





Trumbull County Combined Health District Strategic Plan 2021 - 2026

Amended on:

Adopted on:	8-18-2021	

<u>Trumbull County Combined Health District</u> <u>Strategic Plan 2021 – 2026</u>

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<u>Trumbull County Combined Health District</u> <u>Strategic Plan 2021 – 2026</u>

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Introduction

The Trumbull County Combined Health District is an accredited, decentralized, and locally governed health district located in Warren Ohio, serving what is considered to be a medium sized population of roughly (198,000). The health district is overseen by a local board of health consisting of seven current members. These members are appointed by various means including contract, licensing council appointment, and district advisory council appointment.

The current Strategic Plan was initiated and commissioned in October 2019, following the expiration of the previous strategic plan. Unfortunately, the endeavors to create the current strategic plan where temporarily interrupted and held over due to the Covid-19 pandemic and the transition of the health district into its COOP to meet the needs of such in the first quarter of 2020 and continued until June of 2021, when most of the emergency pandemic public health orders issued by the Ohio Department of Health were rescinded and (or) lifted, allowing for the process to fully resume.

The reasoning behind the development of a strategic plan is multifaceted. By Public Health Accreditation Board standards and measures, the purpose of a strategic plan is to:

- Describe what the health department plans to achieve in the next 3 to 5 years,
- Provide guidance for decision making, strategy setting, priority setting, and taking action
- Focus on the activities and programs of the health department, not the broad community.

The Trumbull County Combined Health District recognizes these standards and measures, and is fully committed to maintaining accreditation while also providing its internal stakeholders with the most concise and accurate roadmap as to what the health department aspires to attain, how we will attain what is identified, and how the progress and success of those attainments will be quantified. Furthermore, this approach will assist the organization in moving forward with its efforts to provide and sustain high-quality public health services that safeguard and enhance both the lives and health of all Trumbull County residents, while also fostering a sense of collaboration, inclusion, and equity.

The following strategic plan highlights five distinct priorities that fully align and coincide with our current Quality Improvement Plans, Workforce Developments, and Performance Management system. They are:

- 1. Marketing and Promotion,
- 2. Collaborating with other Stakeholders,
- 3. Decreasing Morbidity and Mortality,
- 4. Finance,
- 5. And, Workforce Development.

Definitions and Acronyms

The following is a list of several acronyms and the corresponding definition. This portion of the strategic plan serves merely as point of reference or guide when reading the strategic plan and inquiring regarding the acronym encountered: They are:

- > TCCHD Trumbull County Combined
 Health District
- > CHA Community Health Assessment
- CHNA Community Health Needs Assessment
- > SES Socio-Economic Status
- CHC Creating Healthy Communities
- > OFR Overdose Fatality Review
- ➤ Q.I. Quality Improvement
- ➤ IT Information Technology
- CARES Coronavirus Aid, Relief, and Economic Security
- > ODH Ohio Department of Health
- ➤ BOH Board Of Health
- NACCHO National Association of County & City Health Officials
- > TUPCP Tobacco Use Prevention and Cessation Program

- PHNCI Public Health National Center for Innovations.
- > CDC Centers for Disease Control
- S.W.O.C. Strengths, Weaknesses, Opportunities, Challenges
- PHAB Public Health Accreditation Board
- COOP Continuity Of Operations Plan
- > SDOH Social Determinant Of Health
- FQHC Federally Qualified Health Center
- > CHIP Community Health Improvement Plan
- PSE Policy, System, Environment changes

Strategic Planning Process

The development of this strategic plan was initiated in October of 2019. The process began with the formulation of the strategic planning committee which is comprised primarily of our administrative team. The administrative team encompasses members from every division of the TCCHD which includes Management, Environmental services, Nursing services, IT, Finance, Grants, Health Education, Clerical, and BOH members. This committee chose and adopted the *NACCHO: Developing a Local Health Department Strategic Plan: A How-To Guide* as the modality to be used throughout all facets of the strategic planning process. This modality offered a substructure with worksheets that assisted the committee in following the guide and developing the strategic plan. All worksheets are attached to the appendix as reference. The strategic planning committee met over a cumulative 5-month period with 10 meetings to produce this strategic plan. The following is a brief synopsis of those 10 meetings.

1. Meeting #1 (October 2019):

- Overview of the Strategic Planning Purpose & Process occurred where the following worksheets were completed:
 - Assessing Readiness for Strategic Planning (Worksheet #1)
 - Identify and Analyze Stakeholders (Worksheet #2)
 - Assess Data Needs (Worksheet #3)
- The committee reviewed the stakeholder mission, vision, and values survey questions and established survey timeline.
- The committee also reviewed, discussed, and amended the proposed strategic plan survey instrument that was to be disseminated to identified stakeholders. The strategic plan survey was released for participation after the meeting.

2. Meeting #2: (October 2019):

- The committee reviewed the current Mission, Vision, and Values statements the TCCHD held, and with the new information obtained from a mission, vision, and values survey, amended and adopted new mission, vision, and values statements.
- The committee was presented with the *Aligning Accreditation and Foundational Public Health Capabilities* guide provided by the PHNCI. This guide was reference material for aligning TCCHD's services with the ten essential public health services provided by the CDC.

3. Meeting #3 (October 2019):

• The committee initiated and completed worksheet # 11 (Assessing the Value of the Data/Information), and discussed the resources listed in length to determine the most relevant and pertinent data needed.

4. Meeting #4 (November 2019):

 The committee convened a large meeting with all members of the TCCHD to discuss strategic planning, review the strategic plan survey results with the entire staff, and develop the S.W.O.C. analysis.

5. Meeting #5 (November 2019)

- The committee met and completed:
 - Worksheet #4 (Developing a Project Plan for Completion of Strategic Plan)
 - Worksheet #5 (Identifying Organizational Mandates)
 - Worksheet #6 (Reviewing Organizational Mandates)

6. Meeting #6 (November 2019):

• The committee re-examined and finalized the S.W.O.C. analysis.

The strategic planning meetings at this point are halted due to the growing concern arising from Covid-19.

7. Meeting #7 (June 2021):

- As state public health orders are rescinded and continuity of internal secondary operations can be resumed as the pandemic is slowly eroding, the strategic planning committee begins to meet again. The committee is briefed on where we were in the process, where we are now, and where we are headed.
- The committee reviews and agrees to add the following elements per PHAB standards and measures.
 - Key Support Functions
 - Ten Essential Public Health Services
 - o External trends, Events, and (or) Factors Impacting Community Health
- The committee reviews the newly drafted affinity diagrams and develops the strategic priorities for the plan.

8. Meeting #8 (June 2021):

- The committee discussed, further amended, and adopted the Key Support Functions, Ten Essential Public Health Services, and External trends, Events, and (or) Factors Impacting Community Health documents.
- The committee then developed the goal and objective for priority one.

9. Meeting #9 (July 2021):

- The committee developed the remaining goals and objectives for priorities 2 thru 5.
- The committee than gave permission to the accreditation coordinator to begin the drafting the strategic plan.

10. Meeting #10 (TBD)

• The committee received the final draft of the *Trumbull County Combined Health District Strategic Plan for 2021 – 2026.* The committee reviewed all the components of the plan and gave final approval for adoption. The document was signed by all pertinent parties listed.

Mission, Vision, and Values

The strategic planning committee convened during the second meeting to discuss the Mission, Vision, and Values of the organization. The previous set of mission, vision, and values, was found to be obsolete, considering the ever-changing landscape of Public Health. The committee, in an effort to not act unilaterally, developed a mission, vision, and values survey instrument to acquire both insight and support for the drafting new statements from all TCCHD employees. The instrument was released for 7 days to all TCCHD staff by the accreditation coordinator, and the results were shared with the committee. The committee in collaboration with their respective thoughts, then used all the information gathered to formulate the new mission, vision, and values. They are as follows:

The mission statement of organization provides a formal summary of the aims and values of an agency. The current TCCHD **Mission** statement is:

We are committed to protect and promote the health and well-being of our community and prevent disease, disparity and harm to our residents.

A vision statement augments the mission statement and describes how the TCCHD plans and intends to impact the community it serves. The current TCCHD **Vision** statement is:

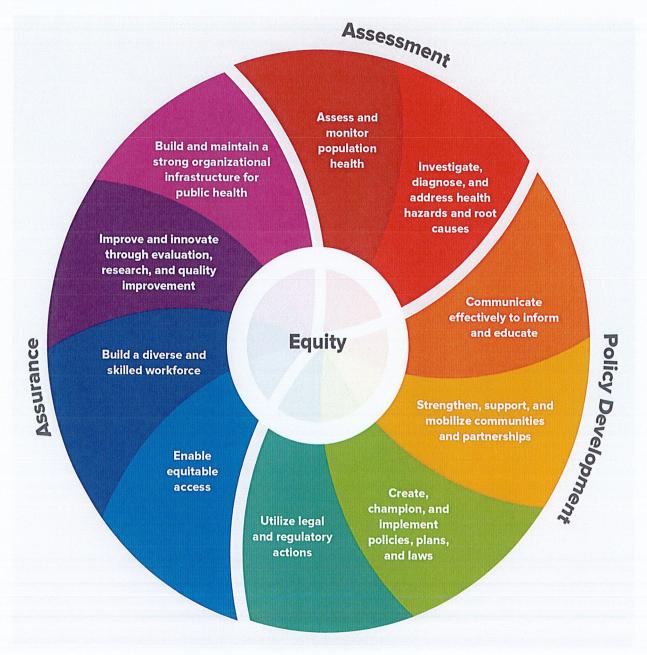
Our programs and services result in healthy people, safe environments and thriving communities.

An agency's values serve to express the true nature and identity of that agency to the public. Although in a state of ebb and flux through frequent analysis and evaluation, the values provided are a measure of the intention of the TCCHD to hone its focus upon while demonstrating its strongest skill sets through intervention, programming, monitoring, and every other service the TCCHD has to offer. The current TCCHD Values are:

We serve our communities, our organization and each other with trustworthiness, collaboration, communication, helpfulness and dedication.

The "Ten" Essential Public Health Services

The Trumbull County Combined Health District is fully dedicated to providing the Ten Essential Services of Public Health. The following is a list of the ten essential public health services which was updated in 2020, and a few examples of the many actions the TCCHD takes to meet those standards.



The "Ten" Essential Public Health Services Cont.

Assess and monitor population	The TCCHD through collaborations with non-profit agencies (Mercy
health.	Health, etc.) works to develop a CHA/CHNA on a triennial basis
	covering the 4 major domains of economy, education, health, and
	community.
Investigate, diagnose, and address	The TCCHD employs a number of epidemiological initiatives to
health hazards and root causes.	address many potential health hazards including collecting overdose
	data with SES, and by zip code, Covid-19 data collection to identify
	potential outbreaks and clustering, and home visiting programs
	capturing client data, along with the CFR.
Communicate effectively to inform	The TCCHD uses regular press releases and social media platforms
and educate.	(Facebook and Twitter) to communicate and inform on a frequent
	basis.
Strengthen, support, and mobilize	The TCCHD executes weekly calls with hospitals, schools, and other
communities and partnerships.	institutions to coordinate Covid-19 pandemic mitigation efforts, and
	through the use of CHC grants has developed the Coalition to
	Address Chronic Health Disparities. Also, the TCCHD participates
	within an OFR to study overdose cases and deaths with community
	partners in response to the drug epidemic in Trumbull County.
Create, champion, and implement	The TCCHD, under the CHC Grant, performed active transportation
policies, plans, and laws.	activities and utilized the complete streets approach, as well as the
	TUPCP. The TCCHD has also partnered with the Health Community
	Partnership to develop PSE's for many issues including accessing
	Healthy Foods, and Green Space/Park Improvements.
Utilize legal and regulatory actions.	The TCCHD regularly utilizes several environmental action plans such
	as real estate evaluations, rabies enforcement, and water sampling
	to fidelity, with equal application of laws and no bias. The TCCHD
	also insures its workforce is adequately credentialed and maintains
	those credentials through workforce development endeavors.
Enable equitable access	The TCCHD is committed to, and continually exercises equitable
Part of the second seco	treatment of all staff and clients through cultural competency
	training, and strives to link clients with appropriate services through
	the use of programs such as Home Visitation which assists individuals
	with housing, transportation, counseling, food insecurity, and health
	care issues.
Build a diverse and skilled workforce	The TCCHD utilizes many programs to build a diverse and skilled
	workforce including annual cultural competency training, filling
	positions as needed, and adhering to the Council on Linkages Core
	Competencies for Public Health Professionals.
Improve and innovate through	The TCCHD gathers internal and external data from multiple sources,
evaluation, research, and quality	and adopted evidence-based practices such as CDCynergy to be used
improvement	in decision-making processes.
Build and maintain a strong	
	The TCCHD strives to insure an equitable allocation of resources to
organizational infrastructure for Public Health	maximize the benefit of public health to its clients and constituents.
Dublic Hoolth	

S.W.O.C. Analysis

In November of 2019, the TCCHD held an Annual Training/Strategic Planning Retreat. The goal was to share CHA results with the entire TCCHD staff and formulate the SWOC given their understanding of this data and their subsequent perspective. The following SWOC analysis was developed after reviewing the strategic planning survey, and the CHA data with the entire TCCHD staff and incorporates internal input from every division within the TCCHD.

Strengths

- Customer service
- Staff (qualified, knowledgeable)
- Administrative/managerial support
- Internal communication
- Education/support
- Access to health services
- Enforcement of regulations and laws
- Community partnership
- Agency response time
- Professionalism
- Clinics
- Programs
- Data surveillance, collection and evaluation
- Policy Development/Writing
- Internal IT Support

Weaknesses

- Training/cross-training
- Insufficient staff
- Relationship with public
- Marketing/Promotion of services
- Immunization
- Public education
- Community outreach
- User-friendly website
- External communication
- Media relationship
- Public input
- Limited Programs

Opportunities

- Partnerships to increase funding sources
- Hiring of interns/volunteers
- Grants and other funding sources
- Partnerships (Mental Health, Community Service Agency, Hospitals, Police, Schools, Local HD, Universities

Challenges

- Funding
- Declining population
- Mental health, addiction, substance abuse
- Infant/Child Mortality rates
- Stakeholder participation
- Healthcare access
- Poverty
- Public perception
- Political/Judicial Support
- Chronic Disease
- Unsafe Housing
- Water Pollution
- Access to transportation
- Unemployment
- Awareness of services
- Health behaviors
- Obesity
- Preventable diseases

Key Support Functions

Four Key Support Functions are outlined by PHAB, they are Information Management, Workforce Development, Communications, and Financial Stability. These functions are both relative to and supported by the identified strengths, weaknesses, opportunities, and threats (challenges) identified by the TCCHD strategic planning team and staff. These functions are essential when attempting to achieve organizational efficiency and effectiveness. The TCCHD has taken numerous steps (listed below) to incorporate these functions into operations of the organization.

<u>Function</u>	<u>Methodology</u>
Information Management	 Introduction of better computer hardware to increase contact tracing, and vaccination data extrapolation, synthesis, and entry which increases efficiency and effectiveness. Introduction of use of countywide Cyber-Security Training initiatives such as KnowBe4. Continued training through real-time phishing email exercise by County IT officials to county employees to test their knowledge of training receiving against cyber security threats. Regular, frequent, and fully coordinated software and hardware update schedules during non-business hours to increase organizational efficiency and effectiveness. Modernize agency record keeping by digitizing paper records through the use of GBS.
	Introduced software to electronically manage payroll and Paid-Time-Off requests.
Workforce Development	 Flexible mentorship program for current and future employee advancement. Use of the Council on Linkages Core Competencies for Public Health Professionals. To guide the professional development of the current and future workforce. Implementation of annual employee evaluations which include ride-alongs by management to physically observe the workforce in action. Consistently fill open positions in a timely fashion as to not disrupt continuity of service offered to the public.
Communications	 Development and utilization of "phone tree" system to facilitate efficient, thorough, and non-duplicated communication during times of emergency. Use of automated and frequent "text drills" to alert, notify, and potentially deploy employees of the TCCHD in the event of an emergency. We are currently in the initial and exploratory phases of potentially upgrading the TCCHD's website to a more user-friendly interface and platform. Introduction of Emergency Communication Plan.
Financial Stability	 Maintenance of fund balances through fee-for-service programs (real-estate inspections, permit issuance, etc.) Maintaining and (or) increasing current funding for grants and contracts by hiring a grant coordinator and seeking additional grant opportunities. Maintaining the general fund balance through fiscal responsibility and transparency. Introduction of Covid-19 funds though the CARES Act has assisted the TCCHD in reducing the prevalence of Covid-19 in Trumbull County through the use of vaccination clinics, contact tracing, and other Covid-19 mitigation programs. Creation of the Grants Coordinator position to increase and maintain funding opportunities in areas with no-fee for service.

External Trends, Events, and (or) Factors Impacting Community Health

- The Niles City Health Department and the Girard City Health Department combined with the Trumbull
 County General Health District to become the Trumbull County Combined Health District. These
 mergers allowed the Trumbull County Combined Health District to introduce new programs and
 services to the public, in addition to expanding the current programs and services they already offered,
 as well as increasing organizational efficiency and effectiveness.
- Clustering of Healthcare services offered within Trumbull County is still primarily concentrated within
 the Southern and South-Western portion of the county and continues to create "gaps" in healthcare
 services throughout the northern portion of the county leading to healthcare access inequity.
 Moreover, data from the same regions where the healthcare facility clusters occur presents with a
 disproportionate burden of poor health outcomes, further solidifying the hypothesis that other SDOH's
 such as transportation are directly impacting the individuals in this region by way of lack of access to
 care.
- Looming potential reductions to Medicare and Medicaid. With 21.1% of the county's residents on Medicaid, and 16.3% on Medicare, nearly 40% of the county's residents rely on federal healthcare programs for insurance coverage. A scheduled 2% reduction in Medicaid/Medicare spending for 2021, has been postponed until the year 2022, due to the Covid-19 Pandemic.
- Trumbull County has seen a moderate influx of large new employers (TJX, Lordstown Motors, Ultium Cells LLC, etc.) to the region who offer healthcare insurance benefits to their employees. This influx may serve to reduce the number of individuals in the county who may be under-insured or uninsured.
- Overriding social perception of reoccurring mistrust and hesitancy to access health care due to racism, prejudice, ageism, and health inequality with regard to offered clinical care throughout the county.
- Trumbull County is still considered a "Food Dessert" by the USDA as of 2021.
- Poverty continues to plague Trumbull County with an estimated 17% of the population living in poverty as of 2020. The national rate for the same year was only 9.2%.
- The Covid-19 pandemic struck in early 2020, and continues to adversely affect the community's overall health and economy through 2021. The TCCHD continues to offer continuity of operations, however, a significant amount of work continues to be diverted to mitigating the Covid-19 pandemic.
- Health equity continues to be a challenging and multifaceted issue within Trumbull County. On a community scale many SDOH's such as lack of transportation and low SES are proving to be major barriers for achievement of health equity. The TCCHD also faces barriers with regard to collaboration for achieving health equity. A municipal health district resides within Warren Ohio (an economically depressed area displaying a disproportionate burden of health inequities) and that lack of jurisdictional authority hinders the ability of the TCCHD to address those health inequities without collaboration. Furthermore, cooperation on the federal level from one the areas FQHC's has virtually halted the TCCHD's aspirations of moving forward with the Title X program.

<u>Setting the Strategic Priorities into Action and Developing</u> <u>Implementation Strategies</u>

Taking into consideration the SWOC, Key Support Functions, and External Trends, Events and Factors Impacting Community Health and a multitude of other diverse data sources including the CHA, CHIP, and the Access to Care Addendum for Trumbull County, the Accreditation Coordinator began to develop initial affinity diagrams for extrapolation and synthesis. However, it quickly became apparent that the sheer volume of data was substantial given all the sources, and that a new approach had to be taken. All the data gleaned from the sources was laid out through a 30,000-foot lens view, and grouped into more manageable themes. These themes were then grouped into identified cross-cutting themes. The *Five Pillars of Performance* located within the performance management system were then utilized as headers within to develop the affinity diagrams.

These affinity diagrams were consistently and frequently reviewed and amended by a three-person team made up of the Health Commissioner, Accreditation Coordinator, and the Grants Coordinator. Once a consensus was reached by the three-person team, and the affinity diagrams were finally and fully amended, they were presented to the strategic planning committee for review and strategic priority consideration. Committee members were first asked to review the affinity diagrams presented and chose as many cross cutting themes they felt were of the highest priority. All input was then reviewed by the committee and the top 18 cross-cutting themes identified by the committee as a whole were presented for voting. Each committee member was given three stickers and asked to vote on their top three cross cutting themes out of the ten presented. The top 6 cross cutting themes resulting from that vote were identified, however, the committee felt only 5 priorities were needed, therefore they chose and adopted the top five strategic priorities to be addressed in the new strategic plan.

Building upon the priorities, the committee was then tasked with developing more succinct goals and subsequent objectives for each. The committee followed the SMART (Specific, Measurable, Achievable, Realistic, and Timely) Model for developing these goals and objectives. Once these objectives were formulated, the committee set about to develop the proper action plans to achieve these priorities, goals, and objectives. There are as follows:

Strategic Priority #1: Marketing and Promotion

Goal 1: The TCCHD will increase the public's awareness of services offered.

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		Responsible		of Progress
1.1 - Completely re-design and overhaul the current TCCHD website with a more user-friendly interface	1.1.1 - Develop an equitable and indicative committee and subcommittee (representative	Jenna Amerine and Dan	1.1.1 6/30/2021	1.1.1 - Creation of the New TCCHD Website, the number of positive and negative reviews
that is both compliant and compatible with current county technological infrastructure and mobile device users by June of 2022.	of both internal and external stakeholders) to provide quantitative and qualitative data for the website re-design.	Bonacker in conjunction with Trumbull County Data	To 6/30/2022	received, and the number of visits to the website pre and post re-design.
1.2 - Establish a "Communication Infrastructure" through public health partnerships and appoint an	1.2.1 - Consult with county and internal IT personnel to develop the communication	Dan Dean, Frank Migliozzi, and Trumbull	1.2.1	1.2.1 - Creation of the Communication Infrastructure, the number of partners
individual to manage that infrastructure by June of 2022.	infrastructure platform and integrate that platform into the new website design being implemented.	County Data.	6/30/2021 To 6/30/2022	utilizing the infrastructure, and the number of messages posted.
1.3 - Increase the number of Social Media platforms utilized to communicate information by 1 platform by December of 2022.	1.3.1 - Consult with individual managing the current social media platforms and choose one new platform to integrate into the current system.	Kris Kriebel, Jenna Amerine, and Dan Bonacker	1.3.1 6/30/21 To 12/31/2022	1.3.1 - Number of Social Media platforms utilized to communicate information, and the number of followers to demonstrate we are reaching a broader audience.
1.4 - Increase the frequency of information sharing on the new platform with the public partnership by 10% by December of 2022.	1.4.1 - Consult with individual managing the current social media platforms and the public health partnership to identify and disseminate all pertinent information regarding services offered.	Kris Kriebel, Jenna Amerine, and Dan Bonacker, and the new agent(s) managing the social media platforms.	1.4.1 6/30/21 To 12/31/2022	1.4.1 - Number of posts will be tabulated prior to integration of the new platform and compared against the number of posts tabulated on all three websites on a monthly basis and contingent upon the platform.

Strategic Priority #2: Collaborating With Other Stakeholders

Goal 1: The TCCHD will work with outside agencies to diminish health disparities.

<u>Objective</u>	Action Plan	Person/Group Responsible	Timeline	Standard/Measurement of Progress
2.1 - Increase efforts to diminish health disparities through a collaboration with one new business partner to build a countywide Health and Wellness Hub by June of 2023. Wellness Hub by June of 2023. 2.1.2 enter promether to the Health and those those those those promether the Health and those those those promether the Health and those those those those the Health and those thos	2.1.1 - Determine and contact appropriate agencies that offer the capability to build a Hub Network and meet to discuss county needs and wants, and assess if the agency meets those needs. 2.1.2 - Choose appropriate agency, and enter into agreement to create, promote, offer, and possibly maintain the Health and Wellness Hub	Frank Migliozzi and identified, researched, and vetted new business partner. Frank Migliozzi and identified, researched, and vetted new business partner.	2.1.1 6/30/2021 To 6/30/2023 2.1.2 6/30/2021 To 6/30/2023	2.1.1 – 2.1.2 - Creation of the New Countywide Health and Wellness Hub, and the number of participating NGO's (Non-Governmental Agencies, Businesses) and governmental agencies utilizing the Hub.
diminish health disparities by addressing the SDOH (Social Determinant OF Health) of transportation and thus collaborate and act as a referral agent to increase transportation opportunities for individuals who cannot reach healthcare facilities by their own means by 5% by Eccember of 2023. December of 2023. 2.2.1 approach (Social possion of serving possion of serving promoted and expension opportunities and expension opportunities opportunities and expension opportunities opportunitie	2.2.1 - Determine and contact appropriate agencies that offer the capability to offer municipal and possibly countywide transportation services and meet to discuss county needs and wants, and assess if the agency meets those needs. 2.2.2 - Choose appropriate agencies, and enter into agreement to promote/refer their services. 2.2.3 - Increase the volume and frequency of promoted and referred services by 5%.	Established committee of internal and external stakeholders with knowledge of appropriate agencies to meet identified needs.	2.2.1 6/30/2021 to 12/31/2023 2.2.2 6/30/2021 to 12/31/2023 2.2.3 6/30/2021 to 12/31/2023	2.2.1 – 2.2.2 - Documentation establishing agreement between TCCHD and chosen agencies to promote and refer their services. 2.2.3 - Comparison of ride usage metrics prior to agreement and post agreement

Strategic Priority #3: Decrease Morbidity and Mortality

Goal 1: The TCCHD will increase linkages to the number of preventative services offered.

Objective	Action Plan	Person/Group Responsible	Timeline	Standard/Measurement of Progress
3.1 - Increase the number of preventative disease referral resources by 1, through the creation of a "Hub	3.1.1 – Identify, meet, and consult with internal and external stakeholders/collaborators to assess and discuss the TCCHD's current ability to create, house, and maintain the Hub	Administrative team and identified, invited, external stakeholders.	3.1.1 6/30/2021 to 6/30/2024	3.1.1 – 3.1.2 - Creation of the New
for Linkage" by June of 2024.	for Linkage. 3.1.2 Promote the use of the Hub through the newly re-designed TCCHD Website	Jenna Amerine, Dan Bonacker, and Kris Kriebel.	3.1.2 6/30/2021 to 6/30/2024	TCCHD Hub for Linkage, and the number of agencies and businesses participating.
3.2 - Locate, identify, communicate and increase the number of	3.2.1 - Meet with external stakeholders, and request list of current preventative services (including	Jenna Amerine, Dan Bonacker, and Kris Kriebel.	3.2.1 6/30/2021 to	3.2.1 – Creation of preventative services (with an emphasis on tobacco cessation efforts) list that is provided on the
services (Health screenings, preventative	tobacco cessation) offered to be displayed on the Hub.		12/31/2024	TCCHD website, the number of screening services offered, and the
disease services, etc.)	3.2.2 – Create a monthly schedule and	lenna Amerine. Dan	<u>3.2.2</u> 6/30/2021	number of visits to the site post implementation.
within the TCCHD Hub	modality to frequently and consistently	Bonacker, and Kris	to	
December of 2024.	preventative services through	maintaining the Hub	12/01/2027	comparison of services list to determine
	communication with the entity	for Linkage		if list has grown or attenuated by way of
	responsible for maintaining it.			counting the number of services listed.

Strategic Priority #4: Finance

Goal 1: The TCCHD will identify and apply for additional funding opportunities.

Objective 4.1 – Identify and seek	opportunities through grant application from one additional private, state, and (or) federal entity or by percentage of diversified funding respectively, in an effort to further diversify funding sources by June of 2025.
Action Plan	4.1.1 — Research and identify potential grant opportunities the TCCHD qualifies for and submit necessary applications and supporting documents to procure grants.
Person/Group Responsible	Jenna Amerine
<u>Timeline</u>	4.1.1 6/30/2021 to 6/30/2025
Standard/Measurement of Progress	4.1.1 – Comparison of the number of grants obtained during the specified timeline, the source of those grants, and the financial impact and potential benefit received.

Strategic Priority #5: Workforce Development

commitment to successorship, mentoring, and a focus upon health equity training. Goal 1: The TCCHD will revise our current workforce development plan with a stronger

<u>Objective</u>	Action Plan	Person/Group Responsible	Timeline	<u>Timeline</u> <u>Standard/Measurement</u> <u>of Progress</u>
5.1 – Modify the current workforce development plan to include a successorship component (either by manual or document amendment) by June of 2026.	5.1.1 — Consult with department heads to identify needs of the respective departments with regard to successorship, potential employee retirement, and perceived obstacles to continuity of service. 5.1.2 - Craft successorship policy based upon consensual needs of departments.	Frank Migliozzi, Kris Wilster, and Sandy Swann Dan Bonacker	5.1.1 6/30/2021 to 6/30/2026 5.1.2 6/30/2021 to 6/30/2026	5.1.1 – 5.1.2 - Creation of "Successorship" portion of the workforce development plan, and the number of participants who engage in the program over a 12-month period, 6-30-25 to 6-30-26
5.2 – Revise or omit (portions or in entirety) the current "mentorship" program within the workforce development plan by December of 2026.	workforce development plan to identify mentorship strengths and weaknesses, previous employee engagement, and potential omissions or additions. 5.2.2 — Draft potential omissions or additions, and present to Administrative/QI team for analysis, revision, and possible acceptance.	Frank Migliozzi, Kris Wilster, and Sandy Swann Dan Bonacker	5.2.1 6/30/2021 to 12/31/2026 5.2.2 6/30/2021 to 12/31/2026	5.2.1 – 5.2.2 – Revision or omission of current "Mentorship" program within the workforce development plan, and the number of participants who engage in the program over a 12-month period, 6-30-25 to 6-30-26.

Strategic Priority #5: Workforce Development Cont.

commitment to successorship, mentoring, and a focus upon health equity training. Goal 1: The TCCHD will revise our current workforce development plan with a stronger

		Nesponsible		OI FIUSIESS
<u>5.3</u> – Development 1 <u>5.3.1</u> – Iden	5.3.1 – Identify, access, and engage	Frank Migliozzi, Kris	5.3.1	5.3.1 – Completion and certification
new workforce current TCC	current TCCHD workforce in Health	Wilster, Sandy	6/30/2021	of TCCHD workforce who engage
development program	າing.	Swann, and Dan	to	within the health equity training
and 1 universal health		Bonacker	12/31/2026	program, and a pre and post
equity modality aimed at				training survey to measure
increasing employee 5.3.2 – Loca	5.3.2 – Locate, identify, adopt, and		5.3.2	knowledge acquired through the
understanding of and exercise a h	exercise a health equity modality to		6/30/2025	health equity training.
achievement of health be utilized v	be utilized within our intervention	Dan Bonacker	to	5.3.2 – Number of intervention
equity within the TCCHD programs to	programs to insure health equity is		12/30/2026	programs utilizing the identified and
by December of 2026. achieved.				adopted health equity modality.

Linkages with Existing Plans

The links between this current strategic plan and our existing plans was intentional and methodic, as well as indirect and direct. Linkage of the strategic plan with current existing plans was present in early conceptual stages of the process and continues with the adoption of a priority in this current strategic plan that the committee identified as not being fully met in the prior strategic plan.

As the strategic planning process began, the committee made a conscience and deliberate effort to review the previous strategic plan and reach a consensus as to if the priorities, goals, and objectives had been reached. All but one priority had been achieved and thus this remaining priority was slated to re-surface once the committee reached the point of developing new priorities, goals, and objectives.

As the strategic planning process continued, and the development of the affinity diagrams was reached, the current *Performance Management System* was reviewed, and the *Five Pillars of Performance* highlighted in the plan were chosen to serve as main headers with which to develop the affinity diagrams.

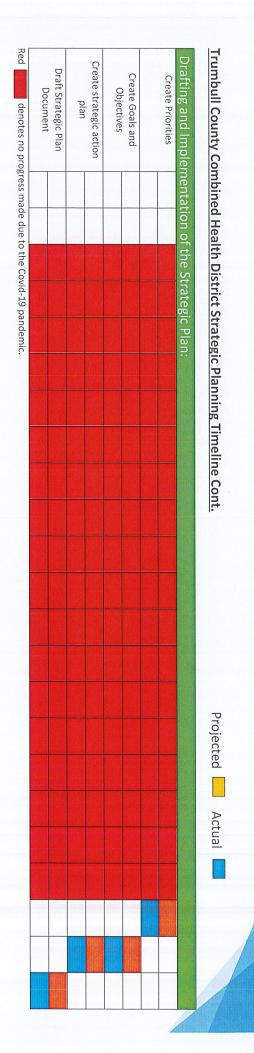
From this point, the current Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), the Workforce Development Plan, Quality Improvement Plan, and the Performance Management System Plan were all thoroughly reviewed in an attempt to reveal cross cutting themes and ideologies that aligned with internal conceptual ideas regarding the new strategic plan. Affinity diagrams of these themes and ideologies were developed in substantial breadth, and slowly refined overtime to finally reflect the multitude of topics to choose from for further selection of the priorities, goals and objectives.

Several of the priorities, goals, and objectives align directly with existing plans. The re-design of the website will also fulfill a Quality Improvement project requirement, and the emphasis placed upon tobacco cessation efforts will align directly with collaborative partner strategic plans and grant deliverable requirements.

Finally, new *PHAB Standards and Measures Version 2022* will be made available in late 2021. PHAB has been extremely proactive in sharing the new encompassing topics within this new document. According to PHAB, a tremendous amount of emphasis will be placed upon demonstration of Health Equity endeavors. The TCCHD through previous and current existing plans (*Access to Care Addendum*) had identified the need for the use of a health equity modality within its programming and services due to several identified deficiencies in social determinants of health (poverty, transportation, healthcare gaps due to healthcare facility clustering, and disproportionate disease prevalence in impoverished areas). The TCCHD made a conscience effort and took a proactive approach to this by identifying the need for an internal Health Equity modality as one of its highest priorities.

Appendix A: Strategic Planning Timeline

Red Trumbull County Combined Health District Strategic Planning Timeline Gathering Data: Mission, Vision. And Values: Identify current available data Analysis of Result, and the formulation of Priorities: Assess current available Disseminate Mission, Vision, and Values Statement Recognize Ext. Trends, Initial Phases of Strategic Planning: Extrapolate and synthesize data and Formulate Strategic Formulate Values Statement (Formal & Informal) Identify and Assess Create Time Frame Formulate Mission Complete SWOC Formulate Vision Statement **Identify Mandates** Create Survey Instrument for Events, Factors. stakeholders Stakeholders information Statement Task Analysis data. denotes no progress made due to the Covid-19 pandemic. 10/19 11/19 12/19 1/20 2/20 3/20 4/20 5/20 6/20 7/20 8/20 9/20 10/20 Timeline 11/20 12/20 Projected 1/21 2/21 Actual 3/21 4/21 5/21 6/21 7/21 8/21



Appendix B: Naccho Worksheets Completed

Worksheet 1: Assessing Readiness for Strategic Planning

Past Exp	perience
What contributed to past planning success?	What contributed to past planning failures?
Employee Participation.	Lack of previous plan as a point of reference.
Department Collaboration.	
Retreat (Opportunity to focus solely on).	
Course	: Reality
What is in place to support successful planning?	What is missing and needed for successful planning?
Engagement by all (Employees, Board of Health, Department Heads, Etc.).	Time.
Support from stakeholders.	Current, accurate, and real time Data.
Newer modalities and resources for Strategic Planning.	Employee understanding of relevance and need.
	Interdepartmental willingness to adopt uniformity.

Here are some important needs for a successful strategic planning process. Check those that are currently in place when assessing readiness.

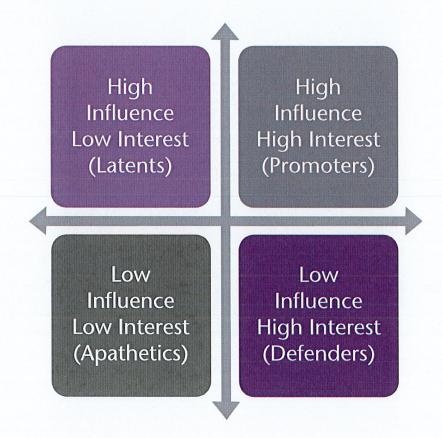
- Access to many of the types of data needed for the environmental scan (i.e. It may make be helpful to complete the community health assessment prior to strategic planning)
- Access to a skilled facilitator, either internal or external
- ☑ Adequate time for a quality environmental scan
- ☐ Adequate time to devote to stakeholder engagement in the process
- A champion for the strategic planning process from the governing body
- ☑ Budget allocations for the process
- ☑ Buy-in from Senior Leadership at the Health Department
- □ Commitment to the process including remaining flexible
- Understanding of the process and expectations for how the plan will be used throughout the agency
- ☑ Other New Access to Care Plan.

Conducting a Stakeholder Analysis

<u>The Community Tool Box</u> recommends using a tool to help you understand the type of influence each stakeholder has on your organization and/or the process and potential success of the effort. This can help determine the best way to manage stakeholders and understand:

- how to marshal the help of those that support you
- how to involve those who could be helpful
- how to convert or at least neutralize those who may start out feeling negative.

Stakeholders are sorted into one of four quadrants as shown below. Based on this analysis technique, the stakeholders most important to the success of an effort are in the upper right section of the grid, and those least important are in the lower left. The names in parentheses are another way to define the same stakeholder characteristics in terms of how they relate to the effort.



- Promoters have both great interest in the effort and the power to help make it successful (or to derail it).
- **Defenders** have a vested interest and can voice their support in the community, but have little actual power to influence the effort in any way.
- Latents have no particular interest or involvement in the effort, but have the power to influence it greatly if they become interested.
- Apathetics have little interest and little power, and may not even know the effort exists.

Worksheet #2 Stakeholder List

<u>Stakeholder</u>	<u>Level of</u> Engagement <u>Needed</u>	Action Needed and by When *SEE NOTES BELOW*
Akron Children's Hospital	D	
American heart Association	D	
American Red Cross Trumbull County	D	
Area Agency on Aging	L	
Coleman Professionals	D	
Help Me Grow	Р	
Kent State University (Trumbull)	Р	
Licensed Facilities (Pools, Camps, Etc.)	Α	
NEOMED	D	
Ohio Department of Natural Resources	L	
Ohio Department of Agriculture	L	No. of the second secon
Ohio Department of Health	Р	
Ohio Environmental Protection Agency	Р	
Ohio State Extension	Р	
Plumbers Local Union	Α	
Trumbull County Auditor	L	
Trumbull County Board of DD		
Trumbull County Commissioners	P	
Trumbull County Department of Veteran's Services	D	
Trumbull County Dog Warden	D	
Trumbull County Engineers Office	P	
Trumbull County Fair Board	A	
Trumbull County Fire and EMS Services	, D	
Trumbull County Health District Advisory Board	P	
Trumbull County Metropolitan Housing Authority	A	
Trumbull County Department of Job and Family Services	A	
Trumbull County Juvenile Courts	1	
Trumbull County Law Enforcement Agencies	L	
Trumbull County Mental Health and Recovery Board	D	
Trumbull County Prosecutor's Office	P	
Trumbull County Realtor's Association	D	
Trumbull County Planning Commission	P	
Trumbull County ESC	1	
Trumbull County Senior Center (Scope)	P	
Trumbull County Sheriff's Office		
Trumbull/Geauga Solid Waste Management District	P	
Trumbull County Treasurer	1	
Trumbull County Township Trustees	D	
Trumbull County WIC	P	
Trumbull County Voc	· ·	
Transpair Country Zonning inspectors	D	

[•] All classified as P, D, or L, were solicited for participation in the strategic planning survey.

Worksheet #2 Stakeholder List Cont:

<u>Stakeholder</u>	<u>Level of</u> <u>Engagement</u> <u>Needed</u>	Action Needed and by When *SEE NOTES BELOW*
Trumbull County Emergency Management Agency	А	
Trumbull County Metro-parks	D	
Trumbull County Soil& Water Conservation District	D	
Salvation Army	Р	
United Way of Trumbull County	Р	
United States Department of Agriculture	Р	
Waste Water Contractors	D	
Trumbull Neighborhood Partnership	D	
Mercy Health Healthcare System	Р	
Trumbull Memorial Hospital	D	
Trumbull County Farm Bureau	Р	
Warren City Health District	D	
Someplace Safe	D	
Belmont Pines	D	
Meridian		
Equitas Health	P	
United Healthcare	L	
Creating Healthy Communities	P	
Western Reserve Independent Living Center	D	
Common Wealth Inc.	D	
North-East Homeowners Association	P	
Community Foundation	P	
Wean Foundation	P	
Farmington Community Center	D	
Help Network	P	
ASAP	P	
Alta Behavioral Care	P	
FQHC – One Health	A	
Niles Community Center	D	
Basement Ministries		
Eastgate		
TCAP	L	
Homes for Kids	A	
	Р	
Compass Valley Counciling	D	
Valley Counseling	D	
Emmanuel Community Care Center	D	
Neil Kennedy Recovery	D	
Trumbull County Public Library System	D	
Children's Rehab Center	D	
Trumbull County Child and Adult Protective Services • All classified as P, D, or L, were solicited for participation in the strategi	L	

All classified as P, D, or L, were solicited for participation in the strategic planning survey.

Worksheet 2: Identifying Stakeholders and Their Role

Stakeholder	Level of Engagement Needed	Action Needed and By When

Worksheet 3: Assessing Data Needs

Data Readily Accessible	Data to Compile	Data to Collect List possible ways to collect data and expected time to complete.
Community Health Assessment		Survey
Access to Care Addendum		SWOC Analysis
Grant Data		
Survey HIV		
Drug Overdose Survey		
Tobacco Cessation Data		
Adolescent Data	Commence of the Commence of th	
Food Access	se proceso en como en constante de la constante de constante de la constante d	Telephonopoli telonopoli processor e con con o con processor de processor de la consecución del consecución de la consec
Safe Routes		
Pop-Up Farmers Market		
Infant & Mortality Data		
Bike Trail Courts (1)		
Communicable Disease Data		
Sewage Data		
Food Inspections		

Worksheet #4: Developing a Project Plan for Creation of a Strategic Plan

Action or Step to be Completed. Method for Completion	<u>Timeline</u>	Milestones	Person(s) Responsible	Status/Completio n Date
Readiness Assessment	10/19 - 10/19		Accreditation Coor.	Completed
Prepare Training	10/19 - 10/19		Accreditation Coor.	Completed
Strategic Planning Training	10/19 - 10/19		Accreditation Com.	Completed
Began Timeline	10/19 - 10/19		Accreditation Coor.	Completed
Stakeholder Engagement	10/19 - 10/19		Accreditation Com.	Completed
Evaluate Data Sources	10/19 - 10/19		Accreditation Com.	Completed
Develop Enviro-Scan/Survey Inst.	10/19 - 10/19		Accreditation Com.	Completed
Review Survey	10/19 - 10/19		Accreditation Com.	Completed
Review Environ-Scan	10/19 - 10/19		Accreditation Com.	Completed
Develop Miss., Vis., Val.	10/19 - 10/19		Accreditation Com.	Completed
Develop Internal Survey	10/19 - 10/19		Accreditation Com.	Completed
Distribute Survey	10/19 - 10/19		Accreditation Coor.	Completed
Discuss Survey Results with Staff	11/19 – 11/19		Accreditation Coor.	Completed
Strategic Plan Training (Staff)	11/19 – 11/19		Accreditation Coor.	Completed
SWOC Analysis	11/19 – 11/19		Accreditation Coor.	Completed
Determine Mandates	11/19 – 11/19		Accreditation Com.	Completed
Compile Info	6/21 - 8/21		Accreditation Coor.	Completed
Analyze Results	6/21 - 8/21		Accreditation Com.	Completed
Assess Value of Data	6/21 – 8/21		Accreditation Com.	Completed
Develop Prio., Goals, Obj.	6/21 – 8/21		Accreditation Com.	Completed
Write Plan	6/21 – 8/21	Drafted Plan	Accreditation Coor.	Completed
Plan Adopted	6/21 - 8/21		Board of Health	Completed

Worksheet #5 Identifying Organizational Mandates

Formal Mandates/Source of Mandates	Informal Mandates/Source of
	Mandates
Nursing	Rabies Surveillance
PHEP Grant	ORV Baiting
Preparedness Training / Francisco	Save Our Sight
 Training/Exercises Surveillance of Communicable Disease 	
Medical Counter Measures	
Reporting events that might be bioterrorism	
Surveillance of illness/monitoring	
Food outbreaks, ODRS	
 Isolation and Quarantine OAC 3701. 	
• MRC	
• Training GVO Grant	
Immunize rates for dr's offices	
Q 5 yrs. Kinder grander Retrospective Survey	
Immunization rates health department	
 ACIP requirements for school, work, daycares 	
VFC guidelines	
HIPAA	
Confidentiality of PHI ORC 3701.17 Child Fatality Review Board	
ORC 307.623 & 3701.045	
Communicable Disease	
Diseases to be reported OAC 3701-3-2	
TB/Registry ORC 3701.14 Surveillance	
 Meningococcal meningitis & Hep. B ORC 3701.133 	
• Isolation OAC 3701-3-13	
Project Dawn	
Prescription Drug Overdose Review Board Youth Tobacco Prevention/Cessation	
Cribs for Kids	
MIEVC & HIV	
Reproductive Health Education Grant	
<u>CMH</u>	
<u>Environmental</u>	Jail Inspection
Rabies Exposure	Storm water Program (Phase 2)
Rabies Surveillance	Semi-public Commercial Wastewater Program (HB110)
ORV Baiting Swimming Pools and Spa Program	
Food Safety Program	
Retail Food Establishments (Risk/Temporary/Mobile)	
• Vending	
Camps	
 Campgrounds/RV Parks/Combined/Temporary Camps 	
Resident Day Camps Heaveland Course Transferred Course Research	
Household Sewage Treatment Systems Program • Contractor Registrations-O&M Sampling	
 Contractor Registrations-O&M Sampling HSTS 	
Land Application Sites	
MOU	
Point of Sale Real Estate	
Private Water/Water Haulers System Program	
Schools	
Environmental Nuisance Complaint 3701.01	
Manufactured Home Sets Plumbing Program	
Tattoo Program	
Solid and Infectious Waste Program	
Solid Waste	
Cⅅ	
Infectious Disease	
• Compost	
<u>Transfer Station</u>	

Formal Mandates/Source of Mandates	Informal Mandates/Source of Mandates
Administrative/Personnel Accreditation Branding Workforce Development Quality Improvement CHA/CHIP Strategic Planning Performance Management Internal Policy Confidentiality Harassment Fraud Quality Indicators/OPPD/Annual Report Budget — ORC 3709.28 Due on or before first Monday in April of the immediately Preceding Fiscal Year Custodian of Funds — ORC 3709.31 County Treasurer custodian of health funds County Auditor pays expenses issued on vouchers approved by Board of Health and Health Commissioner or designee Annual Financial report — OAC 3701-36-03 Yearly report due to ODH by March 1st of each year	Data Protection Public Records Request Record Retention – Sunshine Laws Cultural & Linguistic Competency Ethics Debit & Credit Card Acceptance and Use Board of Health • Orientation • CEU – Education
Healthy Retail	Employee Wellness Health Fairs Social Media Health Education Presentation

Worksheet #6 Reviewing Organizational Mandates

<u>Mandate</u>	<u>Formal</u> <u>or</u> <u>Informal</u>	What is required, forbidden, or allowed?	Does Staff Understand? How is LHD honoring the mandate?	What needs done?
Health Education and				
Promotion CHC	Гоммол	Cuant Cananalaan	V	N1/A
Collaborative Efforts	Formal	Grant Compulsory	Yes	N/A
	Formal	Contractual	Yes	N/A
Employee Wellness Health Fairs	Informal	Training	Yes	N/A
Social Media	Informal	Optional	Yes	N/A
	Informal	Optional	Yes	N/A
Health Education Presentation	Informal	Training	Yes	N/A
Nursing				
PHEP Grant	Formal	Grant Compulsory	Yes	N/A
GVO Grant	Formal	Grant Compulsory	Yes	N/A
HIPAA	Formal	Confidentiality	Yes	N/A
Child Fatality Review Board	Formal	Compulsory by State	Yes	N/A
Communicable Disease	Formal	Compulsory by State	Yes	N/A
Project Dawn	Formal	Services Offered	Yes	N/A
Prescription Drug Overdose Review Board	Formal	Compulsory	Yes	N/A
Youth Tobacco Prevention and Cessation	Formal	Grant Compulsory	Yes	N/A
Cribs for Kids	Formal	Services Offered	Yes	N/A
MIEVC & HIV	Formal	Services Offered	Yes	N/A
Reproductive Health Education Grant	Formal	Grant	Yes	N/A
CMH	Formal	Services Offered	Yes	N/A
Rabies Surveillance	Informal	Surveillance	Yes	N/A
ORV Baiting	Informal	N/A	Yes	N/A
Save Our Sight	Informal	N/A	Yes	N/A
Environmental				.,,
Swimming Pools and Spas Program	Formal	Services Offered	Yes	N/A
Food Safety Program	Formal	Services Offered	Yes	N/A
Camps	Formal	Services Offered	Yes	N/A
Household Sewage	Formal	Services Offered	Yes	N/A
Treatment Systems		25.7.555 57.6.64	. 03	1.771
Program	F	N1 / A	V	01/2
Schools	Formal	N/A	Yes	N/A
Environmental Nuisance Complaint	Formal	Compulsory by State	Yes	N/A

Mandate	Formal or Informal	What is required, forbidden, or allowed?	Does Staff Understand? How is LHD honoring the mandate	What needs done?
Manufactured Home Sets	Formal	Services Offered	Yes	N/A
Plumbing Program	Formal	Services Offered	Yes	N/A
Tattoo Program	Formal	Services Offered	Yes	N/A
Solid and Infectious Waste Program	Formal	Services offered	Yes	N/A
Transfer Station	Formal	Services Offered	Yes	N/A
Jail Inspection	Informal	Inspection if needed or requested	Yes	N/A
Storm Water Program	Informal	Supportive Capacity	Yes	N/A
Semi-public Commercial Wastewater Program (HB 110)	Informal	Services Offered	Yes	N/A
Administrative/Personnel				
Accreditation	Formal	Compulsory by State	Yes	N/A
Internal Policy	Formal	Augmented State Protocol	Yes	N/A
Budget	Formal	Compulsory by State	Yes	N/A
Custodian of Funds	Formal	Compulsory by State	Yes	N/A
Annual Financial report	Formal	Compulsory by State	Yes	N/A
Data Protection	Informal	Confidentiality	Yes	N/A
Public Records Request	Informal	Public Transparency	Yes	N/A
Record Retention – Sunshine Laws	Informal	Public Transparency	Yes	N/A
Cultural & Linguistic Competency	Informal	Positive Public relations and perspective	Yes	N/A
Ethics	Informal	Training	Yes	N/A
Debit and Credit Card acceptance and use	Informal	Services Offered	Yes	N/A
Board of Health	Informal	Compulsory by State	Yes	N/A

Worksheet #11 Assessing the Value of the Data/Information

		Data I	Data Perspective	tive		Source Documer	nt/Date	Substa	Substantiation	Re	Relevance	
<u>Data or</u> <u>Information</u> <u>Available</u>	Community	<u>Financial</u>	Health Dept.	State, Nat'l, Loc.	<u>Learning</u> And Growth	Source	<u>Date</u>	<u>Fact</u> <u>Based</u>	<u>Opinion</u> <u>Based</u>	Low	Med.	High
		100										
CHA	×		×	×	×	Community Survey (S)	8/19	` ×	×			×
CHA Access Addendum	×	×	×	×	×	Community Survey (S)	8/19	×	×			×
Home Visiting Survey	×		×		×	Р	5/19		×		×	
Drug Overdose Survey	×			×	×	ODH collects (S)		×				×
Tobacco Cessation	×		×		×	P		×	×			×
Adolescents	×	×	×		×	P	6/19	×	×			×
Food Access	×	×		×	×	Р			×			×
Safe Routes	×			×	×	Р		×				×
Pop-Up Farmers Markets	×		×			Р	11/19	×	×			×
Infant and Child Mortality	×		×	×	×	Р		×				×
Bike Trails	×		×			Р	2016 -	×			×	4
Communicable Diseases	×		×	×	×	P & S	Monthly	×				×
Immunization	×		×	×	×	P & S	Monthly	×				×
Annual Report	×	×	×		×	Р	3/19	×				×
Sewage Reports	×	×	×	×		P	Monthly	×			×	
Food Inspections			×		×	Р	Quarterly	×			×	
Pool Inspections			×				Quarterly	×			×	- Audi
CHIP	×		×	×		P & S	11/19	×	×			×
Strategic Planning Survey	×		×		×	P	10/19		×			×
Miss., Vis., and Val. Survey			×		×	Р	10/19		×			×
Training Needs			×			P	10/18	×	×		×	
Environmental Program Survey		×	×	×	×	P	Annually	×	×			
Competency Self Assessments			×			Р	7/18		×		×	
Budget/Financial Reports		×	×	×	×	P	Monthly	×				×
Animal Bites	×		×			P	Monthly	×			×	

Appendix C: Surveys (Strategic Planning, and Mission, Vision, and Values)



2019 - TCCHD Strategic Planning Survey

The Trumbull County Combined Health District (TCCHD) is in the process of developing a Strategic Plan to guide the health district's planning and direction for the next five years. This survey will provide crucial insight from both internal and external stakeholders as well as the community at large.

Section 1

1. Which of the following desc (TCCHD)?	ribes your involvement v	vith the Trumbull County Co	ombined Health District
Internal Stakeholders (Staff, Bo	ard)		
External Stakeholders (Partners	s, Businesses and Other Agen	cies)	
Community Member (not linked	to either of the categories list	ed above)	
Other (please specify)			
 Mission Statement: "We are community and prevent diseas promptly to serve the needs in outreach." This mission adequ 	se, disparity and harm to n a professional and resp	our residents. This is acco pectful manner with emphas	emplished by responding
Strongly Disagree	Disagree	Agree	Strongly Agree
\circ	\bigcirc	\bigcirc	\bigcirc
3. Vision Statement: "The effe all internal and external stakel the promotion of our public he community." The vision staten Strongly Disagree	holders will enhance our alth services will elimina	policies, procedures and p te disparities and have a st	rograms. This along with tunning effect on our
0	\bigcirc		

Section 2

The following are <u>Core Public Health Services</u> that all public health agencies in Ohio must provide directly or contracting with another Local Health Department (LHD).

Please score each service based on how well TCCHD is providing the service. Scores range from best to worst.

4. Environmental Health	Services							
	Best	Good	Poor	Worst	Unknown			
Water Safety	\circ		\circ	\bigcirc	\bigcirc			
School Inspections	\circ	\bigcirc	\bigcirc	\bigcirc	\circ			
Nuisance Abatement	\circ	\circ	\bigcirc	\circ	\bigcirc			
Food Safety (restaurant/grocery store inspections)	0	0	0	\circ	0			
5. Communicable Diseas	se Control							
	Best	Good	Poor	Worst	Unknown			
Vaccination Capacity	\circ	\circ	\bigcirc	\circ	$\overline{\bigcirc}$			
Quarantine Authority	\bigcirc	\bigcirc	\mathcal{C}	\bigcirc	\bigcirc			
6. Epidemiology Services	5							
	Best	Good	Poor	Worst	Unknown			
Communicable Disease Outbreaks and Trending	\circ	\circ	\bigcirc	\circ	\bigcirc			
Disease Prevalence	\bigcirc	\bigcirc	\bigcirc	\circ	\circ			
Morbidity/Mortality Reporting	\bigcirc	0		\circ				
7. Information on accessing birth and death records provided by TCCHD (actual record available through Warren City Health Department)								
Best	Good	Poor		Worst	Unknown			
0	0	0		\circ	\circ			

	Best	Good	Poor	Worst	Unknowr
Health Education	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
Policy, Systems and Environmental change	\circ	\bigcirc	\bigcirc	\circ	\bigcirc
Chronic Disease Prevention (including tobacco, physical activity and nutrition)	\circ	\circ	\supset	\circ	0
Injury Prevention	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Infant Mortality and Preterm Birth Prevention	\bigcirc	\bigcirc	\bigcirc	\circ	\bigcirc
9. Emergency Preparedn	ess				
	Best	Good	Poor	Worst	Unknow
Response After a Disaster	\circ	\bigcirc	\bigcirc	\circ	\bigcirc
Ensuring Safety of an Area After a Disaster	\circ	\circ	\circ	\circ	\circ
10. Linking People to Se	rvices to Ensure	e They Receive N	leeded Medica	l Care	
Best	Good	Poor		Worst	Unknown
\bigcirc		()			

Section 3

The following are considered <u>Other Public Health Services</u>. Local health departments play a role in assuring that these services are provided in their community - either by local public health or other organization(s), including health care providers and other government agencies.

Please score each service based on how important that service is to the community. Scores range from most important to least important.

	Most Important	Important	Not Important	Least Important	Unknow
Immunizations		\circ	\circ	\circ	\bigcirc
Medical and Dental Clinics (primary care)	\circ	\circ	\bigcirc	\circ	\bigcirc
Care Coordination and Navigation	\circ	\circ	\bigcirc	0	\bigcirc
Reproductive and Sexual Health Services (including STD testing, contact tracing, diagnosis and treatment)	0	0	0	0	0
12. Specific Maternal a		_			
MIC (Manage Informs 0	Most Important	Important	Not Important	Least Important	Unknow
WIC (Women Infants & Children)	\bigcirc	\circ	\bigcirc	\circ	\bigcirc
Nutrition Program	\circ	\bigcirc	\circ	0	\bigcirc
Help Me Grow (HMG) Home Visiting Program	0	\circ	\circ	\circ	\circ
Bureau for Children with Medical Handicaps (BCMH) program	0	\circ	0	0	\bigcirc
13. Non-Mandated En	vironmental Healt	h Services			
	Most Important	Important	Not Important	Least Important	Unknow
Lead Screening	\bigcirc	\circ	\bigcirc	\circ	\bigcirc
Radon Testing	\bigcirc	\circ	\circ	\circ	\bigcirc
Residential Plumbing Inspections	\circ	\bigcirc	\bigcirc	0	\circ

	Most Important	Important	Not Important	Least Important	Unknown -
Home Health	\bigcirc	\circ	\bigcirc	\circ	\bigcirc
Hospice Care	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Home Visiting Programs (other than HMG)	\bigcirc	\bigcirc	\circ	\circ	\bigcirc
School Nurses	\circ	\circ	\bigcirc	\bigcirc	\bigcirc
Drug and Alcohol Use Prevention	\circ	\circ	\circ	\circ	\bigcirc
Behavioral Health	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Municipal Ordinance Enforcement		\circ	\bigcirc	\circ	\circ
he following deal wi					
epartments (LHD) sl ccess can occur thr lease score each ca	hould have a ough cross- pability base	jurisdictional ed on TCCHD	sharing. 's ability to pe		
epartments (LHD) s ccess can occur thr	hould have a ough cross- pability base	jurisdictional ed on TCCHD	sharing. 's ability to pe		
epartments (LHD) sl ccess can occur thr lease score each ca kill/resource. Scores	hould have a ough cross- pability base	jurisdictional ed on TCCHD	sharing. 's ability to pe		
epartments (LHD) sl ccess can occur thr lease score each ca kill/resource. Scores	hould have a ough cross- pability base s range from	jurisdictional ed on TCCHD best to wors	sharing. 's ability to pe t.	erform/access e	each
epartments (LHD) slocess can occur threlease score each cakill/resource. Scores	hould have a ough cross- pability base s range from	jurisdictional ed on TCCHD best to wors	sharing. 's ability to pe t.	erform/access e	each
epartments (LHD) slocess can occur three lease score each can kill/resource. Scores 15. Quality Assurance Accreditation	hould have a ough cross- pability base s range from	jurisdictional ed on TCCHD best to wors	sharing. 's ability to pe t.	erform/access e	each
epartments (LHD) slocess can occur three lease score each can kill/resource. Scores 15. Quality Assurance Accreditation Quality Improvement	hould have a ough cross- pability base s range from	jurisdictional ed on TCCHD best to wors	sharing. 's ability to pe t.	erform/access e	each
epartments (LHD) slocess can occur thrologonal contents (LHD) slocess can occur thrologonal contents (LHD) slocess can occur thrologonal can occur throlog	hould have a ough cross- pability base s range from	jurisdictional ed on TCCHD best to wors	sharing. 's ability to pe t.	erform/access e	each
epartments (LHD) slocess can occur thrologonal contents (LHD) slocess can occur thrologonal contents (LHD) slocess can occur thrologonal can occur throlog	hould have a ough cross- pability base s range from	jurisdictional ed on TCCHD best to wors	sharing. 's ability to pe t.	erform/access e	each

	Best	Good	Poor	Worst	Unknow
Data Analysis Expertise for Surveillance	0	\bigcirc	\circ	\circ	\circ
Epidemiology	\circ	\bigcirc	\bigcirc	\circ	\circ
Community Health Assessment (CHA)	0	\circ	0	\circ	\circ
Performance Management and Research	0	\bigcirc	\circ	O	\bigcirc
Information Technology Infrastructure	\bigcirc	\circ	\circ	\circ	\circ
Interface with Health Information Technology	0	\circ	0	0	\circ
17. Policy Development					
	Best	Good	Poor	Worst	Unknow
Policy Analysis and Planning	\circ	0	\circ	\circ	\circ
Expertise for Policy	\circ	\bigcirc	\bigcirc	C	\bigcirc
Systems and Environmental Change Strategies	\circ	\circ	\bigcirc	0	\circ
18. Resource Developme	ent				
	Best	Good	Poor	Worst	Unknow
Grant Writing Expertise and Grant Seeking Support	\circ	0	\circ	0	0
Workforce Development (training, certification, recruitment)	Э	\bigcirc	\circ	0	0
Service Reimbursement	$\langle \rangle$	\bigcirc		\bigcirc	\bigcirc
Contracting and Fee Collection Infrastructure	<u>.</u>	9	\bigcirc		()

	Best	Good	Poor	Worst	Unknow
Specialized Consultation	\bigcirc	\circ	\bigcirc	\bigcirc	\bigcirc
Analysis on Public Health Law	\bigcirc	\circ	\bigcirc	\circ	\bigcirc
20. Laboratory Capacity					
	Best	Good	Poor	Worst	Unknov
Environmental Health Lab	\bigcirc	\circ	\bigcirc	\circ	\bigcirc
Clinical Labs Services (as appropriate)	\circ	\bigcirc	\circ	\circ	\circ
21. Support and Expertis	e for Local He	alth Department (LHD) Community	/ Engagement St	rategies
	Best	Good	Poor	Worst	Unknov
Community and Governing Entity Engagement		\circ	\bigcirc	0	
Governing Entity	0	\circ	0	0	0
Governing Entity Engagement)))))	O () ()	0	
Governing Entity Engagement Convening and Planning		OOOO	OOOO	0 0 0	
Governing Entity Engagement Convening and Planning Public Information Marketing and	\circ		0 0 0	0 0 0 0	

Section 5

	ou answered yes to #23, what was your experience with TCCHD? (i.e. level of customer service,
servic	e time, feeling about results, etc.)?
25. If y	ou where given the opportunity to change anything about TCCHD, what would it be and why?
-	
ctic	on 6
	nat do you believe is the number one health concern in Trumbull County?
26. WI	nat do you believe is the number one health concern in Trumbull County?
26. WI 27. Th	nat do you believe is the number one health concern in Trumbull County? e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Plea
26. WI 27. Th as the ank th	nat do you believe is the number one health concern in Trumbull County? e following three priorities and three cross-cutting factors were identified by community stakehold
26. WI 27. Th	nat do you believe is the number one health concern in Trumbull County? e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Plea
26. When the same the	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleasem from 1 to 6 with 1 being the most important and 6 being the least important.
26. WI 27. Th as the ank th	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleasem from 1 to 6 with 1 being the most important and 6 being the least important.
26. WI 27. Th as the ank th	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleasem from 1 to 6 with 1 being the most important and 6 being the least important.
27. The as the ank the	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleasem from 1 to 6 with 1 being the most important and 6 being the least important. Mental Health and Addiction Chronic Disease Maternal and Infant Health
27. Thas the ank the	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleasem from 1 to 6 with 1 being the most important and 6 being the least important. Mental Health and Addiction Chronic Disease Maternal and Infant Health
27. The as the rank the	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleasem from 1 to 6 with 1 being the most important and 6 being the least important. Amount
27. The as the rank the	e following three priorities and three cross-cutting factors were identified by community stakehold most important health issues for the community health improvement partnership to address. Pleatem from 1 to 6 with 1 being the most important and 6 being the least important.

Mental Health		Lead	Support
Addiction	and	\circ	\bigcirc
Chronic Diseas	se	\circ	\bigcirc
Maternal and Ir Health	nfant	\circ	\circ
Public Health S Prevention and Behaviors (e.g. living, healthy a and tobacco-fre	Health active eating		
Healthcare Sys Access	stem and	\circ	\circ
Social Determine Health (Condition social, economorphysical environaffect health arrof-life.)	ons in the ic and nments		()
			tner with in the future or other resource
that should be	accessed? If yes	, please list.	
ection 7			
ection 7			
	past 3 years, what	has been your perception of TC	CHD? Scores range from positive to
31. Over the p	past 3 years, what Positive	has been your perception of TC Neutral	CHD? Scores range from positive to Negative

32. ls y	your current perception of TCCHD better	or worse that it has been in the past?
() Mu	uch better	○ Worse
() Bei	etter	Much worse
○ Ab	out the same	
33. Ple	ease explain your answer to #32.	
24 00	Valuativisian TCCUD three years from the	TOOLS
		now, which of the following is the most important for TCCHD from most important (1) to least important (10).
=	+ Highly qualified personnel and expe	rt public health leadership and authority
=	♠ Efficient investigations and response	e to health issues
_	Emoient investigations and response	e to freatiff issues
=	Effective monitoring, identification a	nd assessment of community health issues
≡	Educational outreach and healthy pr	romotion
=	Linking people to health services an	d assuring provision of health care
≡	Strong participation in community pa	artnerships and collaborations
≡	Quality, effective, accessible and div	verse services
=	Regulatory authority and enforceme	ent
=	Plan and policy development/revision	on with transparent, accountable community engagement
≡	Innovation and research into new po	ublic health insights and solution to issues
25 110	nyo you over visited TOOUN's website. To	with an and the French and
55. Па (¯) Ye:	ave you ever visited TCCHD's website, To	witter and/or Facebook pages?
() No	,	

Yes					
○ No					
○ N/A					
			· · · · · · · · · · · · · · · · · · ·		
37. Do vou ha	ve any other com	ments concern	s or thoughts?		
			or troughts:		

TCCHD 2019 Strategic Planning Survey Results Summary

The survey was released for seven business day and resulted in 66 responses. 40.91% were internal stakeholders, 36.36% were external stakeholders, 16.67% were community members and 6.06% chose other. Those who chose "other" were a Judge, County Employee/Dispatcher, Employee and Recovery and Disability.

In Question 2 when asked about the mission statement 93.94% either agreed or strongly agreed with the current mission statement while only 4.55% strongly disagreed.

In $\underline{\textbf{Question 3}}$ when asked about the vision statement 88.62% strongly agreed or agreed with the vision statement while only 4.69% strongly disagreed.

Questions 4-10 dealt with the core public health services that all public health agencies in Ohio have to provide or contract with another Local Health Department the following are weighted averaged results of each of the services.

Q4. Environmental Health services:

Water services	3.34
Food safety	3.34
School Inspections	3.24
Nuisance Abatement	3.19

Q5. Communicable health disease control:

Vaccination capacity	3.27
Quarantine Authority	3.23

Q6. Epidemiology Services:

Morbidity/Mortality Reporting	3.30
Communicable Disease Outbreak and Trending	3.27
Disease Prevalence	3.24

Q7. Information on accessing birth and death records provided by TCCHD (actual records available through Warren City Health Department)

Rirth	and	Death	records	2	ลก
DHUI	CI III	Death	CECOROS.		-< 1 l

Q8. Health Promotion and Prevention:

Health Education	3.36
Chronic disease prevention	3.28
Policy, Systems, & Environmental	3.15
Change	
Injury Prevention	3.08
Infant Mortality & Preterm Birth Prevention	3.07

Q9. Emergency Preparedness

Response After Disaster 3.30 Ensuring Safety of an Area After 3.24

a Disaster

Q10. Linking People to Services to Ensure They Receive Needed Medical Care:

Linking people to services to ensure 3.02

they receive needed medical services

The following are the weighted averages for the Other Public Health Services (Questions 11-14). Local health departments play a role in assuring that these services are provided in their community - either by local public health or other organization(s), including health care providers and other government agencies.

Q11. Clinical Prevention and Primary Care Services:

Immunizations3.56Medical and Dental Clinics3.38Reproductive and Sexual Health3.28Services

Care Coordination and Navigation 3.20

Q12. Specific Maternal and Child Health Programs

WIC 3.46
BCMH 3.44
HMG 3.40
Nutrition Program 3.33

Q13. Non-Mandated Environmental Health Services

Lead Screening 3.23
Residential Plumbing inspections 3.14
Radon Testing 3.03

Q14. Other Optional Services (depending on community needs and available providers)

Behavioral Health 3.53

Drug and Alcohol use prevention 3.47

Home Visiting Programs 3.27

Hospice Care 3.17

School Nurses 3.16

Home Health 3.15

Municipal Ordinance Enforcement 3.02

The following are the weighted averages on the Foundational Capabilities and they are based on how people felt that TCCHD performed or accessed each resource/skill.

Q15. Quality Assurance	
Accreditation	3.39
Quality Improvement	3.33
Program Evaluation	3.28
Identification of Evidence-Based Practice	3.22
Q16. Information Management and An	alvsis
Community Health Assessment	3.31
Epidemiology	3.29
Performance Management and Research	3.18
Data analysis Expertise for Surveillance	3.17
Information Technology Infrastructure	3.05
Interface with Health Information Technology	3.05
Q17. Policy Development	
Policy Analysis and Planning	3.12
Expertise for Policy	3.08
Systems and Environmental Change Strategies	3.07
Q18. Resource Development Grant Writing Expertise and Grant Seeking support	3.21
Work Development	3.06
Service Reimbursement	3.05
Contracting and Fee Collection Infrastructure (interface with third party payers)	2.84
Q19. Legal Support	
Specialized consultation	3.05
Analysis on Public Health Law	2.97
Q20. Laboratory Capacity Clinical Lab services	3.17
Environmental Health Lab	3.06

Q21. Support and Expertise for Local Health Department Community Engagement Strategies

CHA and CHIP 3.20

Convening and Planning 3.12

Community and Governing entity 3.06

Engagement

Public Information 3.02

Partnerships to address Socio-2.98

Economic Factors and Health Equity

Marketing and Communications 2.88

Question 22 asked people to list or name other programs besides the ones listed above that they would like to see TCCHD include/access to address any new, emerging or unmet needs. Of the 66 people who took the survey only 24 people who answered the question only nine of the responses were answers other than N/A. The following are those 9 responses:

- More Public input at meetings
- Emphasis on juvenile vaccinations and vaccination for underemployed and unemployed people and seniors
- Hotel/Motel inspections, Rental codes enforcement
- Grant to pay sober living managers/owner money for gas and time invested in helping addicts in their recovery
- A working partnership with the Warren Tribune and Youngstown TV to address regular communication with the public
- More information available on the website such as restaurant inspections and septic inspections
- Access to dental services
- More education to communities about current mosquitos borne illnesses, water quality, etc.
- More Volunteers.

<u>Question 23</u> asked if you or someone you knew used any of the services at TCCHD, and list the service used. The following services were used:

- Narcan
- Septic
- Sexually transmitted disease information
- Child mortality rate information
- Drug and alcohol svs home visitor
- Records request
- Vaccinations
- Immunizations
- WIC
- H2O sewage
- Addiction Grants to assist in rent stipends for women in recovery
- Flu shots,
- HMG
- Septic, to pay the fee which I find to be ridiculous

<u>Question 24</u> asked them to explain their experience when it came to level of customer service, service time and feeling about results, etc. The following are the actual responses from the survey:

- Excellent. Knowledgeable and friendly staff!
- The customer service was poor and rude. It felt like the employee was being bothered.
- Excellent quick service
- Very good
- Good
- Always good
- Very good customer service and speed of service
- Excellent
- Overload on number of inspections
- Professional, polite and great customer service
- I've heard that all of the programs are wonderful
- Customer service was fine. Service time is fine the results of having to pay is awful.
- Excellent experience
- It was a good experience
- Great customer service and time

<u>Question 25</u> asked if you were given an opportunity to change anything about TCCHD, what would it be and why? The answers are as follows:

- Hire more employees
- More public input at meetings and more openness as to the operations of the department
- Getting the word out to the public about services available
- Remove the emphasis on the drug addiction component. The resources need to be redirected.
- More focus on social determinants of health
- Add 2 inspectors, fill supervisory sanitarian position.
- See question 22, it's all about communication
- Advertise more about what they do.
- More funding to offer more services to the public!
- It would be nice to offer more of the services people call for and be available more often for services people need. Monthly clinics sometimes are not conducive to being able to get people in to use our services and we spend all day sending people to other agency's to get their services, which only supports them and not us.
- Increase staff to allow adequate time for expected workload
- Not to have to pay the large fee to have the septic system on our property
- More awareness
- Partner with other community organizations instead of trying to do everything even when it overlaps with what is already occurring in the community. This saves resources and with more entities working together outcomes will improve.
- I wish inspectors would do their jobs the same
- Better promotion and communication to the public.

<u>Question 26</u> asked what they believe to be the number one health concern in Trumbull County. The following are the results:

- Overdosing, addiction, drug & opioid abuse
- Mental Health
- Behavioral health
- Infant mortality
- Senior persons mental health
- Economic issues
- · Chronic disease
- Mental Health/drug abuse (Dual Diagnosis persons)
- Access to affordable, consistent and quality healthcare
- Poor nutrition
- Poverty and its impact on families
- DESCREPENCY IN SEPTIC FEES NEW/OLD.
- General wellness
- Smoking and Tobacco
- Obesity
- Cost free primary health care
- Vaccinations- especially for underserved populations such as the elderly, unemployed and underemployed.
- Overweight kids and parents- how can one provide healthcare when children and their parents are not accountable.
- Increasing rate of chronic diseases and growing health disparities
- Sedentary behaviors which lead to many other issues
- Healthy behaviors (i.e. reduce illegal drug use, healthy eating, exercise, etc.
- Poverty, accessing healthcare. Not able to afford septic replacements.
- Medical and dental care
- Recurrence of vaccine preventable diseases.
- Lack of Job that leads to MH issues and potential opiate abuse, drug selling and use.

<u>Question 27</u> asked about the three priorities and three cross-cutting factors were identified by community stakeholders from the community health improvement partnership to address. They were asked to rank them from most important to least important the following is the ranking.

Mental health and addiction	1 (4.93)
Maternal and Infant Health	2 (3.65)
Chronic Disease	3 (3.61)
Public Health systems, Prevention and Behaviors (e.g. active living, health eating and tobacco-free living)	4 (3.21)
Healthcare systems and access	5 (3.07)
Social Determinants of health	6 (2.95)

<u>Question 28</u> asked to address whether TCCHD should be the lead or support agency when it came to each cross-cutting and priorities that were previously listed.

Lead:

Maternal and Infant health	69.84%
Public health systems, Prevention	85.94%
and Behaviors	

Support:

Mental Health and Addiction	85.94%
Chronic Disease	51.56%
Healthcare systems and access	67.19%
Social Determinants of Health	54.69%

<u>Question 29</u> asked if there were any other issues or priorities that should be addressed that were not listed. The following are the other priorities:

- Water quality and safety
- Gun Violence
- Housing
- STD Prevention.

Question 30 asked to who TCCHD should partner with or other resources to be access in the future. The following were there answers:

- Trumbull Board of Mental health, Community Service Agency, St. Joseph Hospital, Trumbull Memorial Hospital.
- Mental Health and Recovery Board.
- Mental health and (sigh!) addiction need to be handled by the Mental Health Board, not the Health Department.
- Local police and School officials, help identify individuals or families that may need extra help or services.
- Media
- Other health departments
- Better interaction between county agencies
- Universities and Cleveland Clinic
- Local Businesses
- Hospitals, healthcare providers, Mental Health Board, and Recovery centers.
- Continue with Health Community Partnership
- Trumbull family fitness is a partner and should get more involved. It is also a place to provide information to reach many ages in one location
- Commissioners, hospitals, schools and other governmental agencies.
- Partner with organizations serving the poor, under privileged and underserved, such as the mission, Christy House, etc.

<u>Question 31</u> asked in the past 3 years what your perception of TCCHD has been from positive to negative.

Positive 66.67% Neutral 30.16% Negative 3.17%

Question 32 asked if their current perception was better or worse than it has been in the past

Much better or better 65.08% About the same 30.16% Worse 4.76%

Question 33 asked to explain their choice for Q32.

- The Department seems secretive and unwilling to listen to the community
- TCCHD has been a leader in our community in confronting the opiate/mental health
- I have always had a neutral opinion
- I have become more aware of our health departments work through media coverage
- Septic Department is Unfair!!!!!!!(with over 100 exclamation points after)
- I know a little more about services
- Seeing more visibility in the community
- Having the opportunity to work more closely with TCCHD, I have witnessed the impact of their work
- Better HC and ED
- You have taken steps through an amazing community assessment this year
- It's better
- I don't know all that they do, some staff aren't Friendly
- I think that through the accreditation process, we have been able to identify weaknesses and been able to improve our program.
- I have seen a lot of improvement in our different programs
- The organization seems to be making, or continuing inroads into the issues affecting the community
- Programs seem to be effective
- The agency is more visible in the community and attempting to collaborate with other agencies and officials to collectively work on issues
- TCCHD has been improving public health services over the past few years and working with the community
- Always learning new things
- Some services have decreased or gone away over the years
- Understand the struggles with in the current structure-seeing actions taken
- I am more familiar with the work
- I now know the people better there and what they do (or try to do) to better the community
- Management takes an active role in solving problems
- Positive direction
- I have gained more information and therefore, I am better aware of what they do
- We continue to provide quality services to the public
- Didn't know you existed prior

- Didn't notice a difference
- Have had negative interactions with staff in past year, I had these in the past, but never as bad as it has been in the past year
- As a staff member, I know we are always looking to improve access and our process
- Different Management Ideology
- Always Excellent experiences
- Less controversy, current management seems more willing to work with the public and more sympathetic to current state of Trumbull County and Trumbull County residents
- THEY STILL OFFER SERVICES TO THE COMMUNITY
- Programs and services have increased and support from administration has been enhanced
- Know nothing about the agency... no social media presents, no outreach
- No Previous involvement

Question 34 asked in 3 years what they would envision TCCHD to be known for ranking them from 1 to 10. Highly Qualified personal and experts in public health 1 (8.54)

leadership and authority

Efficient investigation and response to public health 2 (6.86) issues

Effective monitoring, identification and assessment 3 (6.42) of community health issues

Strong Participation in community partnership and 4 (5.88) collaborations

Educational outreach and healthy promotion 5 (5.86)

Linking people to health services and assuring provision 6 (5.83) of healthcare

Quality, effective, accessible and diverse services 7 (5.42)

Plan and policy development/revision with transparent 8 (4.05) accountable community engagement

Regulatory authority and enforcement 9 (4.03)

Innovation and research into new public health insight 10 (3.58) and solution to issues

Question 35 asked if you have ever visited the TCCHD website, twitter or facebook page

Yes 73.02% No 26.98%

Question 36 asked if the TCCHD website, twitter or facebook page was useful

Yes 66.13% No 11.29% N/A 22.58% Question 37 asked if they had any other comments, concerns or thoughts.

- Add Food Inspections to the website
- Other than support, stay out of attempting to have the primary role for mental health. That
 should fall with the Mental Health Board. When it comes to "enforcement" actions, do not so
 much be concerned with businesses and residences as much as being concerned with primary
 issues such as vaccinations for the underemployed, unemployed, seniors, and in particular
 juveniles who need vaccines. If there is going to be regulatory policy or community education to
 pursue, it needs to be directed at the "objectors" to vaccinations, who are more of a public
 health risk than most others.
- This should be advertised so lots of people could take it
- Keep Up the Good work
- Think Question 34 had a glitch in rating scores
- · Website was useful but hard to find information, make the website user friendly and up-to-date

TCCHD Mission, Vision and Values Survey

Mission: States the agency's purpose; what the organization does and why.

Our current Mission Statement reads as follows:

We are committed to protect and promote the health and well-being of our community and prevent disease, disparity and harm to our residents. This is accomplished by responding promptly to serve the needs of the public in a professional and respectful manner with emphasis on public health education and outreach.

1.		our agency's mission □ Yes □ No	statement adequately sta	te our purpose, what we do
2.			sion statement say about ve serve and how we are u	
3.	In your opinion, what a	are the basic social a	nd political needs that our	agency fills?
4.	In your opinion, what	are the basic social a	nd political problems we a	are here to address?
5.	In your opinion, what	is our agency's role i	n filling or addressing thes	se needs or problems?

6.	In your opinion, how does our role differ from other agencies?
7.	In your opinion, how does our agency recognize, anticipate or respond to needs or problems?
8.	Who are our stakeholders?
9.	How do we respond to them?
Vision: create	: Futuristic view regarding the ideal state or conditions that the organization aspires to change or
The ef extern	rrent Vision Statement reads as follows: fective exchange, collaboration and communication of ideas and thoughts with all internal and all all all all all internal and all all all all all all all all all al
10	. In your opinion, does our agency's vision statement give the ideal state or conditions that our agency aspires to change or create? ☐ Yes ☐ No

11. Please identify 5 critical issues or problems that our agency must address for its success in the future:
12. In your opinion, what do believe is the best plan for addressing these critical issues in the next 3 to 5 years?
13. Describe a peak experience or high point in your professional life at this agency, or a previous employer, when you felt most alive, most engaged and really proud of yourself and your work:
14. What do you value most about our agency and its larger contribution to society and the community?
15. If you were granted 3 wishes to heighten the health and vitality of this organization, what would they be?

Values: Principles, beliefs and underlying assumptions that guide the organization.

Our current Core Values are as follows:

- Integrity / Honesty: We act with integrity and are accountable for our actions.
- Effectiveness: We strive to be effective when providing our services.
- Dependability: We provide reliable and dependable services.
- Service: We deliver an exceptional level of service through our programs.
- Accuracy: Our programs are structured to accurately reach our targeted goals.
- Responsibility: We take responsibility for our performance in the services we deliver.
- 16. Values are unique to each organization and the staff who are part of that organization. In your opinion, and based on the values listed below, what are the top 3 most important values in an organization, starting with 1?

Accountability	Accuracy	Collaboration	Courage
Credibility	Dedication	Dependability	Dignity
Diversity	Effectiveness	Efficiency	Empathy
Empowerment	Equality	Equity	Excellence
Flexibility	Honesty	Innovativeness	Integrity
Loyalty	Optimism	Persistence	Quality
Respect	Responsibility	Responsive	Service
Timeliness	Transparency	Trusted	Wisdom



Strategic Planning Meetings (Sign-In Sheets, Minutes, Agendas, Etc.)



Trumbull County Combined Health District

Meeting Name:

Strategic Planning Team Meeting

Meeting Sign-In Sheet Sheet of

Meeting Date:

October 3, 2019

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Strategic Plan Meeting Minutes October 03, 2019

ATTENDEES: Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Kathy Salapata, Board Member

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Health Educator

Joseph Mikesell - Intern

Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator

FACILITATOR: Natalie Markusic, Accreditation Coordinator

Objectives:

• Overview of the Strategic Planning Purpose & Process.

- Natalie reviewed the strategic planning process with all committee members using the NACCHO: Developing a Local Health Department Strategic Plan: A How-To Guide.
- The committee reviewed and completed the following NACCHO worksheets.
 - Assessing Readiness for Strategic Planning (Worksheet #1)
 - o Identify and Analyze Stakeholders (Worksheet #2)
 - Assess Data Needs (Worksheet #3)
- The committee reviewed the stakeholder mission, vision, and values survey questions and established the survey timeline.
- The committee also reviewed, discussed, and amended the proposed strategic plan survey instrument that was to be disseminated to identified stakeholders. The strategic plan survey was released for participation after the meeting.
- The committee decided to hold the next meeting on October 23, 2019.

Homework for Next Meeting: The committee was encouraged to think about more input for the mission, vision, and values for the next meeting.



Trumbull County Combined Health District

Meeting Name:

Strategic Planning Team Meeting

Meeting Sign-In Sheet

Meeting Date:

October 23, 2019

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^{*}Attendees are not required to complete the Agency, Email and Phone columns when attending internal meetings with Health Dept. staff only.

Strategic Plan Meeting Minutes October 23, 2019

ATTENDEES: Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Kathy Salapata, Board Member

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Health Educator

Joseph Mikesell - Intern

Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator

FACILITATOR: Natalie Markusic, Accreditation Coordinator

Objectives:

Review the current Mission, Vision, and Values of the TCCHD.

- Natalie reviewed the current Mission, Vision, and Values, of the TCCHD and the committee determined that the current statements were obsolete.
- The committee then reviewed the information obtained from the Mission, Vision, and Values survey given to all TCCHD employees and amended the Mission, Vision, and Values to reflect our new statements.
- The committee was then introduced to the Aligning Accreditation and Foundational Public Health Capabilities guide provided by the PHNCI. This guide will be used as a potential tool for crafting the ten essential public health services portion of the strategic plan.

Homework for Next Meeting: The committee was encouraged to think about the services the TCCHD offers and how they align with the ten essential public health services outlined by the CDC.



Trumbull County Combined Health District

Meeting Name:

Strategic Planning Team Meeting

Meeting Sign-In Sheet

Meeting Date:

October 30, 2019

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Strategic Plan Meeting Minutes October 30, 2019

ATTENDEES: Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Kathy Salapata, Board Member

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Health Educator

Joseph Mikesell - Intern

Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator

FACILITATOR: Natalie Markusic, Accreditation Coordinator

Objectives:

• Initiate and complete worksheet # 11 (Assessing the Value of the Data/Information), and discuss the resources listed in length to determine the most relevant and pertinent data needs of the TCCHD.

Homework for Next Meeting: Prepare the upcoming all staff training, and strategic plan meeting.



Trumbull County Combined Health District Sheet / of 2

Meeting Sign-In Sheet

Meeting Name:

Strategic Planning Staff Training &

Meeting Date:

November 6, 2019

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Trumbull County Combined Health District

Meeting Sign-In Sheet

Meeting Name:

Strategic Planning Staff Training &

Sheet 2 of 3 Meeting Date:

November 6, 2019

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Strategic Plan Meeting Minutes November 6, 2019

ATTENDEES: Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Kathy Salapata, Board Member

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Health Educator

Joseph Mikesell - Intern

Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator

FACILITATOR: Natalie Markusic, Accreditation Coordinator

Objectives:

• Convene a large meeting with all members of the TCCHD to discuss strategic planning, review the strategic plan survey results with the entire staff, and develop the S.W.O.C. analysis.

Homework for Next Meeting: No homework given at the time.



Strategic Planning

Meeting Sign-In Sheet

Sheet ____ of _

Meeting Date: Meeting Name:

November 19, 2019

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Strategic Plan Meeting Minutes November 19, 2019

ATTENDEES: Frank Migliozzi, Health Commissioner

Jenna Amerine, Health Educator

Joseph Mikesell - Intern

Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator Sandy Swann, Director of Nursing

FACILITATOR: Natalie Markusic, Accreditation Coordinator

Objectives:

• Initiate and complete Worksheet #4 (Developing a Project Plan for Completion of Strategic Plan).

- Initiate and complete Worksheet #5 (Identifying Organizational Mandates).
- Initiate and complete Worksheet #6 (Reviewing Organizational Mandates).

Homework for Next Meeting: Given all the information dissemniated at this point, the committee was asked to come to the next meeting with a list if their final ideas for the SWOC analysis.



Meeting Name:

Strategic Planning Team Meeting

Meeting Sign-In Sheet

Sheet ____ of ___

Meeting Date:

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November 20, 2019

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Strategic Plan Meeting Minutes November 20, 2019

ATTENDEES: Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Kathy Salapata, Board Member

Kristofer Wilster, Director of Environmental Health

Joseph Mikesell - Intern

Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator Robert Biery Jr., Board of Health President

FACILITATOR: Natalie Markusic, Accreditation Coordinator

Objectives:

• Re-examine and finalize the SWOC analysis to be used for further strategic planning.

Homework for Next Meeting: TBD with regard to meetings and future agendas due to the growing concern arising from the Covid-19.



Trumbull County Public Health Prevent. Promote. Protect.

Meeting Sign-In Sheet

Trumbull County Combined Health District

Meeting Name:

TCCHD Strategic Planning

Meeting Date:

Sheet / of /

Meeting

June 16, 2021

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Strategic Planning Team Meeting



Date: <u>6/16/2021</u> Time: <u>1:30 pm to 3:30 pm</u>

Agenda

<u>Purpose:</u> To review previous progress made prior to onset of Covid-19 Pandemic, review supportive documentation, and select Strategic Priorities.

Objectives:

- 1. "Brief Overview/Refresher" of where we were in the planning process prior to the pandemic, where we are now, and where we are headed.
- 2. Review and discuss "Key Support Functions" document.
- 3. Review and discuss "10 Essential Public Health Services" document.
- 4. Review and discuss "External Trends, Events, and (or) Factors Impacting Community Health" document.
- 5. Review of Affinity Diagrams, and consolidation of potential strategic priority topics.
- 6. Selection of Strategic Priorities.

Further Discussion, Next Meeting (Date and Time), Plans for Next Meeting, Assignments:

Strategic Plan Meeting Minutes June 16, 2021 – 1:30 PM

ATTENDEES: Frank Migliozzi, Health Commissioner

Robert Biery, Jr., Board President Gregory Dubos, Board Member Kathy Salapata, Board Member Sandra Swann, Director of Nursing

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Grant Coordinator Kristopher Kriebel, Health Educator Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator

FACILITATOR: Daniel Bonacker, Accreditation Coordinator

Objectives:

1. "Brief Overview/Refresher" of where we were in the planning process prior to the pandemic, where we are now, and where we are headed. Dan Bonacker reviewed the following with the team:

- In between October and November of 2019 there were 6 meetings held, with the last meeting occurring on November 20, 2019.
- All worksheets for the strategic plan have been completed.
- All agendas, minutes and related documentation for all 6 meetings have been accounted for and are on file.
- There are additional items that PHAB wants included in our strategic plan that we do not currently have:
 - Key Support Functions
 - Ten Essential Public Health Services
 - External Trends, Events and/or Factors Impacting Community Health
 - Linkages with Other Plans
- 2. Review and Discuss "Key Support Functions" Documents
 - The 4 "Key Support Functions" are:
 - Information Management
 - Workforce Development
 - Communications
 - Financial Stability
 - The team reviewed the different functions and methodology for each function.
- 3. Review and Discuss "10 Essential Public Health Services" Document
 - The "10 Essential Public Health Services" were updated in 2020. Frank Migliozzi stated that he feels that each division head needs to specify what they are doing in their division that addresses these "10 Essential Public Health Services". If there is something specific in one of their programs, we need to note that and make sure that it is listed.
- 4. Review and Discuss "External Trends, Events, and/or Factors Impacting Community Health"

 Document

- This objective was reviewed, and Frank Migliozzi stated that the issue of equity, which is a cross-cutting factor, needs to be further defined; such as our infant mortality rate and vaccine hesitancy. The issue of equity is a primary factor, as well as poverty rates. Higher poverty equals lower health equity.
- 5. Review of Affinity Diagrams, and Consolidation of Potential Strategic Priority Topics
 - Dan Bonacker went over the affinity diagram and the team discussed the consolidation of the health district's potential strategic priority topics.
 - The following priority topics were discussed:
 - Training Needs (i.e. cross training)
 - User Friendly Website
 - Marketing/Promotion of Services
 - Community Partnerships
 - Public Perception
 - Staffing Levels
 - Healthcare/Access
 - Service Awareness
 - Combatting Poverty
 - Relationship With the Public
 - Stakeholder Participation
 - Preventable Disease
 - Injury Prevention
 - Access to Transportation
 - Political & Judicial Support
 - Grants & Other Funding Sources
 - Infant & Child Mortality Rates
 - Disease Prevalence
- 6. Selection of Strategic Priorities
 - Of the potential strategic priority topics listed, these were narrowed down to the following:
 - Marketing & Health Promotion
 - Reduce Morbidity & Mortality
 - Collaboration to Address Poor Health Outcomes
 - Workforce Development
 - Access to Care
 - Finance
 - The team then voted on the 6 priority topics, those priority topics were discussed and it was decided, that the following would be the Strategic Priorities:
 - Marketing & Promotion (10 votes)
 - Collaboration to Address Poor Healthcare Outcomes (6 Votes)
 - Decrease Morbidity & Mortality (5 Votes)
 - Finance (4 Votes)
 - Workforce Development (3)

7. Development of Goals & Objectives for Each Priority

Priority:

Marketing & Promotion

Goal:

Awareness of Services

Objective: User Friendly Website & Increase Communication of Services to the Public

Priority:

Collaborating With Other Stakeholders

Goal:

Team decided it would be best to stay with goal #2, priority #3, in our current

strategic plan – Work With Outside Agencies to Diminish Health Disparities

Objective: More thought will be given regarding the objective, and it will be discussed at

the next meeting.

Priority:

Decrease Morbidity & Mortality

Goal:

Offer More Preventive Services

Objective: Increase P.S.E. (Policy Systems Environmental Change) through CHC Grant &

Decrease Infant Mortality Rate

Priority:

Finance

Goal:

Identify and Apply for Additional Funding Opportunities

Objective: Increase Diverse Funding Sources

Priority:

Workforce Development

Goal:

Revision of Workforce Development Plan for Stronger Commitment to

Successorship & Training

Objective: Provide More Opportunities for Cross Training & Successorship Mentoring

Development of a Successorship Manual

Homework for Next Meeting: Review Key Support Functions & 10 Essential Public Health Services, and each division head should review the goals and objectives to see how each of their divisions can address them.

Meeting Name:

TCCHD Strategic Planning Meeting

Trumbull County Meeting Sign-In Sheet

Sheet 1 of 1

Meeting Date:

June 30, 2021

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Strategic Planning Team Meeting



Date: <u>6/30/2021</u> Time: <u>1:30 pm to 3:00 pm</u>

Agenda

<u>Purpose:</u> Discuss and potentially amend several aspects of the strategic plan that were introduced on 6-16-2021.

Objectives:

- 1. Discuss and amend the Key Support Functions, 10 Essential Public Health Services, and External Trends, Events, and (or) Factors Impacting Community Health with input from strategic plan committee members if necessary.
- 2. Review priorities while developing clearly defined and succinct goals and objectives.
- 3. Gather possible consensus of strategic planning committee to begin development of a rough draft/first iteration of the new TCCHD Strategic Plan.

Further Discussion, Next Meeting (Date and Time), Plans for Next Meeting, Assignments:

Strategic Plan Meeting Minutes June 30, 2021 – 1:30 PM to 3:00 PM

ATTENDEES:

Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Sandra Swann, Director of Nursing

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Grant Coordinator Kristopher Kriebel, Health Educator Daniel Dean, IT Specialist/Fiscal Officer

Andrea Cramer, Secretary

FACILITATOR: Daniel Bonacker, Accreditation Coordinator

Objectives:

1. The committee received notification that a "Definitions and Acronyms Page" will be added to the Strategic Plan.

- 2. The committee discussed and amended the Key Support Functions, 10 Essential Public Health Services, and External Trends, Events, and (or) Factors Impacting Community Health documents included in their packets. The following revisions and additions were made:
 - a. External Trends Document:
 - i. The committee provided several concise reasons as to why health inequity is so prevalent within Trumbull County including Lack of jurisdictional authority and lack of cooperation amongst certain stakeholders. These reasons will be included in the new External Trends Document.
 - ii. The committee requested that under the Covid-19 pandemic bullet point that the economy of Trumbull County also be included in the statement because it has also been adversely affected by the pandemic.
 - iii. The committee also cited particular demographics within Trumbull County are not engaging within the vaccination programs due to religious reasons and hesitancy regarding trust within the current health care systems.
- 3. The committee reviewed the Strategic Priorities and Goals and made a few revisions including:
 - a. <u>Strategic Priority #3 Decrease Morbidity and Mortality</u> Goal 1: The TCCHD will Increase linkages to the number of preventative services offered.
 - b. Strategic Priority #4 Finance Goal 1: The TCCHD will revise our current Workforce Development Plan with a stronger commitment to Successorship, Mentoring, and focused training on equity.
- 4. The committee was notified that PHAB will be introducing a new set of Standards and Measures for 2022, which the TCCHD will have to adhere to for re-accreditation which may affect the current strategic plan we are working on.

- 5. The committee began work on the Objectives portion of the Strategic Planning process and was reminded of the S.M.A.R.T (Specific, Measurable, Achievable, Realistic, and Timely) model used to craft those objectives.
- 6. The committee was also given the NACCHO template for developing objectives which read as:
 - a. By [date], The [entity] will [increase, decrease, or maintain] by [number#, percentage%, or rate] [what will be measured] from [baseline] to [target].
- 7. The committee developed one objective for Strategic Priority 1, Goal 1, which read as:
 - a. Establish a "Communication Infrastructure" through public health partnerships and appoint an individual to manage that infrastructure by June of 2022.
- 8. Further discussion, next meeting, and plans for next meeting including assignments:
 - a. The next meeting will be held on 7-12-2021, from 1:30 pm to 2:30 pm.
 - b. All committee remembers were reminded to review the amended strategic priorities and goals to provide input for the remaining objectives.



TCCHD Strategic Planning Meeting

1:30 pm to 2:30 pm

July 12, 2021

Meeting Sign-In Sheet

Sheet 1 of 1

Meeting Date:

Meeting Name:

Name	Title	Agency*	Email Address*	Phone No.*
KATHY SALAPATA	TCCHO	TUCHD		
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Jenna Amerina	Cerants Cor.	TCCHID	10,002	
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Kais Kaeba	Hear Ed	TCC HD		
DANIEL DEAN	IT SPECIALIST	TCCHD		
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CRECORY DUBOS	HERLTH BRD.	TCCHO		
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Strategic Planning Team Meeting



Date: <u>7/12/2021</u> Time: <u>1:30 pm to 2:30 pm</u>

Agenda

<u>Purpose:</u> Discuss and potentially amend several aspects of the strategic plan that were introduced on 6-30-2021

Objectives:

- 1. Review priorities, goals, and objectives, for the strategic plan.
- 2. Gather possible consensus of strategic planning committee to begin development of a rough draft/first iteration of the new TCCHD Strategic Plan.

Further Discussion, Next Meeting (Date and Time), Plans for Next Meeting, Assignments:

Strategic Plan Meeting Minutes July 12, 2021 – 1:30 PM – 2:30 PM

ATTENDEES: Frank Migliozzi, Health Commissioner

Robert Biery, Jr., Board President Gregory Dubos, Board Member Kathy Salapata, Board Member

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Grant Coordinator Kristopher Kriebel, Health Educator Daniel Dean, IT Specialist/Fiscal Officer Johnna Ben, Administrative Coordinator

FACILITATOR: Daniel Bonacker, Accreditation Coordinator

Objectives:

1. The committee reviewed the goals and objectives associated with Priority #1.

- 2. The committee was presented with hypothetical, and example goals and subsequent objectives for Priorities 2 thru 5.
- 3. These goals and objectives were heavily modified and the timelines and progress measurement tools were also finalized with regard to each objective.
- 4. Dan Bonacker then asked the committee permission to begin a rough draft of the new strategic plan and the committee granted him permission to move forward.

<u>Homework for next meeting:</u> Be prepared to review an advanced copy of the final draft of the strategic plan prior to the final approval and adoption meeting for such.

Trumbull County Public Health Prevent. Promote. Protect.

Meeting Sign-In Sheet

Sheet __

Trumbull County Combined Health District

Meeting Name:

Meeting

August 2, 2021

Meeting Date:

TCCHD Strategic Planning

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Strategic Planning Team Meeting



Date: <u>8/2/2021</u>

Time: <u>2:00 pm to 2:30 pm</u>

Agenda

Purpose: To present the new Strategic Plan.

Objectives:

- 1. Provide a copy of the new strategic plan to all members of the strategic planning committee.
- 2. Gather any additional input provided by committee members prior to the Board of Health meeting in August before final submittance of the strategic plan for their approval.

<u>Further Discussion, Next Meeting (Date and Time), Plans for Next Meeting, Assignments:</u> N/A.

Strategic Plan Meeting Minutes August 2, 2021 – 2:30 PM to 3:00 PM

ATTENDEES: Frank Migliozzi, Health Commissioner

Gregory Dubos, Board Member Sandra Swann, Director of Nursing

Kristofer Wilster, Director of Environmental Health

Jenna Amerine, Grant Coordinator Kristopher Kriebel, Health Educator Daniel Dean, IT Specialist/Fiscal Officer Robert Biery Jr., Board of Health President

FACILITATOR: Daniel Bonacker, Accreditation Coordinator

Objectives:

- Review the new strategic plan.
- The committee was presented and reviewed the new strategic plan.
- Several minor issues were discovered and remedied in the final draft of the new strategic plan.
- Dan Bonacker requested any final input regarding the plan, and an introduction page regarding the methodology utilized to reach the priorities was recommended by the Frank Migliozzi. This page has been added.
- The final draft is ready to be sent to the Board of Health for final approval and adoption, which is slated to tentatively occur on 8-18-2021.

Homework for next meeting: N/A