Cortland County Health Department
Strategic Plan 2022-2024

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Message from the Public Health Director

Dear Friends of Public Health,

It is my pleasure to present the Cortland County Health Department Strategic Plan for 2022-2024. This plan establishes the department’s current and future priorities, and it also provides a road map to assure our community that the CCHD is committed to continuously improving the internal processes within the department, as well as the way we provide public health programs and services.

With our efforts to address local public health challenges, provide science and evidence based public health recommendations, and our dedication to accountability and transparency to those we serve, this strategic plan is closely aligned with the CCHD’s Community Health Assessment and Improvement Plan for 2022-2024, as well as the department’s Quality Improvement Plan.

The CCHD has worked for over 90 years to improve the health of Cortland County residents and the neighborhoods they live in. This plan serves as a living document that strengthens our work toward our vision of “Healthy People in a Healthy Community”. It was thoughtfully developed by the health department’s strategic planning committee with input from Board of Health members all staff, and partner agencies.

Public health is not only critical in preventing illness and disease, it is essential to addressing the social determinants of health (conditions where people live, learn, work and play) that can have a major impact on health outcomes, especially for the most vulnerable populations. We welcome your suggestions on how we can improve both this plan and the way we provide programs and services to the Cortland County community. We will update the plan periodically to incorporate community input and to address changing public health needs. As always, our health department staff will continue to strive for excellence in our efforts to improve and protect the health of our community.

Sincerely,

Nicole Anjeski, MS, MPH
Public Health Director
Cortland County Health Department
Mission, Vision, and Values

Mission

To promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community

Vision

Healthy People in a Healthy Community

Values

Leadership
We are recognized throughout the community for our integrity, advocacy, innovation and effective approach to public health.

Transparency
We maintain the highest levels of professionalism, accountability, honesty and fairness as responsible public health professionals.

Excellence
We have a strong commitment to quality and competency in order to provide optimal service to the community.

Collaboration
We develop, nurture, and leverage key partnerships throughout the community to improve health and support a strong public health system.

Inclusiveness
We promote a diverse culture that encourages inclusivity, collaboration, flexibility, and approachability.
Acronyms and Definitions

**BOH** – Board of Health

**CHA** – Community Health Assessment

**CHIP** – Community Health Improvement Plan

**CCHD** – Cortland County Health Department

**DE&I** – Diversity, Equity, and Inclusion

**SPC** – Strategic Planning Committee

**QI** – Quality Improvement

**SWOT** – Strengths, Weaknesses, Opportunities, Threat

**Tier 1 Staff** – Front Line and Program Support Responsibilities. These may include responsibilities such as collecting and analyzing data, conducting restaurant inspections, assessing environmental hazards, providing health education, building community relationships, providing customer service, and delivering services, coordinating meetings, organizing records, supporting programs, and providing technical expertise.

**Tier 2 Staff** – Program Management and Supervisory Responsibilities. These may include responsibilities such as developing, implementing, evaluating, and improving programs; supervising and mentoring staff; establishing and maintaining community partnerships; recruiting a diverse workforce; managing timelines, work plans, and budgets; advocating for program resources; making policy recommendations; and providing subject matter expertise.

**Tier 3 Staff** – These may include responsibilities such as overseeing major programs or operations of the organization, setting a strategy and vision for the organization, building an equitable and inclusive organization, creating a culture of quality within the organization, collaborating with policymakers and politicians, advocating for organizational resources, partnering with community leadership, and leading organizational efforts to achieve health equity and social and environmental justice.
Introduction

The Cortland County Health Department (CCHD) Strategic Plan for 2022-2024 will guide the department’s strategic direction and priorities over the next three years. It highlights key areas where CCHD seeks to make significant improvements to our internal processes and to the health and well-being of all Cortland County residents. The plan not only sets forth what we will strive to achieve, but provides a road map for how we plan to achieve it.

Priorities have been set within the context of a rapidly changing public health environment. As public health professionals and decision-makers, we find ourselves poised to reaffirm our core services and prioritize our areas of focus. Our department works to develop policy, systems and programmatic initiatives that bring local policymakers, community members and health partners (hospitals, medical providers, social service agencies, municipalities, school districts and others) together to achieve community health goals. The plan emphasizes improving our core activities, including protecting the public from health threats, implementing strategies to support healthy lifestyles, and maintaining focus on vulnerable populations.

Our department works to protect and benefit the public’s health in countless ways ranging from free radon testing, restaurant inspections to early intervention childhood programs. Our scope has been and will remain broad. This plan does not offer a comprehensive list of all the essential activities that the CCHD conducts. Rather, it highlights key areas where we plan to affect significant change in the coming three years, and identifies three strategic priority areas that organize these directed efforts.

For a full description of all the programs and services offered by CCHD, please see: https://www.cortland-co.org/432/Health-Department
Planning Process

Pre-Planning

Completion of the 2022-2024 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) process was a vital first step in the pre-planning process for CCHD’s Strategic Plan. Cortland County Health Department, Guthrie Cortland Medical Center, and other community partners completed the 2022-2024 CHA/CHIP planning process from January 2022-June 2022. View here: https://sites.google.com/view/cortgovhealth22-24chachip/home/full-report

At the July 2022 Cortland County Health Department Accreditation Team meeting it was determined that CCHD would undergo the 2022-2024 strategic planning process in the fall of 2022 (Appendix A. PowerPoint of August 2022 Accreditation Team meeting). The Accreditation Team identified members of the Board of Health and CCHD staff that would be asked to be part of the Strategic Planning Committee (SPC). The SPC included designees from each division, staff at all levels (administration, management, and frontline staff), and at least one member of the Board of Health.

The first phase of the process, the Environmental Scan, was to be led by the Epidemiology Manager and the Epidemiology Public Health Fellow throughout the month of August 2022. The Environmental Scan would involve collection of historical department and program level data, a series of three surveys for CCHD staff, and a survey of BOH, legislatures, and community partners. Following the Environmental Scan, the SPC would review the data collected and conduct a SWOT analysis to inform selection of the 2022-2024 CCHD Strategic Priorities. The target date discussed was to have the CCHD Strategic Plan up for approval by the BOH at the November 2022 BOH meeting.

Environmental Scan

The Environmental Scan involved creating a big picture view of internal operations at the County Health Department. The purpose was to collect and analyze internal data to outline key historical factors, understand current context, and determine what the future outlook of the organization is. The results of the Environmental Scan would be presented to the SPC and the data would be used to complete the SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis as a group.
Strategic Plan Measures (2018-2021)

Performance measures identified in the 2018-2021 Strategic Plan were collected and reviewed as part of the Environmental Scan. Data was collected from social media and website analytics and staff member reporting. Due to COVID-19, the last time the Strategic Plan measures were collected was 2019. In the 2019 update, many of the measures and strategies were noted as needing additional review due to processes not being in place to collect the data needed to evaluate the effectiveness of the strategy. Similar problems were experienced during the Environmental Scan, therefore, not all strategies had data to report or review. However, the Strategic Plan measures were still included in the review presented to the SPC as the measures that were collected provided context into some strategies and opportunity was provided to discuss better ways to measure other strategies.

Public Health Accreditation Board Report (2021)

In October 2021, the Cortland County Health Department was awarded National Accreditation through the Public Health Accreditation Board. The process required CCHD to submit documentation demonstrating adherence to the 12 accreditation domains, which align with the ten essential public health services, management and administration, and governance. Under the 12 domains there are 100 specific measures that CCHD submitted documentation for. The report, completed by the Public Health Accreditation Board, indicates whether CCHD fully demonstrated, largely demonstrated, slightly demonstrated, or did not demonstrate the measure.

As part of the Environmental Scan, the CCHD Accreditation Report was reviewed in detail. All areas that were not fully demonstrated were considered areas in need to improvement and included in the review presented to the SPC.

Employee Climate Survey (2017, 2022)

Purpose

The purpose of the Employee Climate Survey is to determine departmental strengths and weaknesses related to the work culture or “personality” of the Cortland County Health Department as perceived by CCHD staff. Organizational culture can impact; employee engagement, turnover, brand identity, productivity, retention of top performers, and healthy team environment. The survey assessed the following areas related to employee/organizational climate: Career Development, Work Engagement, Relationship Management, and Work Environment.
This survey was completed by CCHD staff in 2017 and the results of the 2022 survey would be compared to the historical data to determine any changes (positive or negative) to employee climate over the past five years.

Survey Collection & Results

The Employee Climate Survey was sent to staff on 8/15/22 (See Appendix B for survey email), 8/17/22, and 8/22/22. There were 39 responses collected, representing 83% of CCHD staff.

See Appendix C for graphs and write up of the results for the Employee Climate Survey.

Organizational QI Maturity Assessment Survey (2019, 2022)

Purpose

The Organizational QI Maturity Assessment Survey will be utilized to determine departmental strengths and weaknesses related to Quality Improvement at the Cortland County Health Department. Quality Improvement can increase effectiveness, outcomes, and customer satisfaction within an organization. The survey assessed the following area related to Quality Improvement:

- Culture: values and norms related to QI that pervade how agency interacts with staff and stakeholders
- Capacity & Competency: skills, functions, and approach used to assess and improve quality
- Alignment & Spread: QI supports and supported by organization and is diffused within agency

This survey was completed by CCHD staff in 2016, 2019, and 2022. The results of the 2022 survey would be compared to historical data to determine any changes (positive or negative) to Quality Improvement over the past six years.

Survey Collection & Results

The Organizational QI Maturity Assessment Survey was sent to staff on 8/24/22 (See Appendix D for survey email), 8/26/22, and 8/31/22. There were 44 responses collected, representing 94% of CCHD staff.

See Appendix E for graphs and write up of the results of the Organizational QI Maturity Assessment Survey
Competency Assessment for Public Health Professionals Survey (2018, 2022)

Purpose

The Competency Assessment for Public Health Professionals will be utilized to determine departmental strengths and weaknesses related to workforce development (professional development and training needs). The Core Competencies for Public Health Professionals are a consensus set of foundational or crosscutting knowledge and skills for the broad practice of public health. These competencies support workforce development within public health and can help public health organizations prepare for accreditation, meet training needs, and improve performance. The survey assessed competency within Tier 1, 2, and 3 Public Health professionals for the following skills:

- Analytical/assessment skills
- Policy development/program planning skills
- Communication skills
- Cultural competency skills
- Community dimensions of practice skills
- Public health science skills
- Financial planning and management skills
- Leadership and systems thinking skills

Public Health Professional Tiers as defined by the Public Health Foundation are:

- Tier 1: Front Line and Program Support Responsibilities
- Tier 2: Program Management and Supervisory Responsibilities.
- Tier 3: Senior Management and Executive Leadership Responsibilities.

Survey Collection & Results

The Public Health Director identified staff that were be considered Tier 1, Tier 2, and Tier 3 staff. The survey was sent via separate emails to each Tier on 9/7/22 (see Appendix F for survey email), 9/12/22, and 9/14/22.

Several methodological errors occurred during data collection for the Competency Assessment for Public Health Professionals survey. It was decided by the SPC that, due to these errors and other concerns cited about the reliability of the survey data, the survey would be excluded from the Environmental Scan, SWOT analysis, and decision making process for the 2022 Strategic Plan.
SWOT Analysis Survey: Partners, Board of Health, Legislatures

Purpose

SWOT analysis completed by community partners, the Board of Health, and Legislatures will be used to identify areas of strength and weakness as perceived by key stakeholders that work closely with the health department in achieving community and strategic priorities.

Survey Collection & Results

The SWOT analysis survey for partners was sent to all agencies/individuals involved in the CHA/CHIP process on 8/23/22 and 8/31/22 (see Appendix G for email). The survey was completed by eighteen individuals at partnering organizations.

The SWOT analysis survey for Board of Health members was sent on 9/6/22, 9/12/22, and 9/14/22 (see Appendix H for email). The survey was completed by five out of seven Board of Health members.

The SWOT analysis survey for Legislatures was sent via the Clerk of the Legislature on 9/7/22 and 9/12/22. The survey was completed by one out of seventeen legislators.

See Appendix I for a summary of partner responses to the SWOT analysis.

SWOT Analysis

Following completion of data collection for the Environmental Scan, the Strategic Planning Committee met to complete a SWOT analysis based on the results of the environmental scan. The SWOT analysis would assess strengths, weaknesses, opportunities, and threats identified via the Environmental Scan as well as through the insights of the SPC.

The SPC SWOT analysis was conducted on 9/19/22. Participants included all members of the SPC with the exception of Nicole Anjeski, Public Health Director and Ianthe Warner, Children with Special Needs Supervisor. There was one administrative level staff, two supervisory/management level staff, four frontline staff, and one board of health member involved in the SWOT as part of the SPC.

At the beginning of the SWOT analysis SPC members were provided with an overview of the SWOT process and a sticky note pad. The Epidemiology Manager and
Epidemiology Public Health Fellow then presented the results of the environmental scan (see Appendix J for presentation). Following presentation of each data source, the SPC had a discussion and members filled out sticky notes to identify strengths, weaknesses, opportunities, and threats as identified via the source. These sticky notes were organized on poster board viewable to all members of the SPC. The SPC met for approximately two hours to review data and complete the SWOT analysis.

Following the meeting, themes were identified by the Epidemiology manager. The thematic results of the SWOT Analysis and Environmental Scan can be found in Appendix K.

**Strategic Issue Prioritization and Selection**

In order prioritize strategic issues, and come to a consensus on strategic priorities, a Strategic Issue Prioritization survey was created and sent to members of the SPC. In prioritizing strategic issues, it is important to consider financial and other resources, as well and the likelihood that the priorities would contribute to achieving our mission and vision. The importance of the issue as perceived by SPC members, who are considered representative of key stakeholders in the department, was also assessed via the survey. (See Appendix L for questions).

See Appendix M for the summarized results of the Strategic Issue Prioritization Survey. Following completion of the survey by members of the SPC the results were provided to the Public Health Director who made the final selection of priorities based on the consensus achieved via the SWOT and Strategic Issue Prioritization Survey. The priorities selected were: Public Health Workforce, Communication, and Collaboration. It was decided that Health Equity, Quality Improvement, Assessment/Data Collection, and the Community Health Improvement Plan would be incorporated into the Strategic Plan via the three selected priorities, rather than standalone priorities.

**Staff Member/Board of Health Input and Plan Finalization**

Following selection of strategic priorities, a draft of the Strategic Plan that included goals, measurable objectives, and interventions was shared with all staff members at CCHD and all members of the BOH. Staff were asked to complete an anonymous survey asking for feedback on the mission/vision/values and the goals, objectives, and interventions for each of the three priorities. Feedback was received from nineteen staff members and two Board of Health members. The SPC met for approximately two hours on 11/7/2022 to review the feedback and make changes to the plan based on feedback.
Strategic Priority Areas

Strategic Priority #1. Public Health Workforce

**Goal 1.1: Develop and maintain a qualified and diverse public health workforce.**

**Objective 1.1.a.** By December 2024, increase the percentage of CCHD staff that state the organization is dedicated to their professional development from the 2022 baseline of 67% to 85%.

**Objective 1.1.b.** By December 2024, increase the percentage of CCHD staff that state they are satisfied with the job related training the organization offers from the 2022 baseline of 62% to 85%.

**Objective 1.1.c.** By December 2024, 100% of Tier 1 staff will complete a competency assessment, 100% of Tier 1, 2, and 3 staff will identify a public health domain that they need to improve in, and 100% of Tier 1, 2, and 3 staff will complete at least one training in their identified domain.

**Objective 1.1.d.** By December 2024, 100% of Tier 2&3 staff will complete leadership training each year and 100% of Tier 2 staff will select at least one Tier 1 staff member to complete a leadership training each year.

**Objective 1.1.e.** By December 2024, CCHD will host at least three interns or service learning students from local high schools/colleges and 100% of CCHD interns will meet with supervisors to discuss performance and career goals.

**Objective 1.1.f.** By December 2024, increase the percentage of CCHD staff that state the organization is dedicated to diversity and inclusiveness from the 2022 baseline of 76% to 85%.

**Intervention #1.** Involve staff at all levels in identifying a method for assessing staff competency in the eight domains of public health and creating a comprehensive list of free trainings related to each domain. Require staff to complete the competency assessment and to select at least one training from the approved list to complete in a domain identified as an area in need of improvement.

**Process Measures:** # of Tier 1, 2, and 3 staff involved in selection of assessment tool (target= at least 1 for each Tier), # of free trainings identified for each domain (target= at least 3 for each domain), % of staff to complete competency assessment (target= 100% each year), % of staff to complete training in identified domain (target= 100% each year), % of staff performance
evaluations to incorporate competency assessment into goals and objectives (target= 50%)

**Intervention #2.** Implement and evaluate quarterly professional development days. Professional development days will be utilized by all staff to attend guest lectures, complete county, health department, and competency assessment trainings, research trainings/conferences, and leadership or other professional development opportunities as approved by supervisors. Professional development days will incorporate guest speakers to present on diversity, equity, and inclusion and other professional development topics.

**Process Measures:** # of professional development days held (target= 1 per quarter), # of expert guest speakers at professional development days (target= 4 per year), # of guest speakers at professional development days related to DE&I (target= 2 per year), % of staff to participate in at least one professional development opportunity on professional development day (target= 75% per quarter), % of staff to participate in full day of professional development on scheduled professional development day (target= 25% per quarter), # of professional development days evaluated, discussed at accreditation team meetings, and changes identified (target= 4 per year).

**Intervention #3.** Determine positions essential for continuity of health department operations and/or at high risk of vacancy (due to turnover or retirement). Develop succession plans and reference material for each position and identify high potential employees that may assume or grow into role to complete targeted leadership trainings.

**Process Measures:** # of essential/high risk positions identified (target= by Q2 2023), % of essential/high risk positions with reference/succession plans (target= 50% year one, 100% year two), # of leadership trainings identified (target= 3 options for each Tier), % or # of Tier 1, 2, 3 staff to complete leadership trainings (target= 100% of Tier 2 & 3 each year and target= 8 Tier 1 staff)

**Intervention #4.** Partner and create agreements with local colleges and high schools to recruit interns and service learning students and to guest lecture and/or provide presentations related to public health as a career choice.

**Process Measures:** # of interns or service learning students hosted (target= 3 per year), # of presentations/lectures provided on public health as a career (target= 2 per year), # of schools CCHD has formal internship agreements with (target= 2 schools), % of interns that met with admin/supervisors about career goals (target= 100%)

**Intervention #5.** Leverage and pool internal resources to sustain and expand staffing and program capacity.

**Process Measures:** # of grants received each year, % of positions sustainable

**Intervention #6.** Implement trainings on DE&I into the Workforce Development Plan

**Process Measures:** # of trainings related to DE&I in workforce development plan (target= 2), % of staff to complete trainings on DE&I (target= 100% yearly)
Goal 1.2: Build a supportive work environment.

Objective 1.2.a. By December 2024, increase the percentage of CCHD staff that state the organization is dedicated to diversity and inclusiveness from the 2022 baseline of 76% to 85%.

Objective 1.2.b. By December 2024, increase the percentage of CCHD staff that state they are satisfied with the culture of their workplace from the 2022 baseline of 68% to 75%.

Objective 1.2.c. By December 2024, increase the percentage of CCHD staff that report that when they are at work they are completely focused on their job duties from the 2022 baseline of 79% to 90%.

Objective 1.2.d. By December 2024, increase the percentage of CCHD staff that report they are inspired to meet their goals at work from the 2022 baseline of 82% to 90%.

Objective 1.2.e. By December 2024, increase the percentage of CCHD staff that report management within their organization recognizes strong job performance from the 2022 baseline of 76% to 85%.

Objective 1.2.f. By December 2024, increase the percentage of CCHD staff that state they have a good relationship with their supervisor from the 2022 baseline of 87% to 95%.

Intervention #1. Implement an employee recognition program and employee appreciation days to recognize employees for their hard work.

Process Measures: # of months employee recognition program implemented (target= 12 per year), % of staff to participate in employee recognition program (target= 75%), # of employee appreciation days (target= 1 per quarter), % of staff to attend employee appreciation day activities (target=75%)

Intervention #2. Encourage employees to utilize their two 15 minute breaks, providing regular break-time activities (walking, meditation, book club, game club), having supervisors lead by example, and redesigning the employee break room.

Process Measures: # of staff communications about breaks (target=1 per quarter), % of staff to take breaks regularly (target= 75%), % of supervisory staff to take breaks (target= 75%), # of break time activities provided to staff (target= 4 per month), # of days employees utilized the employee break room for breaks (target= daily).
**Intervention #3.** Create an environment of inclusivity by incorporating questions about past experience with diversity, equity and inclusion into interview process, creating a mentorship program for new hires, acknowledging inclusive holidays, and implementing multiple methods for employee feedback.

**Process Measures:** % of interviews to incorporate questions about DE&I (target= 100%), # of new hires to participate in mentorship program (target= 50%), # of new hire meetings with mentors (target= 1 per quarter), # of staff activities/communications/celebrations for inclusive holidays (target= 2 per year), # of methods available for employee feedback available (target= 3), % of employee feedback concerns regarding inclusivity to be addressed by admin/ supervisory staff (target= 100%).

**Intervention #4.** Identify and implement yearly trainings for supervisory/management staff that expand the skills necessary to promote and communicate a positive workplace culture within their day to day staff interactions.

**Process Measures:** # of trainings in supportive workplaces identified for supervisors (target= 2), % of supervisors to take trainings in supportive workplaces (target= 100%)
Strategic Priority #2. Communication

**Goal 2.1:** Enhance effective, engaging, and inclusive/equitable health education and behavior change communications between CCHD and community members

**Objective 2.1.a.** By December 2024, increase the average post reach of CCHD Facebook post from the 2022 baseline of 1,331 to 1,500 and the average post reach for CCHD Instagram posts from the 2022 baseline of 95 to 200.

**Objective 2.1.b.** By December 2024, increase the average post engagement of CCHD Facebook posts from the 2022 baseline of 26.3 to 30.

**Objective 2.1.c.** By December 2024, 75% of posts on CCHD social media will align with updated branding and marketing strategy.

**Objective 2.1.d.** By December 2024, increase the number of social media platforms CCHD posts on at least once a week from the 2022 baseline of 2 to 3.

**Objective 2.1.e.** By December 2024, 100% of CCHD website pages will be reviewed, edited, and updated according to the organizational branding strategy.

**Objective 2.1.f.** By December 2024, at least 50% of static social media posts on the Cortland County Health Department page will included image descriptions, 100% of videos will include closed captioning.

**Objective 2.1.g:** By December 2024, communications campaigns for at least five health department programs and at least one CHIP focus area will engage community members from the intended audience in the planning and development process.

**Objective 2.1.h.** By December 2024, 100% of social media workgroup members will receive training in best practices for DE&I in communications and health literacy.

**Intervention #1.** Create and implement an organizational marketing strategy that aligns with the branding strategy and incorporates behavior change/health education messaging for health department programs and CHIP focus areas.

  **Process Measures:** # of posts related to CHIP focus areas (target= 4 per month), # of posts related to health department program education (target= 30 per month), % of educational posts on Facebook and Instagram (target= 50%), % of Facebook and Instagram posts that align with branding strategy and marketing strategy (target= 75% monthly)

**Intervention #2.** Explore, expand, and evaluate the effectiveness of different social media content (static posts, videos, reels, podcasts, blogs) and platforms (Facebook, Instagram, TikTok, Twitter, LinkedIn etc.) for both organic and paid campaigns.

  **Process Measures:** # of social media platforms utilized (target= 3), % of non-
static Facebook posts (target= more than 50% monthly), % of non-static posts
Instagram posts (target= more than 75% monthly), # of posts on social media
other than Instagram and Facebook (target= 10 monthly), # of social media
meetings where evaluation data was presented and changes were discussed
based on data (target=12 per year)

**Intervention #3.** Leverage the CCHD website and other local organization websites to
connect community members to local information and resources.
**Process Measures:** % of CCHD posts that link to a local page (target= 50%)

**Intervention #4.** Provide press releases and interviews for time-relevant health topics
and upcoming CCHD educational events.
**Process Measures:** # of press releases for health topics and/or health education
events (target= 1 per quarter), # of interviews or comments provided to media
(target= 6 per year), # of earned media spots (target= 12 per year)

**Intervention #5.** Engage community members from intended audiences in the planning,
development, and implementation process for communications campaigns through
formative research, conducting focus groups and surveys related to content designs,
and communicating via multiple channels highly utilized by intended audience.
**Process Measures:** # of Health Department Programs that conducted formative
research for communications (target= 5 each year), # of CHIP focus areas that
conducted formative research for communications (target= 1 each year), # of
focus groups conducted with intended audience related to communication
materials (target = 1 for each program and CHIP focus area each year), # of
surveys implemented related to communications materials (target= 1 for each of
the programs and one CHIP focus area each year), # of media channels used
(target= 3 each year)

**Intervention #6.** Increase diversity and accessibility of social media communications by
updating social media policy to include accessibility guidelines, utilizing image
descriptions and closed captioning for video, and showing a diverse representation of
intended audiences (in regards to age, body type, disability status, race etc.).
**Process Measures:** # of meetings held with people with disability focused
organizations to discuss accessibility guidelines for CCHD communications
(target= 1 per year), # of images that include people with disabilities when not
communicating about disabilities (target=12 per year)

**Intervention #7.** Identify and implement communications trainings related to DE&I and
health literacy for the social media workgroup.
**Process Measures:** # of trainings in communications DE&I and health literacy
identified (target= 3), % of social media workgroup to take training in DE&I and
health literacy (target= 100%)
Goal 2.2: Increase visibility of health department services and improve understanding about the role of public health departments in the community

**Objective #2.2.a.** By December 2024, 100% of CCHD website pages will be updated in alignment with CCHD’s organizational branding strategy.

**Objective #2.2.b.** By December 2024, CCHD staff will be in attendance at 100% of coalitions/committees/task forces identified as part of mission/vision.

**Intervention #1.** Staff to represent CCHD on community organization coalition, committees, and task forces that reflect CCHD’s mission and vision, maintain meeting minutes in designated folder, and participate in at least one initiative of the group.

  **Process Measures:** # of community task forces/coalitions with CCHD representation (target= 5), % of task forces/coalition meetings with recorded minutes shared in designated folder (target= 100%), # of community task forces/coalition projects CCHD staff participated in (target=5 yearly)

**Intervention #2.** Attend, evaluate, and submit press releases for community events attended by CCHD staff in order to promote health department services.

  **Process Measures:** # of community events attended to promote health department services (target=10 each year), # of community members that were provided resources at events (target= TBD), % of events that a press release was sent before or after (target= 50%)

**Intervention #3.** Engage in regular departmental promotion on CCHD social media pages to include; introductions of new employees, celebration of events such as public health week/nurses week, staff professional successes, highlighting division programs, and sharing of Strategic Plan and CHIP updates.

  **Process Measures** # of departmental/division promotion posts (target= 12 per year), # of strategic plan promotion posts (target=4 per year), # of CHIP promotion posts (target=4 per year)

**Intervention #4.** Conduct a quality improvement project on the CCHD website to assess usability, aesthetics, alignment with branding, and accuracy of information on each page. Leverage and regularly update the CCHD website to accurately communicate the mission and vision of CCHD, the role of each division, and programs available to the community.

  **Process Measures:** # of programs that have updated website page with new information (target= 1 update per quarter for each program), # of divisions that have updated website page with new information (target= 1 update per month for each division)
Objective 2.3.a. By December 2024, increase the percentage of CCHD staff that state communication between senior leaders and employees is good in my organization from the 2022 baseline of 58% to 70%.

Objective 2.3.b. By December 2024, increase the percentage of CCHD staff that state they have a good relationship with their supervisor from the 2022 baseline of 87% to 95%.

Intervention #1. Implement a HIPPA compliant instant messaging system that allows for real time access to leadership/supervisory staff, topic grouping, information sharing, and user activity logs to track productivity.

Process Measures: # of staff to have access to messaging system (target=TBD)

Intervention #2. Conduct monthly staff meetings for supervisory staff and within each division, supervisors to review supervisory staff meeting highlights with all division staff, Public Health Director to attend staff meeting of each division quarterly, and hold an annual department-wide staff meeting.

Process Measures: # of supervisory staff meetings with minutes recorded (target= 12 per year), # of division staff meetings with minutes recorded (target= 12 per year for each division), # of annual department staff meetings held (target= 1 per year).

Intervention #3. Engage all levels of staff in developing a process for dialogue between supervisory staff and supervisees to occur at least once a year and implement at least once yearly one-on-one meetings between supervisor’s and each of their staff.

Process Measures: # of Tier 1, 2, 3 staff involved in developing communication process (target= at least 1 from each Tier), % of staff to have one on one meeting with supervisor at least once a year (target=100%)

Intervention #4. Distribute quarterly employee newsletters that include a message from the Public Health Director, highlight division successes, upcoming events, and provide other pertinent information to staff.

Process Measures: # of employee newsletters distributed (target=4 per year), % of employees to open newsletter (target= 80%)

Goal 2.3: Ensure, maintain, and enhance effective internal communications between leadership, supervisors, and staff.
Strategic Priority #3. Collaboration

**Goal 3.1:** Lead collaborative efforts with partnering organizations to implement, support, and evaluate Community Health Improvement Plan interventions.

**Objective 3.1.a.** By December 2024, increase the percentage of substance use mental/health CHIP interventions with process measure data reported from partnering agencies from the 2021 baseline of 40% to 80%.

**Objective 3.1.b.** By December 2024, increase the percentage of chronic disease CHIP interventions with process measure data reported from partnering agencies from the 2021 baseline of 48.2% to 80%.

**Objective 3.1.c.** By December 2024, at least 50% of CHIP process measure targets will be met.

**Objectives** for specific CHIP focus areas can be found within the Community Health Improvement Plan here: https://sites.google.com/view/cortgovhealth22-24chachip/home/full-report

**Intervention #1.** Develop and maintain data dashboards for each CHIP interventions that are updated with quarterly process measure data reported by partnering agencies.

- **Process Measures:** # of CHIP interventions with aligned process measure dashboard (target= 50% by Q1 of 2023, 100% by Q4 2023), % of CHIP intervention dashboards updated quarterly (target=75% quarterly)

**Intervention #2.** Assist with facilitation, allocation of resources (when justified and available), and provide feedback to support expansion of actionable data collection efforts related to CHIP focus areas such as; CHA survey data, Life Needs Assessment, Electronic Syndromic Surveillance Reports, Fatality Reporting, Youth Survey, Adult Tobacco Survey, Wastewater Surveillance etc.

- **Process Measures:** # of community partners to request or to be provided CHA survey data for reporting, grants, or program decision making (target= 1 per year), # of ESSS reports provided to partners quarterly (target= 4 per year), # of instances CCHD assists with distribution of surveys related to CHIP focus areas (via social media, in-person survey collection etc.) (target= 4 per year)

**Intervention #3.** Present quarterly data at identified coalition meetings for each CHIP focus area to give opportunity for partners to provide feedback and make suggestions for adjusting interventions based on collected data.

- **Process Measures:** # of quarterly meetings CHIP data reported and discussed (target=4 each quarter, 1 per focus area), # of interventions that changes informed by data were discussed (target= 1 per quarter)
**Intervention #4.** Implement a quarterly CHIP newsletter to be sent to partnering agencies and community members with details about intervention progress, partner success stories, and upcoming goals.

**Process Measures:** # of newsletters sent out (target= 1 per quarter), # of individuals to receive newsletter (target= 100 Q1 2023, 150 Q2 2023, 200 Q3 2023, 250 Q4 2023 etc.), % of recipients to open newsletter (target= 50%)

**Intervention #5.** Collaborate on implementation of the following CHIP interventions related to the Vaccine Preventable Disease Focus Area; social marketing campaign, vaccine ambassadors, public health detailing.

**Process Measures:**
TBD, will be updated here: https://sites.google.com/view/cortgovhealth22-24chachip/home/community-health-improvement-plan/covid-19-and-flu

**Intervention #6.** Collaborate on implementation of the following CHIP interventions related to Tobacco Prevention Focus Area: youth engagement, compliance checks, social norming campaign, environmental changes in: retail, outdoors, and housing.

**Process Measures:**
TBD, will be updated here: https://sites.google.com/view/cortgovhealth22-24chachip/home/community-health-improvement-plan/tobacco

**Intervention #7:** Collaborate on implementation of the following CHIP interventions related to the Opioid and Other Substances Focus Area: targeted Naloxone distribution.

**Process Measures:  
TBD, will be updated here: https://sites.google.com/view/cortgovhealth22-24chachip/home/community-health-improvement-plan/opioid-and-other-substances

**Intervention #8.** Collaborate on implementation of the following CHIP interventions related to the Suicide Focus Area; reduce access to lethal means and promote connectedness.

**Process Measures:**
TBD, will be updated here: https://sites.google.com/view/cortgovhealth22-24chachip/home/community-health-improvement-plan/suicide
Goal 3.2: Improve alignment, spread, and capacity for CCHD Quality Improvement (QI) efforts by encouraging a collaborative approach to QI that engages staff at all levels

**Objective 3.2.a.** By December 2024, increase the percentage of CCHD staff state good ideas for QI in one program are adopted by other programs from the 2022 baseline of 59% to 70%.

**Objective 3.2.b.** By December 2024, increase the percentage of CCHD staff that state staff at all levels participate in QI from the 2022 baseline of 68% to 80%.

**Objective 3.2.c.** By December 2024, 100% of CCHD staff will be provided QI training when they are on boarded and at least once yearly.

**Intervention #1.** Review QI training materials and update QI training to reflect the current gaps in QI alignment and spread. Implement QI training when staff are on boarded and at least once yearly.

  **Process Measures:** % of newly on boarded staff to receive QI training (target= 100%), % of staff to complete yearly QI training (target= 100%)

**Intervention #2.** Results of QI efforts to be reported to all staff via email, at supervisory meetings, at division meeting, and in the employee newsletter.

  **Process Measures:** # of QI project outcomes to be reported to all staff via email (target= 2 per year), # of QI project outcomes to be shared in employee newsletter (target= 2 per year), # of QI project outcomes discussed at supervisory staff meetings (target= 2 per year)

**Intervention #3.** Conduct at least two QI project annually that have staff representation from at least two divisions and staff at all levels.

  **Process Measures:** # of QI projects conducted (target= 2 per year), % of QI projects to include staff from at least two divisions (target= 100%), % of QI projects to include staff at all levels (target= 100%)
## Goal 3.3: Enhance collaboration with the Cortland County Board of Health (BOH) and Cortland County Legislature

**Objective 3.3.a.** By December 2024, at least two patterns in BOH meeting minutes will be identified collaboratively and addressed with BOH education.

**Objective 3.3.b.** By December 2024, CHIP, SP, and Performance Management data will be presented to the BOH in each quarter.

**Objective 3.3.c.** By December 2024, at least two BOH/CCHD joint press releases will be issued and at least one policy/law will be reviewed by the BOH.

**Objective 3.3.d.** By December 2024, a CCHD staff member will have attended 100% of Health and Human Service Legislative Committee Meetings.

**Objective 3.3.e.** By December 2024, CCHD staff will have presented at least two project reports each to the Health and Human Services Legislative Committee and Cortland County Board of Health.

**Intervention #1.** In collaboration with the BOH, develop a process for enhancing shared decision making around public health matters.

**Process Measures:** TBD once process is developed

**Intervention #2.** Present CHIP, CCHD Strategic Planning, and CCHD Performance Management data on a quarterly basis to the BOH and utilize their expertise, opinions, and suggestions to make changes to interventions if needed. BOH input to be shared at supervisory staff meetings.

**Process Measures:** # of times CHIP/SP/Performance Management data presented to BOH (target= 1 time per quarter), # of SPC and CHIP interventions discussed and changes made based on process measure data and BOH expertise (target= 1 per year), # of supervisory staff meetings that include discussion on BOH opinions and positions taken related to CHIP, SP, Performance Management data and interventions (target=4 per year)

**Intervention #3.** Issue CCHD/BOH joint press releases that include BOH comment on emergent health topics or events in the community and engage and seek BOH on reviews of policy and law that may impact public health in Cortland County.

**Process Measures:** # of joint press releases (target=1 per year), # of policy/laws BOH was consulted on (target=1 per year)

**Intervention #4.** Cortland County staff members to attend Health and Human Services meetings and Legislative Sessions to report and get legislative feedback on projects, staffing and other program needs, and be available to answer questions.

**Process Measures:** % of meetings attended by CCHD staff (target=100%), # of projects reported on (target=2 per year)
Appendix A. PowerPoint of July 2022 Accreditation Team Meeting (Excerpt of Strategic Planning Section)

PHAB Annual Report & CCHD Strategic Planning
Accreditation Team Meeting
July 26th, 2022
12PM-2PM
Margaret Broderick, Epidemiology Manager
Cortland County Health Department

Re-Accreditation Next Steps
1. Part I Annual PHAB Report
2. Part II of the PHAB Annual Report

5 Year Plans
1. Strategic Plan
2. Quality Improvement Plan
3. Organizational Branding Strategy
4. Performance Management System

Strategic Planning Purpose
- PHAB re-accreditation requires Health Department's to complete a strategic planning process within the previous five years.
- Makes decision making and change easier because it defines an organization's identity and goals and provides clear direction.
  • Note: strategic plan should be flexible to changing needs

Strategic planning asks and should answer:
1. Where are we now? (mission)
2. Where do we want to be? (vision)
3. How do we get there? (answered with the Strategic Plan)
4. How do we measure progress? (answered with performance measures, monitoring tracking systems, and resource allocation)

Strategic Planning Steps
- Lay the groundwork (today’s goal!!)
- Develop mission, vision, value statements
- Compile relevant information (environmental scan)
- Analyze results and select strategic priorities (SWOT analysis)
- Develop plan
- Implement, monitor and revise plan

DOES NOT HAVE TO BE LINEAR!

For example:
- Mission/vision can be revisited after SWOT completed
- Some strategic priorities were already identified based on the results of the CHW/CHIP planning

Tentative Strategic Planning Timeline
- By June 28th
  - CHW/CHIP completed and approved by HH and HHIC Board of Directors
  - Final Strategic Plan identified the first three strategic priorities for 2023

By July 26th
- Health department leadership for strategic planning process
  - Task Force meeting to lay out plan
  - Submit revisions to local health board

By August 31st
- Identify members of the MLCP Task Force and provide final update to meeting
- Complete environmental scan
  - Employee surveys conducted to inform planning
  - Task Force meets needs of environmental scan to complete the SWOT and GAP analysis

By September 1st
- Task Force meets to pull together SWOT/GAP analysis
- Strategic issues prioritization survey and 8 IPC
- Strategic goals identified for strategic planning draft
- Strategic goals identified for strategic planning draft

By October 1st
- IPC discuss and provide feedback on draft Strategic Plan to 8 IPC

By November 15th
- Final Strategic Plan to be submitted for approval
Cortland County Health Department Strategic Plan 2022-2024

Step #1: Plan the process: Assess Readiness

**Discussion**

**Past Experience:**
1. What contributed to past planning success?
2. What contributed to past planning failures?

**Current Reality:**
1. What is in place to support successful planning?
2. What is missing and needed for successful planning?

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Step #1: Plan the process: Selection of Strategic Planning Committee

- Ideally “Accreditation Team” will be the SPC & QI Team
- 5 to 12 members (8 members ideal)
- Membership (PHAB requires participation from staff at all levels as well as representative from the governing entity):
  - Members of the governing body (BOH and/or legislation)
  - Administrators
  - Staff
  - Middle management
  - Administrative staff
  - Front line staff
  - Union reps
  - Advisory board/committee members

**Discussion**

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Step #1: Plan the process: Determining Available/Gaps in Data

**Environmental Scan:**
- Creates a big picture view of what is going on inside and outside health department
- Are adequate data available to understand history, current context, and future
- Collected data will help us assess where we are at compared to 2018-2021 Strategic Planning
- Inform what SWOT analysis, and aid in selection of strategic priorities

**How do we do this:**
- Complete relevant information
- Determine value of existing data
- Collect additional data/information as needed
- Summarize data/information
- Will require participation from SPC

**SWOT=strengths, weaknesses, opportunities, threats (challenges).**

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Step #1: Plan the process: Determining Available/Gaps in Data—Divisions

**Performance Management System Data (best way to get this data to review?):**

**Early Intervention:**
- % of electronic EI patient records (source: program audits)
- % of children who receive EI services with 30 day timeline (source: CCHD)

**Environmental Health:**
- % of inspections not completed (source: AIPQ)
- % of initial and closed-out enforcement actions (ADM-2 Tracking Log/Enforcement Log)

**Health Education:**
- Many objectives outlined
- Data sources primarily BOH and program level reports

**Nursing:**
- % increase in blood lead testing for 1 year olds and 2 year olds (source: NYSE)
- Meet timely initiation of general communicable disease investigations and meet completeness requirements for general communicable disease reports and conclusion of investigations (source: CDESS)

**Discussion:**

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Step #1: Plan the process: Revisiting the Mission/Vision/Values

**Mission:**
- To promote health, prevent disease, injury, and disability while enhancing the quality of life within our community

**Vision:**
- Healthy People in a Healthy Community

**Values:**
- Leadership
  - We are recognized throughout the community for our integrity, advocacy, innovation, and effective approach to public health
- Transparency
  - We maintain the highest levels of professionalism, accountability, honesty, and fairness as responsible public health professionals
- Excellence
  - We have a strong commitment to quality, competency, and knowledge in order to provide optimal service to the community
- Collaboration
  - We develop, nurture, and leverage key partnerships throughout the community to improve health and support a strong public health system
- Inclusiveness
  - We promote a culture that encourages inclusivity, collaboration, flexibility, and adaptability

**Discussion:**

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Tentative Strategic Planning Timeline

By June 30th 2022:
- SMARTCHM completed and approved by Binghamton ICNC Board of Directors
- Results of SMARTCHM identified the first three strategic priorities for 2023

By July 28th, 2022:
- Special blowing committees for strategic priorities
- Identify potential goals and gaps in data

By September 25th:
- SWOT/SMARTS analysis
- Identifies five key goals and priorities
- SMARTCHM to receive feedback and complete SMARTCHM analysis

By October 15th:
- SMARTCHM received and provides feedback on draft Strategic Plan
- SMARTCHM receives feedback on draft Strategic Plan

By November 15th:
- Final Strategic Plan is 80% to approval

Next Steps?
- Quality Improvement plan and performance improvement delivered to SMARTCHM
Appendix B. Employee Climate Survey Email

From: Margaret Broderick
Sent: Monday, August 15, 2022 3:49 PM
To: 'hlthall@cortland-co.org' <hlthall@cortland-co.org>
Subject: CCHD Strategic Plan - Employee Survey #1

Good afternoon!

As some of you know, the 2022-2024 Strategic Planning process for the Health Department is underway! The Public Health Accreditation Board requires us to complete a Strategic Plan every five years. Since the Community Health Assessment (CHA) informs departmental strategic planning, we will be completing a Strategic Plan every three years to align with the CHA.

**What is a Strategic Plan?** The strategic plan is a leadership tool that will help to describe our department’s priorities and our vision for the future. In order to move forward with planning, gathering data and feedback is essential.

The input and opinions of all staff are both necessary and extremely important in developing this plan for our Health Department. Over the course of the next few months, you will be asked to complete a series of surveys.

Making sure that everyone has a voice is a necessary component to ensure that we have a collective vision. This will begin with an easy employee climate survey. This survey will gauge your thoughts and opinions of your workplace.

This survey is completely **ANONYMOUS** and honesty is extremely important!

**The survey is 25 questions, that will take approximately 5-10 minutes to complete.**

**Please complete the survey by next Monday, August 22nd**

Link: [https://www.surveymonkey.com/r/9YW8PGD](https://www.surveymonkey.com/r/9YW8PGD)

Thank you all for your participation in this important process!

Margaret

**Margaret Broderick, MPH**
Epidemiology Manager
Cortland County Health Department
60 Central Ave Room #107
Cortland, NY 13045
Phone: 607-753- 5108
Appendix C. Employee Climate Survey Results

**Career Development**

In the category of Career Development, a higher percentage of CCHD employees in 2022 than in 2017 were satisfied with both the opportunities they had to apply their talents and expertise (77% to 82%) and the job-related training offered to them (55% to 62%) (Figure 1). On the other hand, there was a noticeable decrease from 2017 to 2022 in the percentage of employees who agreed with the statement that their organization is dedicated to their professional development (86% to 67%) (Figure 1). This data suggests a perceived strength in relation to career development is opportunities for staff to apply their talents and a perceived weakness is the organizational dedication to professional development. While there was an increase from 2017 to 2022 in satisfaction with job related training, there is still room for improvement with only 62% of staff agreeing or strongly agreeing.

![Figure 1. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2017 vs. 2022)](image-url)
**Relationship Management**

In the category of Relationship Management there were increases from 2017 to 2022 in the percentages of employees who agreed that communication between senior leaders and employees is good in their organization (37% to 58%), that employees treat each other with respect (63% to 89%), that they are able to make decisions affecting their work (79% to 89%) that management within their organization recognizes strong job performance (72% to 76%), and that they have good working relationships with their coworkers (91% to 95%) (Figure 2). There was a decrease in the percentage of employees who agreed that they have good working relationships with their supervisor (98% to 87%) (Figure 2).

This data suggests that perceived strengths in the area of relation management are; employees treating each other with respect, staff ability to make decisions that affect their work, and coworker relationships. Most staff agreed their relationship with their supervisor was good, however, this was the only indicator that decreased in this category from 2017 suggesting room for improvement. While there was an increase from 2017 to 2022 in the percentage of employees that agreed communication between senior leaders is good and employees that agreed management recognizes strong job performance, there is still room for improvement in these areas with less than 80% of staff agreeing with these statements in 2017.

![Figure 2. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2017 vs. 2022)](image)
Work Engagement

In the category of Work Engagement there were increases from 2017 to 2022 in the percentages of employees who agreed that employees always keep going when the going gets tough (73% to 89%), are willing to take on new tasks as needed (57% to 71%), willingly accept change (33% to 55%), proactively identify future challenges and opportunities (57% to 76%), take the initiative to help others when the need arises (80% to 87%) feel completely involved in their work (86% to 87%), adapt quickly to difficult situations (55% to 82%) (Figure 3). While many of these indicators showed considerable increases in the past five years; agreement with the idea that the organizations is willingly accepts change and that employees proactively identify future are both below 80%, indicating areas for improvement. There were decreases in the percentages of those who agreed that they are determined to give their best effort at work each day (100% to 95%), that they are inspired to meet their goals at work (93% to 82%), and that they are focused on their job when at work (86% to 79%) (Figure 3).

![Figure 3. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2017 vs. 2022)](image-url)
Work Environment

In the category of Work Environment, there were increases in the percentages of employees who agreed that they are satisfied with the culture of their workplace (56% to 68%), that they understand how their work impacts the organization’s business goals (79% to 84%), that their organization has a safe work environment (91% to 92%), and that their organization’s work positively impacts people’s lives (93% to 95%). The biggest increase was in the percentage of employees who agreed that their organization is dedicated to diversity and inclusiveness (60% to 76%) (Figure 4). The only decrease in this category was in the percentage of employees who agreed that their organization operates in a socially responsible manner; the percentage decreased from 93% in 2017 to 89% in 2022 (Figure 4).

While the majority of the indicators in this category experienced increases from 2017 to 2022, the percentage of employees that are satisfied with their workplace and feel their organization is dedicated to diversity and inclusiveness was still less than 80% in 2022, indicating areas in need to continued improvement.

<table>
<thead>
<tr>
<th>Question</th>
<th>Year 2017</th>
<th>Year 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with the culture of my workplace</td>
<td>56%</td>
<td>68%</td>
</tr>
<tr>
<td>I understand how my work impacts the organization’s business goals</td>
<td>79%</td>
<td>84%</td>
</tr>
<tr>
<td>My organization has a safe work environment</td>
<td>91%</td>
<td>92%</td>
</tr>
<tr>
<td>My organization is dedicated to diversity and inclusiveness</td>
<td>60%</td>
<td>76%</td>
</tr>
<tr>
<td>My organization operates in a socially responsible manner</td>
<td>93%</td>
<td>89%</td>
</tr>
<tr>
<td>My organization's work positively impacts people’s lives</td>
<td>93%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Figure 4. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2017 vs. 2022)
Appendix D. Quality Improvement Survey Email

Good morning!

Thank you all for completing the Employee Climate Survey! Again, your input is truly vital to this process. The results will be shared after analysis is completed and will inform our strategic priorities for 2022-2024.

We have TWO more SHORT employee surveys as part of our strategic planning process. The next one will use the QI Maturity Assessment Tool to determine if our quality improvement efforts are improving across the department. The results of this survey will be compared to the same survey which was conducted in 2016 and 2019 to see where we are at. In fall 2016, we scored in the “beginning stages (first stage)” of QI Maturity and in spring 2019 we scored in the “progressing stages (third stage)” of QI Maturity.

We had 83% of staff complete the Employee Climate Survey! Let’s ramp this up a bit:

If over 90% of staff complete the next TWO surveys for strategic planning we will have a pizza party for ALL STAFF (I know, right?!)?

QI Survey Link: https://www.surveymonkey.com/r/KSKCGFP
Please complete this survey by August 31st, 2022.

Thank you all for your honest feedback and participation in this process!

Margaret

Margaret Broderick, MPH
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Phone: 607-753-5108
Appendix E. Quality Improvement Survey Results

Quality Improvement Culture
In the category of QI Culture, from 2019 to 2022 there were increases in the percentage of employees who agreed that leaders work together for common goals (77% to 80%), that leaders are receptive to new ideas for improving (73% to 86%), and that staff are routinely asked to contribute to decisions (55% to 70%) (Figure 1). There were decreases in the percentages of employees who agreed that there is an impetus for improving quality driven internally (82% to 77%) and that staff work together to solve problems (84% to 80%) (Figure 1).

Figure 1. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2019 vs. 2022)
Quality Improvement Capacity and Competency

In the category of QI Capacity and Competency, from 2019 to 2022 there were increases in the percentage of employees who agreed there is use of best practices to select quality improvement interventions (57% to 77%), that staff have skills to assess the quality of programs (61% to 68%), and that there is use of systematic methods to understand root causes of problems (50% to 61%) (Figure 2). Although these indicators all improved from 2019 to 2022, less than 80% of staff were in agreement indicating room for improvement moving forward. Additionally, the remaining eight indicators under the QI Capacity and Competency category experienced decreases suggesting an overall QI category of weakness (Figure 2).

Figure 2. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2019 vs. 2022)
Quality Improvement Alignment and Spread

In the Category of QI Alignment and Spread, there was an increase from 2019 to 2022 in the percentage of employees who agreed that staff have the authority to change practices/policy to improve services they are responsible for (39% to 57%) and that staff have the authority to work within and across programs boundaries when facilitating change (36% to 50%). Although these indicators all improved from 2019 to 2022, less than 80% of staff were in agreement indicating room for improvement moving forward. Additionally, the remaining eleven indicators under the QI Alignment and Spread Category experienced decreases suggested an overall weakness in the category of QI.

Figure 3. Percentage of CCHD staff that Agreed/Strongly Agreed with Statement (2019 vs. 2022)
Appendix F. Competency Assessment Survey Email
Hello everyone,

Thank you all for completing the QI Maturity Assessment. We had 94% of staff complete the survey, which means we are still in the running for Pizza! The next survey is definitely the most time-consuming, so please schedule a time in the upcoming week that you can sit down to take it. If we get over 90% completion on this FINAL all-staff strategic planning survey - there will be a pizza party for us at the end of the month! Your input is essential to this process.

As employees of a local Health Department, it is important that we assess our level of knowledge or skill for the Core Competencies for Public Health Professionals. It is also important for Strategic Planning to identify core competencies that are strengths and weaknesses of our department as a whole.

This survey is completely ANONYMOUS, and honesty is extremely important for us to accurately assess the core competency skills of staff.

The survey will take approximately 30 minutes to complete.

Link: [https://www.surveymonkey.com/r/YF39WZ9](https://www.surveymonkey.com/r/YF39WZ9)

Please complete the survey by next Wednesday (09/14/22)! Thank you all for your much needed participation in this survey!

What are the Core Competencies for Public Health Professionals?
The Core Competencies, which are organized into eight skill areas or domains that cut across public health disciplines, are a consensus set of foundational skills for the broad practice of public health, as defined by the 10 Essential Public Health Services.

A competency is any knowledge or skill of an individual or organization that has been shown to cause or predict outstanding performance. A collection of competencies makes up a behavioral roadmap that is directly related to both individual and organizational performance.

This survey will help explore our level of competence within the eight domains:
1. Analytical/Assessment Skills
2. Policy Development/Program Planning Skills
3. Communication Skills
4. Cultural Competency Skills
5. Community Dimensions of Practice Skills
6. Public Health Sciences Skills
7. Financial Planning and Management Skills
8. Leadership and Systems Thinking Skills

By assessing our department’s level of knowledge or skill for each competency statement described, we will be able to prioritize learning time to focus on those areas that are most important to us and to concentrate where the need for training and learning may be greatest.

Thank you!
Grace Bae  
Public Health Fellow: Epidemiology  
Cortland County Health Department  
60 Central Ave Room #107  
Cortland, NY 13045  
Phone: 607-756-3442
Appendix G. Partner SWOT Survey Email

Good Morning!

I would like to thank you all again for your participation in the Community Health Assessment and Planning process over the past couple of months. I want to highlight our upcoming CHA/CHIP community presentation and the public release of our 2022-2024 CHA/CHIP Dashboard.

Additionally, I have one last survey request of you all for the year. The Health Department has initiated the 2022-2024 strategic planning process. The strategic plan is a leadership tool that will help to describe our department’s priorities and our vision for the future. The Community Health Assessment was essential in determining community level priorities, however, we must now look internally as well. In order to move forward with planning, gathering data and feedback is essential. The input and opinions of our partner organizations is both necessary and extremely important in developing this plan for our Health Department.

Please complete our SWOT Analysis Survey for Partners here (by August 30th): https://www.surveymonkey.com/r/GGR9RjN
activities/coalitions related to our focus areas and goals.

- For CHA survey data requests email: Our Epidemiology Public Health Fellow, Grace Bae (gbae@cortland-co.org)

Next Steps:
- Create Tracking Dashboards for Each intervention (Fall 2022): This will involve additional communications and/or with specific partners to determine the best way to share the process measure data identified in the CHIP. Grace, our Epi Public Health Fellow, will be leading this process. Expect to see communications coming from her moving forward.
- Share Quarterly CHA/CHIP Newsletter Updates (Spring 2023): The newsletter will be how we communicate progress on all the CHIP focus areas to partners and interested community members each quarter of 2023-2024.
- Present Quarterly Progress at Community Meetings (Spring 2023): Quarterly progress data updates will be presented at the community meetings identified in the CHIP (Chemical Dependency Subcommittee, SPEAK UP Cortland, Adult Immunization Coalition) and partners will discuss any changes that need to be made to the plan based on progress. If you would like to be added to email lists for these meetings, please see the “Get Involved” page of the CHA/CHIP dashboard.

Thank you all again for your participation and support in this process!

Margaret

Margaret Broderick, MPH
Epidemiology Manager
Cortland County Health Department
60 Central Ave Room #107
Cortland, NY 13045
Phone: 607-753-5108

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Appendix H. Board of Health SWOT Survey Email

Good afternoon,

As you may know, CCHD has initiated the 2022-2024 strategic planning process. The strategic plan is a leadership tool that will help to describe our department’s priorities and our vision for the future. The Community Health Assessment was essential in determining community level priorities, however, we must now look internally as well.

In order to move forward with planning, gathering data and feedback is essential. The input and opinions of our Board of Health is both necessary and extremely important in developing this plan for our Health Department.

Please complete our SWOT Analysis Survey for Board of Health members by September 15th: https://www.surveymonkey.com/r/CVWTRFT

Thank you for your input and participation in this process!

Margaret

Margaret Broderick, MPH
Epidemiology Manager
Cortland County Health Department
60 Central Ave Room #107
Cortland, NY 13045
Phone: 607-753-5108
Appendix I. Partner, Board of Health, and Legislature SWOT Survey Results Summarized

**STRENGTHS**
(24 responses)

**Qualities (10)**
Dedication (4), Leadership (3), Trust, Attitude, Accountability (2), Expertise (3), Compassionate, Adaptable (3), Organized (3), Hard-working

**Data (3)**
Analysis (2), Acquisition, Sharing

**Community (3)**
Support for, Understanding of needs, Presence in

**Collaboration (15)**
Within CCHD (8), with Community, with Partners (7)

**Communication (6)**
During COVID-19 (2), within Community, with Partners

**Response (9)**
To crisis (5), to Pandemic (4)

**Needs / Issues / Services (4)**
Vaccine Clinics, Outreach (2), Media Campaign on Vaccinations, Health Education, Community Needs Assessment

**WEAKNESSES**
(22 responses)

**Data (3)**
Sharing (3)

**Community (6)**
Transparency with (4), Unwelcoming Physical Office (2), Lack of action by

**Qualities (6)**
Accountability (2), Availability (3), Diversity (1)

**Partners (3)**
Community organizations, other LHDs, others outside union contracts

**Needs / Issues / Services (6)**
Housing (2), Healthcare, Hospital care, CHA / CHIP (2), Mental health (2), Suicide, Overdose / Drug user health, Reproductive health, Elimination of Jacobus Center & other programs “community saw as vital”

**Resources / Funding (7)**
Understaffed (4), Budget limitations (4), Lack of resources (2)

**Government (6)**
Bureaucracy (2), Need political champion, Working for the county, Unclear role of board in decision making, Communication with CCBOH

**Collaboration (1)**
OPPORTUNITIES
(23 responses)

Data (4)
Sharing (3), Access
Community (4)
Transparency (3), Mobilization
Response (2)
Promptness, In crisis
Partners (11)
within Community (6), Networking (2), with other LHDs, Health coalition, More collaboration with
Needs / Issues / Services (3)
Homeless population, CHA, Integration of all health-related issues
Communication (3)
Between LHDs, Social media use
Collaboration (11)
Within CCHD, with Partners (7), with Community (4), Legislative, with CCBOH
Resources / Funding (2)
Staffing, Funding

THREATS
(21 responses)

Needs / Issues / Services (6)
Bigger picture (2), Housing (3), Mental health, Drug Use / Addiction services (2), Economic instability / Lack of jobs (2), Access to care / Follow up (2), Meaningful activities for disabled/elderly
Collaboration (2)
Within CCHD, with Partners
Community (8)
Transparency (2), Losing trust / Credibility (3), Negative perception (3)
Resources / Funding (10)
Not funding services, Budget (9), Lack of resources
Data (3)
Credibility (2), No immediate results
Communication (1)
Beyond community
Government (5)
“Complex regulatory environment”, Bureaucracy, State regulations, Legislature not understanding, Conflicting/confusing guidelines
Qualities (1)
Mindset of CCHD (“living in our past rather than thinking about the future”)
Appendix J. PowerPoint of September 2022 Strategic Planning Committee Meeting (Environmental Scan Data and SWOT Analysis)

CCHD Strategic Planning
Strategic Planning Team Meeting
September, 19th 2022
11AM - 1PM
Margaret Broderick, Epidemiology Manager
Grace Beu, Public Health Fellow
Cortland County Health Department

Today’s Objectives:
- Review data collected from environmental scan
- Complete Strategic Planning Committee SWOT Analysis

Environmental Scan
Goal: Compile meaningful data and information to analyze prior to identifying strategic issues.
1. Identify any historical and/or existing data useful to inform the development of the strategic plan, including progress on previous strategic plans and CHIP.
2. Develop plans for collecting additional data/information as needed/desired.
3. Organize the findings in a SWOT structure.

What has been done since the last meeting!

SWOT Analysis
Goal: Use environmental scan information and SWOT as the basis for the identification of strategic issues and priorities.
1. Conduct a SWOT/SWOC Analysis.
2. Identify and frame cross-cutting themes, emerging issues and key strategic issues.
3. Prioritize issues for inclusion in the strategic plan.

What we are doing today!

Strengths:
- Internal
- Good now
- We want to maintain and leverage strengths.
Weaknesses:
- Internal
- Bad now
- We want to minimize weaknesses.
Opportunities:
- External
- Good future
- Want to invest in opportunities
Threats:
- External
- Bad future
- We want to identify threats or challenges that need to be addressed and understand their potential impact.

Environmental Scan Data Sources
1. 2021 PHAB Report
2. 2011-2015 Strategic Plan Measures
3. Employee Climate Survey
   - Collected 9/22-9/22/22
   - 30 responses, 81% of staff completed
4. Organizational QI Maturity Assessment
   - Collected 9/24/22-8/31/22
   - 64 responses collected, 64% of staff completed
5. Competency Assessment for Public Health Professionals (Tier 1)
   - Collected 9/23/22-9/1/22
   - Tier 1: 25 responses (71%), Tier 2: 7 responses (29%), Tier 3: 3
   - Responses with <3 minutes completion time excluded; Tier 1 responses excluded from Tier 2
6. SWOT Analysis: Partners, Board of Health, Legislatures
   - Collected 9/23/22-9/30/22 (partners), 9/9-9/15 (BOH, legislatures)
   - 15 partners, 5 BOH, 1 legislature
A brief brainstorming session….

Identify and additional strengths, weaknesses, opportunities or threats/challenges that did not show up in the formal data compilation for PHAB report.

Environmental Scan
Source #2: Strategic Plan Measures (2019-2021)

The 2015-2021 Strategic Plan measures will be utilized to determine departmental strengths and weaknesses related to previously identified strategic priorities and data collection and tracking for priorities.

- Communication
- Health Equity
- Prevent Chronic Disease
- Promote Well-Being and Prevent Mental and Substance Use Disorders
Cortland County Health Department Strategic Plan 2022-2024

Strategic Priority #1: Communication

Goal 1.1: Ensure, maintain and enhance effective communication with employees, community members and other stakeholders.

Objective #1.1a By December 2021, the CCHD will increase staff awareness of CCHD priorities and accomplishments through regular and targeted messaging each year of the plan, utilizing multiple methods of communication.

Objective #1.1b By December 2021, for each year of the plan, the CCHD will increase the use of existing and emerging media to respond quickly to breaking issues and to proactively advance CCHD goals.

Strategic Priority #1: Communication

Goal 1.2: Increase visibility of health department services.
Objective 1.2.a: By December 2018, an organizational branding strategy plan will be developed and implemented to promote the health department services and programs within the community.

An organizational branding strategy was approved in March 2019.

Objective 1.2.b: By December 2021, the CCHD staff will continue to represent the health department and participate in at least 8 community organizational committees and task forces that reflect our mission and vision each year of the plan.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Target</th>
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<tbody>
<tr>
<td></td>
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Objective 1.2.c: By December 2021, the CCHD will engage in at least 10 community events to promote health department services for each year of the plan.

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<thead>
<tr>
<th>Issue</th>
<th>Target</th>
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<td>10 per year</td>
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<td></td>
<td>10 per year</td>
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<td>None</td>
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Strategic Priority #2: Health Equity (added in Dec. 2019)

Goal 2.1: Reduce Health Disparities and Promote Health Equity

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<thead>
<tr>
<th>Issue</th>
<th>Target</th>
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</thead>
<tbody>
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Objective 2.1.a: By December 2021, create a health department culture that supports and implements culturally appropriate models of service delivery.

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<thead>
<tr>
<th>Issue</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>All Programs</td>
</tr>
<tr>
<td></td>
<td>All Staff</td>
</tr>
</tbody>
</table>

Objective 2.1.b: By December 2021, CCHD staff will engage community partners to increase access to health services for underserved populations.

CHP was completed in December 2019.
Strategic Priority #3: Prevent Chronic Disease (aligns with 2019-2021 Community Health Improvement Plan)
Focus Areas: (1) Healthy Eating and Food Security (2) Physical Activity (3) Tobacco Prevention (4) Preventative Care and Management

Strategic Priority #4: Promote Well-Being and Prevent Mental and Substance Use Disorders (aligns with 2019-2021 Community Health Improvement Plan)
Focus Areas: (1) Promote Well-Being (2) Prevent Mental and Substance Use Disorders

2022-2024 CHIP Priorities
1. Prevent Chronic Disease – Prevent Tobacco Use
2. Promote Well-Being and Prevent Mental and Substance Use Disorders – Prevent Opioid and Other Substance Use and Death and Prevent Suicide
3. Prevent Communicable Disease – Vaccines Preventable Disease

Environmental Scan
Source #3: Employee Climate Survey (2017, 2022)
The Employee Climate Survey will be utilized to determine departmental strengths and weaknesses related to the work culture or “personality” of the Cortland County Health Department as perceived by CCHD staff. Organizational culture can impact employee engagement, turnover, brand identity, productivity, retention of top performers, and healthy team environment. The survey assessed the following areas related to employee/organizational climate:
- Career Development
- Work Engagement
- Relationship Management
- Work Environment

Definitions / Key
🌟 Perceived Strength: >= 80% + increase in % from 2017 to 2022
😊 Increase: Increase in % from 2017 to 2022
😢 Decrease: Decrease in % from 2017 to 2022
A brief brainstorming session....

Identify and additional strengths, weaknesses, opportunities or threats/challenges that did not show up in the formal data compilation related to employee climate.
Environmental Scan
Source #4: Employee QI Survey (2019, 2022)

The Organizational QI Maturity Assessment Survey will be utilized to determine departmental strengths and weaknesses related to Quality Improvement at the Cortland County Health Department. Quality Improvement can increase effectiveness, outcomes, and customer satisfaction within an organization.

- Culture: values and norms related to QI that pervade how agency interacts with staff and stakeholders
- Capacity & Competency: skills, functions, and approach used to assess and improve quality
- Alignment & Spread: QI supports and supported by organization and is diffused within agency

Definitions / Key

- **Perceived Strength**: >= 75% + increase in % from 2019 to 2022
- **No Change**: Same percentage in 2016 and 2022
- **Increase**: Increase in % from 2019 to 2022
- **Decrease**: Decrease in % from 2019 to 2022
Results: QI Capacity and Competency

Results: QI Culture

Results: QI Culture

Results: QI Culture

A brief brainstorming session….

Identify and additional strengths, weaknesses, opportunities or threats/challenges that did not show up in the formal data compilation for QI
Cortland County Health Department Strategic Plan 2022-2024

Environmental Scan
Source #6: Partner, Board of Health, Legislature SWOT

The SWOT analysis completed by partners, the Board of Health, and Legislature will be used to identify strengths, weaknesses, opportunities, and threats as perceived by external stakeholders.

STRENGTHS
- Quality (10)
  - Dedication (6), Leadership (3), Trust, Adequate, Accountability (3), Expertise (5)
- Innovation (8)
  - Competitive, Adaptive (5), Organized (3), Curiosity
- Analysis (3), Accountability Sharing
- Community (9)
- Support for Understanding of needs, Presence in Collaboration (3)
- Community, with partners (7)
- Communication (4)
  - During COVID-19, during Community, with partners
- Response (3)
  - To states (4), to Pandemic (4)
- Needs, Issues, Services (4)
  - Vaccine Clinic, Outreach (2), Media Campaign on Vaccinations, Health Education, Community Health Assessment

WEAKNESSES
- Data (3)
  - Sharing (2)
- Community (2)
  - Accountability (3), Availability (2), Diversity (1)
- Partners (2)
  - Community organizations, other UHCS, other suicide prevention
- Needs, Issues, Services (2)
  - Housing (2), Healthcare, Hospital care, Community, CHAP, C.A.H.P (2), Mental Health (3)
  - Suicide, Prevention (3), case for health, Strategic Health, Elimination of Tobacco
- Resources, Financial (4)
  - Underfunded (2), Budget Initiatives (4), Lack of resources (2)
- Government (3)
  - Mandate, Public awareness, Working for the county
- Recommendations (4)
  - Change, change in direction, increasing communication, collaboration

OPPORTUNITIES
- What are some Opportunities? (ex. what possibilities exist to support our efforts, are there ideas or strategies that provide advantages, etc.)

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OCCUPATIONAL

- Data (8)
- Quality (1)
- Access (1)
- Equity (1)
- Transparency (1)
- Mobilization
- Response (5)
- Partners (3)
- Programs (3)
- Programs, in order
- Partners, in order
- with Community (1)
- Networking (2)
- with other HOs, Health coalition
- More collaboration with Health
- Needs/Issues/Services (3)
- Health, population
- OHA, integration of all health-related issues
- Communication (5)
- Social media use
- Collaboration (11)
- Within OHA, with Partners (7), with Community (4), legislators, with COEDH
- Resources/Funding (5)
- Staffing/Funding

THREATS

What are some Threats? (ex. obstacles that hinder our performance and efforts, local and national trends, etc.)

A brief brainstorming session.....

Identify and additional strengths, weaknesses, opportunities or threats/challenges that did not show up in the formal data compilation related to partners, BOH, legislatures

Discussion...

- Ways strengths can be maintained, enhanced or leveraged.
- Ways to minimize weaknesses.
- Options for leveraging or taking advantage of opportunities.
- Potential impact of threats/challenges and anything that can be done to address or prepare for the threat.

Next Steps:
1. Identify Strategic Issues by 9/23
   - Person responsible: Grace and Margaret
2. Prioritize Strategic Issues by 9/30
   - Person responsible: SFC in meeting
3. Select Strategic Issues for Plan by 10/7
4. Develop Draft of Strategic Plan by 10/18
   - Person responsible: Margaret (Staff), SFC (feedback)
5. Final Draft of by 11/15
Appendix K. Summary of SWOT Analysis and Environmental Scan Themes

Public Health Workforce

Maintain Strengths
- Teamwork (SPC SWOT)
- Relationship management (SPC SWOT, Employee Climate Survey)
- Career development (SPC SWOT)
- Employee understanding of bigger picture (SWOT, Employee Climate Survey)
- Dedication, leadership, expertise (Partner SWOT)

Minimize Weakness
- Professional development (SPC SWOT, Employee Climate Survey)
- Sufficient number of qualified public health workers (SPC SWOT, PHAB)
- Relationships and/or collaborations that promote the development of future public health workers (PHAB)
- Staffing and funding (Partner SWOT)

Invest in Opportunity
- Career development/job training (SPC SWOT, Employee Climate Survey)
- Supervisor trainings (SPC SWOT, Employee Climate Survey)
- Building supervisory relationships (SPC SWOT)
- Succession planning (SPC SWOT)
- Better assessing public health competencies (SPC SWOT)

Understand & Address Threats
- Funding the workforce (SPC SWOT, Partner SWOT)
- Burnout/Work Engagement (SPC SWOT, Employee Climate Survey)

Quality Improvement

Maintain Strengths
- Leadership support for QI (SPC SWOT, Employee QI Survey)
- QI Culture: values and norms related to QI that pervade how agency interacts with staff and stakeholders (SPC SWOT, QI Employee Survey)

Minimize Weakness
- Alignment & Spread: QI supports and supported by organization and is diffused within agency (QI Employee Survey)
- Capacity & Competency: skills, functions, and approach used to assess and improve quality (QI Employee Survey)
- Communication to staff about QI (SPC SWOT)
- Staff does not understand QI process (SPC SWOT)
- Use and availability of QI data (SPC SWOT, QI Employee Survey)

Invest in Opportunity
- QI trainings (SPC SWOT)
- QI committee (SPC SWOT)
Understand & Address Threats
  - Staff attitude towards QI (SPC SWOT, QI Employee Survey)
  - Partners did not mention QI at all – not aware of QI efforts? (Partner SWOT)

Communication
  Maintain Strengths
    - Branding strategy (SPC SWOT, '19-'21 SPC Data)
    - Use of emerging and existing media (SPC SWOT, '19-'21 SP Data)
    - Employee newsletter (SPC SWOT)
    - Communication between senior leaders and employees (Employee Climate)
    - Communication during COVID (Partner SWOT)

Minimize Weakness
  - All of 9 PHAB measures under Domain 3 were “largely” demonstrated (none were “fully demonstrated”). This was the only Domain that did not have at least one fully demonstrated measure. Domain 3: inform and educate about public health issues and functions. (PHAB report)
  - Communication about QI (SPC SWOT, QI Employee Survey)
  - PHAB measure 12.3.2 (slightly demonstrated) and 12.3.3 (largely demonstrated) – involve communication with governing entity (PHAB report)

Invest in Opportunity
  - Rebranding (SPC SWOT)
  - Updating website (SPC SWOT)
  - Communication with internal/external partners including governing body (SPC SWOT)
  - Social media beyond Facebook (SPC SWOT)
  - Education on scope of CCHD responsibilities/relationships with other agencies (SPC SWOT)
  - Communication (Partner SWOT)

Assessment/Evaluation
  Maintain Strengths
    - PHAB Domain 1, Assessments - 9 out of 11 Domain 1 measures were “fully demonstrated” the other two were “largely demonstrated.” Domain 1: conduct and disseminate assessments focused on population health status and public health issues facing the community. (SPC SWOT, PHAB report)
    - Data (analysis, acquirement, sharing) (Partner SWOT)

Minimize Weakness
  - Assessing healthcare service capacity and access to healthcare services, PHAB measure 7.1.1 (not demonstrated) (PHAB)
  - Measuring increased access to services in underserved populations (SPC SWOT)
• Collection of customer satisfaction data (PHAB, Employee QI survey)
• Evaluation of strategic plan priorities, performance management system (SPC SWOT)
• Use of QI data (SPC SWOT)
• CHA/CHIP (Partner SWOT)
• Data sharing (Partner SWOT)

**Invest in Opportunity**
• Epidemiology staff support (SPC SWOT)
• Building a way to measure healthcare access (SPC SWOT)
• Finding ways to measure strategic plan (SPC SWOT)
• Data sharing/access (Partner SWOT)

**Understand & Address Threats**
• Staffing for tracking (SPC SWOT)
• Credibility of data (Partner SWOT)

**Collaboration/Partner & Community Engagement**

*Maintain Strengths*
  • Collaboration with partners and community (Partner SWOT)
  • Increase in grants in 2020 and 2021 ('19-'21 SPC Data)

*Minimize Weakness*
  • Tracking/data related to partnerships, coalitions, meetings (SPC SWOT, '19-'21 SPC Data)
  • Community engagement via surveys and focus groups ('19-'21 SPC Data)
  • Assessing appropriateness of events ('19-'21 SPC Data)
  • Press releases for events and tracking of this ('19-'21 SPC Data)
  • Evaluating events attended - ensuring target populations are attending events ('19-'21 SPC Data)
  • PHAB measure 12.3.2 with Actions taken by the governing entity tracked and reviewed (collaboration with BOH) (PHAB)
  • Transparency with community (Partner SWOT)

*Invest in Opportunity*
• Transparency with community (Partner SWOT)
• Partnering with the community (Partner SWOT)
• Collaboration with partners, community, legislature, CCBOH (Partner SWOT)

*Understand & Address Threats*
• Collaboration (Partner SWOT)
• Transparency/credibility/negative perceptions by community (Partner SWOT)

**Health Equity**

*Maintain Strengths*
• Cultural Competency/Health Equity Training ('19-'22 Strategic Plan Data, PHAB)
• PHAB measure 11.1.4 - Policies, processes, programs, and interventions provided that are socially, culturally, and linguistically appropriate to
specific populations with higher health risks and poorer health outcomes - was “fully demonstrated.” (PHAB)

Minimize Weakness
- CHIP identified many disparities that need to be addressed in health focus areas (CHIP data)
- Measuring how we are increasing access to underserved populations (SPC SWOT)
- PHAB measure 3.1.3 was “largely demonstrated” (not fully) regarding identification and implementation of specific strategies to address factors that contribute to specific populations higher health risks. (PHAB)
- PHAB measure 6.1.1 was “slightly demonstrated” the impact of laws on health equity was not considered. (PHAB)

Invest in Opportunity
- Diversity and inclusion (SPC SWOT)

Understand & Address Threats
- None identified?

Plans/Policy/Law

Maintain Strengths
- Public health policies and plans being updated over past 3 months (SPC SWOT)
- PHAB measure 4.2.2 - Engagement with governing entities, advisory boards, and elected officials about policies and/or strategies that will promote the public’s health – fully demonstrated (PHAB)
- PHAB measure 5.1.2 A - Engagement in activities that contribute to the development and/or modification of policy that impacts public health – fully demonstrated (PHAB)
- PHAB measure 5.1.3 Informed governing entities, elected officials, and/or the public of potential intended or unintended public health impacts from current and/or proposed policies – fully demonstrated (PHAB)
- PHAB measures 5.2.4 and 5.2.3 CHIP – fully demonstrated (PHAB)
- PHAB measures 5.3.1-5.3.3. CHIP – fully demonstrated (PHAB)
- Response to crisis/pandemic (partner SWOT)

Minimize Weakness
- PHAB measure 4.2.1 - Engagement with the community about policies and/or strategies that will promote the public’s health – largely not fully demonstrated (PHAB)
- PHAB measure 5.4.1 A - Process for the development and maintenance of an All Hazards Emergency Operations Plan (EOP) – slightly demonstrated (PHAB)
- PHAB 6.1.1 - Laws reviewed in order to determine the need for revisions – “slightly demonstrated” laws not assessed for public health implications or impact on health equity.
- Need a political champion (Partner SWOT)
- Unclear role of board in decisions (Partner SWOT)

**Invest in Opportunity**
- Update continuity of operations plan (SPC SWOT)
- Lobby/advocacy (SPC SWOT)

**Understand & Address Threats**
- Unforeseen emergent issues impact day to day operations (SPC SWOT)
- Pandemic (SPC SWOT)
- Government (regulatory environment, bureaucracy, regulations, confusing guidelines) (Partner SWOT)
Appendix L. Strategic Issue SPC Survey Questions

1. Please rate each strategic issue based on its potential to contribute to achievement of CCHD’s organizational mission and vision if selected as a priority.

*Mission: To promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community*

_Vision: Healthy People in a Healthy Community_

<table>
<thead>
<tr>
<th>Strategic Issue</th>
<th>Contribution to Mission/Vision</th>
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<tbody>
<tr>
<td>Public Health Workforce</td>
<td></td>
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<tr>
<td>Quality Improvement</td>
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<tr>
<td>Communication</td>
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<tr>
<td>Assessment/Evaluation</td>
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<tr>
<td>Collaboration/Partner &amp; Community Engagement</td>
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<tr>
<td>Health Equity</td>
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<tr>
<td>Plans/Policy/Law</td>
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Please provide any additional thoughts you have regarding the potential contribution the above strategic issues may have to achieving the mission/vision of CCHD

---

1 - Very unlikely that it will contribute to achievement of mission/vision
2 - Unlikely that it will contribute to achievement of mission/vision
3 - Likely that it will contribute to achievement of mission/vision
4 - Highly likely that it will contribute to achievement of mission/vision
2. Please rate each strategic issue based on the amount of resources (staff, expertise, financial resources, time, data etc.) CCHD has available to address the issue:

<table>
<thead>
<tr>
<th>Resources Available</th>
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<tbody>
<tr>
<td>Public Health Workforce</td>
</tr>
<tr>
<td>Quality Improvement</td>
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<tr>
<td>Communication</td>
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<tr>
<td>Assessment/Evaluation</td>
</tr>
<tr>
<td>Collaboration/Partner &amp; Community Engagement</td>
</tr>
<tr>
<td>Health Equity</td>
</tr>
<tr>
<td>Plans/Policy/Law</td>
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Please provide any additional thoughts you have regarding resources available to address the strategic issues above

Resources Available

1 - No resources available
2 - Few resources available
3 - Some resources available
4 - Many resources available
3. Based on the results of the environmental scan and the SWOT analysis conducted by the Strategic Planning Committee on 9/19/22, please rank the following Cortland County Health Department strategic issues from 1 (most important) to 7 (least important):

- [ ] Public Health Workforce
- [ ] Quality Improvement
- [ ] Communication
- [ ] Assessment/Evaluation
- [ ] Collaboration/Partner & Community Engagement
- [ ] Health Equity
- [ ] Plans/Policy/Law
Appendix M. Results of the Strategic Prioritization Survey

Q1
Please rate each strategic issue based on its potential to contribute to achievement of CCHD's organizational mission and vision if selected as a priority. Mission: To promote health, prevent disease, injury, and disability while enhancing the quality of the life within our community. Vision: Healthy People in a Healthy Community

Answered: 8  Skipped: 0

<table>
<thead>
<tr>
<th>Contribution to Mission/Vision</th>
<th>1 - VERY UNLIKELY THAT IT WILL CONTRIBUTE TO ACHIEVEMENT OF MISSION/VISION</th>
<th>2 - UNLIKELY THAT IT WILL CONTRIBUTE TO ACHIEVEMENT OF MISSION/VISION</th>
<th>3 - LIKELY THAT IT WILL CONTRIBUTE TO ACHIEVEMENT OF MISSION/VISION</th>
<th>4 - HIGHLY LIKELY THAT IT WILL CONTRIBUTE TO ACHIEVEMENT OF MISSION/VISION</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Workforce</td>
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Comments (2)

I think prioritizing weaknesses across strategic issues rather than by category would provide greatest "bang for the buck" with the exception of communication which should be prioritized as an issue category.

9/28/2022 01:58 PM  View respondent's answers  Add tags

Improving in all areas, working toward common objectives and goals, will contribute to achieving the mission/Vision. Have a clear and focused strategic plan keeps key players on track.

9/26/2022 03:55 AM  View respondent's answers  Add tags
Q2

Please rate each strategic issue based on the amount of resources (staff, expertise, financial resources, time, data etc.) CCHD has available to address the issue:

Answered: 8  Skipped: 0

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<th>2 - FEW RESOURCES AVAILABLE</th>
<th>3 - SOME RESOURCES AVAILABLE</th>
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Comments (0)

Q3

Based on the results of the environmental scan and the SWOT analysis conducted by the Strategic Planning Committee on 9/19/22, please rank the following Cortland County Health Department strategic issues from 1 (most important) to 7 (least important)

Answered: 8  Skipped: 0
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