

Unified Government Public Health Department Strategic Plan 2017-2020

Review and Revision May 2019

Unified Government Public Health Department
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Public Health
Prevent. Promote. Protect.

Executive Summary

Introduction

The Health Department published its 2017 – 2020 Strategic Plan in May, 2017 in coordination with the Unified Government Commission's publishing of its strategic plan and six goals for Wyandotte County. It undertook its second annual review of the plan in May, 2019. The review includes progress made, barriers experienced, and new considerations that arose between May 2017 when the Strategic Plan was published and April, 2019.

The overarching goals of the Health Department plan remain the same and in alignment with the Unified Government Commission's Goals (see figure 1, below):

- 2. Increase Safety and Perception of Safety—Health Department staff will keep our community safe in the event of a public health-related disaster and will work to promote safety and prevent injury in the spaces where our residents live, work, learn, and play.
- 3. Increase Community Health— Health Department staff will work to improve access, quality, and affordability of care as well as to improve the built environment and influence local and state policy that affects our residents' ability to be healthy.
- 5. Improve Customer Service & Communications – Health Department staff provide important services to the community and will maintain a high standard of quality for client care, community partnership, and communication.

Unified Government Commission Goals:



Figure 1

Methods:

The Health Department's 2018 adoption of a Performance Management system (ENVISIO) allowed it to begin tracking many of the goals and objectives related to the Strategic Plan and Performance Management/Quality Improvement (PMQI) Plan in a coordinated, routine way. The monthly updates into ENVISIO are made by the supervisor who most directly oversees the work of the performance measure. The existing goals and objectives in this plan largely reflect the data gathered in ENVISIO throughout the past year (May 2018 – April 2019) as we have monitored progress made to health department programs and administration.

The updated measures in this plan have been reviewed by all division supervisors and managers in the Health Department as well as Executive Leadership. The Board of Health was given the opportunity to provide input and feedback before the revised plan was finalized.

Considerations:

Traditional considerations in the revision process include an analysis of the Health Department's strengths, weaknesses, opportunities, and threats; the financial landscape of public health and the Health Department's budget; and current staffing and political climate constraints.

Additional considerations were made during this review that included the impending 2019 submission for PHAB (Public Health Accreditation Board) Accreditation, the Health Department's adoption of the Foundational Public Health Services Model, additional needs related to moving toward Public Health 3.0 (including the need for increased communications and policy capacity), health equity considerations, ADA compliance, workforce development, expansion and improvement of existing programs and services (including infant mortality, built environment/physical activity, case management, access to healthy foods, and disease surveillance), consideration of new areas of work (including behavioral health and human trafficking), and building a healthy work environment for employees.

2019 Revision Participants

Participant	Division	Job Title
Angelina Sanchez-Vinson	Patient Health Services	Supervisor
Ashley Lause	WIC	Supervisor
Christina VanCleave	Patient Health Services	Supervisor
Dr. Allen Greiner	Administration	Health Officer
Elizabeth Groenweghe	Communicable Disease Control	Epidemiologist
Hunegnaw Zeleke	Planning & Operations	Informaticist
Janell Friesen	Community Health	Coordinator
John Werner	Business Office	Management Analyst
Juliann Van Liew	Planning & Operations	Manager
Maria Salas	Patient Support Services	Supervisor
Mookie Holmes	WIC	Coordinator
Nancy Sanchez	WIC	Health Manager
Olliea Jarrett	Childcare Licensing	Supervisor
Rollin Sachs	Environmental Health	Supervisor
Ron Starbuck	Emergency Preparedness	Coordinator
Terrie Garrison	Administration	Deputy Director
Terry Brecheisen	Administration	Director
Wesley McKain	Community Health	Supervisor

Color coding of progress on objectives (below)	
	Objective was completed in year 1 or 2 of strategic plan
	Objective is on schedule to meet deadline
	Objective has experienced some obstacles, but remains on track.
	Objective has experienced considerable delays and is unlikely to be completed by deadline.

COMPLETED 2017 – 2018 OBJECTIVES

2017 Objective/Due Dates	2017 Action Steps	2017 Data Collection Method/Goals	Progress May 2017 – April 2018
<p>Gain an understanding of community health needs and priorities.</p>	<ol style="list-style-type: none"> 1. Complete Community Health Assessment (CHA): <ul style="list-style-type: none"> • Collect 2,000 resident survey responses • Conduct 7 focus groups • Collect and analyze secondary data • Host 4 listening sessions 2. Publish CHA report. 3. Disseminate results to community stakeholders. 	<ul style="list-style-type: none"> • Community Health Assessment published 	<ul style="list-style-type: none"> • Community Health Assessment published (disseminated to partners and posted to UGPHD and HCW websites) <p style="text-align: center;">PROGRESS: 100%</p>
<p>Test the Public Health Emergency Response Plan (PHERP) with local and regional response partners.</p>	<ol style="list-style-type: none"> 1. Coordinate with the Cities Readiness Initiative (CRI) Metropolitan Statistical Area (MSA) to prepare for a joint dispensing exercise. 2. Conduct a full-scale dispensing exercise with regional partners to test Phase 2 capabilities. 	<ul style="list-style-type: none"> • Full-scale dispensing exercise conducted. • Completed After Action Review/ Improvement Plan (AAR/IP) within 90 days of exercise. 	<ul style="list-style-type: none"> • Eight jurisdictions in Missouri and five in Kansas coordinated a joint exercise regarding the intentional release of Anthrax in the metro area. Exercise was conducted in two phases— one for planning/coordination and one for dispensing and distribution activities. • AAR was completed within 90 days of exercise. <p style="text-align: center;">PROGRESS: 100%</p>

2018 Objective/Due Date	2018 Action Steps	2018 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Improve health department customer service</p>	<ol style="list-style-type: none"> 1. Train and educate Health Department workforce on best practices for trauma-informed care. 	<ul style="list-style-type: none"> • Train at least 80% of health department staff on trauma-informed care/Adverse Childhood Experiences (ACEs) 	<ul style="list-style-type: none"> • All but two Health Department staff (97%) completed the ACEs training. • There was interest from other UG Departments, and a total of 100 people received the training. <p>PROGRESS: 100%</p>
<p>Work with community partners to create a Community Health Improvement Plan (CHIP). Due: September, 2018</p>	<ol style="list-style-type: none"> 1. Form four CHIP planning committees: Health Access, Jobs/education, Safe and Affordable Housing, Violence Prevention 2. Complete Community Health Improvement Planning process and compile into a formal CHIP report. 3. Present CHIP to UG Commission for adoption. 	<ul style="list-style-type: none"> • Document meeting agendas and attendance for at least 20 CHIP planning meetings • CHIP plan created and adopted. • Presentation made to county commission. 	<ul style="list-style-type: none"> • More than 30 CHIP planning meetings held with over 100 community partners. • CHIP published September, 2018 • Presentation to County Commission August 30, 2018 <p>PROGRESS: 100%</p>

2018 Objective/Due Date	2018 Action Steps	2018 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Work with community partners to create a Community Health Improvement Plan (CHIP).</p> <p>Due: September, 2018</p>	<ol style="list-style-type: none"> Shift CHIP committees into Action Teams with a lead agency, Health Department liaison, and defined core team. Implement a quarterly reporting mechanism. 	<ul style="list-style-type: none"> Create four CHIP Action Teams: Health Access, Jobs/Education, Safe and Affordable Housing, and Violence Prevention. Create and implement a quarterly reporting system. 	<ul style="list-style-type: none"> CHIP action teams created summer 2018. Quarterly reporting structure implemented (2 quarterly reports published: Q4 2018 and Q1 2019). Quarterly reports sent to CHIP mailing list and uploaded to Community Health Dashboard. <p>PROGRESS: 100%</p>
<p>Strengthen the food system in Wyandotte County to meet food access needs.</p> <p>Due:</p> <ul style="list-style-type: none"> Presentation: July, 2018 Implementation: July, 2020 	<ol style="list-style-type: none"> Hire and work with external consultants to complete a Local Food Economy Assessment. Publish a report including recommendations for policies or economic development incentives to strengthen the food system. Engage with relevant UG departments to support implementation of recommendations. 	<ul style="list-style-type: none"> One published Food Economy Assessment Presentation of Assessment to the county commission Implementation of at least one recommendation from the Assessment. 	<ul style="list-style-type: none"> Written Food Economy Assessment published: October, 2017 Presentation to Commission: June 30, 2018. Supported implementation of recommendation from the Food Economy Assessment: Dotte Mobile Grocer (planning support provided by WIC staff) <p>PROGRESS: 100%</p>

2018 Objective/Due Date	2018 Action Steps	2018 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Monitor air quality funding and alert county commission to changes in federal support that affect local resources for air quality monitoring and enforcement.</p> <p>Due: Ongoing, quarterly.</p>	<ol style="list-style-type: none"> 1. Keep up-to-date on state and national air quality policy and funding updates and notices. 2. If changes occur, keep the County Administration and Commission notified as necessary. 3. Explore potential new funding opportunities for air quality work. 	<ul style="list-style-type: none"> • Quarterly reports to Administration and Commission via HD Director (Terry Brecheisen) to be included in the larger HD Quarterly Report as needed. • In-person updates to commissioner as needed. 	<ul style="list-style-type: none"> • Quarterly reports have been ongoing as needed for the past two years. • There have been no substantial changes to funding over the past two years. • Will continue to monitor and alert administration/commission on an ad hoc basis. <p style="text-align: center;">PROGRESS: 100%</p>
<p>Integrate Performance Management and Quality Improvement into the Health Department.</p> <p>Due:</p> <ul style="list-style-type: none"> • PMQI reviewing quarterly measures: July, 2018 • Complete 3 quarterly reviews by January, 2019. • Complete 2 QI projects by July, 2019. 	<ol style="list-style-type: none"> 1. Merge Performance Management and Quality Improvement Committees into a Performance Improvement Team 2. Identify and adopt performance measures 3. Finalize Performance Improvement plan 4. Implement data collection mechanisms. 5. Collect measures quarterly in electronic software (ENVISIO) 6. Review measures quarterly as a Performance Team 7. Identify and conduct quality improvement initiatives. 	<ul style="list-style-type: none"> • At least 20 performance measures adopted (at least one for each division in the health department). • Published PMQI plan. • ENVISIO updated quarterly by 100% of measure owners. • At least four PMQI team meetings held annually. • At least two QI initiatives identified and completed annually. 	<ul style="list-style-type: none"> • PM & QI Committees merged March, 2018. • Performance measures and PMQI plan adopted March, 2018. • Data collection in place and measures collected in ENVISIO monthly beginning May, 2018. • PMQI team began reviewing measures quarterly in July, 2018. • Two large QI projects completed in 2018 (HD-wide onboarding project and WIC electronic card project). <p style="text-align: center;">PROGRESS: 100%</p>

UG GOVERNING BODY GOAL: Improve Community Health

Action Plan:

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/goals	Progress May 2017 – April 2019
<p>Work with community partners to implement the 2018 - 2023 Community Health Improvement Plan (CHIP).</p> <p>Due: December, 2020</p> <p>Employees Responsible: Wesley McKain, Juliann Van Liew</p>	<ol style="list-style-type: none"> 1. Set SMART Goals for active strategies in each Action Team. 2. Create simple work plans for each SMART Goal within Action Teams. 3. Conduct an annual review and revision process (fall, 2019). 4. Hire a CHIP Coordinator to support the work within the health department (fall, 2019). 5. Update the CHIP budget for active strategies only 6. Secure multi-year funding to support lead agencies, health department, and administration. 7. Secure multi-year funding for strategy work. 8. Create a stream-lined annual Dashboard update process. 	<ul style="list-style-type: none"> • At least two SMART Goals for each Action Team by August, 2019. • Up-to-date work plans for each SMART goal by September, 2019. • 2nd publishing of the CHIP (printed in new booklets) by November, 2019 • Updated budget by July, 2019 • At least three new grants obtained to support the CHIP by April, 2020 • Annual updates made to the Dashboard (October, annually) 	<ul style="list-style-type: none"> • Training for lead agencies on what's required in a work plan. • Annual CHIP review template created and ready for implementation fall 2019. • Initial budget created fall, 2018. • CHIP Finance Subcommittee created spring, 2019 <p style="text-align: center;">PROGRESS: 10%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/goals	Progress May 2017 – April 2019
<p>Ensure the health department is a workplace that promotes employee wellness.</p> <p>Due: December, 2020</p> <p>Employees Responsible: Worksite Wellness Committee with assistance from Ron Starbuck</p>	<ol style="list-style-type: none"> 1. Conduct a Healthy Environment & Safety Assessment, including: <ol style="list-style-type: none"> a. Mold testing b. Door handles (levers vs. Knobs) c. Breastfeeding accessibility d. HIPAA compliance 2. Use results from the Workplace Wellness Survey and Environmental/Safety Assessment to identify 18-month priorities and create a Workplace Improvement Plan. 3. Implement initiatives/policy changes from the Workplace Improvement Plan within the health department. 	<ul style="list-style-type: none"> • Conduct Healthy Environment and Safety Assessment by December, 2019 • Publish Worksite Wellness Plan by March, 2020. • Implement least 3 wellness policies/initiatives from the plan implemented by December, 2020. 	<ul style="list-style-type: none"> • Completed HD workplace wellness survey in 2018 with 38 (48%) employee respondents. <p style="text-align: center;">PROGRESS: 30%</p>
<p>Advocate for public policy, consistent with UG Legislative Agenda, that supports access to quality, affordable healthcare.</p> <p>Due: Annually during KS legislative session.</p> <p>Employees Responsible: Wesley McKain, Executive Leadership</p>	<ol style="list-style-type: none"> 1. In coordination with UG lobbyist, provide written or verbal testimony to the Kansas legislature advocating for Kancare expansion. 2. Work with partners and the CHIP Health Access Action Team to host/coordinate events that promote resident advocacy for Kancare expansion, including information sessions, letter/post card writing, or phone banking events. 	<ul style="list-style-type: none"> • At least one written or verbal testimony by the health department or UG advocating for Kancare expansion submitted during the 2020 legislative session. • At least two events held/coordinated by the health department to promote advocacy for Kancare expansion during the 2020 legislative session. 	<ul style="list-style-type: none"> • Three events held to promote advocacy for expansion during the 2019 session. <p style="text-align: center;">PROGRESS: 33%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/goals	Progress May 2017 – April 2018
<p>Improve UG Board of Health and administration’s understanding of public health, the work of the health department, and the “Health In All Policies” approach to policy making.</p> <p>Due: July, 2020</p> <p>Employees Responsible: Executive Leadership (UG orientation schedule); Juliann Van Liew, Wesley McKain (Health in All Policies training)</p>	<ol style="list-style-type: none"> 1. Advocate to have the public health/health department onboarding process added to orientation schedule for new UG commissioners. 	<ul style="list-style-type: none"> • Orient new commissioners to public health/the health department after fall, 2019 elections (by January, 2020) 	<ul style="list-style-type: none"> • Developed a public health orientation and guidebook for Board of Health members in 2019 • All sitting Commissioners and the Mayor were “onboarded” to the Board of Health and work of the health department in March, 2019. <p>PROGRESS: 90%</p>
	<ol style="list-style-type: none"> 1. Hold training on “Health in All Policies” for Health Department staff. 2. Secure support from county administration for “Health in All Policies” training to be provided to senior-level UG staff. 3. Secure funding to bring in consultants to conduct “Health in All Policies” training. 4. Hold Training on “Health in All Policies” approach to policy making for both UG Board of Health and senior-level UG staff. 	<ul style="list-style-type: none"> • Train at least 80% of Health Department staff in “Health in All Policies”. • Secure at least \$5,000 for “Health in All Policies” trainings. • Train at least 5 Board of Health members and 10 senior-level UG managers in “Health in All Policies” approach to decision making. 	<ul style="list-style-type: none"> • A Kansas-based trainer and potential training options were identified in 2018. <p>PROGRESS: 5%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/goals	Progress May 2017 – April 2019
<p>Reduce the impact of tobacco in Wyandotte County.</p> <p>Due: December, 2020</p> <p>Employees Responsible: Bianca Garcia</p>	<ol style="list-style-type: none"> 1. Work with Childcare Providers to develop and implement comprehensive tobacco policies. 2. Engage Wyandotte County youth to complete the Taking Down Tobacco Curriculum and establish the F.L. Schlagle Taking Down Tobacco chapter. 3. Provide technical assistance to safety net health care partners to support workflow changes that increase effective quit attempts. 4. Promote the expansion of T21 to additional municipalities. 5. Create a sustainable enforcement plan and enforcement tracking system for Kansas City's Tobacco 21 policy. 6. Implement the Tobacco 21 enforcement plan in partnership with KCKPD. 	<ul style="list-style-type: none"> • <u>Overall:</u> Reduced adult smoking rate from 24% in 2015 to 22% in 2019 (BRFSS) • Increase the number of WyCo Childcare Providers that implement comprehensive tobacco policies from 0 to 25 (Tobacco-free childcare pledges audited by Childcare Licensing) by December, 2020. • At least 40 youth complete the Tobacco 101 online training course (KDHE) and 5 youth participate in establishing the F.L. Shlagle Taking down Tobacco chapter by July, 2020. • Documented changes to cessation screening and referral systems in at least 3 safety net healthcare partners by July, 2020. • Increase the number of municipalities with Tobacco 21 from 2 to 3 by December, 2020. • Conduct tobacco 21 enforcement by the PD annually and track in coordination with the health department (at least one annual enforcement by December, 2020) <p><i>(Note: Smoking data for 2019 will not be available until early 2021)</i></p>	<ul style="list-style-type: none"> • Contracted with Kansas Pharmacist foundation to assist KCK Housing Authority with smoke-free housing (2017) • Contracted with Black Healthcare Coalition and Vibrant health to implement education, cessation, and referral initiatives (2018) • Implemented a communications campaign to promote free Nicotine Replacement Therapy available through the Quitline (2018). • Promoted use of cessation medications and resources among low-income (KanCare) residents (2017 – 2018). • KHI Report and created a sustainable enforcement with KCKPD • Edwardsville passed T21 (2019) <p style="text-align: center;">PROGRESS: 40%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/goals	Progress May 2017 – April 2019
<p>Promote prenatal and infant health in Wyandotte County.</p> <p>Due: December, 2020.</p> <p>Employees Responsible: New Clinical Manager, Angela Williams</p>	<ol style="list-style-type: none"> 1. Implement the “One Key Question” method within the health department. 2. Assist clients in developing a reproductive health plan that is documented in their medical record. 3. Raise awareness of Safe Sleep practices via distribution of safe sleep videos throughout county. 4. Create a FIMR CAT charter. 5. Create a multi-year FIMR CAT Action Plan (include considerations for maternal health equity). 6. Create work plans for each active strategy within the FIMR CAT Action Plan. 7. Establish annual FIMR CAT impact report. 8. Engage male population in prenatal and infant health education (consider addition of fatherhood class) 9. Consider training for UGPHD staff on engaging male caregivers in services. 10. Increase tracking of male caregiver participation (especially related to home visiting). 11. Identify funding specifically for maternal health equity (black and Latina moms). 	<ul style="list-style-type: none"> • Incorporate the “One Key Question” into the new EMR launching June, 2019. • Increase the percentage of clients with a reproductive health plan (to 100%)* by July, 2020. • Reach at least 500 WyCo residents through the safe sleep campaign by December, 2020. • Published FIMR CAT charter by January, 2020. • Published FIMR CAT Action Plan by July, 2020. • Published FIMR CAT annual report by February, 2021. • Fatherhood class implemented by December, 2020. • Apply for funding from at least one new source for maternal health equity by July, 2020. <p>*This data will become available with the new EMR in July, 2019.</p>	<ul style="list-style-type: none"> • A Safe Sleep video series was developed for Wyandotte County in April, 2018. Distribution strategies are being developed. • Five core team staff members trained on “One Key Question” (spring, 2019) <p style="text-align: center;">PROGRESS: 40%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Reduce the health impact of lead exposure in Wyandotte County children.</p> <p>Due: December, 2020</p> <p>Employees Responsible: Christina VanCleave, Ashley Lause</p>	<ol style="list-style-type: none"> 1. Work with WIC program to determine if lead testing can be done in partnership with the UGPHD lead program. 2. Increase lead testing of UGPHD and WIC clients. 	<ul style="list-style-type: none"> • Increase average monthly lead testing from 13 in May, 2019 to 15 by January, 2020. 	<p style="text-align: center;">PROGRESS: 10%</p>
<p>Pursue Health Department Accreditation through the Public Health Accreditation Board (PHAB).</p> <p>Due: September, 2019</p> <p>Employees Responsible: Juliann Van Liew</p>	<ol style="list-style-type: none"> 1. Continue identifying documentation to meet standards and measures. 2. Format and submit documentation for accreditation. 	<ul style="list-style-type: none"> • Identify 100% of documentation by July 15, 2019. • Submit 100% of documentation by August 31, 2019. 	<ul style="list-style-type: none"> • Three major pre-accreditation requirements completed by September, 2018 (Community Health Assessment, Community Healthy Improvement Plan, and Strategic Plan) • Accreditation Team and Domain sub-committees created July, 2018 • Accreditation Coordinator attended PHAB training spring, 2019. <p style="text-align: center;">PROGRESS: 80%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Increase breastfeeding duration among health department clients.</p> <p>Due: December 2020</p> <p>Employees Responsible: Ashley Lause, Angelina Sanchez-Vinson</p>	<p>1. Use Breastfeeding Barriers Survey findings to create and implement a test of change to improve breast feeding-related education and services.</p>	<ul style="list-style-type: none"> • Implement at least one test of change (QI project) related to increasing breast feeding using the survey findings. • Increase the 6-month breastfeeding duration rate in WIC clients from 27% in 2017 to 29% in 2020. 	<ul style="list-style-type: none"> • Increased community partnerships and engagement with the community on breastfeeding by starting and hosting the Wyandotte County Breastfeeding coalition (2017 - present). • Conducted a survey of health department clients (from the WIC and HFW programs) about breastfeeding barriers (126 respondents). • Survey results analyzed and findings presented to Wyandotte Breastfeeding Coalition and HD staff (fall, 2018). <p style="text-align: center;">PROGRESS: 50%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>NEW: Provide consistent and accurate informatics functions to meet the needs of health department staff and community partners.</p> <p>Due: April, 2020</p> <p>Employees Responsible: Hunegnaw Zeleke</p>	<ol style="list-style-type: none"> 1. Conduct an Informatics Self-Assessment of the Health Department’s capabilities. 2. Implement a process for community partners to submit data requests to the health department 3. Implement an annual review process of the health department’s hardware and software inventory and coming needs. 4. Collect baseline data and five-year trend for the top chronic diseases in the county. 	<ul style="list-style-type: none"> • Publish Informatics Self-Assessment (using tool created by Kansas Health Institute) by January, 2020. • Develop a process for partners to submit data requests via our website by April, 2020. • Create a health department procedure for an annual technology review by January, 2020. • Dashboard created on Health Department website of 15-20 nationally recognized health indicators (EMR, BRFSS, KHIN, etc) by September, 2020. 	<p style="text-align: center;">PROGRESS: 0%</p>
<p>NEW: Incorporate Health Equity into the routine work of the health department.</p> <p>Due: December, 2020</p> <p>Employees Responsible: Juliann Van Liew (Planning & Operations Division with support from all UGPHD staff)</p>	<ol style="list-style-type: none"> 1. Utilize the partner and internal health equity survey results to create a Health Equity Action plan, including considering: <ul style="list-style-type: none"> • Training for staff • Health equity scoring system for programs/services • Health equity spotlight • Health equity inclusion in Director’s quarterly update 2. Implement Health Equity Action Plan. 	<ul style="list-style-type: none"> • Publish Health Equity Action Plan by July, 2020. • Implement at least two strategies from the Health Equity Action Plan by December, 2020. 	<p style="text-align: center;">PROGRESS: 0%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>NEW: Explore a potential partnership with KU Medical School to become an Academic Health Department.</p> <p>Due: April, 2020</p> <p>Employees Responsible: Juliann Van Liew</p>	<ol style="list-style-type: none"> 1. Identify elements of a potential academic health department partnership with leaders at KUMed. 2. Draft a Memorandum of Understanding (MOU). 3. Present draft to Executive Leadership (at UGPHD and KUMed) for review. 	<ul style="list-style-type: none"> • Provide a draft of a potential MOU for an academic health department between the UGPHD and KUMed to Health Department Executive Leadership by April, 2020. 	<p style="text-align: center;">PROGRESS: 0%</p>
<p>NEW: Migrate the work of Environmental Health to the CDP Environmental Health module.</p> <p>Due: December, 2019</p> <p>Employee Responsible: Rollin Sachs</p>	<ol style="list-style-type: none"> 1. Conduct documentation discovery and review with CDP. 2. Implement Environmental Health into CDP. 	<ul style="list-style-type: none"> • Go live on the Environmental Health module by December, 2019. 	<ul style="list-style-type: none"> • Gap analysis complete <p style="text-align: center;">PROGRESS: 15%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>NEW: Increase policy/practice that support infrastructure and higher levels of physical activity.</p> <p>Due: December, 2020</p> <p>Employees Responsible: Janell Friesen</p>	<ol style="list-style-type: none"> 1. Review Complete Streets Resolution and make plan for improvements based on National Complete Streets Coalition scoring. 2. Draft a Complete Streets Resolution. 3. Meet with at least 10 stakeholders about policy changes. 4. Get policy change on necessary Standing Committee/Commission meeting agendas. 5. Engage Infrastructure Action Team partners in UG budget process related to parks and infrastructure funding. 6. Expand and enhance the KCK Levee Trail. 	<ul style="list-style-type: none"> • Drafted Complete Streets policy change by January, 2019. • At least 10 stakeholders engaged in conversations about complete streets/park investments by April, 2020. • Complete Streets policy change proposal on appropriate standing committee agenda by July, 2020. • At least three strategies used to engage IAT members in budgeting process by April, 2020. • Signed shared use agreements between the UG and the drainage districts for additional lengths of river levee to be used as recreational trails by July, 2020. • Make at least two physical enhancements to the Levee Trail by December, 2020. 	<p style="text-align: center;">PROGRESS: 0%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>NEW: Increase health department and medical provider awareness of communicable disease trends, changes, and new developments/research in order to prevent the spread of communicable diseases in Wyandotte County</p> <p>Due: December, 2020</p> <p>Employee Responsible: Elizabeth Groenweghe</p>	<ol style="list-style-type: none"> 1. Increase participation in school surveillance through targeted outreach of school nurses, creating school nurse Sharepoint site, and sharing weekly reports. 2. Increase use of ESSENCE surveillance by creating weekly reports to share with school nurses and partners and incorporating ESSENCE data into influenza and other data reports. 3. Publish and disseminate two communicable disease reports annually. 4. Publish and disseminate four quarterly epidemiology newsletters. 	<ul style="list-style-type: none"> • Increase the number of schools reporting in school surveillance system from 7 to 20 by December, 2020. • Provide one ESSENCE report weekly to providers or the community on topics including fever, respiratory illness, GI illness, and influenza-like illness by December, 2020. • Publish at least two reports relating to communicable disease for 2019 by May, 2020. • Publish first quarterly epi newsletter by July, 2019 and continue to publish quarterly. 	<p style="text-align: center;">PROGRESS: 0%</p>
<p>NEW: Investigate health department's role in improving the mental/behavioral health of the county.</p> <p>Due: June, 2019</p> <p>Employee Responsible: Jennifer Allen, Angelina Vinson; Ron Starbuck</p>	<ol style="list-style-type: none"> 1. Identify role played in behavioral and mental health by other health departments. 2. Identify mental/behavioral health policy options and advocate to have them included on the UG policy agenda. 3. Implement Resilience training for disaster workers during times of an emergency. 	<ul style="list-style-type: none"> • Provide findings regarding a health department's role in mental/behavioral health to health department leadership by December, 2019. • Advocate for at least one mental/behavioral health policy to be included in the UG 2021 policy agenda by August, 2020. • Train 75% of staff (56 employees) on resilience during an emergency. 	<p style="text-align: center;">PROGRESS: 0%</p>

UG GOVERNING BODY GOAL: Increase Safety and Perception of Safety.

Action plan:

2019 Objective/Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Ensure the safety of Wyandotte County children participating in out-of-home care.</p> <p>Due: January, 2020</p> <p>Employee Responsible: Olliea Jarrett</p>	<ol style="list-style-type: none"> 1. Collaborate with the DA's office to develop protocol for enforcing penalties for illegal childcare. 2. Implement the protocol using the DA's letter of enforcement. 	<ul style="list-style-type: none"> • Protocol in place for enforcing penalties for illegal childcare by January, 2020. 	<ul style="list-style-type: none"> • Trainings held at least monthly in 2018 – 2019 for childcare providers on topics of child health, development, and safety. • Initial meetings held with the DA's office and draft protocol have been created. <p style="text-align: center;">PROGRESS: 50%</p>
<p>NEW: Train Health Department staff on human trafficking identification and prevention.</p> <p>Employee Responsible: Christina Van Cleave</p>	<ol style="list-style-type: none"> 1. Identify appropriate human trafficking trainings for the Health Department (potentially in partnership with KCKPD or using facilitator Russ Tuddle) 2. Host human trafficking training for Health Department and other UG employees. 3. Work with trainers to set up human trafficking training for 4-5th graders in USD500 schools. 	<ul style="list-style-type: none"> • Train 80% of health department staff in human trafficking by December, 2020. • Conduct trainings in at least two middle schools on human trafficking for 4th and 5th graders by December, 2020. 	<p style="text-align: center;">PROGRESS: 0%</p>

2019 Objective/Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>NEW: Decrease impaired driving in Wyandotte County</p> <p>Due: December 2020</p> <p>Responsible employee: Tory Anderson</p>	<ol style="list-style-type: none"> 1. Partner with law enforcement agencies to create a joint action plan for reducing impaired driving. 2. Implementation of impaired driving action plan. 3. Provide education through presentations to the community. 4. Create an evaluation plan to assess the efficacy of impaired driving efforts. 	<ul style="list-style-type: none"> • Commence meetings with law enforcement partners by December, 2019. • Up-to-date action plans created with a SMART goal by July, 2020. • Provide at least one impaired driving related presentation every two months (beginning by July, 2020) 	<p style="text-align: center;">PROGRESS: 0%</p>

UG GOVERNING BODY GOAL: Improve Customer Service & Communications.

Action Plan:

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Provide consistent and accurate public health messaging to community.</p> <p>Due: December, 2020</p> <p>Employee Responsible: Juliann Van Liew, Communications Coordinator</p>	<ol style="list-style-type: none"> 1. Hire and train Public Information Office on conducting communications within a health department and in times of emergency. 2. Develop a Communications and Branding Guide. 3. Implement the Communications and Branding Guide. 	<ul style="list-style-type: none"> • Onboard a Public Information Officer (PIO) by July, 2019 • Publish Communication and Branding Guide by July, 2019. • Implement at least five aspects of the guide by December, 2020. 	<ul style="list-style-type: none"> • Funding identified for a full-time Communications Coordinator (Public Information Officer) to be housed in the Planning & Operations Division. • Job description for the Communications Coordinator (PIO) has been posted by HR and we are now accepting applications. • A draft of the Communications and Branding Guide has been created and is being reviewed by the health department Communications Committee. <p style="text-align: right;">PROGRESS: 40%</p>

2019 Objective/ Due Dates	2019 Action Steps	2019 Data Collection Method/Goals	Progress May 2017 – April 2019
<p>Improve Health Department customer service.</p> <p>Due: December, 2020</p> <p>Employees Responsible: Maria Salas</p>	<ol style="list-style-type: none"> 1. Compile current methods of measuring client satisfaction by UGPHD program or division area. 2. Identify areas that are not assessing client satisfaction and determine best methods for assessment. 3. Create appropriate client satisfaction surveys for programs and divisions that need them. 4. Implement client satisfaction surveys. 5. Use survey results to create action plans for improving on results. 	<ul style="list-style-type: none"> • Conduct assessment of current surveys by December, 2019. • Create customer and partner satisfaction surveys for each division or program that needs one by January, 2020 • Implement surveys and collect initial data by July, 2020 • Create action plans for responding to survey results (by division) by December, 2020 	<ul style="list-style-type: none"> • No progress has been made—this work has not been made a priority due to accreditation and performance management efforts. <p style="text-align: center;">PROGRESS: 0%</p>
<p>NEW: Continue implementation of the 2018 Workforce Development Plan</p> <p>Due: January, 2020</p> <p>Employees Responsible: Planning & Operations Division</p>	<ol style="list-style-type: none"> 1. Review current job descriptions. 2. Update current job descriptions using the competency-based job description template. 	<ul style="list-style-type: none"> • Repository of updated job descriptions by January, 2020 	<p style="text-align: center;">PROGRESS: 0%</p>

MEASURES REMOVED FROM STRATEGIC PLAN: LOCATED ELSEWHERE OR NOT PRIORITIZED AT THIS TIME

YEAR 1:

2017 OBJECTIVE/ MEASURES	2017 DEPARTMENT ACTIONS	2018 Update Objective/Due Dates
<p>Expand communications related to communicable disease control.</p> <p><u>Measure(s)</u>: 100% of long-term care facilities provided with toolkit. 100 licensed childcare providers trained on communicable disease prevention.</p>	<p>Create and share influenza outbreak toolkit for long-term care facilities prior to flu season.</p> <p>Increase the number of licensed childcare providers trained on communicable disease prevention.</p>	<p>Objective/Measure no longer used—Work being incorporated into communications plan and Childcare licensing trainings.</p>
<p>Integrate Quality Improvement into the organizational culture at the Health Department</p> <p><u>Measure(s)</u>: 3 QI projects per year; 4 process improvements implemented per year; 80% of staff trained on QI.</p>	<p>Health Department staff participates in QI training sessions.</p> <p>QI Committees meet to address specific projects.</p> <p>Staff identify process improvements that will improve quality for clients and staff.</p>	<p>Objective/Measure no longer used—work being incorporated into other PMQI related measures.</p>
<p>Improve communications with elected officials.</p> <p><u>Measure(s)</u>: Number of Commissioners who have completed the Public Health orientation.</p>	<p>Develop and provide public health orientation to new Commissioners.</p> <p>Add public health orientation to onboarding schedule for new commissioners.</p>	<p>Objective/Measure no longer used—work being incorporated into other policy/Commissioner-related measures.</p>

YEAR 2:

2018 OBJECTIVE/ MEASURES	2018 DEPARTMENT ACTIONS	2018 Update Objective/Due Dates
<p>Increase walkability around schools. <u>Measure(s):</u> Increase the number of schools with active Walking School Bus programs (SRTS) from 10 to 20.</p>	<p>Develop partnerships and recruit schools to participate in the Safe Routes to School and Walking School Bus program.</p>	<p>Objective/Measure no longer used due to staff turnover and reprioritization of work.</p>
<p>Train health department staff on Quality Improvement <u>Measure(s):</u> 100% of new employees trained; 3 QI projects identified, 2 QI projects lead by Health Improvement Planning Coordinator</p>	<p>New employee complete QI trainings on KS-Train. Performance Improvement Team and/or Staff Identify QI Projects. Quality Improvement Events are led by Health Improvement Planning Coordinator.</p>	<p>Objective/Measure no longer used—work being incorporated into other Workforce Development and QI work.</p>