills and their careers became very clear. There were a couple of conversations that were repeated in discussions with more than one division: the desire to have something to show for the time employees spend improving their skill set and broadening their professional expertise; as well as the frustration with feeling that development opportunities were fully limited to those programs funded by grants, rather than those which might be needed but are not related to specific program funding.

Staff desire for more employee development opportunities became the forefront of the CCHHS Management Team's development of this plan's goals and objectives. Various obstacles identified during this process included restrictions put on training opportunities by funding agencies, little general funds available for miscellaneous professional training, and high staff workloads. From these conversations, the Management Team decided that an-in house, coordinated, and voluntary approach would be necessary to create a meaningful employee development program that could be tailored to the individual employee's needs.

Participation in the employee development plans will be voluntary for any CCHHS employee that is interested. Employees will work with their Division Manager to identify short- and long-term career goals, as well as what training and development opportunities may help them reach those goals. From this point, participating employees will work with their respective Division Manager to identify what funds may be available to facilitate their participation, acknowledging that participation cannot guarantee funding availability; in other words, there may be some opportunities that employees may have to pursue outside of the scope of CCHHS funding, but Division Managers will make best efforts to accommodate employee participation in other ways.

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# Priority VI: Funding

## Goal 6: Management Team deploys assessments of division services and uses results to focus on funding related to known gaps and improve employee workload.

Objective 6A: By December 31, 2020, create an "ideal" organizational chart.
Measure: Organizational chart completion

Objective 6B: By December 31, 2021, the Management Team will conduct a grant funding evaluation to identify value-added grant programs and base costs of grant management.
Measure: evaluation completion

Objective 6C: By July 31, 2021, CCHHS will continue to support (as allowed) legislative efforts to improve Federal and State public health funding of local public health agencies and programs.
Measure:  # of support actions taken by CCHHS Management Team

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Reliance on federal- and state-level grant funding was a concern brought to the table by staff members at all levels through the SWOT Analysis process. Concerns voiced included: local programmatic priorities shifting based on funder requirements or priorities; discontinuation of grant funding affecting staff employment; staff turnover at funding agencies creating miscommunication and reduced program momentum; the costs to CCHHS associated with managing small grants being greater than the entire funding amount; and others.

To address these issues, the Management Team decided to focus on identifying what an "ideal" health department structure would look like and share this information with City Management. The Management Team will attempt to identify new funding streams that could help the organization achieve that goal. In addition, the Management Team will attempt to evaluate the costs of managing current grant funding, as well as which grants offer the most programmatic "bang for the buck". This is in terms of funding for staff, programmatic dollars, and training funds (as described in the section above).

The organization will use any current known future gaps in programs and related funding to prepare for any future funding opportunities. Since public resources are scarce, particularly in the post- COVID-19 era, the leadership at CCHHS will do their best to support the continuation of funding for vital public health programs through the Federal and Nevada legislative process, to the extent that they are legally able. This includes staying abreast of the current legislative efforts of other agencies, assisting organizations such as the Nevada Public Health Association with gathering accurate information for its education efforts, or providing letters of support for bills that might improve public health services or programs.

It should be noted that the purpose of the objectives associated with the "Funding" theme is not to cut current funding or positions, but to better prepare the organization to identify and capitalize on opportunities that provide funding that fills programmatic goals and creates a more stable funding stream for staff.

# Appendix A: Performance Measures and Dashboard

The performance measures for each objective are stated in each section above. However, "what is measured, is improved". It is vital that each of the 22 performance measures associated with this plan are updated on a regular basis to monitor success and maintain focus (for reporting intervals, see Appendix B).

A separate dashboard document has been created to develop appropriate charts to report data to the CCHHS governing entity, the Carson City Board of Health (BOH), as well as the community as a whole. For clarification of data to be collected and appropriate intervals, the 22 performance measures have been listed in the tables below.

| Theme | Measure | Unit | Collection Interval | Reporting Interval |
|---|---|---|---|---|
| Partnerships | Partner sector gap assessment completed | % completion | Quarterly | Annually |
| Partnerships | New partnerships | # of new partners | Quarterly | Annually |
| Communication | Website update completed | % completion | Quarterly | Annually |
| Communication | Articles contributed to CCHR | # of articles | Annually | Annually |
| Communication | Internal communication plan completion, plan implementation | % completion, % of proposed activities implemented | Quarterly | Annually |
| Communication | External communication plan completion, plan implementation | % completion, % of proposed activities implemented | Quarterly | Annually |
| Communicable Disease Outbreak Preparedness and Response | Initial After-action Report completed | % completion | Quarterly | Annually |
| Communicable Disease Outbreak Preparedness and Response | % of areas for improvement addressed within internal plans and processes | % completion | Quarterly | Annually |
| Communicable Disease Outbreak Preparedness and Response | % of protocols reviewed and revised as necessary | % completion | Quarterly | Annually |
| Communicable Disease Outbreak Preparedness and Response | % of protocols reviewed and revised as necessary | % completion | Quarterly | Annually |

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| Theme | Measure | Unit | Collection Interval | Reporting Interval |
|---|---|---|---|---|
| Access to Healthy Fruits and Vegetables | Exhaustive list of locations created | % completion | Quarterly | Annually |
| | GIS map created | % completion | Quarterly | Annually |
| | Plan created and implemented | % completion | Quarterly | Annually |
| | Develop survey | Survey completed | Quarterly | Annually |
| | Survey CCHHS clients | # of clients surveyed | Quarterly | Annually |
| | Develop plan based on survey results | % of plan created and implemented | Quarterly | Annually |
| Employee Development | Managers deploying employee development needs assessment | # of managers | Quarterly | Annually |
| | Employee personal development plans | # of employees completing plans | Quarterly | Annually |
| | Employee plan completion | Aggregate average % completion (average percent completion) | Quarterly | Annually |
| Funding | Ideal org. chart completion | % completion | Quarterly | Annually |
| | Grant funding evaluation completion | % completion | Quarterly | Annually |
| | Public health support actions related to the Federal and State public health funding | # of activities 2020 – 2021; # of activities 2022-2023 | Quarterly | Annually |

# Appendix B: Strategic Plan Revision and Reporting Intervals

It is necessary that the Strategic Plan be reviewed and revised at regular intervals. This will include progress towards stated objectives, as well as identifying new objectives that fall towards the end of this planning period (2025). Additionally, some objectives may need to be removed or altered, due to shifts in funding, funding organization's priorities, or general feasibility. Any goals or objectives that either may no longer be feasible, or are currently outside of CCHHS' reach, will be "Parked" in the "Parking Lot" (appendix D). Parking lot issues should be re-examined on at least an annual basis to determine if there are any changes in feasibility, or if they are still a priority for the health department.

The table below outlines the recommended review and reporting intervals, as well as reporting format.

| Strategic Plan Component | Review Interval, Process | Reporting Interval | Reporting Format |
|---|---|---|---|
| Objective Measures | Quarterly; update dashboard | Quarterly, unless otherwise specified | Board of Health Presentations - Annually |
| Objectives | Annually; discuss success and feasibility. Update Strategic Plan as appropriate. | Annually | Board of Health Presentations, Annual Report |
| Goals | Annually; discuss success and feasibility. Update Strategic Plan as appropriate | Annually | Board of Health Presentations, Annual Report |
| Parking Lot | Quarterly; discuss feasibility to keep on radar. | Annually | Board of Health Presentations, Annual Report |

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# Appendix C: Strategic Planning Process Description

The purpose of this narrative is twofold: (1) to provide the reader with context regarding the development of this Strategic Plan, and (2) to provide a narrative of the process that meets the requirements for PHAB Reaccreditation (Measure 5.3.1).

Part I: SWOT Analyses
Over the course of April 2019 through June 2019, each division within the organization completed a divisional SWOT analysis. For some divisions, this was done in person, while one division opted to develop their divisional SWOT analysis via survey, due to conflicting staff schedules. These Analyses were specific to each individual division and did not necessarily apply to the organization as a whole.

In July 2019, an outside staff member met once with each division to facilitate the organization-wide SWOT Analysis. The purpose of these meetings was to review the divisional SWOT Analyses and identify:
- Which divisional issues previously identified apply to the organization as a whole;
- What other issues that weren't previously discussed staff felt were applicable to the organization as a whole.

The meetings were generally inset within previously scheduled division staff meetings. The respective division's manager attended two of the four total division meetings. The Administration division (comprised of the CCHHS Director, Business Manager, and two administrative staff) did not participate in the divisional SWOT analysis process.

Part II: Theme Development
After meeting with individual divisions, the results were compiled into large posters, each representing one of the four elements of a SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats. Each of the posters were placed in the most commonly used conference room in the building, which is also always available to staff when not in use for meetings. The posters were left in the conference room for one week and were unattended in order to allow staff anonymity in voting for their highest priority issues.

For the voting process, staff were given a set of 12 small "dot" stickers and asked to indicate their three highest priority issues on each of the four posters, thus indicating what they saw as the organization's three biggest Strengths, greatest Weaknesses, biggest Opportunities, and most urgent Threats. After one week, the posters were removed, and the staff member hired to complete the Strategic Plan tallied the votes for each of the issues listed on the posters.

A report was then completed that visualized the top five responses for each of the four elements of the SWOT Analysis (see Appendix E, Figures 4-7), and was brought to the CCHHS Management Team for the development of goals and objectives. In this report, the staff member outlined a proposed set of themes, based on the responses from the SWOT Analysis

process above, which were accepted by the Management Team as the four priority areas to be addressed: Employee Development, Funding, Partnerships, and Communication.

Part III: Goal and Objective Development
After the results of the organizational SWOT Analysis were presented to the Management Team and Priority Areas were set, the group went about developing goals and objectives for the Strategic Plan. The Managers were advised to only set 1-2 goals per priority area, with 1-3 objectives per goal to keep the workload associated with monitoring and reporting progress towards them manageable for staff and managers who had already indicated high workloads and burnout being an issue. The Management Team decided to take up one goal per priority area, with two to four objectives per goal.

After the goals were drafted, all CCHHS staff members were sent the draft of priority areas, goals, and objectives for review and feedback via email. Staff were directed to give all feedback to the staff member in charge of the plan to avoid confrontation with management. If critical feedback was received, the process was to bring the de-identified feedback back to the Management Team for review and adjustment of the goals and objectives. However, there were no requests for changes to the goals and objectives by staff, and so they were accepted as drafted.

Due to time constraints, the staff member tasked with development of the plan identified measures for each of the objectives separately. Due to this and other influencing factors, such as changing data collection resources and others, the specific performance measures utilized for tracking the progress of the plan may evolve over time.

Part IV: Strategic Plan Revision
The CCHHS Strategic Plan was originally taken to the Carson City Board of Health for approval on December 19, 2019. At that time, the Board of Health felt that it was too internally focused and needed to be more clearly tied to the organization's external work to address community needs before it could be approved.

To address the direction given by the Board of Health, which is also the organization's governance, the following changes were made for this final version of the Strategic Plan:
- Addition of a Priority Area to address local food deserts (Priority IV: Access to Fresh Fruits and Vegetables)
- Re-ordering of the original priority areas to move the more internally focused Priority Areas towards the bottom of the list of Priority Areas

As the Strategic Plan was being finalized, the COVID-19 occurred. Due to CCHHS' response efforts, the finalization of the strategic plan was postponed ensuring that the plan could address any issues that may have become apparent during the organization's response. As such, "Priority Area III: Communicable Disease Outbreak Preparedness and Response" was added to the Strategic Plan, to ensure that the lessons learned during COVID-19 response were

recorded and the organization's protocols for responding to other outbreaks could benefit from this experience in the future.

Part V: Relationships Between the CCHHS Strategic Plan, CCHHS Community Health Needs Assessment, and CCHHS Community Health Improvement Plan

Over the course of CCHHS' preparation for initial accreditation from the Public Health Accreditation Board (PHAB) to the present, the organization has worked to develop a system in which each of the accreditation requirements feeds into the others, rather than acting alone in a vacuum. The graphic below illustrates this system and has been used to communicate the purpose and benefit of participation in these activities to a variety of audiences, including elected officials, stakeholders, other City entities, and staff.

As illustrated below, it is one of the main roles of the organizational Strategic Plan to guide CCHHS through the work the organization needs to complete in order to address the goals and objectives of the Community Health Improvement Plan (CHIP), and ultimately move the needle in regards to overall community health status, as measured and communicated by the Community Health Needs Assessment (CHNA).

While Priority Area IV: Access to Fresh Fruits and Vegetables directly relates to the Carson City CHIP, much of the other content within this rendition of the CCHHS Strategic Plan does not. While many of this plan's goals and objectives do not overtly address the objectives of the CHIP, they enable the organization to improve its effectiveness and efficiency. Essentially, the organization must strengthen its infrastructure and staff development before it can make further programmatic changes to broaden the work it does in the context of the CHIP and other community initiatives.

Figure 1: "How It All Fits Together"



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# Appendix D: Strategic Plan Parking Lot

While the official Strategic Plan Goals and Objectives are listed in detail in previous sections, there were many issues brought up by staff that can be re-assessed for appropriate ways to address these concerns during quarterly and annual reviews of the Strategic Plan itself. This re-assessment gives the organization an opportunity to move past the previously chosen Goals and Objectives and address areas that may have been previously unfeasible or not within the organization's capacity during the original development of this plan. The template for the Parking Lot is below.

| Goal or Objective | Description | Why is this important? | Why is it in the parking lot? | Criteria for SP inclusion, or removal from Parking Lot |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
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# Appendix E: Organizational SWOT Analysis Results

As described in the narrative process description found in Appendix B, the following figures and tables outline the information collected through the 2019 Organizational SWOT Analysis Process.

Figure 2: Number of staff participating in divisional SWOT Analysis meetings (N = 25), by division



Figure 3: Number of staff participating in SWOT prioritization board activity (N = 24), by division

## Figure 4: Top 5 SWOT Prioritization Results, Strengths, number of votes

| Contributing Factor | Number of Votes | Factor Notes |
|---|---|---|
| General: CCHHS is client, patient, and community centered | 16 | During the first SWOT activity, staff expressed pride in the time and consideration taken to ensure they tailored their work to the needs of the community, to the extent program requirements would allow. |
| Staff: Comparatively large volume of work completed | 12 | Staff felt that a large volume of work is completed by managers and staff, despite the lean staffing created by limited funding availability. |
| General: CCHHS is a leader in many arenas | 12 | Staff expressed pride in seeing CCHHS represented by the Director and Management Team on important decision-making boards, in addition to having the opportunity to have their work used at the state-level as positive examples in their program arenas. |
| Partnerships: Local, state, and federal-level partnerships | 7 | The number and strength of partnerships with outside organizations was seen as an organizational strength. |
| Staff: Diverse background and skills | 6 | Staff felt that their collective multidisciplinary backgrounds was a strength. |

## Figure 5: Top 5 SWOT Prioritization Results, Weaknesses, number of votes

| Contributing Factor | Number of Votes | Factor Notes |
|---|---|---|
| Staff: Not enough career development | 20 | Staff consistently noted the lack of opportunities to grow their professional skills beyond that of program-specific training. In addition, it was discussed that there are no opportunities to move through "steps" or other means of showing professional progression within their positions. |
| Funding: Too reliant on grants | 17 | The organization's complete reliance on grant funding was seen as a weakness, as it affects the organization's direction and staffing levels. |
| Staff: Stretched thin | 15 | Staff repeatedly expressed concern that both staff and managers were stretched thin across programs and initiatives, creating burnout and exhaustion. |
| Funding: Grant restrictions | 5 | The restrictions placed upon program staff by funders in what work they are/not allowed to participate in or complete was seen as a weakness. |
| Communication: Community/Stakeholders not understanding CCHHS as a local agency | 5 | Often times stakeholders and community members don't understand that CCHHS is not a state agency and how that relates to it's work. |

Figure 6: Top 5 SWOT Prioritization Results, Opportunities, number of votes

| Contributing Factor | Number of Votes | Factor Notes |
|---|---|---|
| Staff and career development | 14 | Staff felt the exploration of ways to improve career development and staff training created an opportunity to strengthen the organization. |
| Communication: Board of Health and community health literacy education | 12 | Staff recognized the opportunity to educate the public and the Board of Health about community and personal health to improve health literacy. |
| Explore new funding options | 10 | Staff identified the exploration of non-traditional funding options as an opportunity for the organization. |
| Partnerships: Sharing more across divisions | 9 | The ability of staff from different divisions to both partner on projects across divisions, as well as to share connections with other staff and programs was seen as an organizational opportunity. |
| Partnerships: Expand to new partners | 8 | Staff acknowledged opportunity in expanding their partnerships to new types of organizations. |

Figure 7: Top 5 SWOT Prioritization Results, Threats, number of votes

| Contributing Factor | Number of Votes | Factor Notes |
|---|---|---|
| Lack of City funding and grant reliance | 20 | The continued lack of City funding for key positions and other programming was voted as the largest threat. |
| Continued burnout | 16 | Continued burnout and exhaustion among staff was seen as a threat, as it might contribute to increased turnover. |
| Few opportunities for professional growth and development | 12 | Continued lack of professional development and growth opportunities was seen as a threat to staff morale. |
| Perceived apathy from governance and City leadership | 10 | Apathy perceived by staff from outside leadership towards CCHHS and public health as a whole was seen as a threat to the organization. |
| Security and safety | 9 | The lack of workplace physical security and employee safety was seen as a threat to all staff. |

# Appendix F: PHAB Re-Accreditation Requirements Location

| Re-Accreditation Measure | Description from "PHAB Guide to National Public Health Department Reaccreditation: Process and Requirements" (2016) | Location within CCHHS 2020-2025 Strategic Plan |
|---|---|---|
| 5.3.1a | A description of how the health department's staff at various levels and across the department are engaged with a shared responsibility to implement and update the strategic plan | Appendix C, Parts I-IV |
| 5.3.1b | A description of how the implementation of the plan is tracked. | Appendix A |
| 5.3.1c | A description of the process for reassessing and revising department priorities. | Appendix B, Appendix D |
| 5.3.1d | A description of how unanticipated changes in priorities, level of resources, and/or opportunities are factored into the strategic plan implementation and revision. | Appendix B, Appendix D |
| 5.3.1e | A description of the process for reviewing and updating the plan | Appendix B |
| 5.3.2a | Strategic priorities | Page 5 |
| 5.3.2b | Goals and measurable objectives | Pages 6-15 |
| 5.3.2c | Consideration of agency infrastructure and capacity required for efficiency and effectiveness | Priority Areas "Employee Development" and "Funding", pages 13-15 |
| 5.3.2d | The identification of changing or emerging trends that affect the effectiveness and/or strategies of the health department | Appendix E |
| 5.3.2e | A description of how the strategic plan links to the community health improvement plan | Appendix C, Part V |