



Flathead City-County Health Department
Strategic Plan
CY 2020 - CY 2022

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INTRODUCTION

The **Flathead City-County Health Department Strategic Plan: 2020-2022** (Strategic Plan) sets the foundation for the Flathead City-County Health Department to drive internal improvement to best serve our community. The Strategic Plan serves as a road map for the Health Department's growth as Community Health Strategists over the next three years. The strategic planning process utilized the Health Department mission, vision, and values, the Flathead County health improvement priorities, the Montana health improvement priorities, and the input of the Board of Health, management, and staff.

The strategic priority areas identified are:

- Responsive Organization
- Branding and Marketing
- Community Convener and Backbone
- Efficiency
- Innovation
- Resilience
- Policy

LINK TO PREVIOUS STRATEGIC PLAN

This Strategic Plan is different as we focus on overarching skills rather than specific programmatic health goals. We feel that the community priorities determined by the Flathead County Community Health Improvement Plan (CHIP) will be best served by increasing our organizational capacity in the above strategic priority areas. This document continues to build on past objectives to meet long-term goals, but is set out in a new way, aligning with a Public Health 3.0 and Community Health Strategist framework. Priority areas from the 2018-2020 Strategic Plan that have carried on into the 2020-2022 plan include: Organizational Excellence, Access to Care, and Emerging Technology.

BACKGROUND

The Flathead City-County Health Department provides quality public health services to ensure the conditions for a healthy community within Flathead County and the catchment areas of Lake, Lincoln, Sanders, and Glacier Counties. According to the 2018 U.S. Census estimate, Flathead County has a total population of 102,106 making it the fourth largest county in Montana and one of the fastest growing counties in the state. Flathead population increased 22.1% from 2000 to 2010. Kalispell is the county seat and primary population center in the County. There are two other incorporated cities in Flathead County: Columbia Falls and Whitefish, and 10 unincorporated communities.

The Health Department provides public health services in five divisions. These divisions include: Community Health Services, Environmental Health Services, Family Planning and HIV Services, Health Promotion, and Health Administration. The Health Department oversees the Flathead County Animal Shelter and Flathead County Home Health, and has a co-applicant agreement with

the Flathead Community Health Center. Each of the divisions within the Health Department provides reduced cost, culturally sensitive, and professional services to meet the diverse needs of the community.

COMMUNITY HEALTH

Community Health Services provides public health nursing, social work and nutrition services. Education and health information is provided along with health screenings, prevention, referrals, communicable disease investigation and surveillance, immunizations, maternal and child health services, and Women Infants and Children (WIC) services. The maternal and child health program serves pregnant women, pregnant and parenting teens, and children, through individual and community-based programs. Women, Infants, and Children (WIC) staff provide nutritional support to pregnant and breastfeeding women and to children birth to five years of age.

FAMILY PLANNING AND HIV SERVICES

Family Planning and HIV Services offers reproductive healthcare; pregnancy testing, options counseling, and referrals; contraceptive supplies; sexually transmitted disease surveillance and education all on a sliding fee scale.

HEALTH PROMOTION

Health Promotion provides affordable bike and all sport helmets, car seat inspections, and affordable car seat options. Tobacco prevention and cessation assistance is available for clients, all high schools, many businesses, and through a phone-based cessation hotline. A program for income eligible women offers free breast, and cervical cancer screenings. Suicide prevention and Public Health Emergency Preparedness program for Flathead County are also based out of Health Promotion.

ENVIRONMENTAL HEALTH SERVICES

Environmental Health Services consists of a sewage and septic program, air quality monitoring program, mosquito control program, and food and consumer safety program, which includes restaurant, public accommodation, and spa and pool inspections. Radon testing and education is also available in Environmental Health.

HEALTH ADMINISTRATION

Health Administration provides the finance and human resource oversight for the Health Department. In addition, Health Administration oversees the Community Health Assessment, Community Health Improvement Plan, quality improvement, performance management system and workforce development.

MISSION, VISION AND VALUES

MISSION

Providing quality public health services to ensure the conditions for a healthy community.

VISION

Healthy People in a Healthy Community

VALUES

The Flathead City-County Health Department is committed to the highest standards in public health service. As an organization, we value **collaboration**, **compassion**, and being **community driven**.

As an organization, we value **collaboration**, as employees working together across programs and divisions, collaboration is necessary for public health work to be reflective of the complexity of our population's health. Collaboration with our community members, policy makers, and stakeholders' positions to work across sectors to increase impact.

Public Health work requires **compassion**. Compassion for ourselves, our peers, and the populations we serve. Everyone has their own story, with compassion we can meet people where they are, respect their lived experience, and move forward from a place of generosity.

As a government entity we are accountable to the community we serve. Therefore, we value being **community driven**. All of our programs will be attuned with our communities needs and responsive to the changing demographics and social determinants of health affecting our county.

PROGRAM AREAS:

To ensure measurable objectives it is essential to display the established program areas. The following lists the program areas that were considered for this Strategic Plan and will serve as the baseline on measurable objectives where program area is referenced.

<p>Environmental Health:</p> <ul style="list-style-type: none">• Land• Air Quality• Food and Consumer• Mosquito Control <p>Health Administration:</p> <ul style="list-style-type: none">• Human Resources• Organizational Projects (e.g. Community Health Assessment, quality improvement)	<p>Community Health:</p> <ul style="list-style-type: none">• Maternal Child Health• Immunizations• Communicable Disease• Women Infants and Children <p>Family Planning</p> <ul style="list-style-type: none">• Reproductive Health	<p>Health Promotion:</p> <ul style="list-style-type: none">• Emergency Preparedness• Cancer Control• Healthy Kids Healthy Communities• Tobacco Prevention• Suicide Prevention
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SOCIAL DETERMINANTS OF HEALTH & PUBLIC HEALTH 3.0

This Strategic Plan highlights ways we are striving towards a Public Health 3.0 framework. This framework recognizes the move towards population-based services and using collaborative efforts across communities to increase impact and synergize health campaigns. By creating new partnerships, we can work upstream on the Social Determinants of Health (SDoH). Understanding how these SDoHs contribute to health of our citizens and communities is essential to a healthier Flathead.

The SDoH include:

- Environmental Determinants of Health
- Poverty
- Housing
- Transportation
- Food insecurity
- Built environment: sidewalks, trails
- Community Resilience
- Trauma informed care
- Access to support services

STRATEGIC PLANNING PARTICIPANTS

Flathead City-County Board of Health Members (2019):

- David Myerowitz, MD
- William Burg, CPA
- Pam Holmquist, County Commissioner
- Michael Nicosia, PhD
- Kyle Waterman, City Representative
- Tamalee St.James, RN
- Ronalee Skees
- Wayne Miller, MD

Flathead City-County Health Department Strategic Planning Leaders:

- Hillary Hanson, Health Officer
- Kerry Nuckles, Deputy Health Officer
- Heather Murray, Community Health Nurse and Accreditation Coordinator
- Holly Jordt, Maternal and Child Health Manager

Flathead City-County Health Department Management Team:

- Christine Hughes, Environmental Health Manager
- Jeannine Lund, WIC Supervisor
- Holly Jordt, Maternal and Child Health Manager
- Lisa Dennison, Immunization and Communicable Disease Supervisor
- Jennifer Rankosky, Health Promotion Supervisor
- Mandie Fleming, Family Planning Supervisor
- Cliff Bennett, Animal Shelter Director

STRATEGIC PLANNING PROCESS

The process for development of the Strategic Plan is outlined in Table 1.

Table 1: Strategic Planning Meetings

PURPOSE	MEETING DATE	WHO ATTENDED
Completion of Program Alignment Worksheets	FY2019	All staff by program/division
Introduction to Public Health 3.0 and Public Health pyramid	August & September 2019	All staff by program/division
Strategic planning session with Public Health Institute	August 20, 2019	Strategic planning team
Public health planning meeting with all staff (morning session), Board of Health (lunch session) and Managers (afternoon) to determine priority areas	September 23, 2019	All staff and Board of Health
Division work with all staff to develop objectives under the chosen priority areas (Squid and Bucket exercise)	October, November 2019	All staff by program/division
Development of the Strategic Plan document	September-December, 2019	Strategic planning team/Management
Strategic Plan draft presented to Board of Health	December 19, 2019	Board of Health, Management
Strategic Plan adopted by Board of Health	January 16, 2020	Board of Health, Management

PROGRAM ALIGNMENT WORKSHEETS:

All program managers created a program alignment worksheet to build understanding and accountability into each program. These worksheets included: data driving the program, evidence for the program, how the program is responsive to community needs, how the program is equitable and culturally competent, and sustainable. The worksheet helps to align each program with the organization procedure regarding creation of new programs and simultaneously brings awareness to ensure all of our programs are community driven.

PUBLIC HEALTH PYRAMID/PUBLIC HEALTH 3.0:

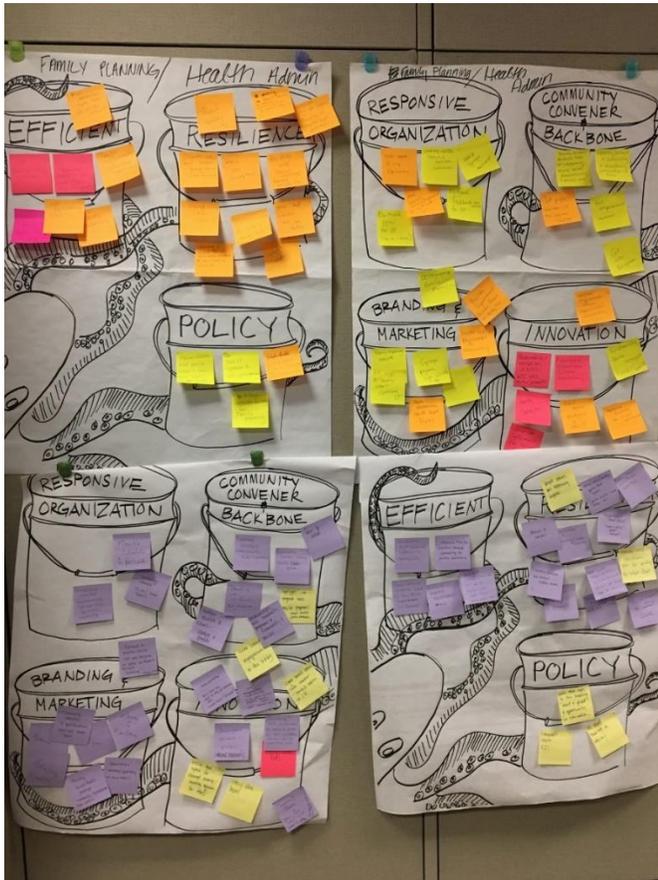
The public health pyramid and Public Health 3.0 provided a framework to evaluate the extent to which programs were providing services with sustaining impact on the community. All staff were given a copy of literature on the public health pyramid and PH 3.0 to read prior to meeting with the Deputy Health Officer. These meetings were held for each division (sometimes broken down by program dependent on the division structure). A further introduction on the concept of Public Health 3.0 and public health pyramids was provided and then each group was mapped their programs and services on the PH pyramid as they currently exist.

STAFF MEETINGS:

Groups reconvened and brainstormed ideas of how to move programs from the top (direct service) to the bottom (SDoH) of the public health pyramid. These ideas were compiled and themed by Management and Strategic planning team.

SQUID AND BUCKET EXERCISE:

Each program/division completed an exercise where each strategic priority was a “bucket” and the organization the “squid.” Staff put organizational and programmatic ideas in the buckets that would move their programs forward in accordance with the strategic priorities.



ALIGNMENT WITH SDoH

During the strategic planning process, the Flathead Community Health Assessment, Flathead Community Health Improvement Plan, the Montana State Health Improvement Plan, and Healthy People 2020 were referenced. The link to each plan is noted in the description of the objectives, where applicable.

MONITORING AND QUALITY IMPROVEMENT

The Strategic Plan will be monitored as a component of the Flathead City-County Health Department Performance Management System on a quarterly basis. A core component of the Performance Management System is quality improvement. The Flathead City-County Health Department Quality Improvement plan will be utilized to guide the process of any quality improvement activities.

STRATEGIC PRIORITIES

PRIORITY AREA: Responsive Organization

Flathead City-County Health Department strives to be a responsive organization to ensure the provision of quality, equitable services that meet the needs of the community where they are.

GOAL: Increase mechanisms to become more responsive to staff and our larger community through, *Feedback, Social Determinants of Health, and Board of Health.*

Feedback	The Health Department will engage in customer feedback to ensure services meet the needs of the community.
Linkages	HP 2020 identifies accreditation as a priority for increasing population health on a national level. Customer feedback is an integral part of ensuring program efficacy and continuous improvement.
Performance Metric	Percent of Health Department divisions engaging in customer feedback annually.
Reasoning for Metric Choice	Customer focus is a key part of a performance improvement and ensuring we are meeting the needs of the community. To evaluate the effectiveness and efficiency of the work, it is essential to identify customers and stakeholders, both internal and external. There must also be a process to capture and analyze customer feedback in order to address the expectations of various public health customers. Currently, 8 of our 16 programs gather customer feedback consistently. This feedback ensures our programs are working and have value for the targeted population. If feedback shows lack of value or function, these areas can be identified and through a quality improvement process can be improved to ensure quality services.
PHAB Alignment	Measure 4.2: The target population that is intended to be affected by public health strategies or interventions are engaged in the development or improvement of those strategies, programs, or interventions Measure 9.1 9.1.1 d. A systematic process for the regular consideration of customer feedback on programs and interventions for improvement of population-based health promotion, protection, or improvement efforts. Describe how customer feedback is gathered and analyzed. Describe how results are considered for quality improvement of policies, programs, and/or interventions.
Target/Benchmark	December 2020: 11/16 programs with a customer feedback mechanism

	December 2021: 16/16 programs with a customer feedback mechanism December 2022: Maintain 16/16 programs with a customer feedback mechanism
Source of Data and Data Explanation	Data is tracked through our Performance Management System. Certain programs have been tracking customer input regularly.
Frequency data will be analyzed	Twice Annually
Baseline Measurements	8/16 (Reproductive Services, WIC, Home Visiting, Organizational Projects, Land, Cancer Control, Human Resources, Healthy Kids Healthy Communities)
Responsible Party	Program Supervisors (EH, HP, IZ/CD)

Social Determinants of Health (SDoH)	The Health Department will align work with the SDoH organizationally through training and education for all staff.
Link to Community Health Improvement Plan	SDoH, specifically housing, transportation and social engagement are priority areas in the 2020-2023 Community Health Improvement Plan. SDoH is also a Healthy People 2020 objective.
Performance Metric One	Number of staff attending trainings in SDoH offered through the Health Department
Reasoning for Metric Choice	<p>“Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live. Resources that enhance quality of life can have a significant influence on population health outcomes.</p> <p>Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.</p> <p>Understanding the relationship between how population groups experience “place” and the impact of “place” on health is</p>

	<p>fundamental to the social determinants of health—including both social and physical determinants.” <i>HP2020</i></p> <p>As the work we do as an organization touches so many SDoH, having all staff with the ability to view their work through a this lens will increase our ability to respond to community needs.</p>
PHAB Alignment	Measure 8.1 The health departments workforce has the multidisciplinary skills needed for the health department to achieve its mission, goals, and objectives
Target/Benchmark	>95% staff attend one SDoH training per year
Source of Data and Data Explanation	This data will be tracked on the Health Administration’s “Training Tracking Worksheet” and through Individual Learning Plans
Frequency data will be analyzed	Quarterly
Baseline Measurements	Will be collected in CY2020
Responsible Party	Health Administration/Management Team/Staff

Board of Health	The Flathead City-County Board of Health will understand their role in organizational leadership and be champions for public health.
Performance Metric	# of Board members oriented to the SDoH
Reasoning for Metric Choice	<p>Local boards of health play an important role in our public health system. They provide oversight and guidance for local health departments and they set public health priorities for our communities. By operating at the local level, boards of health are closer to the communities whose health they are charged with protecting than are state or federal agencies.</p> <p>www.networkforphl.org</p> <p>By introducing our local board members to the SDoH, they will gain insight to the work we are striving to provide, make more informed decisions, and steer our organizations towards Public Health 3.0</p>
PHAB Alignment	<p>Measure 12.1: The health department’s governing entity is informed about the health department’s mission, goals, responsibilities, and programs.</p> <p>Measure 12.2: The health department’s governing entity is engaged with the health department and its activities.</p>
Target/Benchmark	December 2020: 100% of BOH members will have a SDoH orientation

Source of Data and Data Explanation	Executive Leadership and Health Administration will track records of orientation
Frequency data will be analyzed	Annually
Baseline Measurements	Jan 2020: 0
Responsible Party	Executive Leadership

PRIORITY AREA: Branding and Marketing

The Health Department strives to have an easily recognizable brand in the community, and ensure our marketing strategies are reaching desired populations through all channels of communication.

GOAL: Flathead City-County Health Department will create a stronger and more recognizable brand in the community and assess our current marketing strategies to increase the reach of our public health messaging.

Branding	The Health Department will create a stronger branding image in our community through a new universal logo that can be used for all programs.
Performance Metric	The Health Department will have a updated “universal soft logo”
Reasoning for Metric Choice	<p>Brands are a visual and verbal expression of an organization’s mission, vision and values. They go beyond a marketing campaign, printed brochures or social media messages. Your brand encompasses your organization’s culture (who you are), service descriptions (what you do), its mission and vision (where you are going) and values (why you matter).</p> <p>A strong brand sends a powerful message and maximizes your visibility. It engages people and communities, by telling a compelling story about why your organization exists and how you make change. As a result, your organization strengthens its credibility and increases public trust. https://www.miottawa.org</p> <p>The Health Department has many different programs reaching many different populations. Having a strong branding image through consistent logo and visual imaging will increase our visibility in the community.</p>
PHAB Alignment	<p>Measure 3.2.2 Department’s visual identity</p> <p>Measure 3.2.3 Integration of brand messaging</p>
Target/Benchmark	Updated logo by June 30 th 2020

Baseline Measurements	The current logo was created in November 2002. There is currently no mechanism for utilization of the logo with program specific logos.
Responsible Party	Public Information Officer/ Accreditation Coordinator

Branding	The Health Department will create a stronger branding image in our community through consistent communication templates (email, PowerPoint, letters and other communications).
Performance Metric	A branding procedure will be implemented with guidance on the following topics: <ul style="list-style-type: none"> • PowerPoint presentations • Press releases • Email signatures • Letterhead • Fonts • Logo vs seal
Reasoning for Metric Choice	The Health Department has many different programs reaching many different populations. Having a strong branding image through consistent logo and visual imaging will increase our visibility in the community. Maintaining this consistency throughout our internal organization will ensure all communications are consistent and in line with literacy standards around readability and clarity. Correct usage of seals, logo, and PowerPoint templates increases our professional standard and increases our brand as recognizable in the community and with partners.
PHAB Alignment	Measure 3.2.2 Department’s visual identity Measure 3.2.3 Integration of brand messaging
Target/Benchmark	December 2020: 4/6 components integrated (PowerPoint, Logo/Seal) December 2021: 6/6 components integrated (Email signature, Fonts)
Source of Data and Data Explanation	The completion of each of these components will be tracked by the Public Information Officer. It will be considered “implemented” when all staff have received training and been provided the appropriate materials.
Frequency data will be analyzed	Quarterly
Baseline Measurements	2/6 components with consistent use by staff (Letterhead/Press Release)
Responsible Party	Public Information Officer

Marketing	The Health Department will improve our understanding of our media presence and how best to reach different populations.
Link to Healthy People 2020	HP 2020 Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity.
Performance Metric	Increase in average monthly users engaging with online media
Reasoning for Metric Choice	<p>Ideas about health and behaviors are shaped by the communication, information, and technology that people interact with every day. Health communication and information technology (IT) are central to health care, public health, and the way our society views health. These processes make up the ways and the context in which professionals and the public search for, understand, and use health information, significantly impacting their health decisions and actions. <i>HP2020</i></p> <p>Online and social media technologies are used by many target populations for information and connectivity. Understanding how social media platforms and websites are currently being used by our community informs next steps in utilizing these platforms for outreach, education, and messaging.</p>
PHAB Alignment	Measure 3.3 The community receives accurate, timely, and culturally appropriate health communication
Target/Benchmark	December 2021: 10% increase from baseline December 2022: 10% increase from 2021
Source of Data and Data Explanation	User data from Flathead Forward and Flatheadhealth.org and Facebook
Frequency data will be analyzed	Quarterly
Baseline Measurements	FF: 125 visitors/month average Flatheadhealth.org: 1366 home page hits (average) Facebook: 145 user reach (average) Instagram: New, no baseline available
Responsible Party	Public Information Officer

PRIORITY AREA: Community Convener and Backbone

Flathead City-County Health Department recognizes that our role in public health is shifting from client-based services to population health. With the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), the Health Department is well positioned to facilitate positive and impactful change through collaborative community work.

GOAL: Our strategic goal is to utilize the online platform of *Flathead Forward* to streamline communications and increase the transparency of our collaborative efforts.

Partnerships/Collective Impact	Flathead Forward will be used to increase communication and transparency of the Community Health Improvement Plan (CHIP).
Link to Healthy People 2020	HP 2020 Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity.
Link to Community Health Improvement Plan	CHIP Partnerships and Capacity Building: Objective 2 Promote Flathead Forward as a communication and project planning tool for collaborative projects.
Performance Metric One	# of CHIP priority groups with a working group on Flathead Forward.
Reasoning for Metric Choice	The Flathead Forward platform creates community transparency and opportunity for community members to stay abreast of CHIP work, get involved, and track progress. Flathead Forward also creates efficiency as all members can communicate, store documents, and track progress in one shared space accessible to all.
PHAB Alignment	Measure 5.2.1 The implementation of the community health improvement plan is tracked, and the plan is revised, as needed.
Target/Benchmark	December 2020: 10/14 CHIP groups will have a working group on Flathead Forward December 2021: 12/14 CHIP groups will have a working group on Flathead Forward December 2022: 14/14 CHIP groups will have a working group on Flathead Forward
Source of Data and Data Explanation	Data will come from the Flathead Forward website
Frequency data will be analyzed	Quarterly
Baseline Measurements	8/14 CHIP groups have a Flathead Forward group.
Responsible Party	CHIP Coordinator

Partnerships/ Collective Impact	Flathead Forward will collaborate with the needs of The Summit of Coalitions to align projects and fulfill communications needs for multi-sector projects.
Flathead County CHIP	Partnerships and Capacity Building: Objective 1 Building a Summit of Coalitions to improve communication and support collaborative projects.
Performance Metric	# of coalitions participating in the Summit of Coalitions with a group on Flathead Forward
Reasoning for Metric Choice	The Summit of Coalitions is a Flathead Specific, quarterly event to increase communication between human and health focused coalitions. By organizing all of our community coalitions into a cohesive group, the increased communication, work around specific issues, and collaboration will increase the ability for our community to impact our greatest need areas. In addition to improved communication, the ability of the Summit of Coalitions to boost multi-sector work will be increased by the technology in Flathead Forward.
PHAB Alignment	Measure 4.1 Cross-sector collaboration is routine and community health-enhancing networks are fostered to promote the public's health. Measure 5.1 The Health Department is a strategic community health development organization.
Target/Benchmark	December 2020: 8/16 coalitions December 2021: 10/16 coalitions December 2022: 12/16 coalitions
Source of Data and Data Explanation	This data will come from and be managed by Flathead Forward administrators and coalition leads.
Frequency data will be analyzed	Annually
Baseline Measurements	6/16 (CHIP workgroup, CONNECT, Human Trafficking Task Force, Maternal Mental Health Coalition, Veterans Coalition, Zero to Five)
Responsible Party	Flathead Forward Administrators and Executive Leadership

PRIORITY AREA: Efficiency

Flathead City-County Health Department strives to utilize emerging technology to ensure the delivery of high quality and efficient public health services.

GOAL: The Health Department will utilize digital and online tools to increase the efficiency of our daily work, our community connectivity, and our accountability through using the **CONNECT referral system**, the **POYNT smart system for Environmental Health direct sales**, and piloting **program management software** through our Quality Improvement facilitators group.

Technology	The CONNECT referral system will be widely utilized by Flathead organizations to link services for clients.
Link to Healthy People 2020	HP 2020 Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity
Link to Community Health Improvement Plan	Access to Care: Objective 1: Build referral pathways and expand CONNECT, a coordinated electronic referral system.
Performance Metric One	Number of agencies represented on CONNECT
Reasoning for Metric Choice	Many agencies have informal referral processes, or none at all. Some Electronic Health Systems do not communicate with each other, making referrals outside the acute health care system into social services difficult. To best serve the population of Flathead County, a universal closed loop referral system will increase successful referrals and the ease of referrals. CONNECT will create a sustainable system for our community to help families and people get the resources they need in a timely manner.
PHAB Alignment	Measure 4.1.2 Mobilized and coordinated community assets
Target/Benchmark	December 2020: 85 active organizations participating December 2021: 110 active organizations participating December 2022: 135 active organizations participating
Source of Data and Data Explanation	Data will come from CONNECT and system administrators
Frequency data will be analyzed	Quarterly
Baseline Measurements	57 active agencies participating
Responsible Party	CONNECT Coordinator

Technology	Environmental Health will develop a point of sale system.
Link to Community Health Improvement Plan	HP 2020 Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity
Performance metric	Installed Point of System Sale system for Environmental Health
Reasoning for Metric Choice	Currently all Environmental Health sales are written out on manual receipts. Having an electronic Point of Sale system would create considerable staff savings in the area of staff time, financial accuracy, and financial reporting.
Target/Benchmark	System Installed by end of December 2020
Source of Data and Data Explanation	Data will come from the Poynt Smart System once installed
Frequency data will be analyzed	Quarterly
Baseline Measurements	New Program, no baseline
Responsible Party	Staff Accountant

Technology	Quality Improvement Facilitators group will pilot project management software.
Link to Community Health Improvement Plan	HP 2020 Goal: Use health communication strategies and health information technology to improve population health outcomes and health care quality, and to achieve health equity
Performance Metric	# of projects managed using new software
Reasoning for Metric Choice	Performance Improvement and Project Management are major needs within the Health Department. New technology (i.e. Slack) have demonstrated increased efficiency in organizing projects and ensuring timely completion of deadlines.
Target/Benchmark	QI facilitators will have used project management software for two QI projects by June 30 th , 2021.
Source of Data and Data Explanation	User Feedback Survey conducted by the Accreditation Coordinator
Frequency data will be analyzed	At the conclusion of each QI project
Baseline Measurements	New Program, no baseline
Responsible Party	Deputy Health Officer/ Accreditation Coordinator

PRIORITY AREA: Innovation

As public health funding changes over time, the Health Department as an organization needs to remain agile in how we carry out our work.

GOAL: The Health Department will foster a culture of innovative thinking through *a pilot program, balanced health impact programming*, increased *quality improvement*, and a *shark tank fund* for innovative ideas in programming.

SDOH/ Health Equity	Pilot multi-disciplinary working group in a vulnerable location.
Link to Community Health Improvement Plan	CHIP Priority Area #1: Comprehensive Care CHIP Priority Area #2: Social Determinants of Health
Performance Metric One	# of divisions with working group member participating
Reasoning for Metric Choice	Our health is determined in part by access to social and economic opportunities; the safety of our neighborhoods and housing; our ability to access healthy food and equitable healthcare. The goal of the team is to reduce health disparities for the residents of Evergreen area by creating a multi-division team, across the Health Department. This team would coordinate efforts and share knowledge of the chosen area, giving way to coordinated efforts that would create meaningful change for this communities' populations.
PHAB Alignment	Measure 7.1: Populations' access to care has been collaboratively assessed and strategies to increase access to health care for those who experience barriers to care have been collaboratively developed and adopted.
Target/Benchmark	December 2020: 2 divisions December 2021: 4 divisions December 2022: 5 divisions
Source of Data and Data Explanation	Data will be recorded and kept through the Creating a Culture of Resilience (CCR) Team
Frequency data will be analyzed	Annually
Baseline Measurements	New Program, no baseline
Responsible Party	Management Team/CCR Team

SDoH/ Health Equity	Increase Quality Improvement efforts across the organization.
Link to State Health Improvement Plan	<p><i>Montana System Improvement Goal:</i> Promote the use of quality improvement methods to strengthen public health and health care services, programs, and processes.</p> <p><i>Healthy People 2020:</i> PHI-16 - Increase the proportion of Tribal, State, and local public health agencies that have implemented an agency-wide quality improvement process.</p>
Performance Metric	# of projects with all levels of staff engaged
Reasoning for Metric Choice	<p>Performance management and quality improvement (QI) are the foundations of public health accreditation. We are working to create a culture of quality throughout the Health Department and make QI a part of the daily activities of doing business. We are continuing to develop an integrated QI process.</p> <p>Our aim is to establish performance management and QI practices and processes in all facets of the Health Department's operations. By involving all staff in QI, performance metrics will gain context and staff will understand the QI process and benefits.</p>
PHAB Alignment	Measure 9.2.5: Institutionalized continuous quality improvement
Target/Benchmark	>75% of all QI projects include representatives from all levels of staff from front desk to supervisory staff
Source of Data and Data Explanation	Data will come from QI project records and be tracked on an ongoing basis by QI facilitators team
Frequency data will be analyzed	Annually
Baseline Measurements	N/A
Responsible Party	Performance Management/Accreditation Coordinator

Public Health 3.0	Managers will develop a balanced public health impact pyramid for their programs.
Link to State Health Improvement Plan	All Montana Department of Public Health and Human Services SHIP priorities include Clinical, Health Promotion, Policy, and Health Equity strategies, crossing all levels of the public health impact pyramid to best impact population health.

Performance Metric	# Programs with an increase in programming in the bottom 2 tiers of the public health pyramid
Reasoning for Metric Choice	<p>The public health impact pyramid visually depicts the potential impact of different types of public health interventions. At the base of the pyramid are those interventions that have the greatest potential for impact on health because they reach entire populations of people at once and require less individual effort. <i>Centers for Disease Control and Prevention</i></p> <p>This metric stems from the evidence that the two lowest tiers of public health pyramid have the greatest potential for impact. As we move towards the SDoH, a balanced pyramid will help us navigate sustaining current client-based services while using available evidence to move into population level interventions, such as policy change and built environment.</p>
PHAB Alignment	Measure 5.1.1 Methods used by the health department in its role as leader and advocate for addressing the social determinants of health
Target/Benchmark	<p>Jan 2021: increase by one program/intervention</p> <p>Jan 2022: increase by one program/intervention</p> <p>Jan 2023: engagement with local or state policymakers during off legislative years</p>
Source of Data and Data Explanation	Current spread of programming over the public health pyramid has been documented as part of the strategic planning process and is included in the appendices of this plan. This information will be tracked and kept with the program managers and Accreditation Coordinator.
Frequency data will be analyzed	Every 6 months
Baseline Measurements	All current interventions affecting the bottom 2 tiers of the pyramid can be seen in the appendices.
Responsible Party	Executive Leadership & Management Team

Innovative Programming	Fund innovative pilot projects that address Health Department and Public Health 3.0 values.
Performance Metric	<p># of applications received with one award granted</p> <p># of shark tank awarded projects adopted after project period ended</p>
Reasoning for Metric Choice	<p>Innovation can be challenging to nurture in an organization, especially within the budgetary constraints of government. As we move forward as an organization we hope to foster a culture of innovative thinking. Creating a pathway for staff to try new ideas in a structured and competitive format will create opportunity for creative projects to arise. Currently, funding streams for SDoH work is limited. This fund would have the potential to create data and evidence prior to expanding or seeking grant funding elsewhere.</p>

PHAB Alignment	Annual Report: PHAB defines public health innovation as the development of a new process, policy, product, or program that increases quality, impact, and efficiency. Please describe the health department’s approach to pursuing innovation and any innovations that have emerged since you submitted last year’s Annual Report Section II.
Target/Benchmark	June 30, 2020: A Shark Tank award will be established December 2020: First competition awarded
Source of Data and Data Explanation	This will be tracked by Health Administration
Frequency data will be analyzed	Annually
Baseline Measurements	New program, no baseline
Responsible Party	Executive Leadership

PRIORITY AREA: Resilience

The Flathead City-County Health Department recognizes that social, economic, and environmental inequities result in adverse health outcomes. To address this, we must build resilience within ourselves and our organization. We will provide safe environments, ensure training and education for staff, and implement trauma informed policies and practices.

Goal: To provide support to current employees in a meaningful way *to increase staff retention* through a new collaborative framework with a grant from the deBeaumont Foundation.

Workforce Development/Retention	The Health Department will use a new retention framework to address job satisfaction through a grant with the deBeaumont Foundation
Performance Metric	Reduction in percent of staff considering leaving in the next year among non-retirement aged workers or among employees that have been with the agency less than five years, using our 2019 PHWins survey as baseline.
Reasoning for Metric Choice	According to a study by the Society for Human Resource Management, employers will need to spend the equivalent of six to nine months of an employee’s salary in order to find and train their replacement. Recruitment of employees to the Health Department has been difficult particularly for the positions requiring specific education, expertise or licensure. We routinely have positions posted as “open until filled” (which means for us that we have been unable to recruit for the position through a normal process). Retention has been decreasing as staff retire and move on to other opportunities, including higher paying and more flexible work environments.
PHAB Alignment	Measure 8.2.1 Supportive work environment including a description of employee retention efforts

Target/Benchmark	In process
Source of Data and Data Explanation	Retention data comes from our human resource records as well as results of the PHWins survey administered to all staff this November. This survey will be re-administered annually and capture the number of staff considering leaving.
Frequency data will be analyzed	Annually
Baseline Measurements	In process
Responsible Party	Accreditation Coordinator

PRIORITY AREA: Policy

As we work to affect health on the broadest possible levels, policy must be considered. Local and State policies affect the health of our populations, not just in traditional areas of acute health care, but in transportation, zoning, parental leave, and education. As our mission is a healthy community, we engage in the policy process in the education of our local policymakers.

Goal: Health Department staff will understand their role in engaging in health policy and advocacy through ***annual training***.

Policy	The Health Department will offer training on advocacy to engage in policy on all program levels
Performance Metric	# of trainings offered in policy and advocacy annually
Reasoning for Metric Choice	As all programs engage in SDoH work, and focus on population level health impact, staff will be asked to understand how policy affects health in their areas (i.e. tobacco and smoke free housing regulations). Program staff do not always understand, as county employees, their role in education and advocacy. Basic training in these areas will better position employees in educating local policymakers on health issues.
PHAB Alignment	Measure 5.1.2 Public policy incorporates public health considerations Measure 6.1.2 Expert public health advice provided to those who adopt laws
Target/Benchmark	1 policy/advocacy educational opportunity/year
Source of Data and Data Explanation	This will be part of our training and education data and records kept by CCR Team and Office Coordinator
Frequency data will be analyzed	Annually
Baseline Measurements	New program, no baseline
Responsible Party	Accreditation Coordinator

Future Direction

The Flathead City-County Health Department is aware that there are always emerging issues that may impact the health of the community. This Strategic Plan is a living document that will be updated as priorities are completed.