

**A Strategic Plan for
Building our Future**

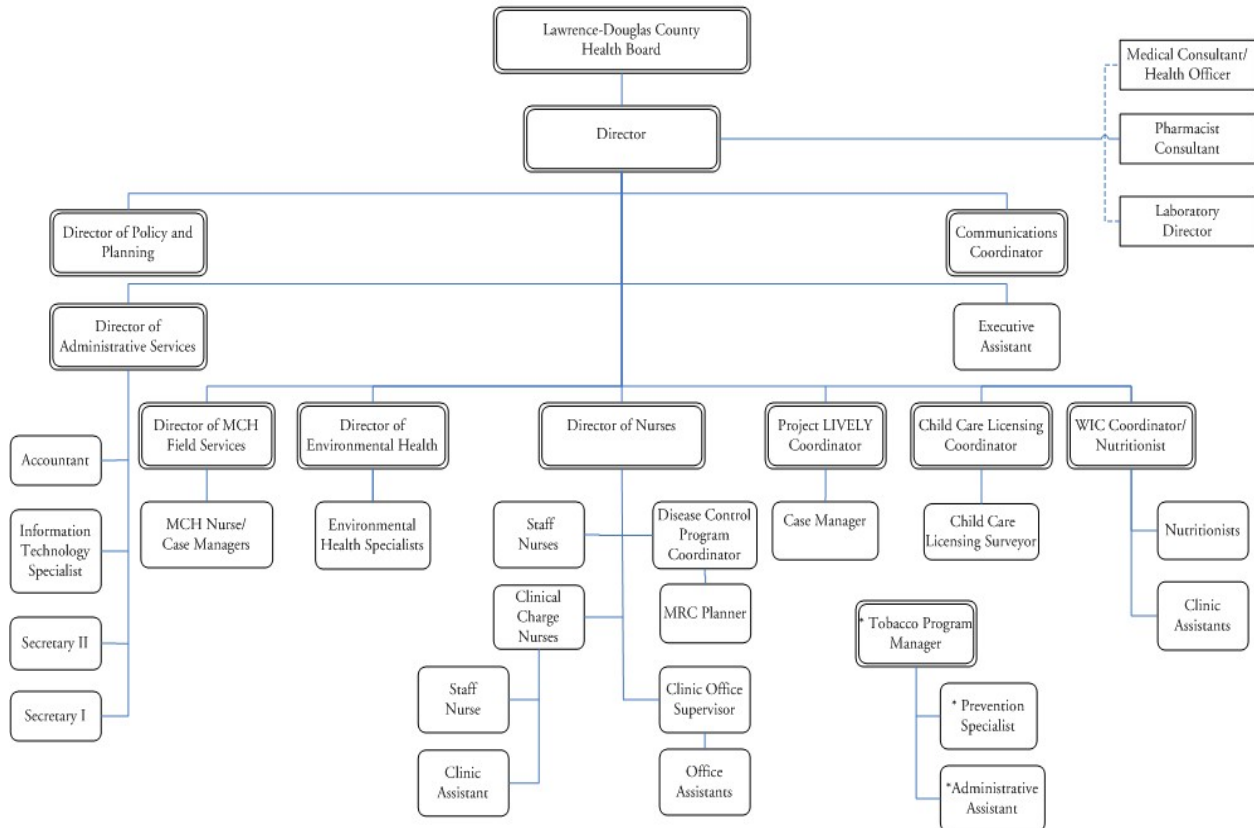


July 17, 2007

Lawrence-Douglas County Health Department
 200 Maine, Suite B
 Lawrence, KS 66044

Health Board
 Donna Bell, Chair
 Alan Cowles, MD
 Carl McElwee
 Gerald Pees, MD
 Karen Shumate

Organization Chart



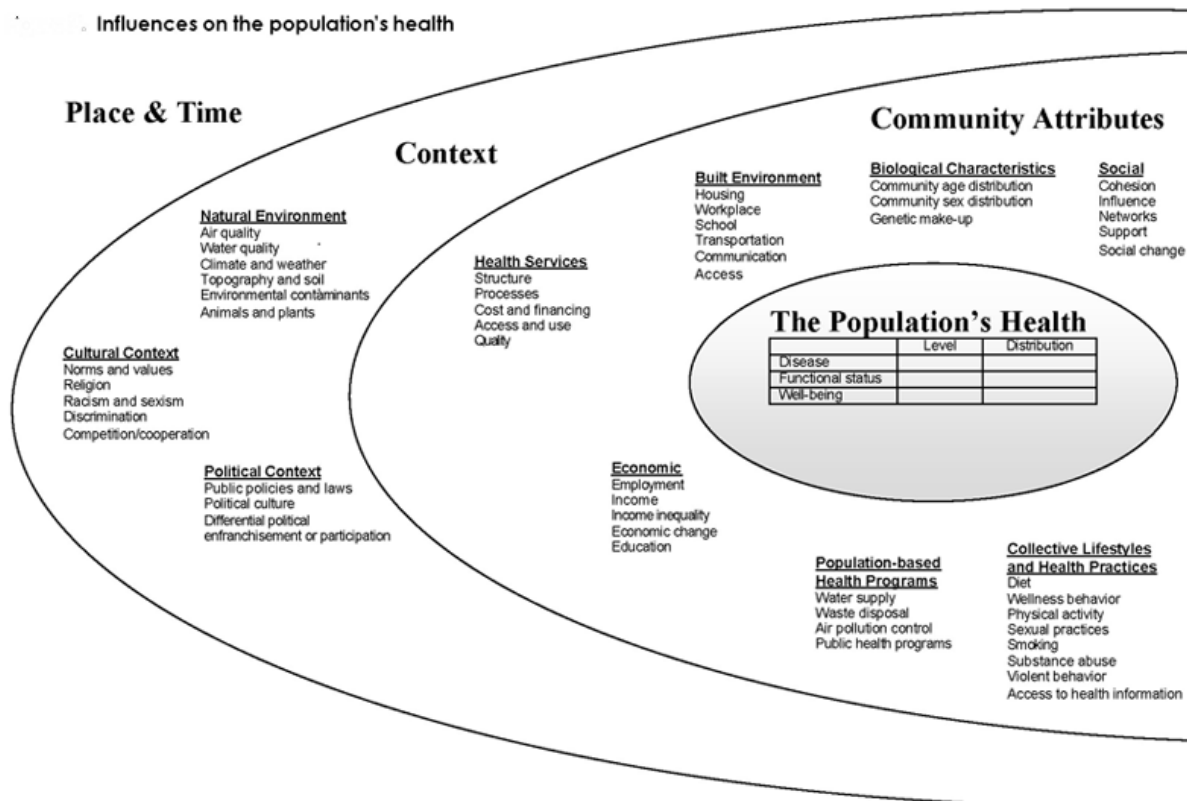
Executive Summary

OUR MISSION

The mission of the Lawrence-Douglas County Health Department is to prevent disease and protect and promote the health of the population of Douglas County.

Towards that end the City of Lawrence and Douglas County have jointly appointed a 5 member Health Board entrusted with the responsibility of assuring that the Department carries out its mission in an efficient, strategic and culturally sensitive manner. On April 14, 2007 the Health Board and key staff members met to identify the strengths, weaknesses, opportunities and threats facing the Department, create a set of goals and strategies designed to allow the Department to continue to meet the future public health needs of the community and frame the work of the Department in story form as a means to communicate the importance and value of public health and the Lawrence-Douglas County Health Department.

As the model shown below illustrates, public health encompasses many disciplines with multiple loci that influence determinants of health. The Lawrence-Douglas County Health Department commits itself to working with our community to improve health outcomes for all.



The Lawrence-Douglas County Health Department Story

April 19, 2007

Healthy People Build Strong Communities – The Lawrence and Douglas County community has benefited from a strong public health presence for more than 120 years. On your behalf, the Lawrence-Douglas County Health Department works to:

- Safeguard community health and safety through swift response to illness outbreaks;
- Identify urgent and everyday health problems by tracking the health of the community to identify health trends early on;
- Assess health problems and promote wellness by fostering community health initiatives; and
- Collaborate with community partners to protect health and control the costs associated with health problems.

Past

In 1885, the City of Lawrence hired its first Health Officer to control filth-borne epidemics. In 1942, Douglas County participated with the City of Lawrence in the creation of a joint city-county health department. The Lawrence-Douglas County Health Department continues to serve as the local public health authority to this day.

Between 1885 and 1942 public health experienced significant growth. Noteworthy achievements include: establishment of a Kansas Board of Health in 1885; the formation of a U.S. Public Health Service in 1889; expansion from a City of Lawrence Health Officer position to a City of Lawrence Health Unit in 1929. Collectively these agencies helped the local public health authority respond to multiple epidemics of smallpox, typhoid fever, polio and most significantly the 1918-19 Spanish Flu; sanitation programs commenced in the late 1920's.

Issues of sanitation and the prevention of vaccine preventable diseases dominated the era between 1942 and the 1960's. In the 1960's and 1970's the Health Department's philosophy was defined to focus on preventive health care and environmental health. The Health Department played a key role in establishing the Health Care Access Clinic for the medically uninsured; the Bert Nash Community Mental Health Facility; and the Visiting Nurses Association.

Present

With a professional, knowledgeable and passionate staff, the Health Department pursues its mission to prevent disease and protect and promote the health of the people of Lawrence and Douglas County. Recently, the Health Department was instrumental in helping the City of Lawrence establish a tobacco use ordinance and continues to provide leadership and infrastructure support to the Community Health Improvement Project. Additionally, several staff members serve on social service agency boards such as Health Care Access and the Douglas County Dental Clinic. Recognized at both state and national levels for achieving excellence in public health service delivery, the Lawrence-Douglas County Health Department maintains strong partnerships within the civic, academic, and social service communities, providing services at reasonable rates to all people in the community

Future

The Lawrence-Douglas County Health Department is prepared to continue leading the way in public health. This begins by helping the people we serve understand the benefits of a strong public health presence. In order to affect positive change in population health outcomes we intend to:

- be more visible in the community by expanding our community partnerships and using technologies such as the internet, public service announcements and more effective mass communication messaging to expand access to Health Department information and resources;
- establish stronger ties with local policy makers and elected officials by educating public officials on the scope and function of the department and providing information that is timely, accurate, concise and germane to the issue at hand;
- use our expertise in public health principles to remain focused on health outcomes rather than program outputs so that we more completely understand the impact our services have on the health of the public; and,
- commit to practicing cultural sensitivity in order understand barriers to service, health disparities and serve all segments of our community.

We will serve the entire community, not just the individuals using our direct services.

As a public health leader we will monitor the health of Lawrence and Douglas County residents seeking to identify new and emerging health issues, adjusting services as needed to accommodate a changing community. The Health Department will improve service delivery and employee job satisfaction by creating business and workforce development plans that include broad public health principles, emphasizing flexibility and empowerment.

As the face of public health in Lawrence and Douglas County evolves, the Health Department remains committed to tackling the challenges ahead. Public health is important to all of us because *Healthy People Build Strong Communities.*

Goals and Strategies

Goal	Strategy
<p>1. Build/Enhance our relationships with policymakers.</p>	<p>1.1 Educate Commissioners on the scope and function of the Department.</p> <p>1.2 Create sound fiscal and budgeting policies and processes.</p>
<p>2. Build/Enhance our relationships within the Department.</p> <p><i>Create a culture within the Department where employees are provided the opportunity to be effective and productive in their work while also recognizing their individual contributions to the Department and the community.</i></p>	<p>2.1 Build upon existing employee skill sets.</p> <p>2.2 Enhance the level of trust between employees and management.</p>
<p>3. Build/Enhance our relationships within the community.</p> <p><i>Develop the Health Department brand and communicate our story to the public.</i></p>	<p>3.1 Focus on outcomes rather than outputs.</p> <p>3.2 Market public health and the Department to the community.</p>

Implementation Plan



Goal 1 Build and stabilize our relationship with the City and County.

Strategy 1.1 Educate Commissioners on the scope and function of the Department.

Objective 1.1A Build internal support for public health within the Commissions

Team Leader: Sheryl Tirol-Goodwin | Team: Dan Partridge

Objective 1.1A		Start Date		Finish Date		
		2007	2008	2007	2008	2009
Task						
1	Provide on-site tours	May		On-going	On-going	On-going
2	Develop media testimonials describing the personal impact of our services.	May		July		
3	Provide results oriented communications and reports.		January		January	
4	Establish opportunities for regular communication.	May				

Objective 1.1B Build external support for public health within key community constituencies.

Team Leader: Sheryl Tirol-Goodwin | Team: Charlotte Marthaler

Objective 1.1B		Start Date		Finish Date		
		2007	2008	2007	2008	2009
Task						
1	Identify constituency groups.	May		July		
2	Participate in community partnerships that benefit from the insight public health professionals provide.	June		On-going	On-going	On-going
3	Communicate targeted progress/impact reports for each constituency group.		March		October	

Goal 1 Build and stabilize our relationship with the City and County.

Strategy 1.2 Create sound fiscal and budgeting policies and processes.

Objective 1.2A Create a business plan for new or vulnerable programs.

Team Leader: Dan Partridge

Team: Jennie Henault, Richard Ziesenis

Objective 1.2A Task		Start Date		Finish Date		
		2007	2008	2007	2008	2009
1	Assemble team responsible for development of business plan for a potential food service inspection program.	May		May		
2	Research fundamental concepts of business planning.	May		June		
3	Develop draft business plan.	May		July		
4	Present draft to Health Board.	August		August		
5	Revise draft as needed.	August		September		
6	Disseminate plan to key Department/City/County staff.	September		October		
7	Execute contract with KDHE.	October		December		
8	Identify next program for review.		January		On-going	On-going

Objective 1.2B Review and update the City-County resolution related to funding and operation of the Health Department.

Team Leader: Dan Partridge

Team: Charlotte Marthaler, Colleen Hill

Objective 1.2B Task		Start Date		Finish Date		
		2007	2008	2007	2008	2009
1	Prepare draft resolution.	August		September		
2	Develop a synopsis of the resolution's history.	August		September		
3	Health Board reviews draft resolution.	September		October		
4	Draft issue paper.	September		October		
5	Present issue paper and draft resolution to City and County Commissions.	November		December		
6	Work with Commissions to secure approval.	December			January	

Goal 2 Change the culture of the Department to diffuse opportunities to affect change.

Strategy 2.1 Build upon existing employee skill sets.

Objective 2.1A Review the organization chart with an eye towards building in career ladders.

Team Leader: Charlotte Marthaler

Team: Jennie Henault, Tina Ferguson, Barbara Schnitker

Objective 2.1A Task		Start Date		Finish Date		
		2008	2009	2008	2009	2010
1	Construct work flow diagrams	September			February	
2	Review job descriptions		February		July	
3	Draft new organization chart and job descriptions.		August		October	
4	Present information to Health Board		October		November	
5	Budget for salary adjustments if needed.		December			June

Objective 2.1B Create a workforce development plan that emphasizes flexibility and empowerment and builds upon public health principles.

Team Leader: Charlotte Marthaler

Team: Barbara Schnitker, Nancy Jorn, Jennie Henault

Objective 2.1B Task		Start Date		Finish Date		
		2007	2008	2007	2008	2009
1	Gather and review national and state literature on workforce development.	September		December		
2	Gather and review national and state literature on credentialing and accreditation.	September		December		
3	Create and implement a workforce development needs assessment.		January		March	
4	Draft workforce development plan.		April		June	
5	Submit to Board for review.		July		August	

Goal 2 Change the culture of the Department to diffuse opportunities to affect change.

Strategy 2.2 Enhance the level of trust between employees and management.

Objective 2.2A Formally and informally recognize and value employee contributions in achieving the mission of the Department.

Team Leader: Jennie Henault

Team: Directors, Coordinators

Objective 2.2A Task		Start Date		Finish Date		
		2007	2008	2007	2008	2009
1	Continue to have Health Board send recognition letters to employees for significant service anniversaries.	May		On-going	On-going	On-going
2	Establish the annual Kay Kent Public Health Employee Service Award for meritorious staff.	August		On-going	On-going	On-going
3	Create time on the General Staff agenda for staff recognitions.	May		On-going	On-going	On-going
4	Enhance channels of communication between Health Board and staff by establishing a rotation of program presentation at Board meetings and making Board meeting minutes and agendas available to staff.	May		June	On-going	On-going

Objective 2.2B Evaluate the organization through a quality of work life survey.

Team Leader: Charlotte Marthaler

Team: Gayle Sherman, Sandra Kelly-Allen

Objective 2.2B Task		Start Date		Finish Date		
		2007	2008	2007	2008	2009
1	Develop a quality of work life survey.	May		June		
2	Administer a baseline quality of work life survey.	June		June		
3	Analyze survey and prepare report.	July		August		
4	Present report to staff and solicit feedback.	August		September		
5	Revise report and present to Health Board.	September		September		
6	Conduct annual/bi-annual quality of work life surveys.		June		On-going	On-going

Goal 3 Develop the Health Department brand and communicate our story to the public.

Strategy 3.1 Focus on outcomes rather than outputs.

Objective 3.1A Establish a set of program outcomes and their associated measures.

Team Leader: Barbara Schnitker

Team: Nancy Jorn, Charlotte Marthaler

Objective 3.1A		Start Date		Finish Date		
		2007	2008	2007	2008	2009
Task						
1	Inventory existing data/measures.	May		August		
2	Solicit input from staff	May		June		
3	Select measures	September		September		
4	Develop systems to assure appropriate metrics are measured.	October		November		
5	Submit to Board for review.	November		November		
6	Modify monthly program activity report to reflect new processes.	December		December		

Objective 3.1B Establish a set of community health measures.

Team Leader: Dan Partridge

Team: Charlotte Marthaler

Objective 3.1B		Start Date		Finish Date		
		2007	2008	2007	2008	2009
Task						
1	Inventory existing data/measures	May		August		
2	Work with CHIP and other community partners to secure annual BRFSS data for Douglas County.	May		October		
3	Solicit input from staff	July		August		
4	Solicit input from community.	September			March	
5	Submit to Health Board for review.		April		April	
	Develop systems to assure appropriate metrics are measured.		May		August	
6	Modify Annual Report to reflect new processes.		September			February

Goal 3 Develop the Health Department brand and communicate our story to the public.

Strategy 3.2 Market public health and the Department to the community.

Objective 3.2A Develop a marketing plan.

Team Leader: Sheryl Tirol-Goodwin

Team: Dan Partridge, Charlotte Marthaler

Objective 3.2A		Start Date		Finish Date		
		2007	2008	2007	2008	2009
Task						
1	Develop agency templates for presentations and reports that comply with the Department's graphic design standard.	April		June		
2	Establish criteria for the consistent use of the logo and health messages.	May		July		
3	Draft a marketing plan.	June		August		
4	Present plan to Health Board for review.	September		September		
5	Review policies with staff	September		October		
6	Make logo and message formats available to all staff.	October		October		
7	Incorporate logo and messages into future brochures, presentations and correspondence.	April			June	On-going
8	Develop an independent website	April		December		

Objective 3.2B Develop an Ambassador program.

Team Leader: Sheryl Tirol-Goodwin

Team: Gayle Sherman, Cori Green,

Objective 3.2B		Start Date		Finish Date		
		2007	2008	2007	2008	2009
Task						
1	Create story bank representing all programs.		April		May	
2	Create media kits for ambassadors.		June		August	
3	Develop brief introductory training program.		September		October	
4	Identify outreach opportunities.		September		December	
5	Recruit ambassadors.		September		December	On-going