



ALAMANCE COUNTY

HEALTH

DEPARTMENT

STRATEGIC PLAN
2016

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Introduction

The staff of Alamance County Health Department (ACHD) developed this strategic plan with assistance from Evident Analytics. It provides ACHD with a multi-year framework for organizational development. The Health Director and staff will review progress periodically and will review and update the plan annually as needed. This plan was developed through a four-month process, which included a period of data collection and analysis, a full day strategic planning retreat with ACHD leadership and community partners, and a full-staff meeting.. The process was facilitated by consultants from Evident Analytics, who used a variety of techniques including parallel thinking, participatory appraisal, and collaborative visualization to move from the identification of needs to the formulation of solutions. Specific attention was given to strategic alignment with the priorities identified in the recent Community Health Assessment (2015). The goals and action steps laid out in this document represent the consensus of community members and staff members regarding the challenges and opportunities that will likely impact ACHD over the next several years.

The Strategic Planning Process

Operational Plans, Improvement Plans, and Strategic Plans

The work of Alamance County Health Department is guided by a number of plans and policies which help shape the day-to-day function of the department towards continuous improvement and responsiveness to emerging priorities for the health of the community.

The most foundational guidance for the activities of ACHD is the network of policies and procedures that make up the de facto organizational plan for the department. The purpose of the policies and procedures is to provide specific details regarding the expectations of function of each role within the department specifically and the function of the department within the community more generally. This de facto organizational plan includes internal guidance documents (like job descriptions and organizational charts) but also incorporates governmental policies (at the local, state, and federal levels).

In addition, like every local health department in North Carolina, ACHD is informed by the periodic [Community Health Assessment \(CHA\)](#). The CHA aggregates secondary data about the health of Alamance County residents and the social determinants of health in our local communities, collects primary data about the health behaviors and perceptions of residents, and reports a basic analysis of this primary and secondary data to the stakeholders in the county. As a result of the most recent assessment process, three specific priority community health needs were identified: education, economic growth, and access to care. In an effort to address the priority needs identified in the CHA, ACHD works together with other agencies to create a Community Health Improvement Plan (CHIP) that guides the allocation of resources and services to address the key health issues in the county.

In addition to the operational plan and CHIP, the accreditation guidelines for local health departments require that each department also develop a strategic plan. The purpose of the strategic plan is to identify critical challenges to the department's ability to fulfill its mandate over the next 3-5 years and then specifically outline high-value action steps that will build on the strengths of the department, mitigate the impact of any weaknesses, and capitalize on emerging opportunities. The strategic planning process also involves data collection and analysis, but the focus of the strategic plan is not to identify the priority needs in the health of the community, but rather to determine the priority needs of the organization in being able to respond effectively to those aforementioned community-level responsibilities.

Preliminary Data Collection for Strategic Planning

The preliminary data collection for the strategic planning initiative for ACHD consisted of key informant interviews conducted onsite with individuals identified by the ACHD. Across two separate days of interviews, conducted by two separate consultants, a total of 12 key informants were interviewed on topics related to mission and function of the department, responding to the needs of the surrounding community, key organizational

partnerships, and definitions of success.

Following the interviews a stakeholder survey was deployed to address more specific themes identified through the key informant interviews and secondary data analysis. Respondents were invited to indicate the degree to which they agreed with 21 items measured on a five-point scale ranging from “Strongly Agree” to “Strongly Disagree”. The survey was deployed by email on April 24th, 2016 to 115 employee email addresses provided by ACHD and remained open for one month. As of May 27th, 2016 the survey had 53 responses for a response rate of 46%. Three items from the previous ACHD employee survey were included in this survey to check for relevant trends.

QUALITATIVE FINDINGS

Mission and Function

Participants expressed a common understanding of the charge of the ACHD to be an entity that assesses and addresses the health, safety, and quality of life issues facing Alamance county and the surrounding areas. As one respondent described it:

We are called to be the educators and protector for those without a voice. In order to do that we've built strong partnerships with multiple organizations.

In general ACHD employees mentioned a focus on education, health promotion, partnerships, and planning. While the theme of assessment, education, and provision of clinical services (to some extent) were acknowledged widely by participants, several noted disconnect between the outward or public perception of the mission and services of ACHD.

People tend to think of us as maybe a “last chance provider”, but we are so much more. The majority of our work isn't necessarily clinical, but the public doesn't think of stuff like disaster prep or environmental health.

Community Needs

Responses to perceived community needs typically focused on social structures, support, and resources rather than on disease state. This aligns with the focus of the most recent community health needs assessment which is shifting the focus towards impacting access, education, and partnerships for health promotion. Related to these areas participants cited budgetary concerns, Medicaid reforms, and uncertain political environments as elements influencing the ability of ACHD to respond to these needs. In discussing funding for disaster preparedness one respondent explained:

The funding for disaster responses initiatives is depleted and unfortunately money always lags behind some major event like Ebola cases for example that bring it back into the light.

Issues surrounding access and qualified staff to provide services and current efforts to work around these barriers were also a common theme:

The problem is that too many people carry too many responsibilities. So we make it work by partnering with the hospital and peds offices for referrals [discussing breast feeding education and lactation consulting services].

Likewise, one respondent felt that the workload for certain departments undermined their ability to deliver educational and health promotion programming:

It really just feels like case management at this point. We can't get out in front of it with the education side because there aren't enough of us to make it work.

Organizational Partners

All participants interviewed expressed a great deal of enthusiasm and pride in the breadth and depth of community partnerships. Specifically the alignment of priorities and first-year action plans among multiple agencies was perceived to be a positive response to the community needs. In fact, one participant suggested:

We need a position to deal exclusively with community partnerships....or maybe a position to deal with more daily stuff to free up [the director] to handle the partnerships more? They're pretty important to our mission.

When asked to provide suggestions for new or additional partnerships, few participants were able to provide additions; however two participants suggested more involvement with local physicians.

Experiences of success

Participants shared their perspectives on markers of success for ACHD which included sustained collaborations with community partners with emphasis on highlighting the results of these close partnerships, implementations of process evaluation methods for staff, satisfaction surveys for clinical services, and epidemiological markers of increased health and quality of life for the community.

SURVEY DATA ANALYSIS

As a measure of internal consistency, Cronbach's Alpha for the survey items ($\alpha = 0.93$) was much higher than the necessary threshold for reliability ($\alpha > 0.70$). Results were analyzed by dichotomizing the data (grouping "Strongly Agree" and "Agree" together, in contrast to all other responses) and by analyzing the mean using the five interval scale (with "5" equating to "Strongly Agree"). By definition, retaining the five-point scale ratings increases the sensitivity of analysis; however, the dichotomized data is less influenced by discordant individual responses.

Survey items that measured the respondent's perception of his/her own contribution to the mission of the department were the highest rated items. That is, individuals tended to perceive themselves as doing valuable, mission-critical work for which they felt they were held accountable (see Table I).

Table I. Highest Rated Survey Items

Item	% Agree (Dichotomized)	Mean Rating (5-Point)
I feel like the work that I do adds value to the community.	88.7%	4.21
For the most part, my daily activities are directly tied to the mission of the department.	88.7%	4.17
I am held accountable for the results I produce.	84.9%	4.06

On the contrary, there were a number of survey items to which respondents, as a group, largely disagreed. These items fell into three broad categories: (1) Community Awareness, (2) Conflict & Decision-Making, and (3) Shared Accountability. Generally, respondents felt that the community is unaware of the scope of departmental activities, that decision-making processes are restrictive, and that others in the organization are not held accountable to the degree in which they see themselves as being held accountable (see Table II).

Table II. Lowest Rated Survey Items

Item	% Agree (Dichotomized)	Mean Rating (5-Point)
<i>COMMUNITY AWARENESS</i>		
The community is aware of the scope of clinical services provided by the ACHD.	30.2%	2.92
The community is aware of the scope of non-clinical services provided by the ACHD.	20.8%	2.69
<i>CONFLICT & DECISION-MAKING</i>		
Management lets me know about changes before they are made.	30.2%	2.72
I am invited to be a part of decision-making.	39.6%	2.79
I feel good about the organizations way of dealing with conflict.	37.7%	2.91
<i>SHARED ACCOUNTABILITY</i>		
I have the opportunity to provide evaluative feedback on peers and supervisors.	26.4%	2.67
The ACHD consistently holds employees accountable for the results they produce.	35.8%	2.90

In addition, several questions were asked to provide current updates to staff survey items that had been administered during two previous staff surveys (2013 & 2014).

Interestingly, with the items “Management lets me know about changes before they are made” and “I feel good about the organization’s way of dealing with conflict” the improvements documented in the 2014 survey responses seem to have diminished as 2016 numbers have returned to 2013 levels (see Trend Data tables and charts on the following page).

Results from the survey suggests that the strategic planning process for the organization incorporate action items designed to leverage individual investment and sense of purpose to (1) increase confidence in communication, decision-making, and conflict management process within the organization and (2) build awareness of the department’s scope of activity outside of the organization. Additionally, the survey suggests that the department may benefit from consideration of more robust accountability and feedback systems (e.g., 360 Degree Feedback, etc.).

Strategic Planning Retreat

On June 17, a group of stakeholders—including representatives of ACHD staff, other county government/agencies (Department of Social Services, Board of Health, County Manager Office, Board of Commissioners), external partners (Impact Alamance, Cone Health, Health Alamance), and community members—met together to review the preliminary data, identify priority strategic planning needs, create goals to meet the needs, and enumerate action steps that would be reasonably calculated to achieve those goals.

The [agenda](#) for the day was organized around the five-phases of the CLEAR process.

Center (Value Affirmation)

Before beginning strategic planning, the process began by reconnecting stakeholders to the mission, vision, and values of ACHD. Through the value affirmation exercises, participants identified a range of important shared personal and organizational values—specifically adaptability, collaboration, community, accountability, service, committed, and compassion. These values were also considered against a list of organizational values compiled from the pre-retreat survey.

Leverage (Asset Inventory)

Drawing from approaches used in Asset-Based Community Development, the planning process started in earnest with an inventory of leverageable assets—specifically in the categories of Mastery (competency-based assets), Machinery (systems-level assets), and Momentum (antecedental assets). In three groups, participants identified the 3M assets for each of the three CHA priorities—[education](#), [economic issues](#), and [access to care](#).

Evaluate (Needs Identification)

Working in small groups to engage perspectives from as many team members as possible, retreat participants provided diverse perspectives on present and future needs, organized the feedback into actionable categories, and prioritizing these areas of need through an iterative “Ten Rocks” consensus-building participatory appraisal process.

Aspire (Solution Creation)

In our “solution-storming” session, the board and staff addressed high-priority needs with innovative approaches. These creative solutions became influential to the action-planning of the final phase of the process.

Resolve (Action Planning)

The crucial final phase of the process attempts to harmonize the aforementioned aspirations with the realities of organizational capacity, external pressures, stakeholder thresholds, and acceptable timeframes. Subsequently, these same groups outlined rudimentary action steps and timetables. The Resolution work is summarized in the following ways: (1) a [Strategic Plan](#) (which provides action steps for each goal), and (3) a [Chronological Action Checklist](#) (which re-aligns action steps by month and year of anticipated completion).

Staff Meeting

On June 28, the priority areas and goals were shared with all members of the ACHD staff. In the meeting, staff members worked in small groups [to outline their responsibilities with respect to each of the three CHA priority areas](#), [to identify the most important guiding values for the organization](#), and to begin brainstorming section-specific communication strategies for the department. In fact, the staff meeting not only served to confirm and refine the strategic planning work, but also the staff actually completed some of the first action steps from the plan.

Strategic Priorities

As a result of the strategic planning process—specifically the strategic planning retreat—a total of four strategic priorities were identified. These four needs encompass a range of internal and external considerations deemed to be critical to the ACHD’s ability to fulfill its mission generally and the identified CHA priorities specifically. The following statements define the multi-dimensional strategic priorities, which the strategic plan’s action steps are intended to address:

1. **VALUES-DRIVEN LEADERSHIP:** The staff and partners of ACHD identified the need for the culture of the department to be reshaped around a set of core values to which all employees commit themselves. Internally, the focus on these values would increase morale and enhance the spirit of collaboration. Externally, adopting a specific focus on essential values will help improve the quality of interactions with clients and ultimately improve client satisfaction. A specific set of values would be articulated and all employees in all interactions in every phase of the work would be held accountable to these values.
2. **ORGANIZATIONAL STANDARDS FOR ACCOUNTABILITY:** In the pre-retreat survey and in discussions during the strategic planning retreat, individuals expressed concerns that the accountability systems in the department were inadequately defined and inconsistently applied. Internally, clarity in accountability builds trust among coworkers and supervisors and cultivates a stronger sense of fairness in the workplace. In addition, higher standards for accountability should facilitate improvements in management practices and quality improvement for service delivery. Specific action items need to be developed to clarify expectations and provide more robust systems of feedback and accountability.
3. **COMMUNITY ALIGNMENT & AWARENESS:** In key informant interviews as well as in the surveys and in discussions during the retreat, many staff members indicated that effectiveness of ACHD is hindered by the general public’s incomplete understanding and consequent under-appreciation of scope of the department’s work. This limited appreciation of the department’s activities not only erodes the morale of the ACHD staff but also inhibits the effectiveness of the department by underestimating the resources required (ultimately impacting the allocation of resources) and by undervaluing the impact of the promotion and protection work of the various sections in the department. The strategic plan should address improvements in communication with public about the range and quality of services provided by ACHD and also should provide a structure for capitalizing on alignments with external community initiatives and interagency collaborations.
4. **FUNDING RESOURCES:** The final strategic priority identified during the strategic planning retreat centered in the need for ACHD to pursue additional and more resilient funding—particularly for its non-clinical endeavors. Specifically, the strategic plan should address specific approaches to increase grant-seeking activities as well as developing more comprehensive approaches to advocacy for substantial investments into the facilities, programs, and services provided by ACHD.

Strategic Plan

Goal	Step	Evaluation	Person(s) Responsible	Timeline
1.1 Establish at least 3 agency values	Identify top ten values as determined by pre-retreat survey.	Staff meeting agenda	Clerk to the Board	Jun-16
	Engage staff in prioritizing at least the top 3 values using the "rocks"	Staff meeting agenda	Clerk to the Board	Jun-16
	Create "values" document that is shared with staff	Email/photos of building	TWHW Representative & Health Director	Aug-16
	Create the "Values Workgroup"	Mgmt Team minutes	Management Team	Oct-16
	Incorporate values language into media platform, emails, etc.	Emails, website, Facebook	Values Workgroup & Management Team	Feb-17
	Rollout values to staff by workgroup	Quarterly staff meeting agenda	Values Workgroup	April-17
1.2 Achieve understanding of values from 100% of staff	Utilize training tools like video, webinars, etc. that demonstrate the identified agency values	Section meeting agendas and minutes	Values Workgroup & Management Team	June-17
	Collect data of completion of training by quiz and/or certificate of completion	Report completed by Values Workgroup	Supervisors & Management Team	Aug-17
	Implement "value moments" that are delivered by health director to staff that reiterates values and their importance to mission	Agendas from staff meetings	Health Director	Dec-17 and ongoing

1.3 Create system for performance evaluations that is tied to values	Identify behaviors that exemplifies the values--engage staff using "rocks" to identify behavior for each discipline	Section meeting agendas and minutes	Section Leads	Nov-17
	Utilize the Values Workgroup to create specific measures related to each behavior	Workgroup minutes	Values Workgroup	Dec-17
	Revise performance evaluations so that identified values are incorporated into the evaluations	Completed performance evaluations	Values Workgroup & Management Team	Jan-17
	Incorporate metrics for accountability into revised performance evaluations	Completed performance evaluations	Values Workgroup & Management Team	Jan-18
1.4 Enhance communication skills between management/supervisors and employees	Create a Leadership Academy training program for capacity building using topics surrounding communication and interpersonal dynamics.	Present Leadership Academy program to management team and collect data on training needs of current supervisors.	Elon-Alamance Health Partner	Nov-16
	Successful completion of first cohort of Leadership Academy with results evaluated.	Present leadership academy year 1 data to Board of Health.	Elon-Alamance Health Partner and Administration Staff	Aug-17
	Modify staff meeting schedule to be held on a monthly basis instead of quarterly.	Schedule will be successfully changed and staff will be notified of this change.	Administrative Staff	Jan-17

2.1 Develop section-specific standards for accountability	Implement state standards for practice management in clinics	Use as an Accreditation Standard	Clinical Management Team Lead	July-17
	Change/review job descriptions for each position in each section	Stacie reports all complete by Dec 2016	Supervisors & Management Team	July-17
	Change/develop new performance evaluations for each position in each section	Ariana reports all complete by July 2018	Supervisors & Management Team	Jul-17
	Incorporate new section-specific standards into new employee orientation	Supervisors will complete new employee orientation checklists	Supervisors	July-17
	Involve staff in creating new standards for their sections	Section supervisors will provide feedback to admin	Supervisors in each section	Oct-16
	Research other models for practice management (statewide in other health depts)	Minutes from Clinical Management Team mtg with evidence of their models discussed	Clinical Management Team Lead	Jul-17
2.2 Generate new strategies for soliciting client feedback	Staff member-specific client evaluations tied to performance management, distributed in clinic or by mail (?)	Use as an Accreditation Standard	QI Team	Jul-18
	Review past client feedback and establish understanding of priorities	Minutes from meetings	Client Feedback Committee	Jul-17
	Change policy about client feedback	New policy on intranet; BOH & Mgmt Team minutes	Client Feedback Committee	Jan-18

	Research and determine best fit for new way to administer client feedback survey	Minutes from meetings; approval of new communication channels	Client Feedback Committee	Nov-17
2.3 Establish new policies and procedures for quality improvement	Form subcommittee in Health Dept to work with QI group on projects (representation from each section)	Sign in & minutes from meeting	Health Ed & PIO	Jan-17
	Identify QI team and approve time for meeting schedule with supervisors	Sign-in sheet at first QI Team mtg	QI Lead	Sep-16
	Establish list of QI projects & priorities using staff feedback	QI team email to all staff list; agenda for staff meeting	QI Team	Jul-17
	Review old QI policy and revise to reflect new plan	Updated policy approved on Intranet; minutes from BOH & Mgmt Team	QI Lead	Jan-17
3.1 The community will be aware of the Health Department's mission and services.	Determine measurement (including baseline, % increase, and tools for measurement)	Elon Poll	Health Education	Nov-17
	Increase awareness and develop a communication plan (including expansion of Annual Report, social media posts, develop communications plan, "What Does Public Health Do for You?", Speakers Bureau)	Number of annual reports distributed, number of FB likes/posts, presentation of communications plan to health director, number of presentations/talks; Elon Poll	Health Edu/PIO	

	Develop Perceptions Committee (focus on landscapes and building condition)	Committee minutes & Action plan	QI Team	Feb-18
	Research how other health departments have improved perceptions	Presentation of research findings to committee & health director	Perceptions Committee	March-18
	Customer service training in combination with trauma informed care	Number of staff trained; client satisfaction surveys	Perceptions Committee and Mgmt Team	Jan-18
3.2 The community will have a positive perception of the Health Department	Develop a communications plan	Elon Poll	Health Ed, PIO, MT	Dec 17/Jan17
	Develop a Perceptions Committee (focus on landscape and building condition)	Committee minutes and action plan	QI Team	Feb 18
	Research how other health departments have improved perceptions	Presentation of research findings to committee and health director	Perceptions Committee	March 18
	Customer Service training	Number of staff trained; client and community satisfaction surveys	Perceptions committee and MT	Jan 18
3.3 The Health Department will provide meaningful contributions that will result in accomplishment of Alamance Achieve's goals.	Determine fiscal and staff dedicated to Alamance Achieves	Alamance Achieves metrics	Health Director and Mgmt Team	Dec-18
	Communicate the Health Department's role in the Alamance Achieves initiative to community partners and staff	Number of presentations	Health Director	Quarterly staff mtgs
	Determine staff participation in the Education focused cradle to career initiative's Alamance Achieve network(s).	Number of staff participants in network	WIC, Health Ed, Dental, Child Health	Dec-17
	Continue to align resources and priorities each budget year for Alamance Achieves	Budget from previous year	Health Director	Ongoing
4.1 Increase funds received/maintain what we receive from local	Establish local government funding benchmark	Create benchmark based on 15/16 numbers.	Business Officer	Jun-16

government (Using 2015-2016 as benchmark)	Form public health funding champions group to speak/advocate on behalf of the health department	Roster and meeting minutes.	Outreach Coordinator	Dec-16
	Use staff to educate county management and BOC regarding how we use county allocated funds/how cuts affect services to community	BOC meeting minutes	Health Director	ongoing
	Create maintenance of effort contract with county to ensure benchmark funding levels are at least maintained	Signed contract on file	Health Director; Business Officer; Legal	May-17
4.2 Establish cost sharing with ARMC to provide Medical Director services	Contract negotiation	Signed contract on file	Health Director; Legal Department; ARMC Representatives	Oct-16
	Determine how much money can be allocated to this effort	Meet with ARMC	Business Officer	Jun-16
	Determine exact medical services needed and number of physicians needed to ensure backups	Study a productivity report.	Health Director; Director of Nursing	Jun-16
	Finalize contract (all parties sign)	Signed contract on file	Health Director; ARMC	Jan-17
	Evaluate people in positions and effectiveness of contract (change as appropriate)	Conduct a six month and annual performance evaluation.	Health Director; Director of Nursing; Business Officer; ARMC Leadership; ARMC Physicians Involved	6 months/ Annually

4.3 Increase grant funding annually by 5% (using benchmark of FY2015-2016)	Create grant team, put together by the Management Team	Mgmt Team minutes	Health Education, Health Director	Sept-16
	Hire grant writer or assign grant writing and research duties to current staff	Review job descriptions and change as needed.	Health Education, Health Director	Nov-16
	Research grant awards/opportunities with priority given to Access to Care, Education and Poverty related initiatives.	Minutes from grant team meetings	Named Grant writer	Ongoing
	Vet grant opportunities to appropriate staff/sections	Section meeting minutes	Named Grant writer	Ongoing
	Apply for appropriate/approved grant opportunities	Line items in HD annual budget	Grant Team	Ongoing
	Implement awarded grants and report as required	Agreement Addendas on Intranet	Grant Project Manager	Ongoing
	Develop grant writing procedures as approved by Management Team	Procedure on Intranet	Grant Team	Dec-16

Action Steps (Chronological)

2016

June

- ☐ Determine exact medical services needed and number of physicians needed to ensure backups
- ☐ Determine how much money can be allocated to this effort
- ☐ Engage staff in prioritizing at least the top 3 values using the "rocks"
- ☐ Establish local government funding benchmark
- ☐ Identify top ten values as determined by pre-retreat survey.

September

- ☐ Create grant team, put together by the Management Team
- ☐ Identify QI team and approve time for meeting schedule with supervisors

October

- ☐ Contract negotiation
- ☐ Create the "Values Workgroup"
- ☐ Involve staff in creating new standards for their sections

November

- ☐ Hire grant writer or assign grant writing and research duties to current staff
- ☐ Increase awareness and develop a communication plan (including expansion of Annual Report, social media posts, develop communications plan, "What Does Public Health Do for You?", Speakers Bureau)

December

- ☐ Develop grant writing procedures as approved by Management Team
- ☐ Form public health funding champions group to speak/advocate on behalf of the health department

August

- ☐ Create "values" document that is shared with staff

2017

January

- ☐ Develop a communications plan
- ☐ Finalize contract (all parties sign)
- ☐ Form subcommittee in Health Dept to work with QI group on projects (representation from each section)
- ☐ Modify staff meeting schedule to be held on a monthly basis instead of quarterly.
- ☐ Review old QI policy and revise to reflect new plan
- ☐ Revise performance evaluations so that identified values are incorporated into the evaluations

February

- ☐ Incorporate values language into media platform, emails, etc.

April

- ☐ Rollout values to staff by workgroup

May

- ☐ Create maintenance of effort contract with county to ensure benchmark funding levels are at least maintained

June

- ☐ Utilize training tools like video, webinars, etc. that demonstrate the identified agency values

July

- ☐ Change/develop new performance evaluations for each position in each section
- ☐ Change/review job descriptions for each position in each section
- ☐ Establish list of QI projects & priorities using staff feedback
- ☐ Implement state standards for practice management in clinics
- ☐ Incorporate new section-specific standards into new employee orientation
- ☐ Research other models for practice management (statewide in other health depts)
- ☐ Review past client feedback and establish understanding of priorities

November

- ☐ Create a Leadership Academy training program for capacity building using topics surrounding communication and interpersonal dynamics.
- ☐ Determine measurement (including baseline, % increase, and tools for measurement)
- ☐ Identify behaviors that exemplifies the values--engage staff using "rocks" to identify behavior for each discipline
- ☐ Research and determine best fit for new way to administer client feedback survey

December

- ☐ Determine staff participation in the Education focused cradle to career initiative's Alamance Achieve network(s).
- ☐ Implement "value moments" that are delivered by health director to staff that reiterates values and their importance to mission
- ☐ Utilize the Values Workgroup to create specific measures related to each behavior

August

- ☐ Collect data of completion of training by quiz and/or certificate of completion
- ☐ Successful completion of first cohort of Leadership Academy with results evaluated.

January

- ☐ Incorporate metrics for accountability into revised performance evaluations

2018**January**

- ☐ Change policy about client feedback
- ☐ Customer Service training
- ☐ Customer service training in combination with trauma informed care

February

- ☐ Develop a Perceptions Committee (focus on landscape and building condition)
- ☐ Develop Perceptions Committee (focus on landscapes and building condition)

March

- ☐ Research how other health departments have improved perceptions

July

- ☐ Staff member-specific client evaluations tied to performance management, distributed in clinic or by mail (?)

December

- ☐ Determine fiscal and staff dedicated to Alamance Achieves

Ongoing

- ☐ Apply for appropriate/approved grant opportunities
- ☐ Communicate the Health Department's role in the Alamance Achieves initiative to community partners and staff
- ☐ Continue to align resources and priorities each budget year for Alamance Achieves
- ☐ Evaluate people in positions and effectiveness of contract (change as appropriate)
- ☐ Implement awarded grants and report as required
- ☐ Research grant awards/opportunities with priority given to Access to Care, Education and Poverty related initiatives.
- ☐ Use staff to educate county management and BOC regarding how we use county allocated funds/how cuts affect services to community
- ☐ Vet grant opportunities to appropriate staff/sections

Defining the Key Values: IntACCT

Key Value: Integrity

Definition: We will maintain a commitment to our vision with honesty, a strong sense of our values and an agency philosophy of “doing the right thing even when no one is watching.”

Connection to CHA Priority of ACCESS TO CARE:

- Provide the highest quality services possible to our clients; Ensure services are delivered as promised to the clients that need them.

Connection to CHA Priority of EDUCATION:

- Education without bias
- Fulfill obligations to the school system (healthy child = educated child)

Connection to CHA Priority of POVERTY:

- Advocate for clients and communities to receive equitable resources and care
- Serve clients and community without bias or prejudice

Key Value: Accountability

Definition: We acknowledge our responsibility to citizens/community for appropriate and judicious use of funds and protection of the public's health, taking responsibility for the performance of job duties as assigned through collection and review of measureable outcomes throughout all levels of the organization.

Connection to CHA Priority of ACCESS TO CARE:

- In order to provide quality services to the community staff must be available and on-time
- In order to provide quality services to the community (and the internal agency) timely response to client and co-worker requests are required

Connection to CHA Priority of EDUCATION:

- Information provided to the community/clients must be accurate, consistent, and appropriate to the intended audience
- Collaboration with local schools to provide immunizations for students

Connection to CHA Priority of POVERTY:

- Staff will provide information to clients regarding resources such as Link Transit, library internet resources, etc.
- All clients will be treated with dignity and respect regardless of income level

Key Value: Communication

Definition: Correspondence in all forms (written, verbal, phone or email) will result in a clear, concise, respectful, simple, compassionate, and culturally appropriate interaction to reach a mutual understanding.

Connection to CHA Priority of ACCESS TO CARE:

- Promote the entire scope of services to clients
- Promote the entire scope of community partnerships and resources to clients
- Build and leverage relationships with new and current providers; build network of providers
- Showcase services at community events

Connection to CHA Priority of EDUCATION:

- Address health literacy in order to emphasize the connections between individual behaviors and overall health
- Make explicit (and promote) the role of public health in increasing high school graduation rates, career training and productivity, and college enrollment (Ex: Decreasing teen pregnancy rates increases high school graduation rates; immunizations help decrease absenteeism at work/school)
- Seek out new partnerships to promote the scope of services and impact of public health (Ex: Faith communities)

Connection to CHA Priority of POVERTY:

- Promote resources related to housing and referrals to clients
- Make clear the connections between poverty and diminished health outcomes
- Advocate for resources and policies to reduce the burden of poverty in the community

Key Value: Compassion

Definition: We will strive to provide an environment that promotes nurturing and empathy for others and their needs by meeting them “where they are” and show kindness to those using our services.

Connection to CHA Priority of ACCESS TO CARE:

- To empower clients through excellent customer service that ensures they receive the information and tools needed to access care/resources in our community.

Connection to CHA Priority of EDUCATION:

- Provide education in a manner that respects individuality, culture, gender and gender identity, age, race and ethnicity, disability, socioeconomic status and sexual orientation.

Connection to CHA Priority of POVERTY:

- Maintain an awareness of situational contexts of clients; Consistently demonstrate empathy in the provision of services to meet the unique needs of clients who are living in poverty.

Key Value: Teamwork

Definition: We will work together as a group, supporting one another, communicating effectively to bring health to our community.

Connection to CHA Priority of ACCESS to CARE:

- Coordinate services at point of care with licensed provider (i.e., other services seen same day or at least schedule apt?)
- Educate all staff so the scope of available resources are known
- Increase awareness by nurse to “see” client as needing more than just the service they are presenting for and how agency might accommodate the needs of the client with same day series and coordination, etc.
- Explore ways to have clients meet with other service providers while waiting

Connection to CHA Priority of EDUCATION:

- Improve knowledge of staff related to community agencies and available services
- Participation in outreach activities – consideration of how opportunities are communicated both internally and to the community

Connection to CHA Priority of POVERTY:

- Increase awareness of service eligibility for clients
- Increase awareness of community resources for clients
- Build partnerships with faith based organizations for outreach and service delivery
- Develop and distribute promotional materials that highlight resources (and eligibility) community wide
- Involve local motels to promote and distribute information regarding resources for clients and community

ANNOTATED BENCHMARK 15 (HDSAI)

This benchmark addresses the need for the agency to have current plans and policies in place. The activities focus on the development, implementation and training on departmental policies and plans. Benchmark 15 also requires an agency strategic plan. All plans and policies should give guidance and direction to the department in its efforts to improve the health of the community.

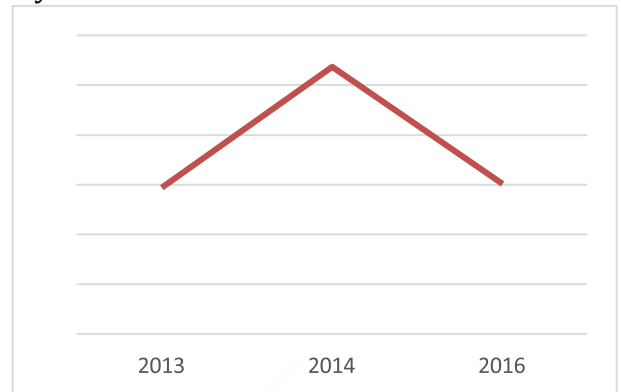
Standard: Agency Core Functions and Essential Services	
Function: Policy Development	
Essential Service 5: Develop policies and plans that support individual and community health efforts.	
Benchmark 15: The local health department shall develop plans to guide its work.	
Activity 15.1: The local health department shall develop or update annually an agency strategic plan that:	EVIDENCE
<ul style="list-style-type: none"> includes a review and analysis of factors influencing the health department's ability to improve the community's health, 	The strategic planning process included a specific review of a number of factors impacting the ability of ACHD to improve the community's health—including a review of quantitative data , a review of qualitative data , and needs identification during the strategic planning retreat
<ul style="list-style-type: none"> uses local health status data and information to set goals and objectives, 	Through every level of the strategic planning process, the CHA priorities were explicitly incorporated—including the asset mapping process , the collaborative visualization exercises , and the definition of core values .
<ul style="list-style-type: none"> uses community input where applicable, 	Community members were involved in both the key informant interviewing process and the strategic planning retreat .
<ul style="list-style-type: none"> states desired outcomes for each element, 	Outcomes were developed by the stakeholders at the strategic planning retreat and were refined by the staff at the full staff meeting and by management team subsequently. Outcomes are arranged both by goal and also by timeline .
<ul style="list-style-type: none"> sets priorities, and 	The Strategic Priorities were clearly outlined as a result of the assessment process and in alignment with the department's efforts to address the CHA priorities.
<ul style="list-style-type: none"> uses community collaborations to implement activities. 	Community collaborators were both actively involved in the planning process and also are explicitly identified as partners in implementation of the plan (see 4.2).

STAFF SURVEY – DATA

TREND DATA

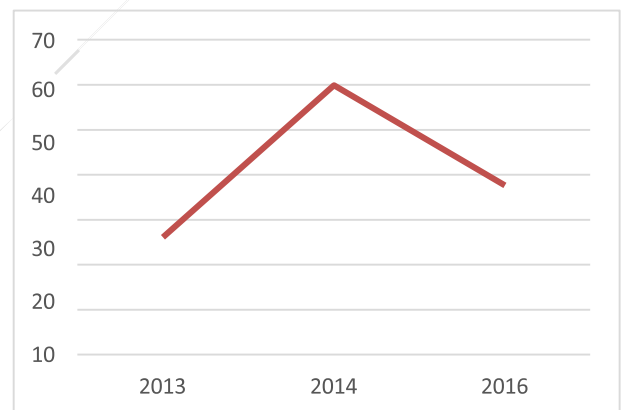
Management lets me know about changes before they are made.

Year	2013	2014	2016
% Agree	29.4	53.7	30.2
<i>n</i>		67	53



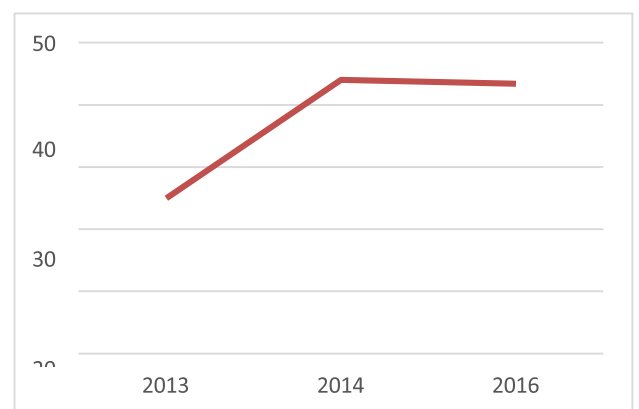
I feel good about the organization's way of dealing with conflict.

Year	2013	2014	2016
% Agree	26.2	60	37.7
<i>n</i>		67	53



People who make decisions in the organization know what is going on at my level.

Year	2013	2014	2016
% Agree	25	44	43.4
<i>n</i>		67	53



Frequency Tables

The department's mission is communicated clearly to all staff.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	18	34.0	34.0	34.0
	Strongly Agree/Ag	35	66.0	66.0	100.0
	Total	53	100.0	100.0	

The department's mission is communicated clearly to the residents of Alamance County.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	37	69.8	69.8	69.8
	Strongly	16	30.2	30.2	100.0
	Total	53	100.0	100.0	

The community is aware of the scope of clinical services provided by the ACHD.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	37	69.8	69.8	69.8
	Strongly Agree/Ag	16	30.2	30.2	100.0
	Total	53	100.0	100.0	

The community is aware of the scope of non-clinical services provided by the ACHD.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	42	79.2	79.2	79.2
	Strongly Agree/Ag	11	20.8	20.8	100.0
	Total	53	100.0	100.0	

Deployment of resources is well-aligned with the mission and scope of the ACHD.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	31	58.5	58.5	58.5
	Strongly Agree/Ag	22	41.5	41.5	100.0
	Total	53	100.0	100.0	

For the most part, my daily activities are directly tied to the mission of the department.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutr	6	11.3	11.3	11.3
	Strongly Agree	47	88.7	88.7	100.0
	Total	53	100.0	100.0	

I feel like the work that I do adds value to the community.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutr	6	11.3	11.3	11.3
	Strongly Agree	47	88.7	88.7	100.0
	Total	53	100.0	100.0	

I have adequate resources to accomplish the tasks that I am given.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	20	37.7	37.7	37.7
	Strongly Agree/Ag	33	62.3	62.3	100.0
	Total	53	100.0	100.0	

People who make decisions in the organization know what is going on at my level.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	30	56.6	56.6	56.6
	Strongly Agree/Ag	23	43.4	43.4	100.0
	Total	53	100.0	100.0	

Management lets me know about changes before they are made.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	37	69.8	69.8	69.8
	Strongly Agree/Ag	16	30.2	30.2	100.0
	Total	53	100.0	100.0	

When a decision is made, appropriate resources are allocated to accomplish the new tasks.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	33	62.3	62.3	62.3
	Strongly Agree/Ag	20	37.7	37.7	100.0
	Total	53	100.0	100.0	

I am invited to be a part of decision making.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	32	60.4	60.4	60.4
	Strongly Agree/Ag	21	39.6	39.6	100.0
	Total	53	100.0	100.0	

Our department has the talent that we need to achieve our mission.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	17	32.1	32.1	32.1
	Strongly Agree/Ag	36	67.9	67.9	100.0
	Total	53	100.0	100.0	

Roles and responsibilities are clearly defined in our department.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	26	49.1	49.1	49.1
	Strongly Agree/Ag	27	50.9	50.9	100.0
	Total	53	100.0	100.0	

I feel good about the organization's way of dealing with conflict.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	33	62.3	62.3	62.3
	Strongly Agree/Ag	20	37.7	37.7	100.0
	Total	53	100.0	100.0	

Systems are in place to ensure that critical work gets done (e.g., cross-training of job duties/functions).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	30	56.6	56.6	56.6
	Strongly Agree/Ag	23	43.4	43.4	100.0
	Total	53	100.0	100.0	

I am evaluated using performance criteria that is clear.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree/Neutral	22	41.5	41.5	41.5
Strongly Agree/Ag	31	58.5	58.5	100.0
Total	53	100.0	100.0	

The feedback I receive from my supervisor is clear and helpful.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree/Neutral	22	41.5	41.5	41.5
Strongly Agree/Ag	31	58.5	58.5	100.0
Total	53	100.0	100.0	

I have the opportunity to provide evaluative feedback on peers and supervisors.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree/Neutral	39	73.6	73.6	73.6
Strongly Agree/Ag	14	26.4	26.4	100.0
Total	53	100.0	100.0	

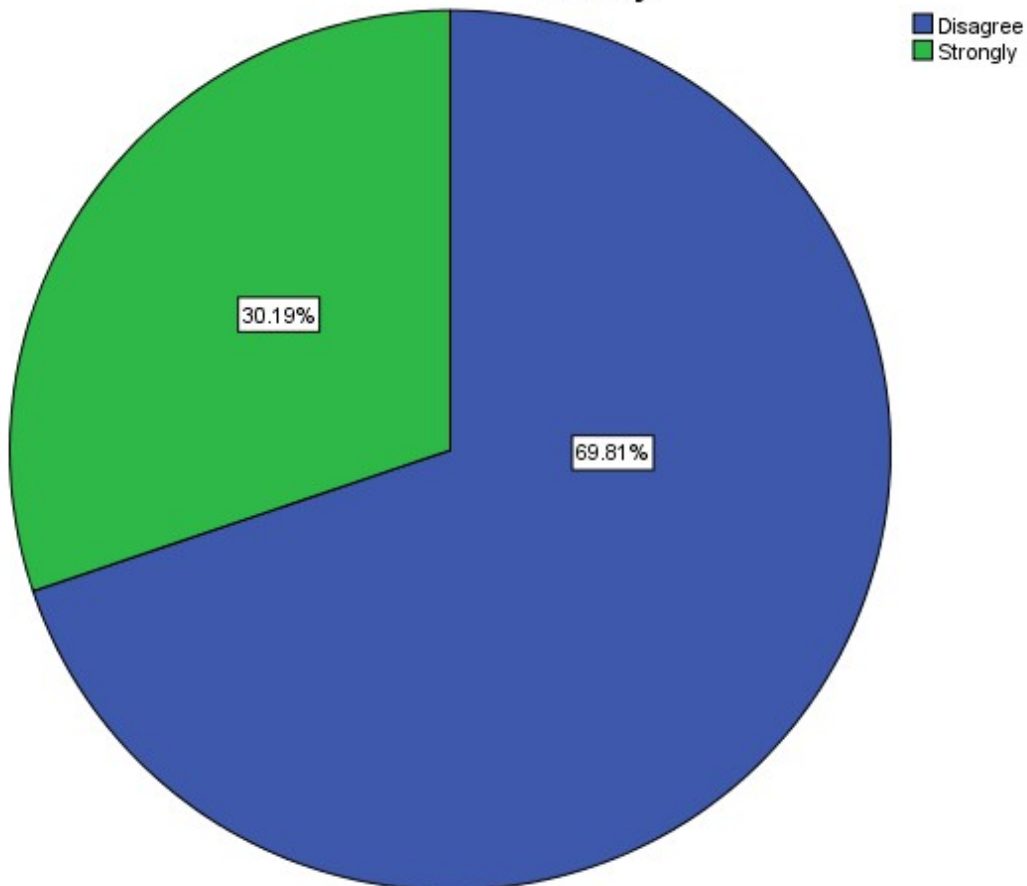
I am held accountable for the results I produce.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Disagree/Neutr	8	15.1	15.1	15.1
Strongly Agree	45	84.9	84.9	100.0
Total	53	100.0	100.0	

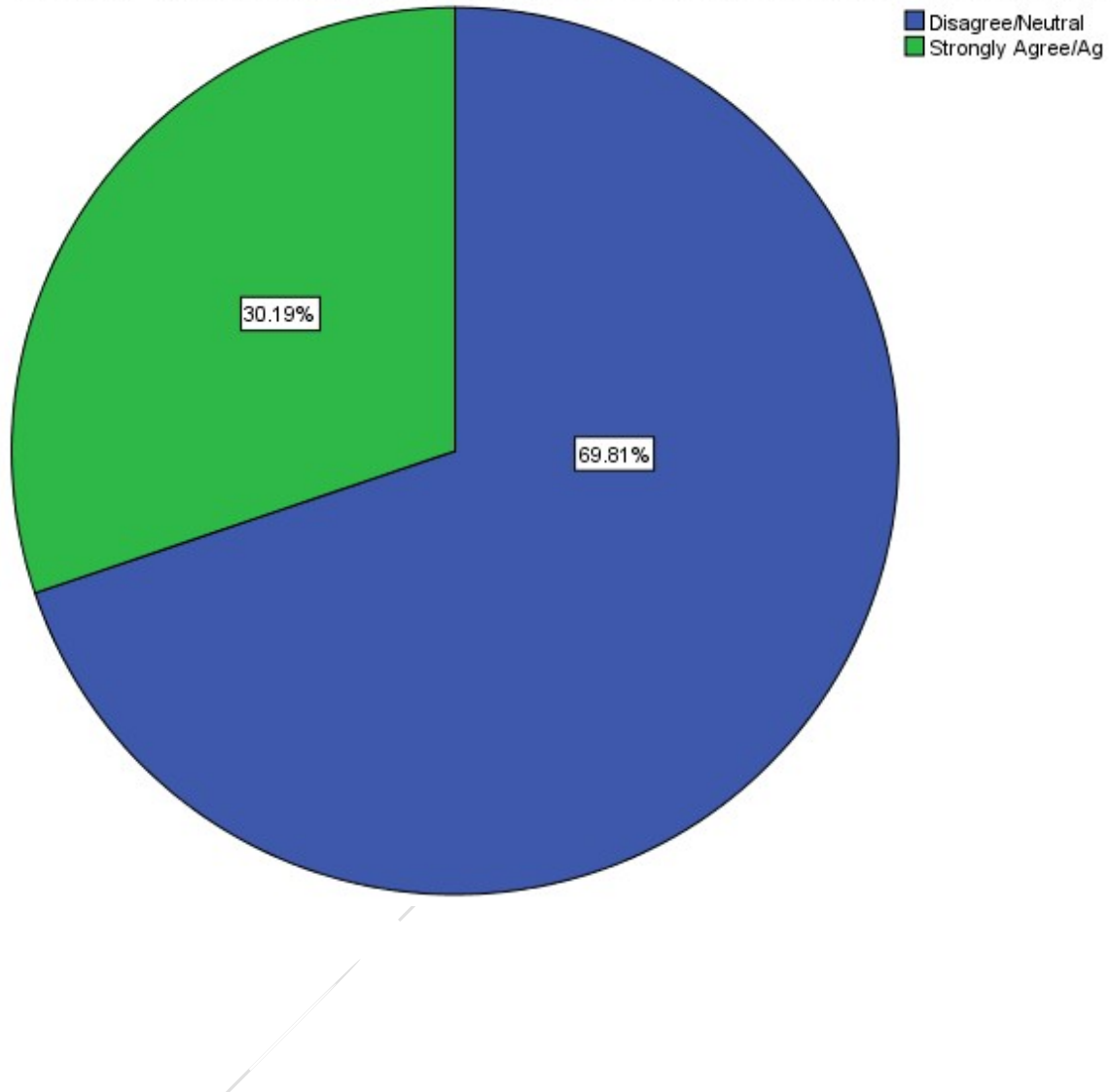
The ACHD consistently holds employees accountable for the results they produce.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree/Neutral	34	64.2	64.2	64.2
	Strongly Agree/Ag	19	35.8	35.8	100.0
	Total	53	100.0	100.0	

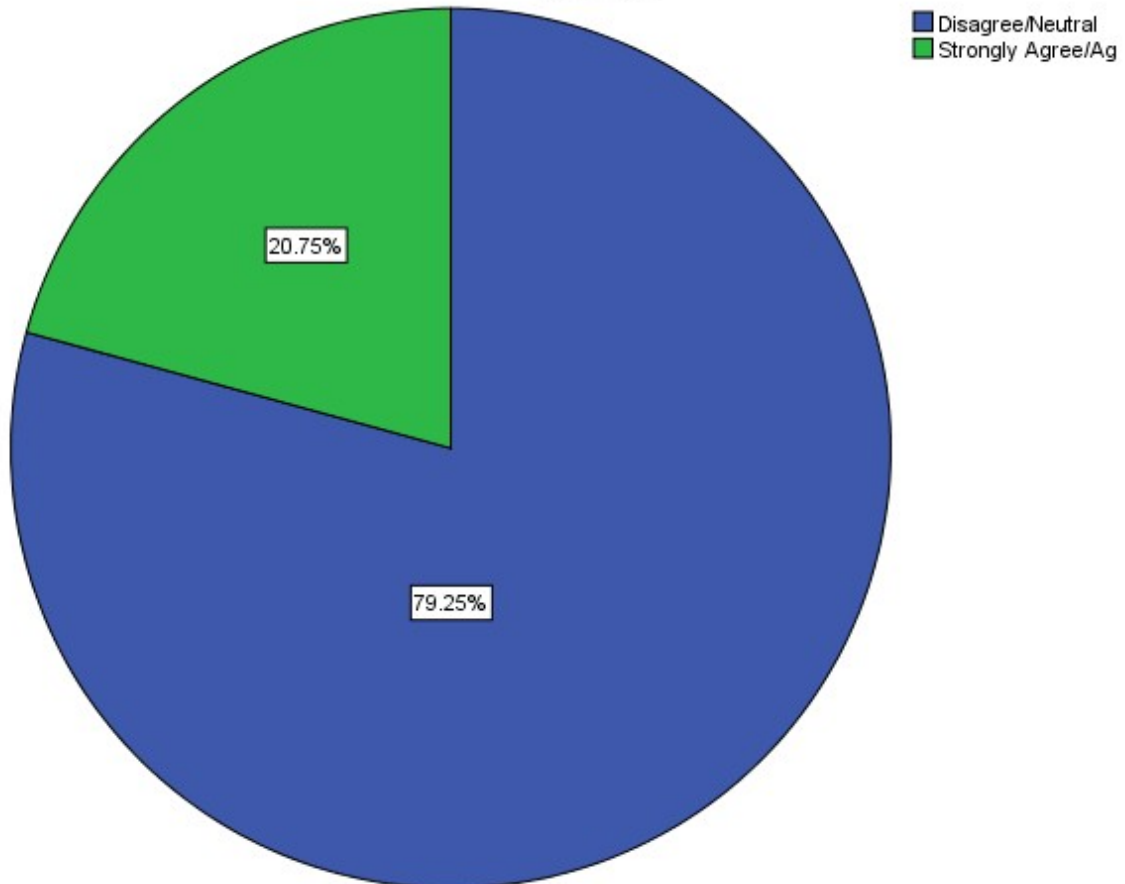
The department's mission is communicated clearly to the residents of Alamance County.



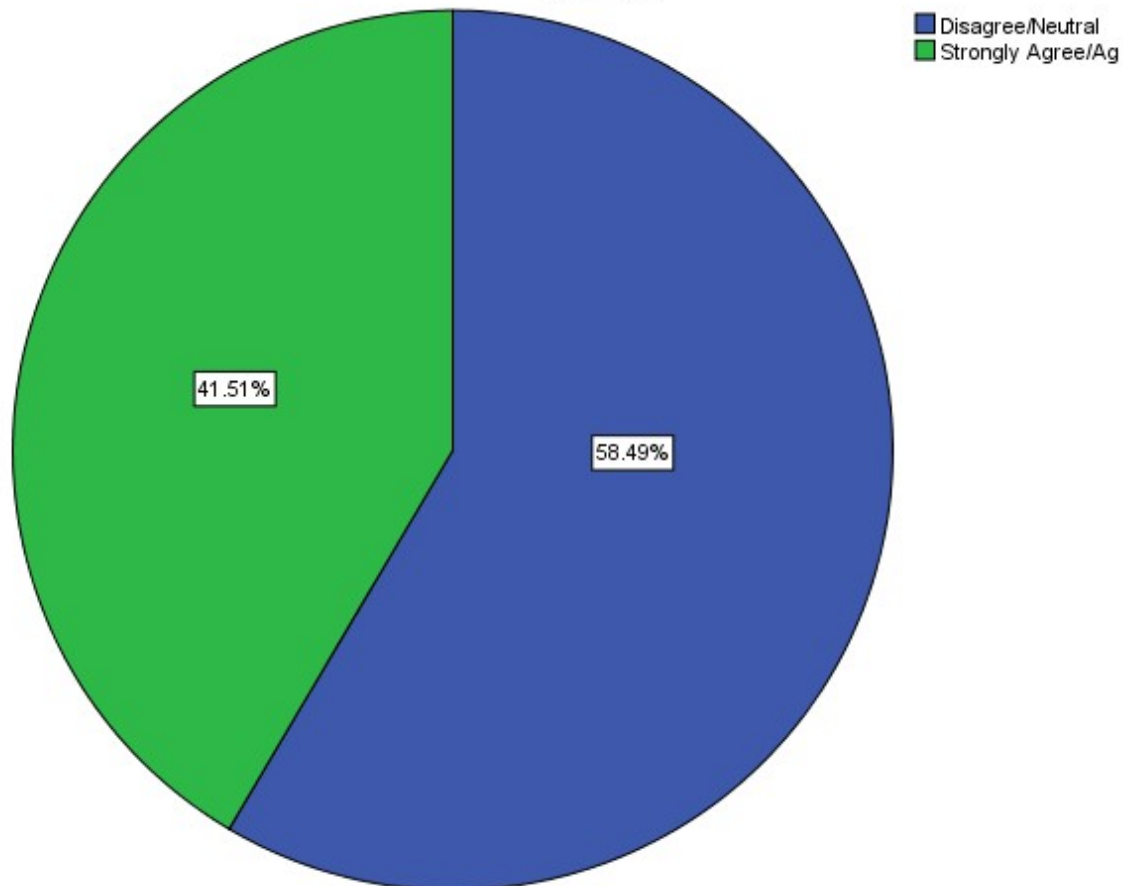
The community is aware of the scope of clinical services provided by the ACHD.



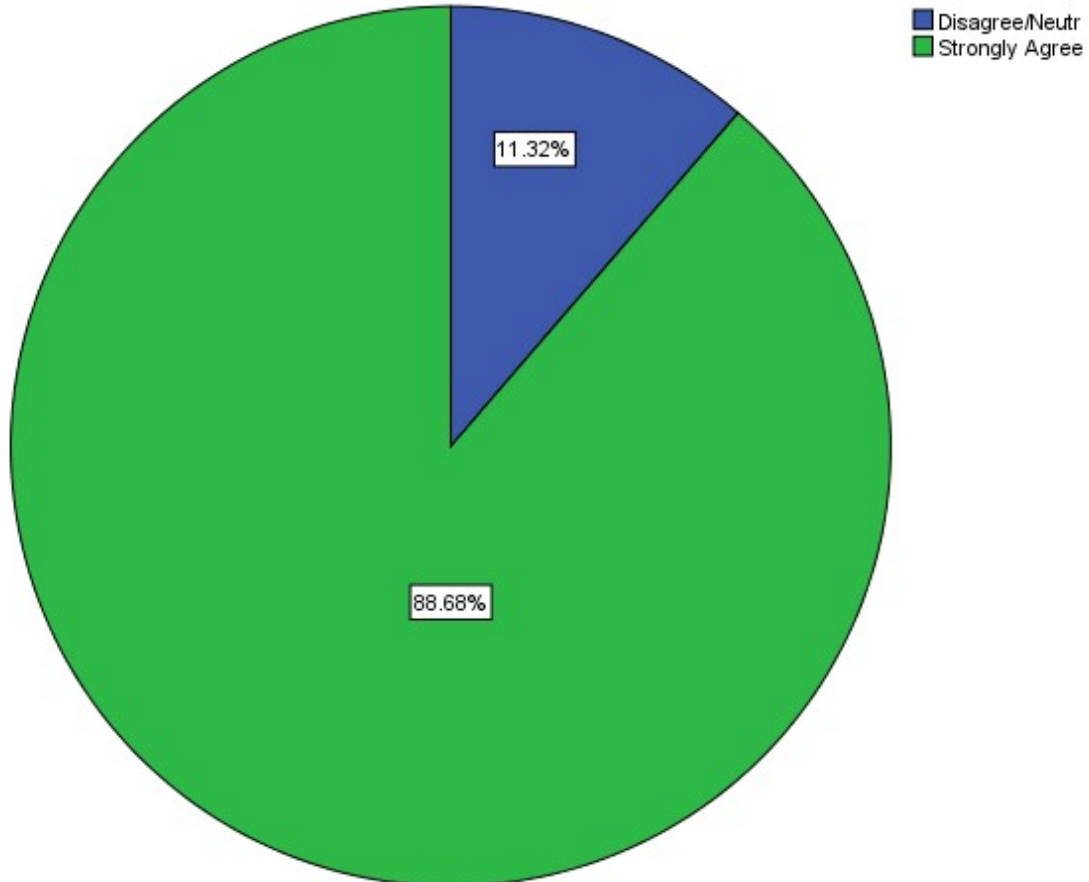
The community is aware of the scope of non-clinical services provided by the ACHD.



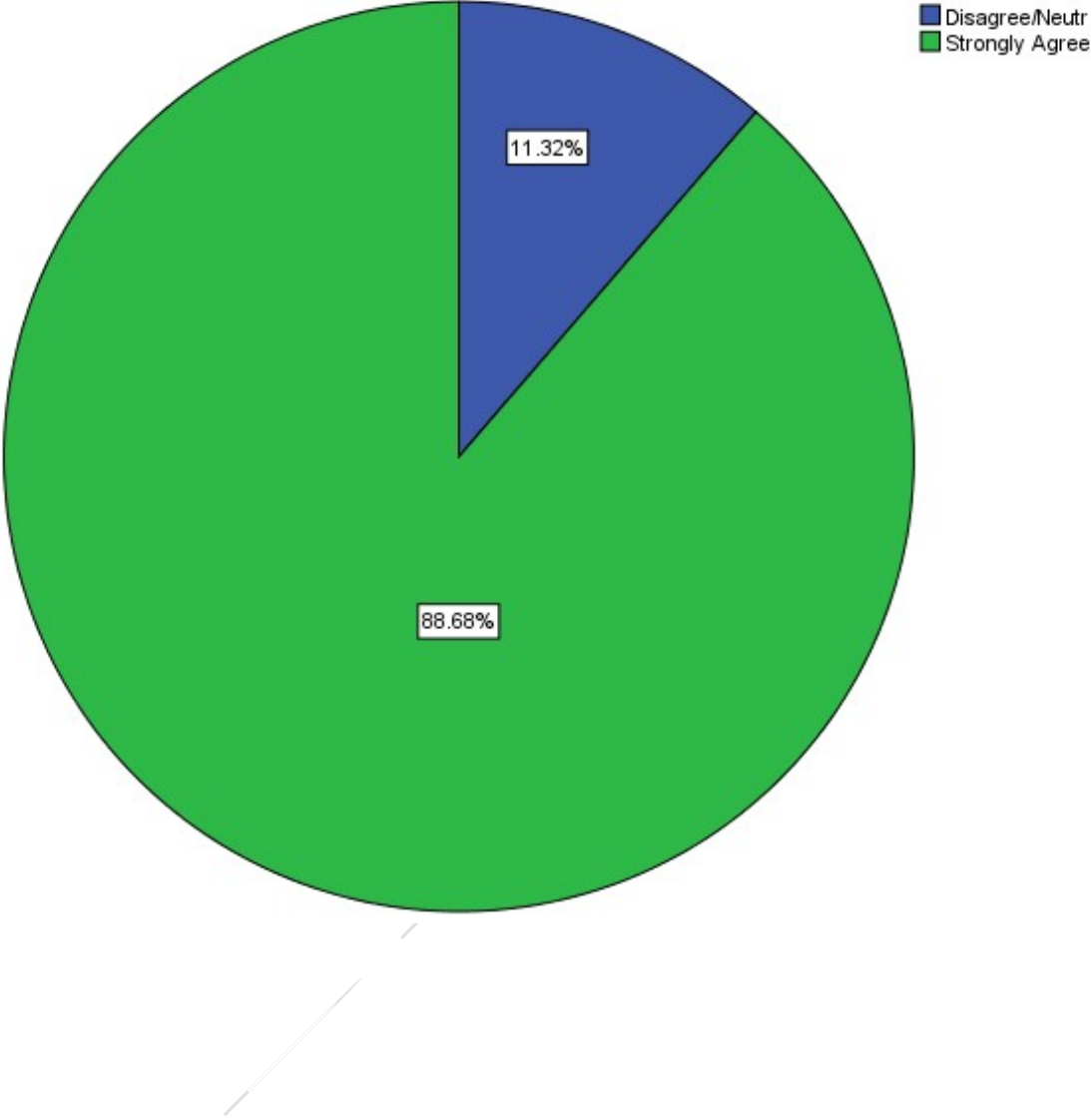
Deployment of resources is well-aligned with the mission and scope of the ACHD.



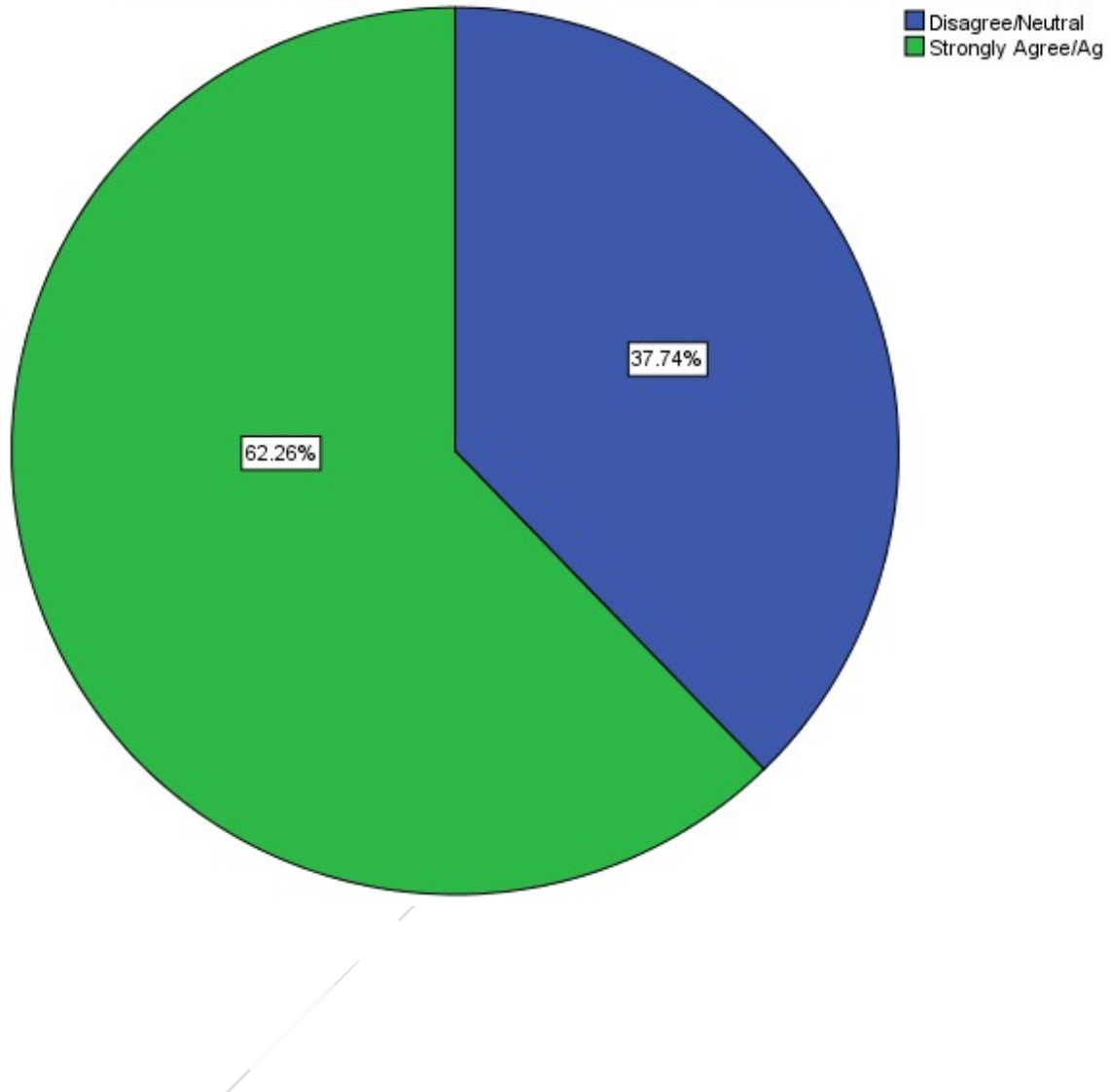
For the most part, my daily activities are directly tied to the mission of the department.



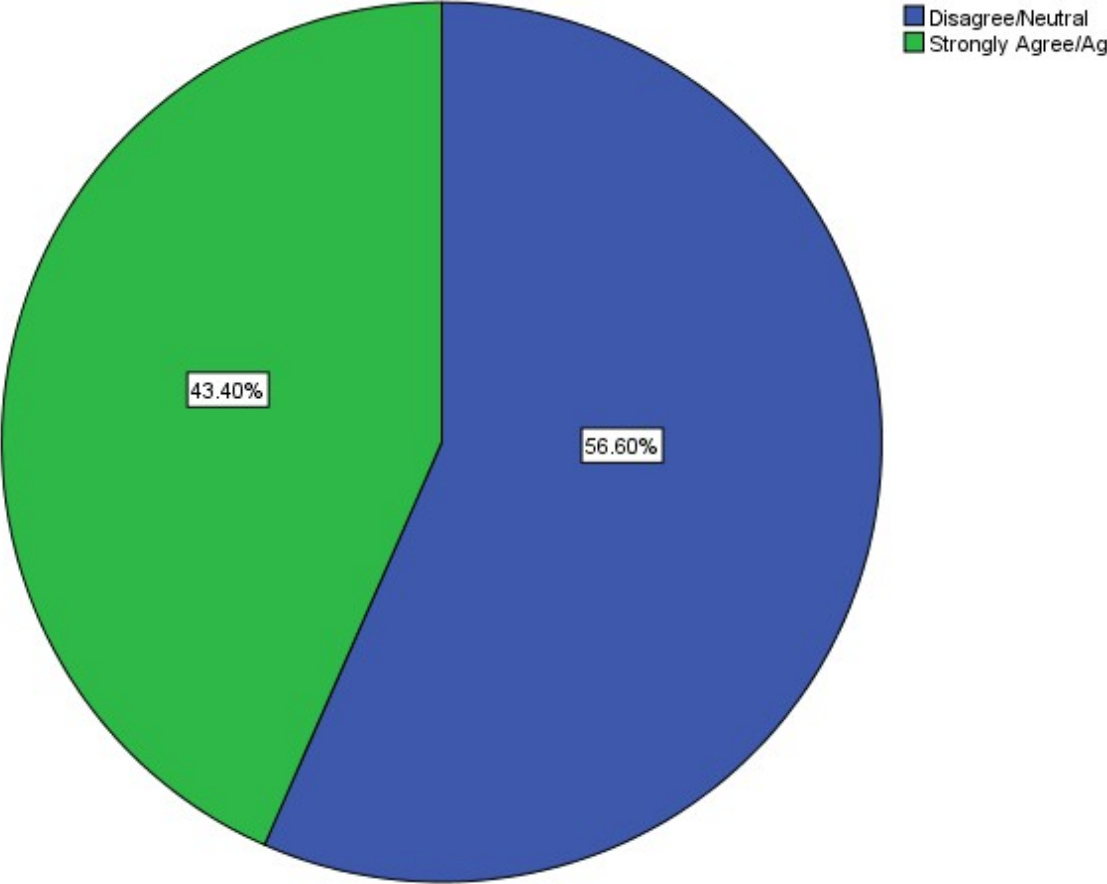
I feel like the work that I do adds value to the community.



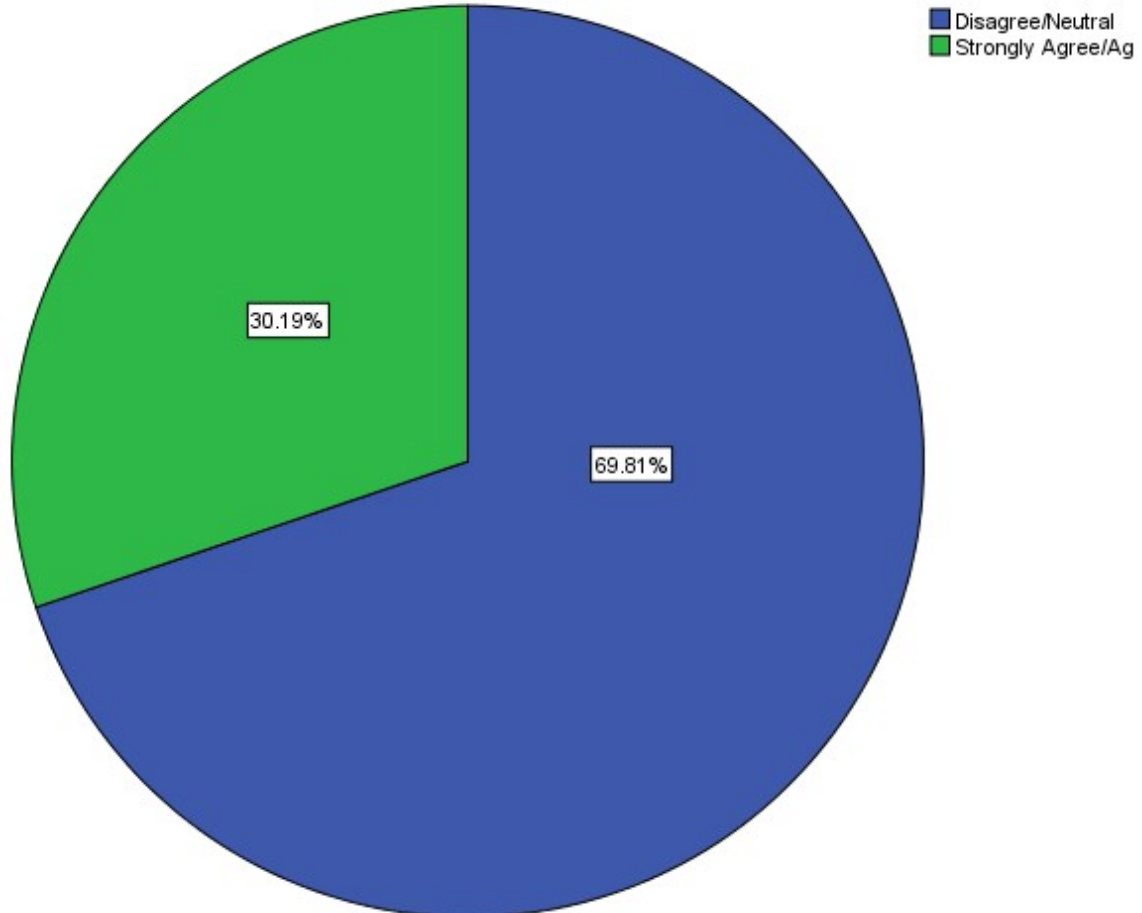
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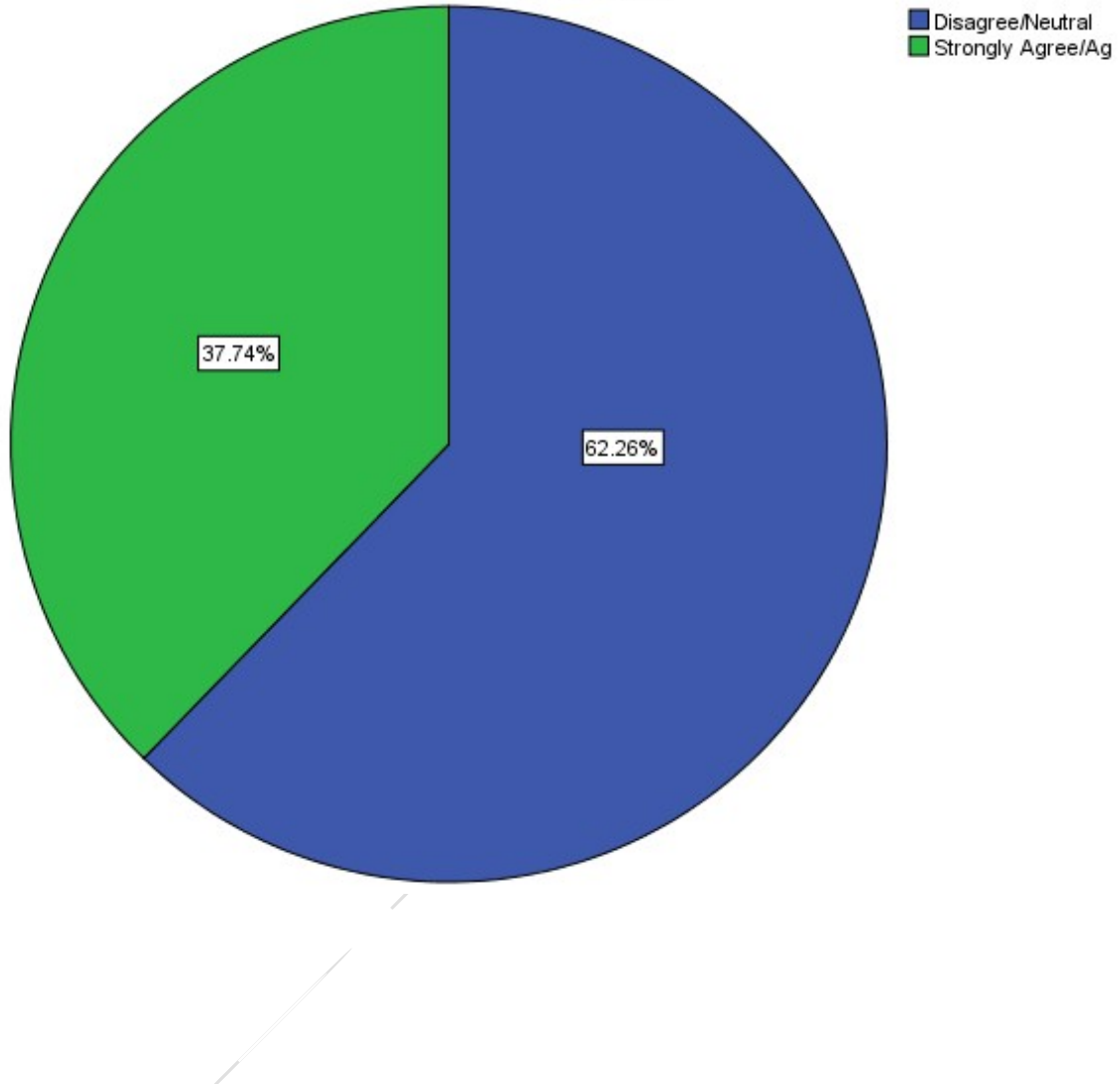
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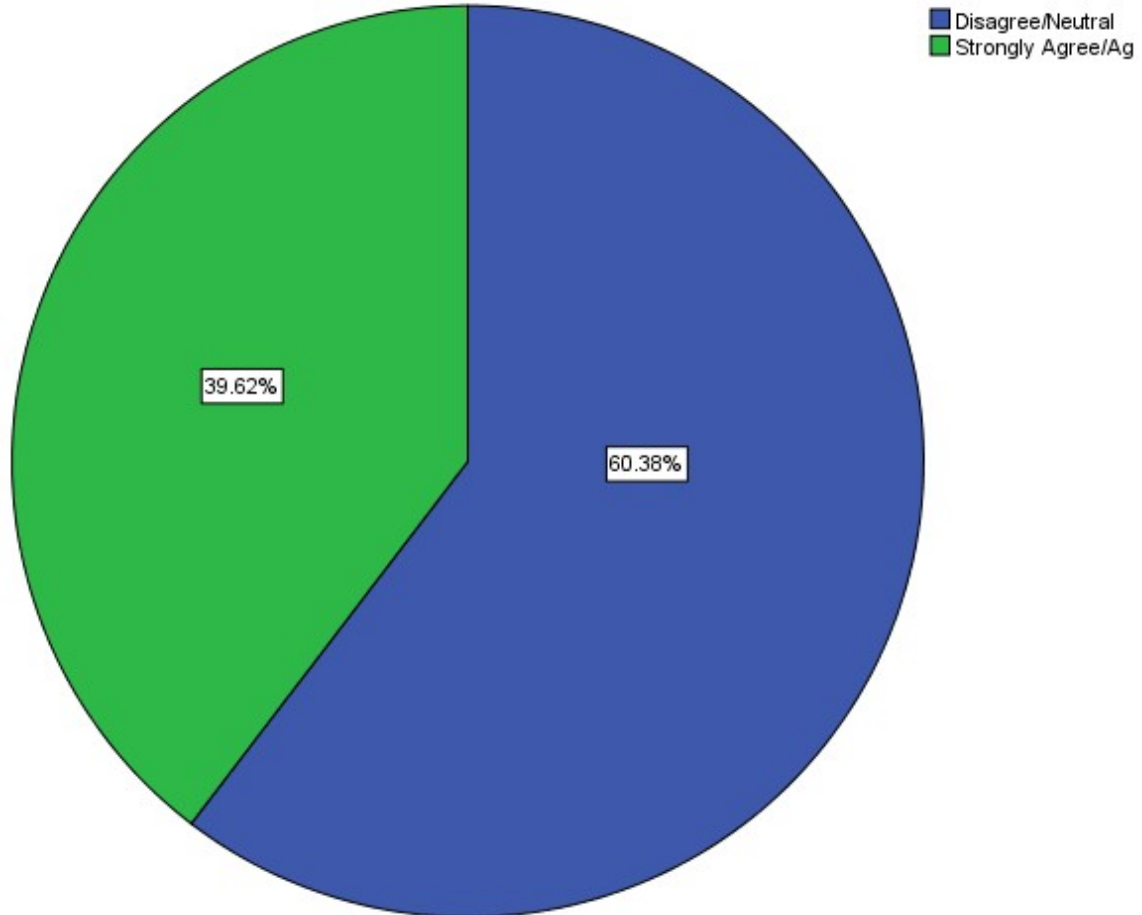
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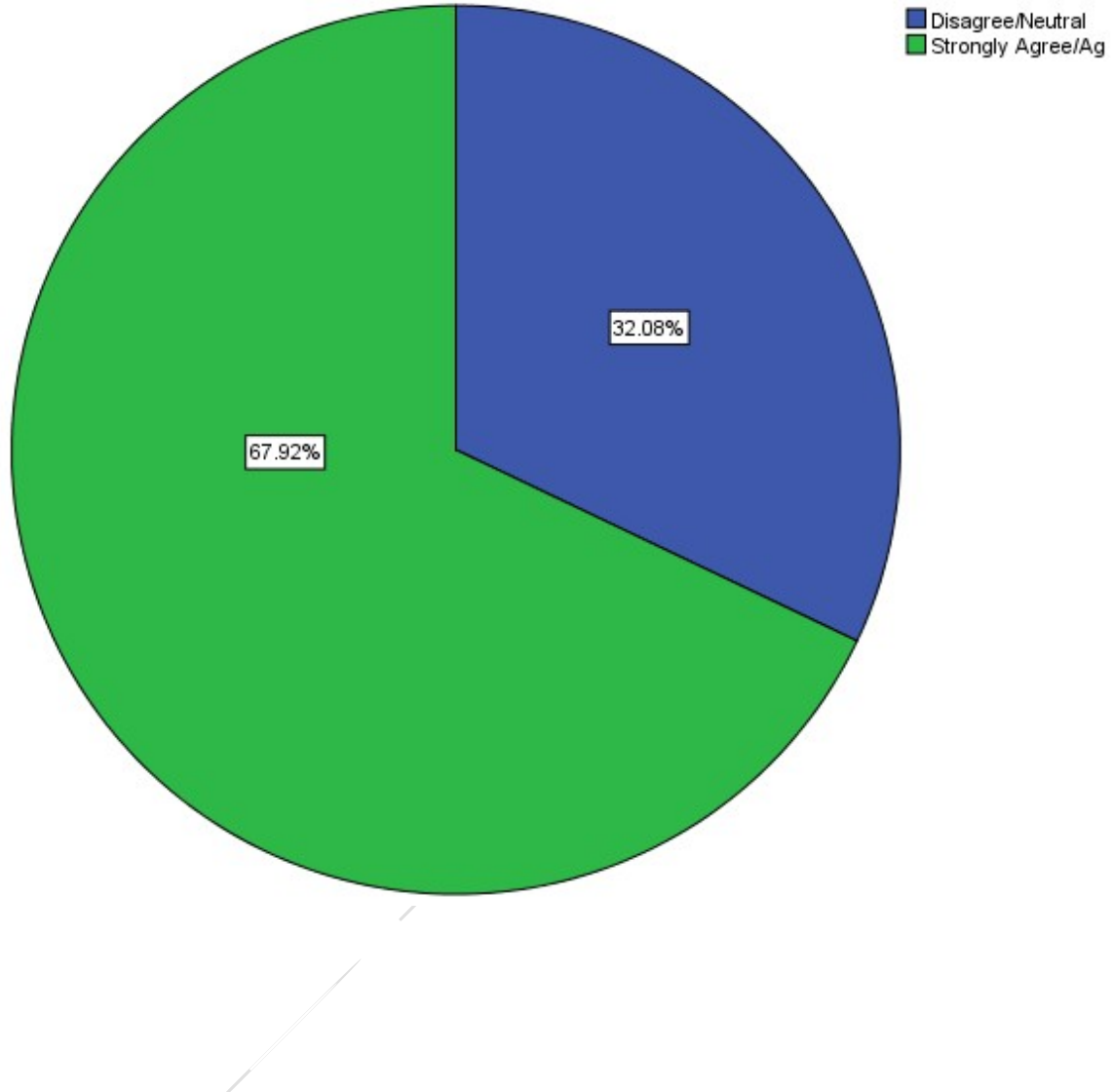
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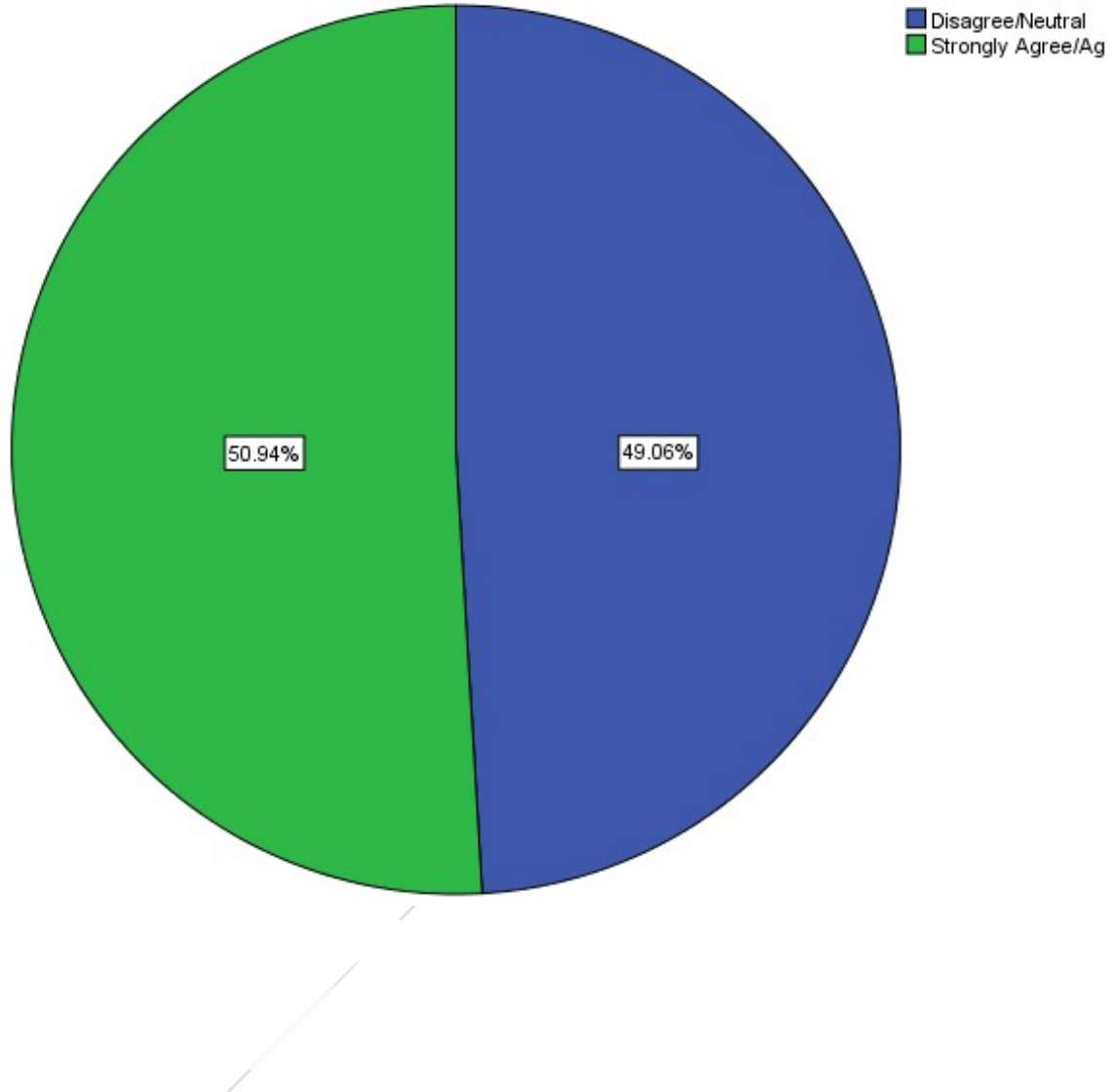
I am invited to be a part of decision making.



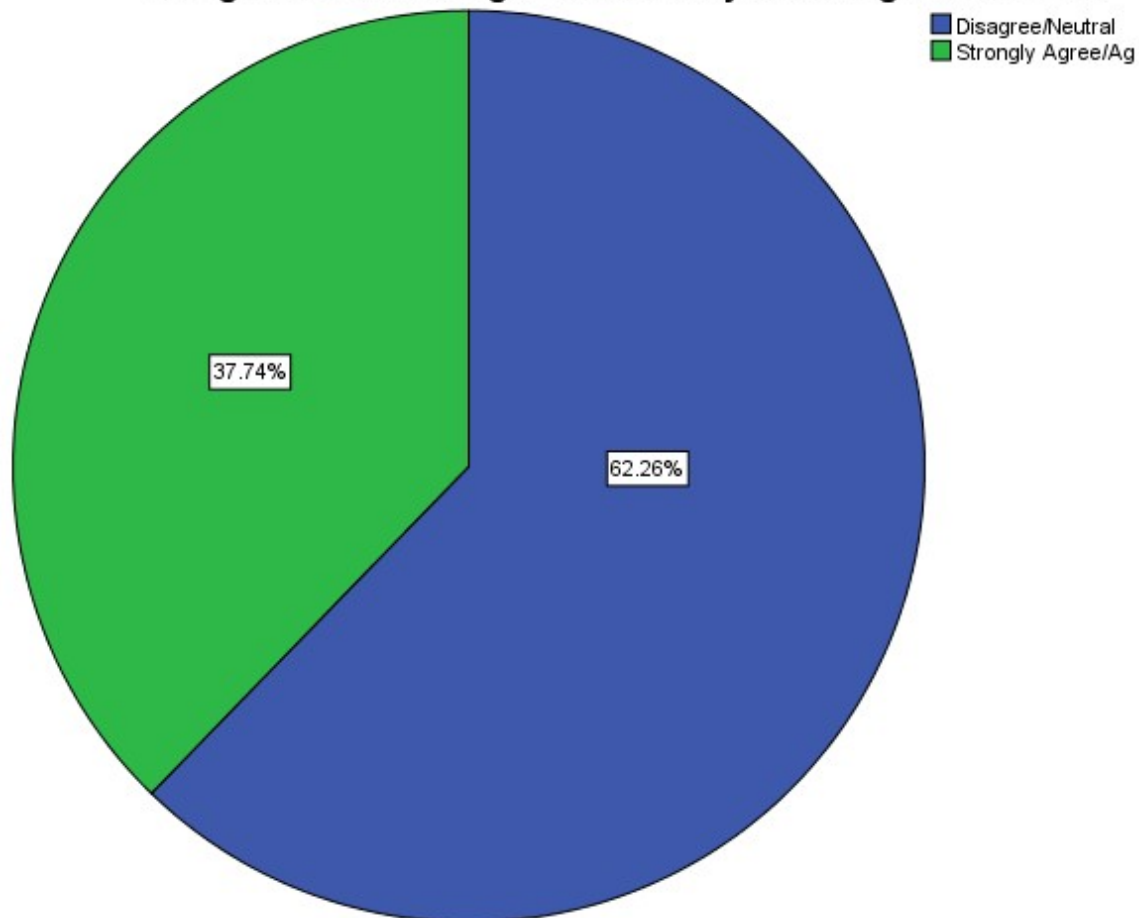
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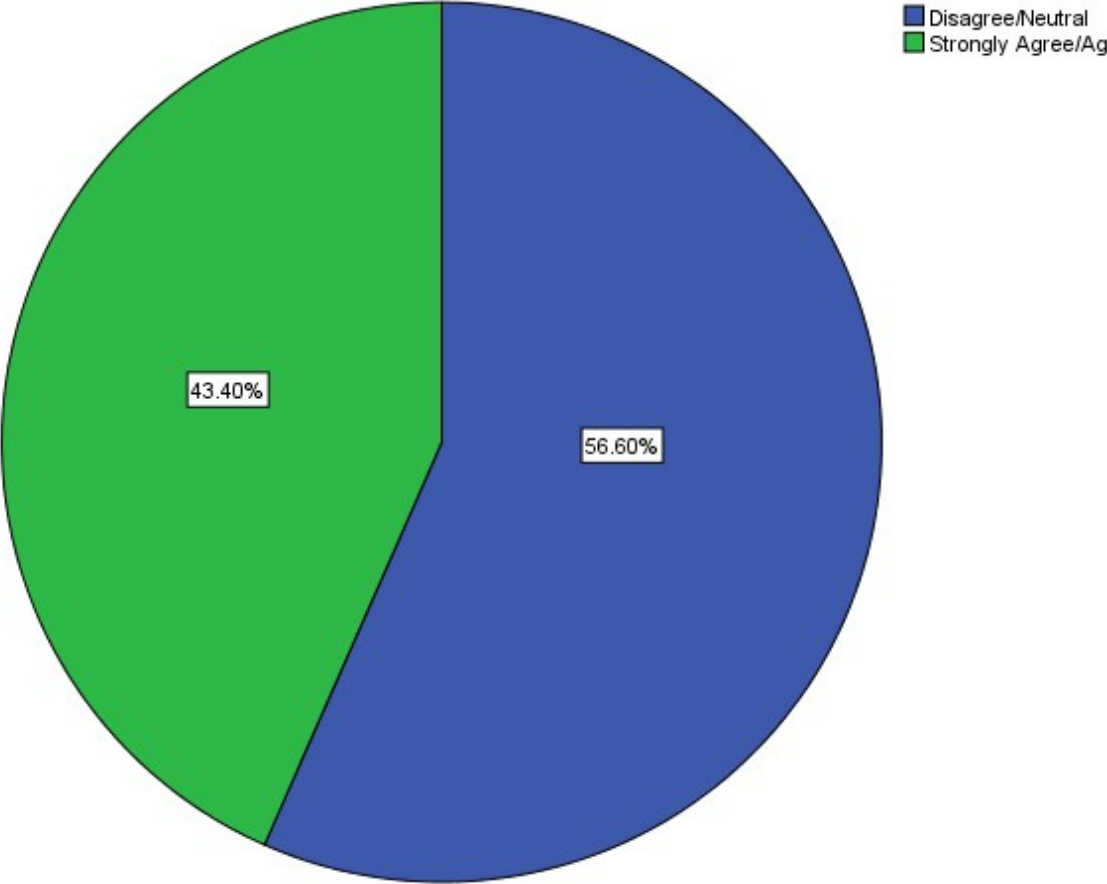
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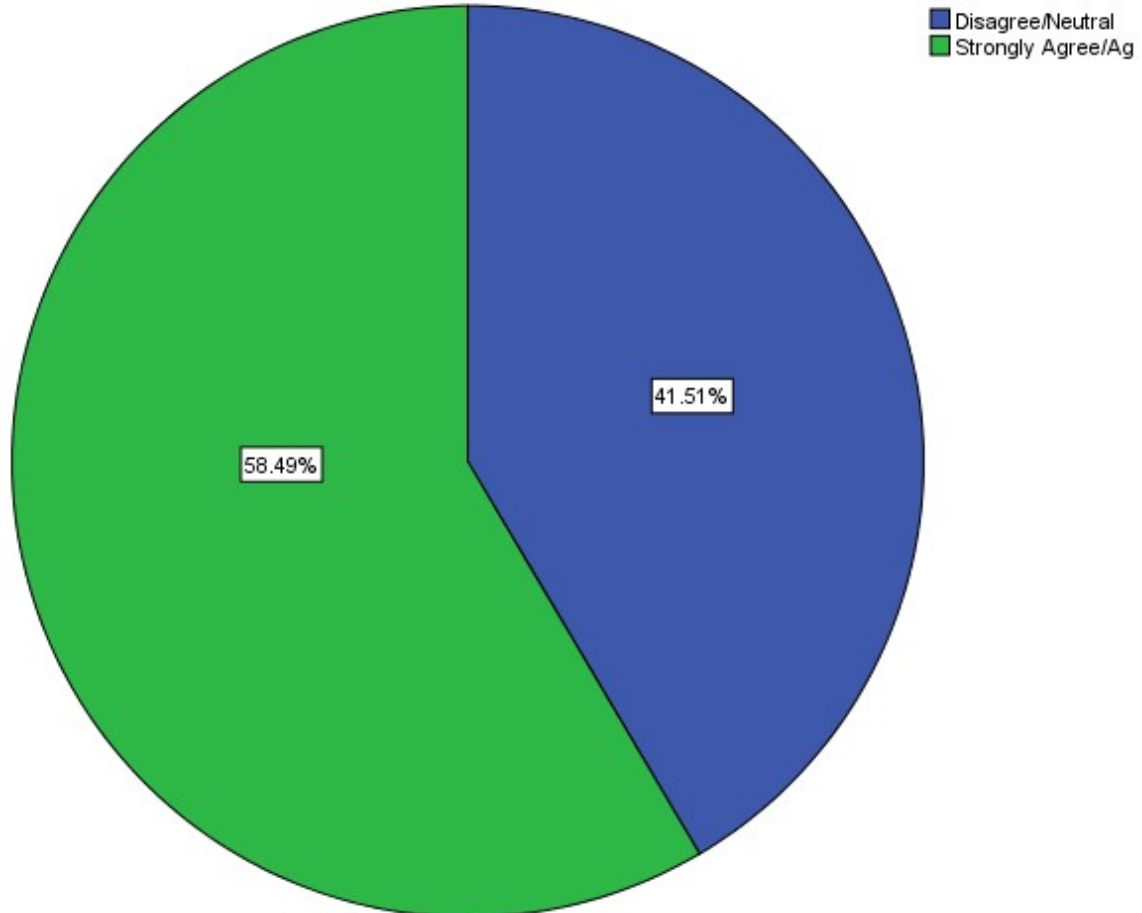
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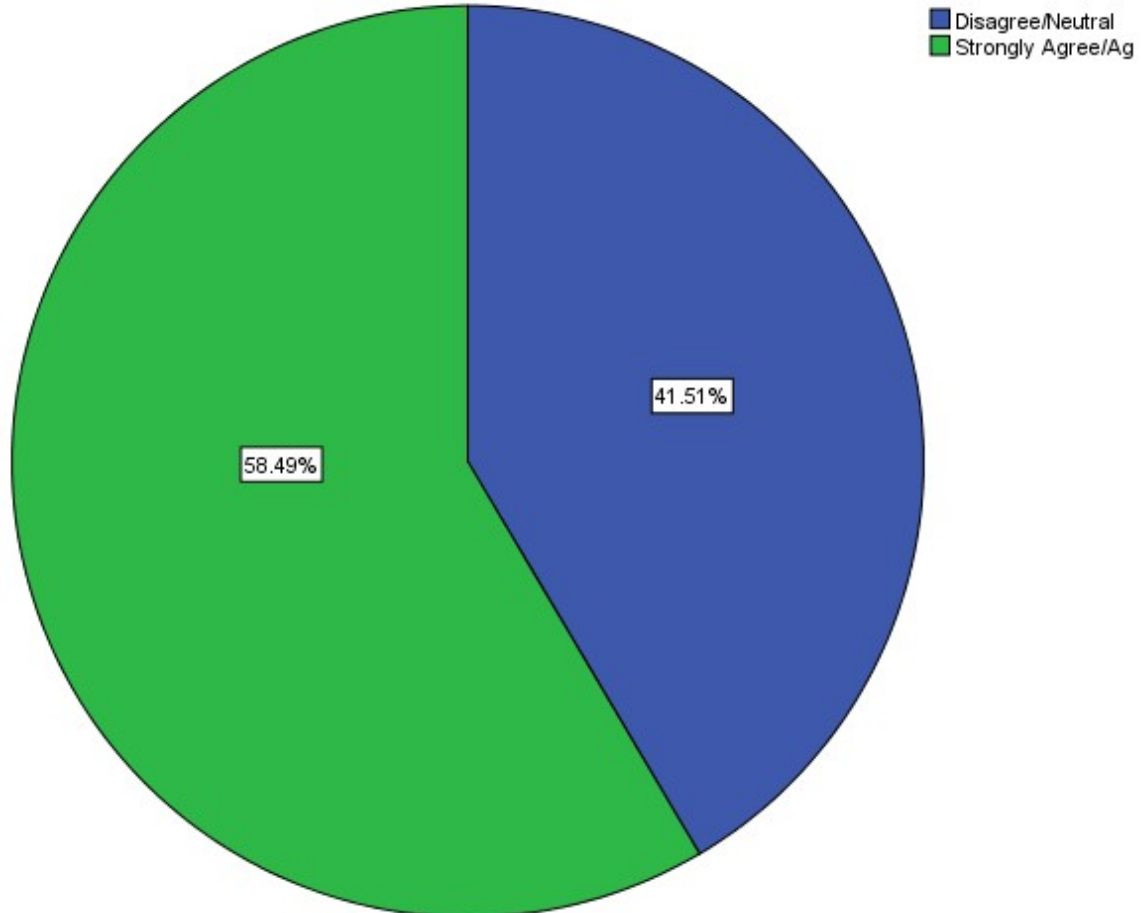
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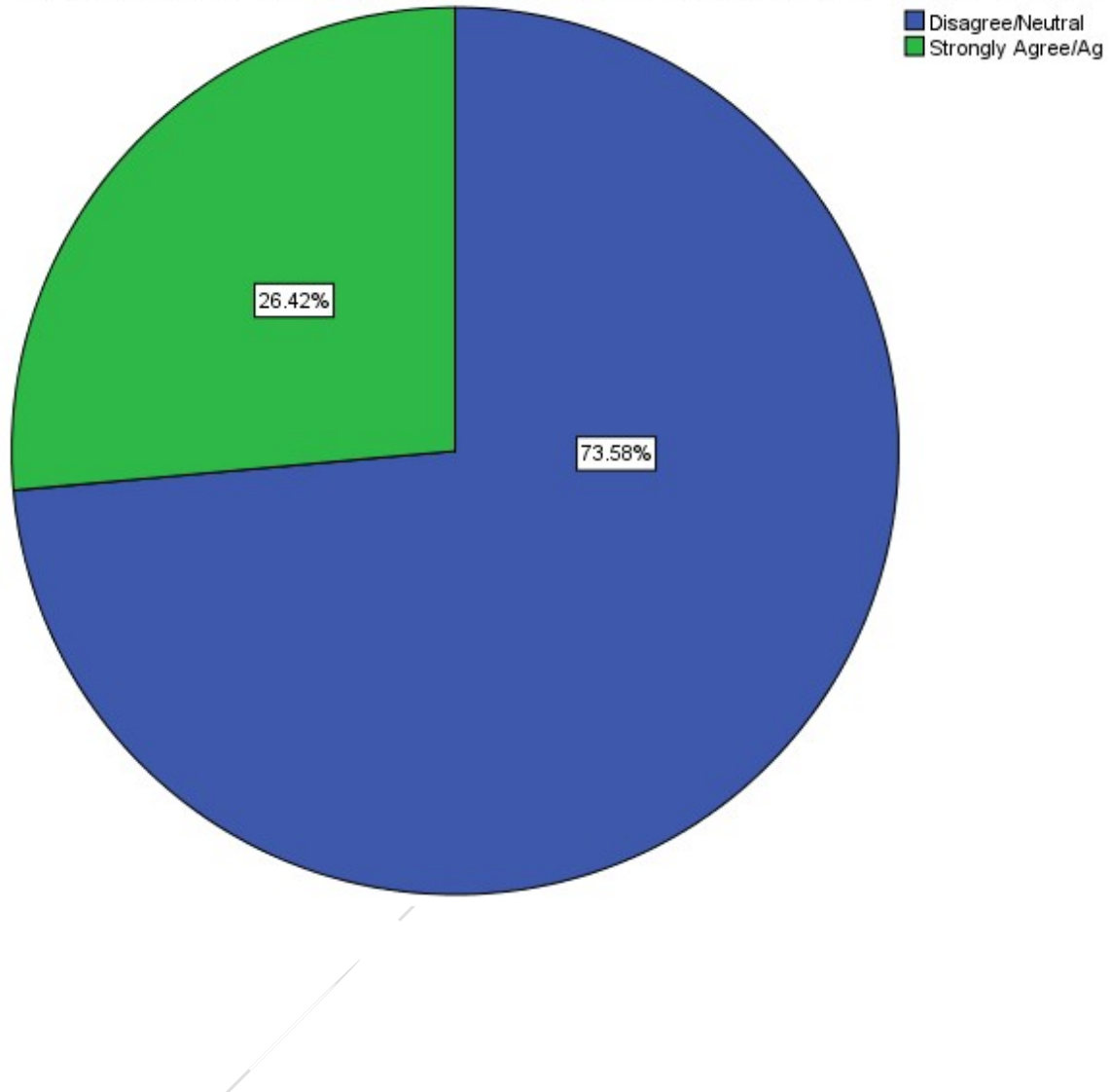
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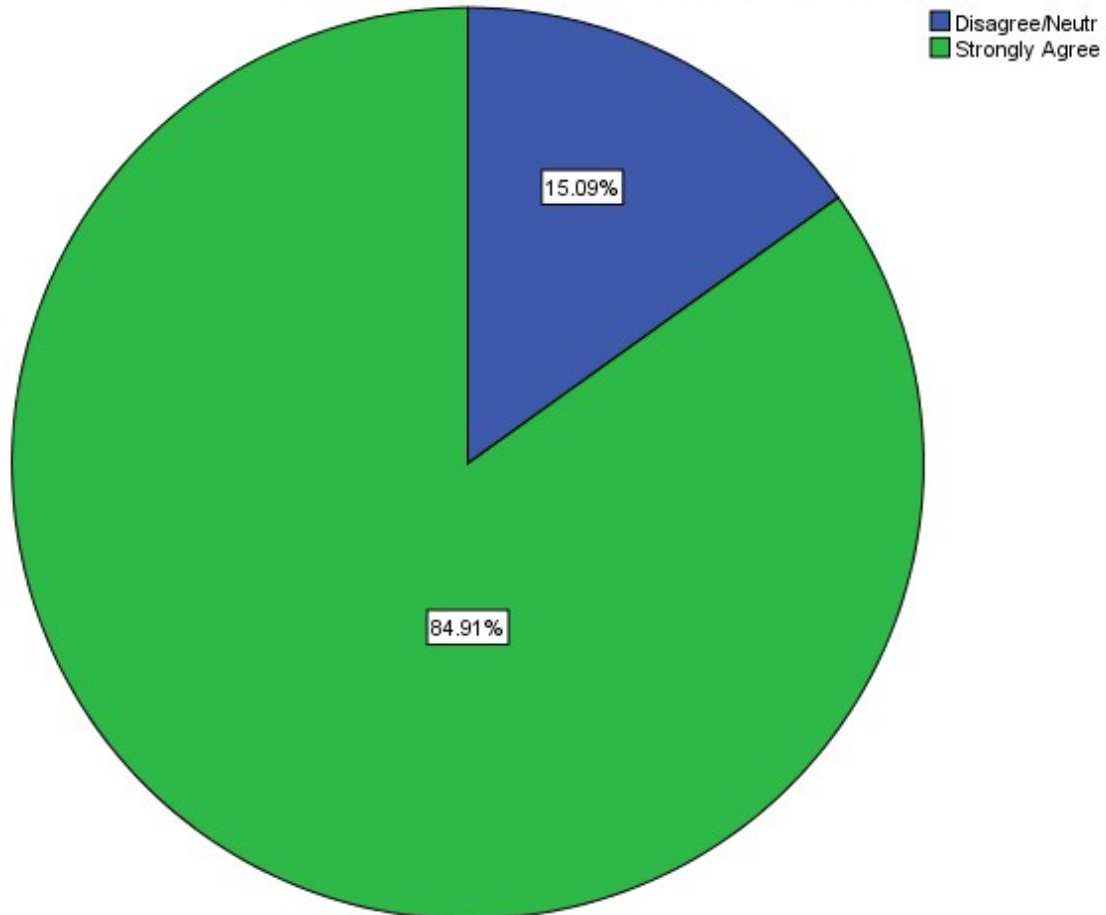
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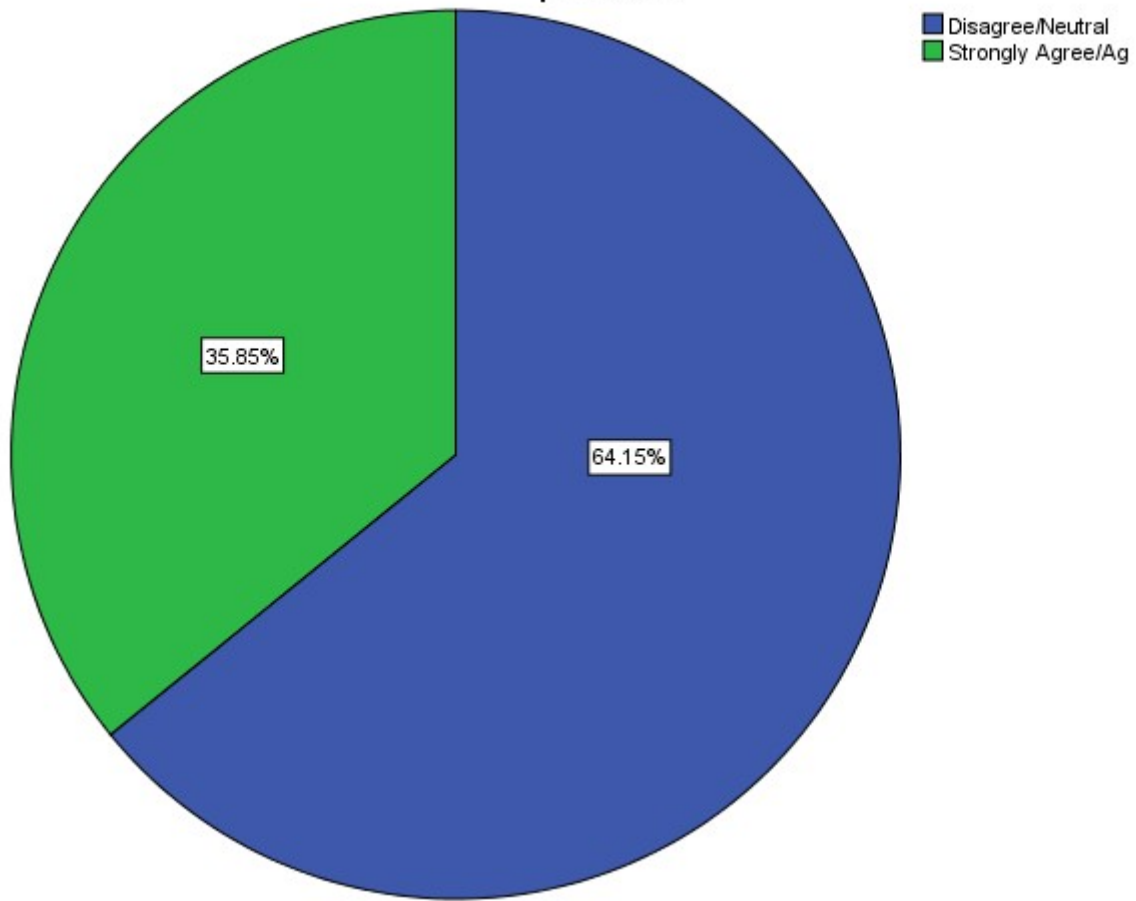
I have the opportunity to provide evaluative feedback on peers and supervisors.



I am held accountable for the results I produce.



The ACHD consistently holds employees accountable for the results they produce.



ARTIFACTS



ACHD Strategic Planning Retreat Agenda

8:30am	Introductions & Warmup
8:45am	CENTERING Phase (Mission/Vision/Values)
9:15am	LEVERAGE Inventory (Small Group Asset-Mapping)
<i>10:00am</i>	<i>BREAK</i>
10:15am	EVALUATE Part I (Needs Identification)
11:00am	Introduction to TEN ROCKS Exercise
11:15am	EVALUATE Part II (Needs Prioritization)
<i>12:00pm</i>	<i>LUNCH</i>
1:00pm	ASPIRE (Progressive “Solution-Storming”)
1:30pm	RESOLVE Part I: Goal Articulation & Task Analysis
<i>2:30pm</i>	<i>BREAK</i>
2:45pm	RESOLVE Part II: Evaluation Strategies
3:45pm	Sharing Strategies – Planning to communicate the plan to stakeholders
<i>4:00pm</i>	<i>Day One Conclusion</i>

EDUCATION

Mastery:

Staff Competencies - Expertise - Early + preventive health care
Healthy child dev. - Facilitation - PPP training
Using EBI/Best Practice - Life skills education (TP) - Staff

Processes - A
Training - Can't Education
Dual-Locus, Integrated → Parents of children in schools
- Bilingual Staff

Machinery:

Accreditations
Performance Appraisals
Empty Client Satisfaction
Productivity Standards

- School Health Nurses (2)
- Childcare Health Consultant

Momentum:

Maintained Accreditation since 2007
Legacy - Dr. Norville + beyond
Project LAUNCH
History of Collaboration
Children's Dental Clinic
Successful Prevention Program
Dramatic Decrease in Teen Pregnancy

(Size + Scope)
Putting the right people in the right places
~ 100 employees / 20 supp
Teen Outreach Program

ACCESS TO CARE

Mastery:

Staff comp - LCSW for Behavioral Health
Focus on EMR (continuity of care)
Knowledge of consumer resources (transportation, etc)
required staff trainings (by section and overall)
additional training on resources
experience being a safety net provider
trauma-informed practice site - Bilingual Staff

Machinery: systems, processes
extensive DPH audit system - Shared location w/ BSS
AAs b/t DPH and ACHD
screening met needs to identify insured vs uninsured
internal and external referral systems
presence of wrap around services
community coalitions/collaboratives
constant consumer feedback (CAL)

Momentum: hx of success
- LINKTRANSIT → HIP -
grants
assessments
state & federal recognition of programs
successful collaborations w/ partners
seen as expert/consultant
sustainability despite decreased funding
hx of good political relationships
achievement of accredit. & program review
success stories of patients

ECONOMIC ISSUES

Mastery: Community partnerships, experience, skilled in "safety net" services, compassion, skilled in locating resources, involvement in health policy (local + state), empathetic, holistic view.
Flexibility - adaptability, Spanish speaking

Machinery: Sliding fee scale, policies for fees, organized programs for vulnerable pop, Common w/ other agencies (Safety Net), grant funding, transportation system, all initiatives, practical mgmt, data from CA, performance eval, local gov support

Momentum: Programs - CCAC, NIC, HB (interceding) lots of services in place
Relationship w/ ABSS share space w/ DSS
Large size
1938 - reputation (needs work)
Growing diversity - meet needs
CA process + collaborative envif, comm partnership

EDUCATION

Mastery:

Staff Competencies - Expertise - Early & preventive health care

- Healthy child dev.
- Facilitation
- Using EBI/Best Practice
- Life skills education (TP)
- PPP trained staff

Processes - A
Training - Can't Education

Dual-roles, Integrated → Parents of children in schools
- Bilingual Staff

Machinery:

Accreditations
Performance Appraisals
Emplo Client Satisfaction
Productivity Standards

- School Health Nurses (2)
- Childcare Health Consultant

Momentum:

Maintained Accreditation since 2007
Legacy - Dr. Norville & beyond
* Project LAUNCH
History of Collaboration
Children's Dental Clinic
Successful Prevention Program
Dramatic Increase in Teen Preg.

(Size & Scope)

Putting the right people in the right places
~ 105 employees / 20 supv
Keen Outreach Program

ACCESS TO CARE

Mastery: staff comp.

- ↳ focus on EMR (continuity of care)
- ↳ knowledge of consumer resources (transportation, etc)
- ↳ required staff trainings (by section and overall)
- ↳ additional training on resources
- ↳ experience being a safety net provider
- trauma-informed practice site
- LCSW for Behavioral Health
- Bilingual Staff

Machinery: systems, processes

- ↳ extensive DPH audit system
- ↳ AAs b/t DPH and ACTHD
- ↳ screening methods to identify insured vs uninsured
- ↳ internal and external referral systems
- ↳ presence of wrap around services
- ↳ community coalitions/collaboratives
- ↳ constant consumer feedback (CQI)
- Shared location w/ DSS

Momentum: hx of success

- ↳ grants
- ↳ assessments
- ↳ state & federal recognition of programs
- ↳ successful collaborations w/ partners
- ↳ seen as expert/consultant
- ↳ sustainability despite decreased funding
- ↳ ~~best~~ hx of good political relationship
- ↳ achievement of accred. & program review
- ↳ success stories of patients
- LINKTRANSIT → HD

ECONOMIC ISSUES

Mastery: Community partnerships*, experience, skilled in "safety net" services, compassion, skilled in locating resources, involvement in health policy (local + state), empathetic, holistic view, flexibility + adaptability, Spanish speaking

Machinery: Sliding fee scale, policies for fees, organized programs for vulnerable pop., Comm. w/ other agencies* (Safety Net), grant funding, transportation system, QI initiatives, practice mgmt, data from CA, performance eval., ^{+State} Local gov. support

Momentum:

Programs - CC 4C, WIC, HB (Interceding) lots of services in 1 place

Relationship w/ ABSS

Share space w/ DSS

Large size

1938 - reputation (needs work)

Growing diversity - meet needs

CA process + collaborative env't, Comm. partnerships*

Shared Values

- Adaptability
- Collaboration
- Community
- Accountability
- Serve
- Committed
- Compassion

- CLIENT
FEEDBACK
- PERFORMANCE

- Conflict
Management/
Resolution

- Periodic/systems
of evaluation &
planning

- Resistance
to change

Different
- Accountability
Systems
needed
(360°, etc.)

- Dependability
Interdepend.
(lack of trust)

- Need for
management/
leadership
development

- Involving
providers in
systems/planning
(esp. for dental)

Internal

* Internal Revenue

- Transition to EMR
- Not working @ capacity
(not meeting productivity
guidelines)

- Decreased employee morale
(Perceptions of frustration
low value "steps")

- Salary & Expectations

- Communication needs →

• Accountability to
shared mission/values
• Feeds into external comm
to patients, etc.

- Needs local gov. collabora
solution for facilities

- Building/grounds upkeep
need for beautification

- Decision-making lack of
transp.

UCED
F.

External

* Funding (wages, etc.)
LOCAL

* State & Fed Funding (services, response)
Local

* Political / Legislative Change
- ACA - NC ≠ Medicaid Exp.

} Unknown

ale

1)

children"

* Training needs not being met by state

* DPH ineff.

* Collective Impact work
stretching resources

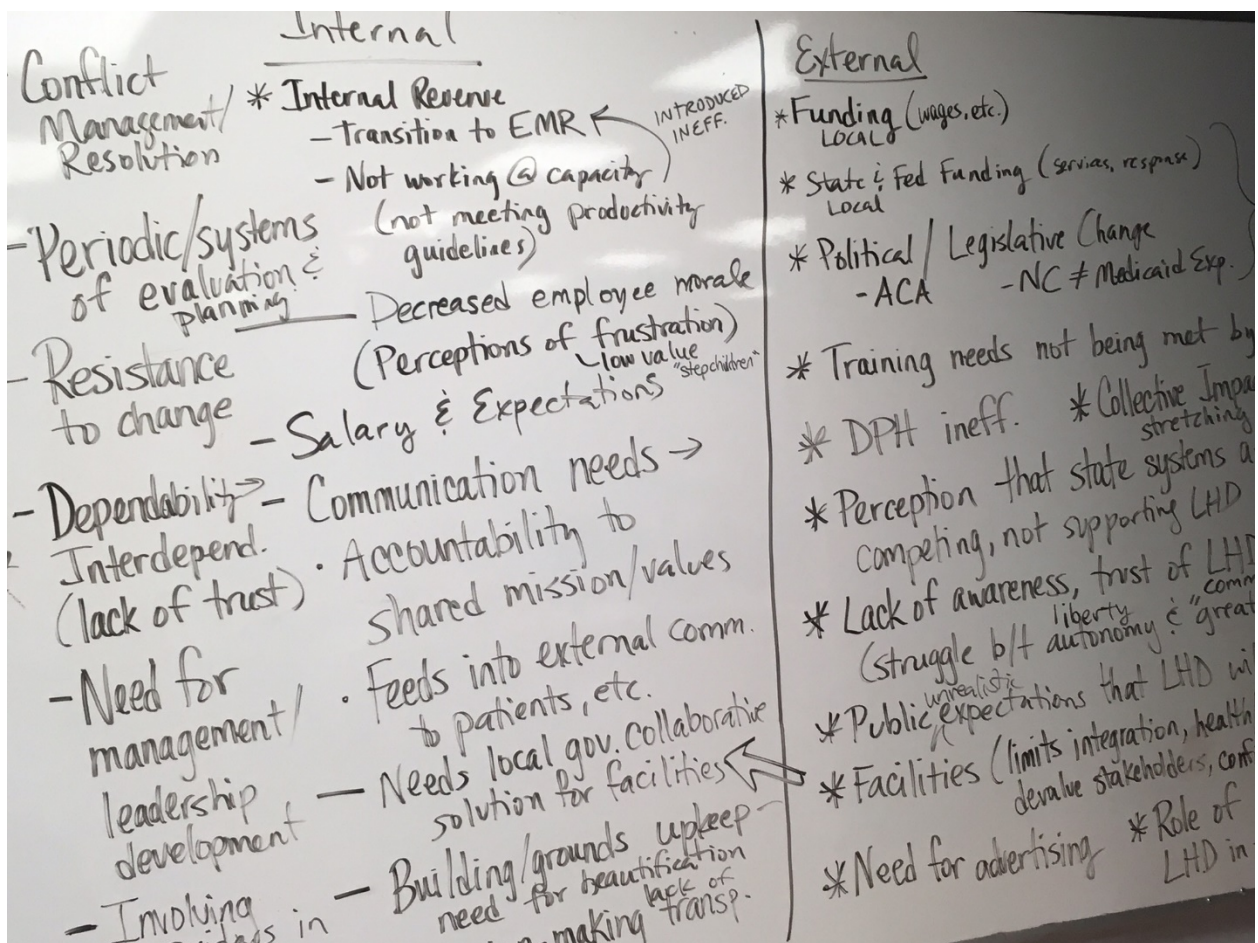
* Perception that state systems are
competing, not supporting LHD

* Lack of awareness, trust of LHD
(struggle b/t ^{liberty} autonomy & "greater good")

* Public ^{unrealistic} expectations that LHD will "save" them
(limits integration, health/safety concerns,
devalue stakeholders, confidentiality, etc.)

* Facilities
Need for advertising

* Role of
LHD in future







COMMUNICATIONS
ACCOUNTABILITY
DECISION MAKING

MANAGEMENT
TRAINING

INTERNAL



ACCOUNTABILITY
SPECIFIC METRICS
FOR FISCAL

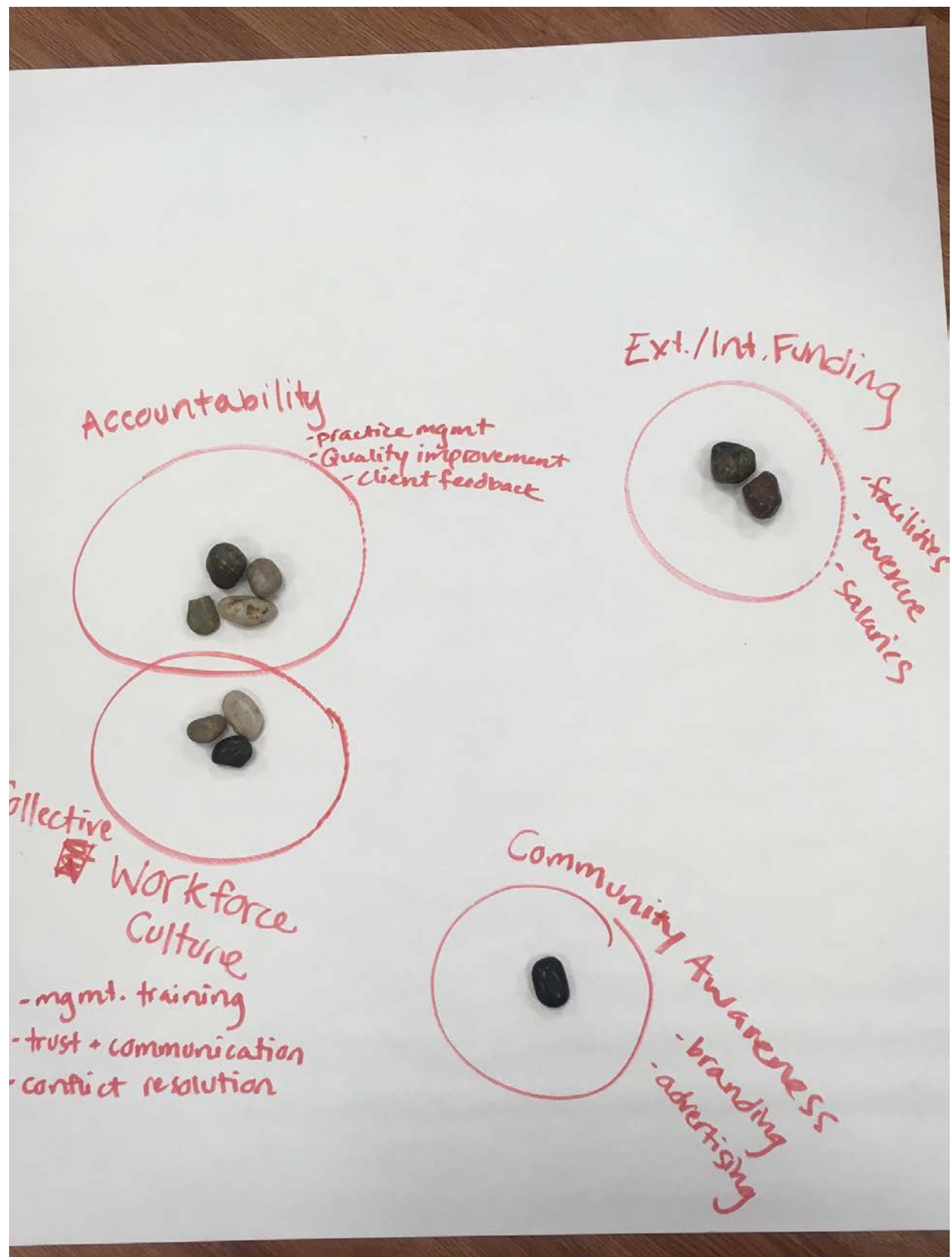
DIRECT
SERVICES
(MODEL FOR)
ALL
HEALTH
SECTIONS



EXTERNAL



PERCEPTIONS
IN COMMUNITY





Fiscal Resources

- Facilities
- Grants
- Training
- Compensation



Community Alignment

- External com.
- Collective Impact



Best Mngmt Practice

- Mngmt Development
- communication
- accountability



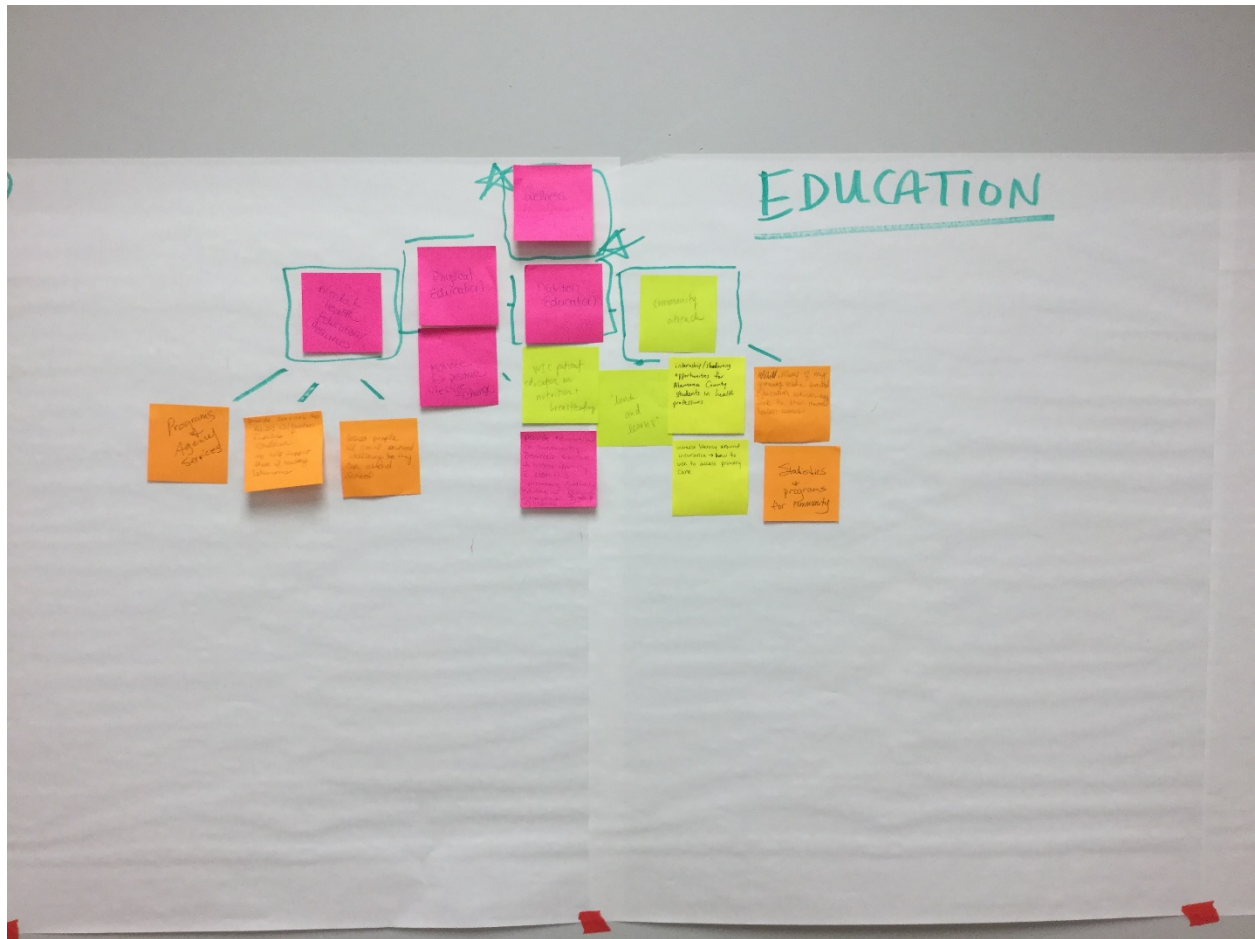
Priority Need

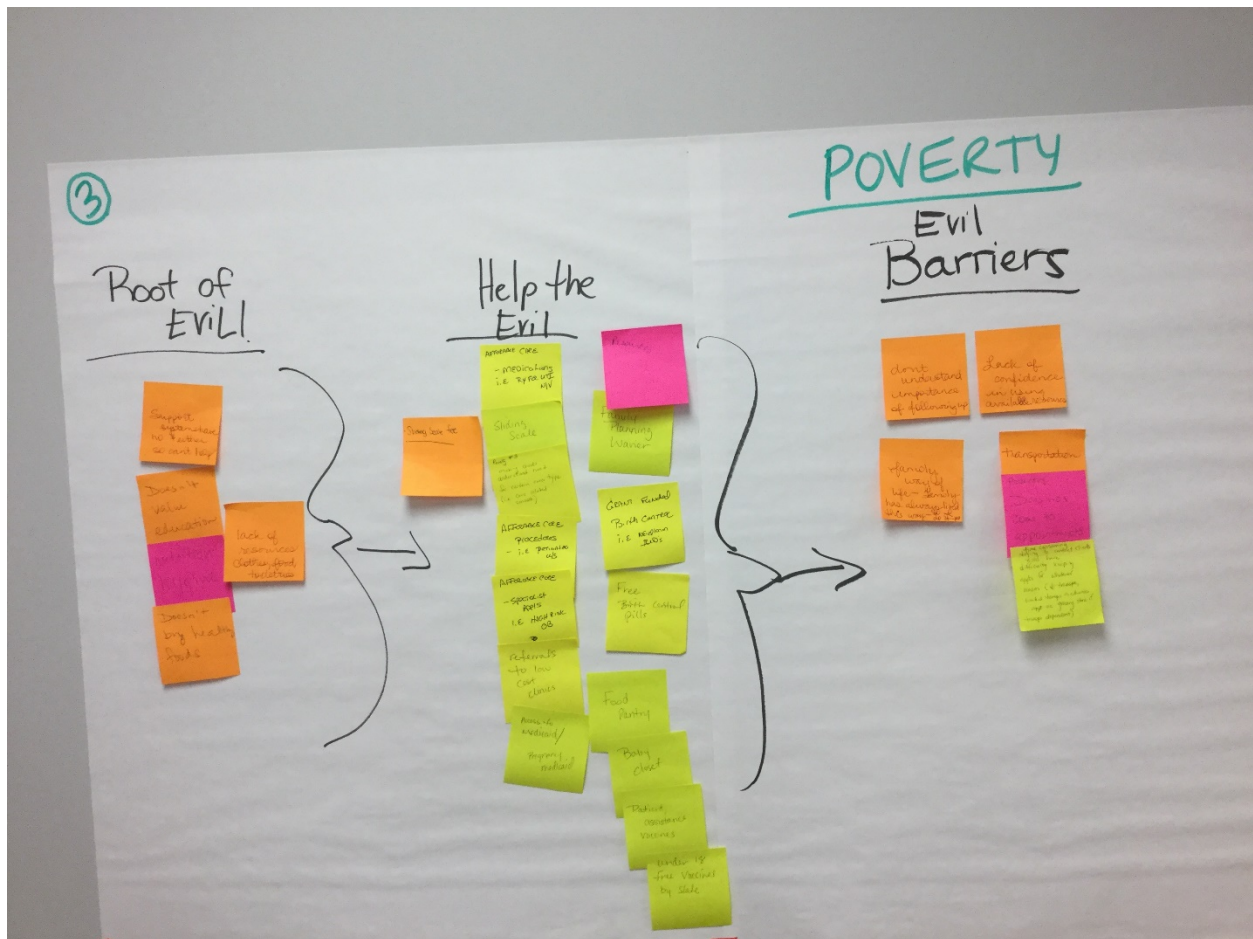
1. Community Alignment & Awareness

2. Funding Resources

3. Culture-Driven Leadership *Based on Shared Values*

4. Organizational Standards for Accountability











honesty

Trust


Empower ●

~~Task~~ Patient-Centered ●●

Teamwork

Collaboration

Clients

Health 

Education

Commitment

Leadership ●●●

Ethical ●●

Diversity

~~Tr~~ Service / Serve

Equity

Communication

Accountability

Adaptability

Flexibility

Community ●●

Wellness

Respect

Support ●●●●●●●●

Compassion


Authenticity

Wellness

Integrity



AT-Centered



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vice / serve



KEY VALUE: TEAMWORK

Perfect Definition for this VALUE at your agency:

A group working together, supporting ea. other, & communicating to achieve a common goal.

Connection of VALUE to CHA Key Priority of ACCESS TO CARE:

Coordination of services at point of care with licensed provider (i.e. other service day? at least schedule appt)
Clerical provider info (disperse verbal, written) re: services
education of staff so available resources known
awareness of by nurse to "see" client as needing more than just service
parenting for and how agency accommodates this i.e. schedules of clients, etc

Connection of VALUE to CHA Key Priority of EDUCATION:

explore ways to have clients meet with other service providers while waiting
Teamwork i.e. community partners, community service agencies (improve knowledge of staff related to comm. agencies)
Participation in outreach activities → how are opportunities communicated

Connection of VALUE to CHA Key Priority of POVERTY

↑ awareness of eligibility of services / awareness of community resources
partnering i.e. faith based organizations
written handout of eligible resources community wide
local models involvement i.e. info about services

This agency will provide an environment that promotes nurturing and empathy for others and their needs, by meeting them where they are. We will display a willingness to show kindness to whomever we serve.

Connection of VALUE to CHA Key Priority of ACCESS TO CARE:

To empower & to provide customer service & ensure that clients receive information needed to access care/resources in our community.

Connection of VALUE to CHA Key Priority of EDUCATION:

For HD, compassion when providing education means respecting the individual regardless of culture, gender, age, race, ethnicity, disabilities, etc. It also means that time/resources are not limitations for quality care that assists ^{in solving} the root of the problem/issue.

Connection of VALUE to CHA Key Priority of POVERTY

Empathize for situational conditions in our community without being judgmental & being to our clients' needs.

Community Health Assessment

Connection of VALUE to CHA Key Priority of ACCESS TO CARE:

- ~~we~~ provide services we say we will provide & do a good job @ it.

Connection of VALUE to CHA Key Priority of EDUCATION:

- educate w/o bias
- * Keep our word when working with schools healthy child = educated child

Connection of VALUE to CHA Key Priority of POVERTY:

- Advocacy - advocate for those w/ less resources
- Serving community w/o bias (regardless of income or appearance)
(entire)

KEY VALUE:

Integrity

Perfect Definition for this VALUE at your agency:

Being Honest & having strong moral principles; Having ~~to~~ Commitment to our mission; Doing the Right Thing when No one is watching.

* maintaining a commitment to our vision ~~by~~ with honesty, a strong ~~principles~~ sense of our values, and an agency philosophy of "doing the right thing even when no one is watching." *

Communication: Corresponding through
written, oral, phone or email in clear,
concise, respectful, simple, compassionate,
and culturally appropriate interaction
to reach a mutual understanding

Connection of VALUE to CHA Key Priority of ACCESS TO CARE:

- ↳ communication to clients about services, treatments, etc.
- ↳ need to know what is available in the community
- ↳ build relationships w/ other providers, etc. about work
- ↳ advertise about what public health does / services
- ↳ use of community events to show what services are here

Connection of VALUE to CHA Key Priority of EDUCATION:

- ↳ health literacy issues and helping connect b/t behaviors now and overall health
- ↳ help people understand that PH is essential for educational success
- ↳ connecting the dots b/t functions of PH and college/career (ex. teen preg rates and graduation, immunization and absenteeism)
- ↳ expand the definition of who can spread the word of PH (churches, babysitters, etc)

Connection of VALUE to CHA Key Priority of POVERTY

- ↳ expressing empathy and support via communication
- ↳ communicating options for housing and referrals
- ↳ helping people understand connection b/t generational poverty and health (people aren't connecting the dots)
- ↳ stop the silos. your work is not just one function. communicating to staff and yourself that you are a champion to end poverty

Overall - Better communication/integration of CHA priorities into
ACHD work. Staff didn't know of them before today

KEY VALUE: ACCOUNTABILITY

Perfect Definition for this VALUE at your agency:

- * ACCOUNTABILITY AS GOVERNING AGENCY: ACKNOWLEDGING OF RESPONSIBILITY TO CITIZENS/COMMUNITY FOR FUNDS AND PROTECTING THE PUBLIC'S HEALTH
- * ACCOUNTABILITY AS AN AGENCY (INTERVAL): TAKING OWNERSHIP FOR THE PERFORMANCE OF JOB DUTIES AS ASSIGNED THROUGH MEASURABLE OUTCOMES AND ENCOURAGING CO-WORKERS TO DO THE SAME THROUGHOUT ALL LEVELS OF THE ORGANIZATIONAL STRUCTURE.

Accountability

Connection of VALUE to CHA Key Priority of ACCESS TO CARE:

We must have staff that are on time that work to provide service for the clients
We must respond to co-workers & deadlines & community request in a timely manner

Connection of VALUE to CHA Key Priority of EDUCATION:

We are providing consistent accurate information to our clients & community
We will provide collaboration with schools to make immunizations available to students

Connection of VALUE to CHA Key Priority of POVERTY

Staff should provide information to clients about ^{resources} ~~information~~ resources such as link transit, library resources, ACC

Staff should provide care to all ~~no matter~~ the income level & treat all clients the same



