



STAFF REPORT

Report To: Board of Health

Meeting Date: October 15, 2020

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

Agenda Title: For Possible Action: Discussion and possible action regarding a proposed approval of the Carson City Health and Human Services Department's (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) access to healthcare; (2) communicable disease outbreak preparedness and response; and (3) public health infrastructure. It aligns with the goals of efficient government, organizational culture, and quality of life 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.

Due to the COVID-19 response efforts, finalization of the strategic plan was postponed to ensure that the plan could address any issues that may have become apparent during the COVID-19 pandemic.

Agenda Action: Formal Action / Motion

Time Requested: 15 minutes

Proposed Motion

I move to approve 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. The County Health Officer and two of the Board of Health members provided feedback and input for this version of the plan.

Background/Issues & Analysis

In 2013, CCHHS developed its 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, funding, staff development, and partnerships.

Staff development will be addressed internally within the Staff Development Committee.

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-10.6.20 DRAFT.docx](#)

Board Action Taken:

Motion: _____

1) _____

2) _____

Aye/Nay

(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 Specific, Measurable, Achievable, Relevant, Time-based (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 Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis undertaken (full results in Appendix E), six overarching themes emerged: (1) Partnerships; (2) Communication; (3) Communicable Disease Preparedness and Response; (4) Employee Development; and (5) Public Health Funding. Employee Development will be addressed in the CCHHS Workforce Development Plan. Access to Healthy Fruits and Vegetables is currently addressed in Carson City's Community Health Improvement Plan (CHIP). Based on the Board of Health's direction, it was decided to narrow the focus to these three priorities: (1) Access to Healthcare, (2) Communicable Disease Outbreak Preparedness and Response, and (3) Public Health Infrastructure.

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 (BoH), 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.

Mission

To protect and improve the quality of life for our community through disease prevention, education and support services.

Vision

To lead the region in providing services that support healthy communities.

Strategic Priorities

Priority I: Access to Healthcare

Goal 1: Improve Carson City residents' access to a range of healthcare options.

Priority II: Communicable Disease Outbreak Preparedness and Response

Goal 2: Ensure CCHHS and its partner organizations are prepared to respond to outbreaks of communicable diseases utilizing best and evidence-based practices.

Priority III: Public Health Funding

Goal 3: Identify necessary public health services and secure funding to maintain these services.

Priority I: Access to Healthcare

Goal 1: Improve Carson City residents' access to a range of healthcare options.

Objective 1A: By December 31, 2021, identify new, non-traditional community health partnership opportunities.

Measure: Completion of comprehensive partner list including analysis of partner sector and service gaps.

Objective 1B: By December 31, 2021, identify and strengthen community social services partners.

Measure: Develop and report to BoH on at least one new partnership opportunity.

Objective 1C: By December 31, 2021, improve public knowledge by providing information about existing health resources, partners and services (with a focus on CCHHS services and newly established behavioral health resources).

Measure: Publish information via CarsonNow, social media, city employee newsletter and other means at least four times a year.

Measure: Present statistics on patient clinic visits and other service delivery statistics, such as Women, Infants, and Children (WIC), etc., to BoH annually.

Objective 1D: By December 31, 2021, CCHHS will begin to deploy updated website, compliant with Section 508 of the Rehabilitation Act, that improves information accessibility for all community members including persons with visual impairments along with other disabilities.

Measure: Completion of the website deployment by December 31, 2025.

Objective 1E: By December 31, 2022, improve community healthcare provider knowledge of existing health resources at CCHHS.

Measure: Development and implementation of an external communication plan.

Access to healthcare was a gap identified in Carson City's Community Health Needs Assessment (CHNA) resulting in it being recognized as a priority in the CHIP and now within this plan. During the PHAB on-site survey, the evaluators stated that CCHHS acts as a convener of stakeholders. Having the correct mix of stakeholders to address access to healthcare within the community is imperative for improvement. In addition, members of the BoH felt that this priority was of primary importance based on their experiences talking to constituents as well as involvement in the provision of healthcare services in the Carson City area.

During the SWOT Analysis process, many staff noted that there was a need to increase and share partnerships across CCHHS divisions which may result in new, non-traditional community health partnership opportunities. 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, 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.

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 Section 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.

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.

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 Department (CCHR) to provide health information and raise the visibility of CCHHS. 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. Also, by developing and implementing an external communication plan for Carson City’s healthcare provider and social service partners, it is hoped to improve understanding of the role of CCHHS in public health,

social services and healthcare. By having a better understanding of the services CCHHS provides and how these services may benefit other agencies' patients and clients, hopefully access to healthcare can be improved.

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Priority II: Communicable Disease Outbreak Preparedness and Response

Goal 2: To ensure CCHHS and its partner organizations are prepared to respond to outbreaks of communicable diseases utilizing best and evidence-based practices.

Objective 2A: 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 2B: 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: Percentage of areas for improvement stated within plans and program processes.

Objective 2C: 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: Percentage of protocols reviewed and revised.

Objective 2D: 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: Percent of protocols reviewed and revised.

Objective 2E: By December 31, 2021, develop a plan to contact involved community healthcare providers (medical offices and clinics, behavioral health providers, extended care facilities, and other healthcare related organizations within Carson City) with direct, coordinated communications in the event of a major communicable disease outbreak.

Measure: Plan developed with an up-to-date contact list of community healthcare providers and is maintained.

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.

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.

Information sharing with appropriate community healthcare providers is important during major communicable disease outbreak in order to provide up-to-date information needed to provide care to clients and patients. This information assists providers to provide the best care possible during an outbreak.

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Priority III: Public Health Funding

Goal 3: Identify necessary public health services and secure funding to maintain these services.

Objective 3A: By July 31, 2021, compile a list of mandated services that must be provided by CCHHS (Nevada Revised Statute, Nevada Administrative Code, or Carson City Municipal Code).
Measure: Present list to the BoH in the third or fourth quarter of 2021.

Objective 3B: By July 31, 2021, CCHHS Management Team, with BoH input, will conduct a grant funding evaluation to identify value-added grant programs and base costs of grant management.
Measure: Evaluation completion.

Objective 3C: By July 31, 2022, identify new funding opportunities that fulfill department service objectives and cover program costs most effectively.
Measure: One new funding source identified and, if possible, submit application (this is contingent on the timeline for the application) .

Objective 3D: 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: Number of support actions taken by CCHHS Management Team (within Carson City guidelines).

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, after the analysis of necessary (legally mandated) services, an assessment of division services will be conducted to identify gaps and use the results to focus on funding the gaps. The Management Team has 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 Public Health 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.

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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 15 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 15 performance measures have been listed in the table on the following page.

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Theme	Measure	Unit	Collection Interval	Reporting Interval
Access to Healthcare	Develop a list of partners	List completed	Quarterly	Annually
	Report of social services partnerships to the BoH	Report completed	Quarterly	Annually
	Provide information about available resources	# of informational publications	Quarterly	Annually
	Presentation to BoH – pt. clinic visits/service delivery statistics	Presentation complete	Annually	Annually
	Percentage of 508 compliance website deployment	% of website deployment	Quarterly	Annually
	Provide healthcare providers with information on CCHHS services	# of information documents developed and distributed	Annually	Annually
Communicable Disease Outbreak Preparedness and Response	Initial After-action Report completed	% completion	Quarterly	Annually
	% of areas for improvement addressed within internal plans and processes	% completion	Quarterly	Annually
	% of protocols reviewed and revised as necessary	% completion	Quarterly	Annually
	% of protocols reviewed and revised as necessary	% completion	Quarterly	Annually
	Plan developed for healthcare providers	Plan complete	Annually	Annually
Public Health Funding	List of mandated services	List completed	Annually	Annually
	Grant funding evaluation completion	% completion	Quarterly	Annually
	Identify new funding opportunities	# of funding opportunities identified	Annually	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	BoH Presentations - Annually
Objectives	Annually; discuss success and feasibility. Update Strategic Plan as appropriate.	Annually	BoH Presentations, Annual Report
Goals	Annually; discuss success and feasibility. Update Strategic Plan as appropriate	Annually	BoH Presentations, Annual Report
Parking Lot	Quarterly; discuss feasibility to keep on radar.	Annually	BoH Presentations, Annual Report

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 BoH for approval on December 19, 2019. At that time, the BoH 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 BoH and input from the CHO, the following changes were made for this final version of the Strategic Plan:

- Re-ordered the priorities
- Removed the following priorities: Partnerships, Communication, Access to Healthy Fruits and Vegetables (included in CHIP), and Employee Development (will be added to Workforce Development Plan)
- Edits made to some of the Objectives and Measures
- Addition of some Objectives and Measures

As the Strategic Plan was being finalized, the COVID-19 pandemic 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 II: 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 its preparation for initial accreditation from the Public Health Accreditation Board (PHAB) to the present, CCHHS 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 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”



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

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

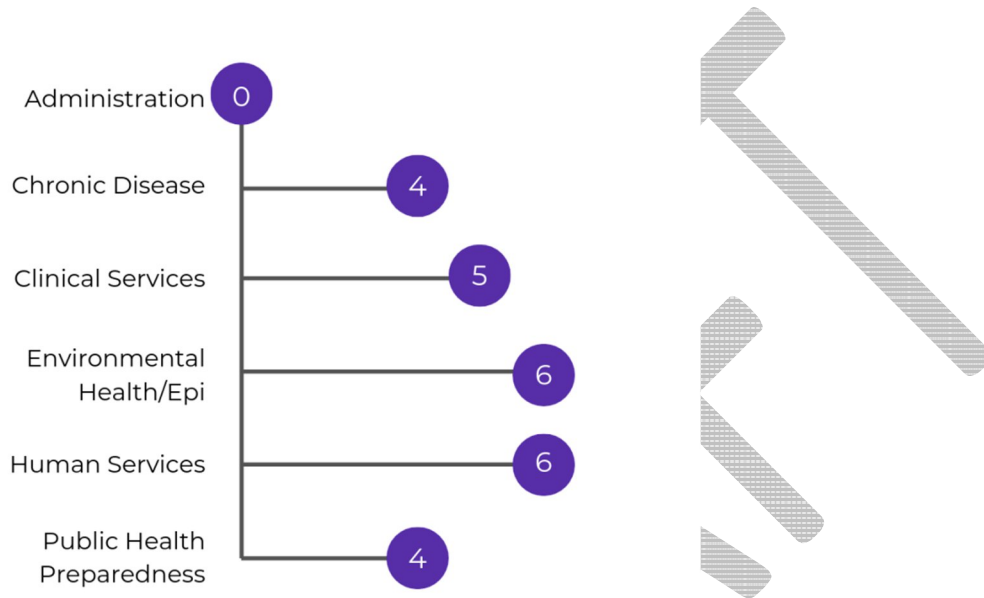


Figure 3: Number of staff participating in SWOT prioritization board activity (N = 24), by division

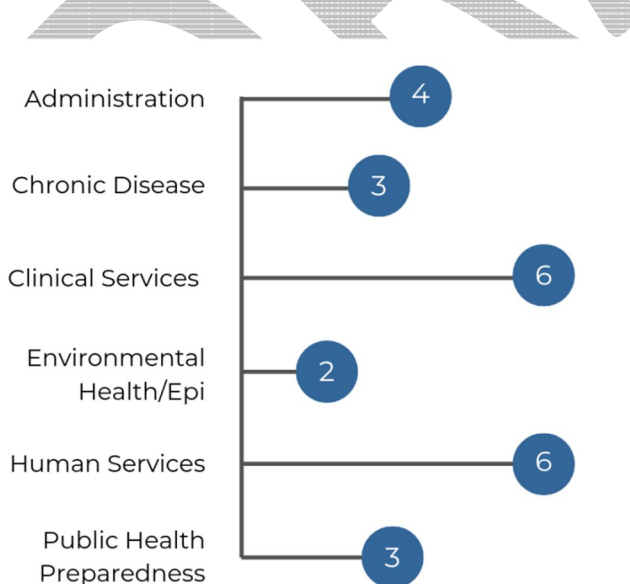


Figure 4: Top 5 SWOT Prioritization Results, Strengths, number of votes

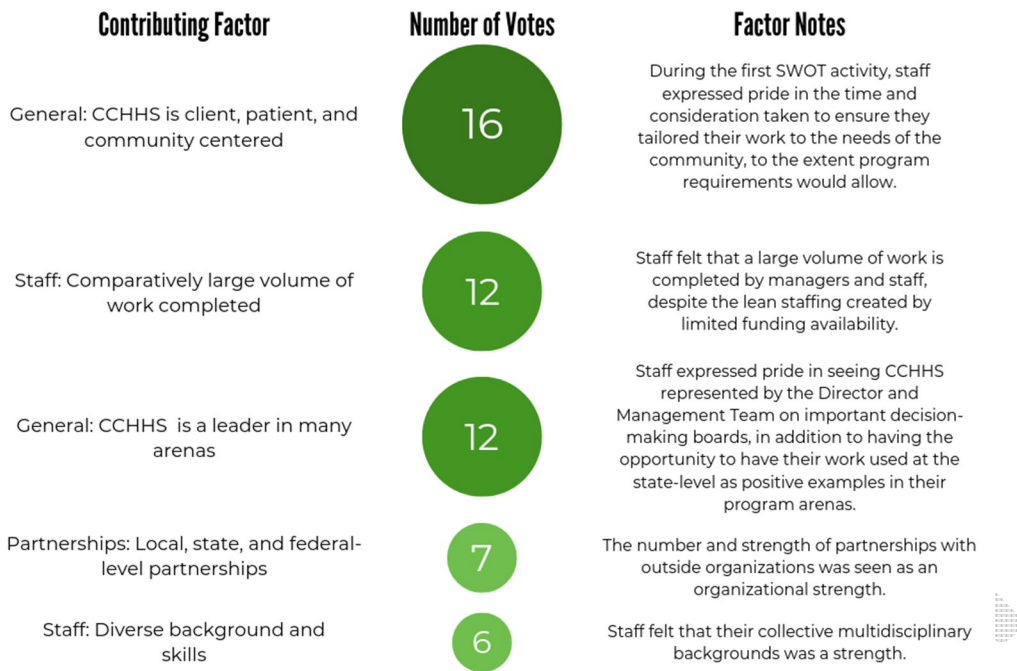


Figure 5: Top 5 SWOT Prioritization Results, Weaknesses, number of votes

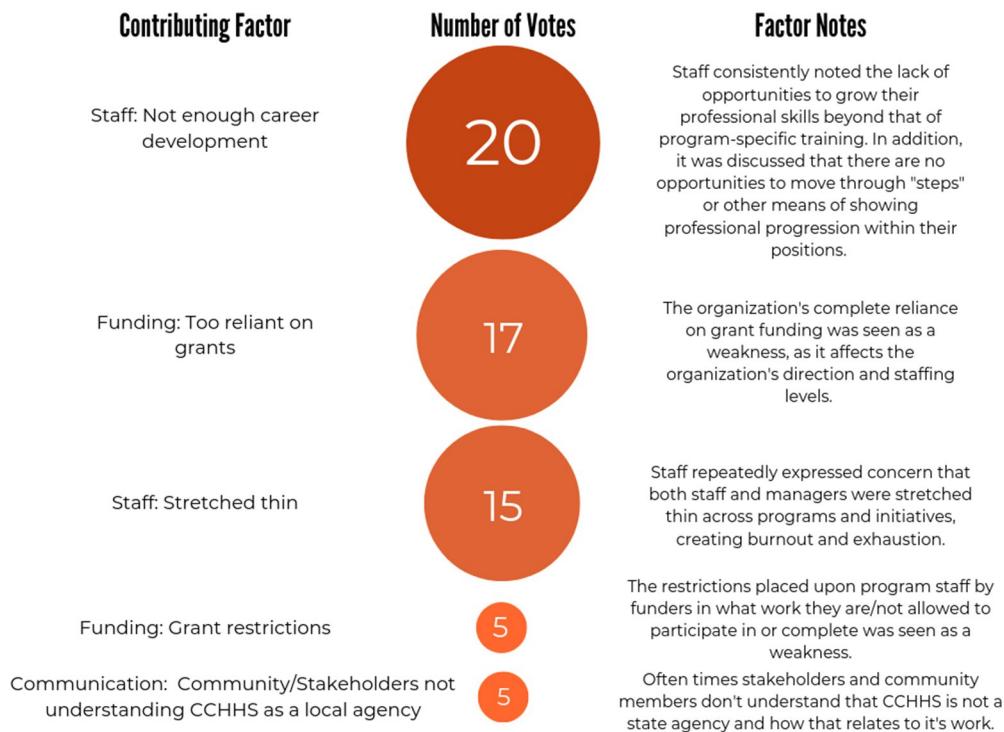


Figure 6: Top 5 SWOT Prioritization Results, Opportunities, number of votes

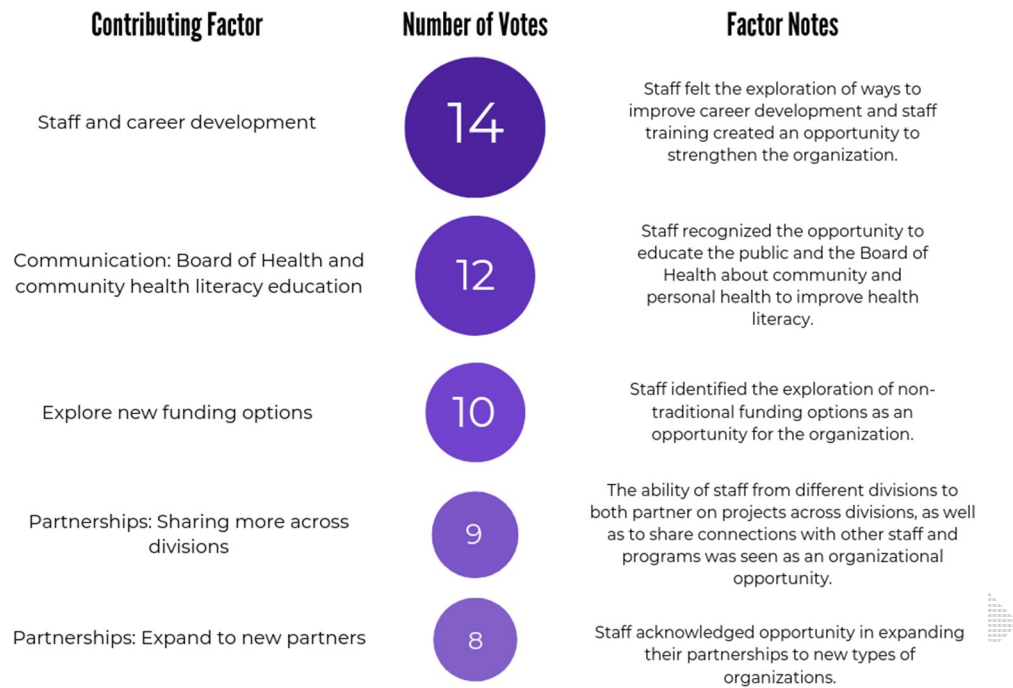


Figure 7: Top 5 SWOT Prioritization Results, Threats, number of votes



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