



*Photo by Bill Abbott*

Strategic Plan  
2015-2019  
Kittitas County,  
Washington State



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## Introduction

In 2011, Kittitas County Public Health Department (KCPHD) successfully demonstrated meeting 97% of the basic set of public health standards. However, one standard was only partially demonstrated and corresponded directly to being unable to show “progress toward goals and objectives, including how targets are monitored and progress made” in the department’s strategic plan. In other words, our strategic plan lacked measurable goals and objectives which we could easily monitor throughout implementation.

After the 2011 performance review, Washington State adopted the Public Health Accreditation Board (PHAB) standards and measures. This 2015-2019 strategic plan was developed using the PHAB standards and measures as a guide, and aligns with the Kittitas County Community Health Assessment and Improvement Plan. As a result, we have set the stage for closely monitoring and demonstrating the progress in implementing our plan, and are prepared to submit the plan to meet the prerequisites for PHAB application.

In addition to the strategic plan meeting PHAB standards and measures, the five strategic initiatives were developed using ideas, input, and feedback from our key stakeholders: KCPHD staff, Kittitas County Board of Health, and Board of Health Advisory Committee. Our staff is comprised of the individuals who most intimately know the strategic directions KCPHD needs to take over the next five years. Our Board of Health members are leaders in the community and have a broad view of the role of public health in our county. Our advisory committee members represent different sectors of the community as well as health and social service organizations and provide a partnership perspective. Tools and processes such as brainstorming, affinity diagrams, and a variety of prioritization exercises were utilized to finalize the priority strategic initiatives. The timeline and further details of the development and selection of the initiatives can be found in Appendix B.

The KCPHD 2015-2019 Strategic Plan contains five priority strategic initiatives:

- To increase sustainability and stability of **public health funding**.
- To increase **community partnerships and awareness** of public health.
- To become **accredited** through the Public Health Accreditation Board.
- To implement an ongoing, sustainable system and culture of **quality improvement and performance management**.
- To improve **internal collaboration and communication** between divisions and teams.

This document includes a description of each initiative and the key strategies chosen to implement each one. Detailed action/implementation plans including performance measures, objectives, timelines, and responsibilities can be found in Appendix A.

This is the first time KCPHD has had a strategic plan that is action-oriented with a system in place for monitoring implementation. Our goal is to make significant progress on the goals, objectives, and strategies outlined in the plan by the end of 2019.

Enjoy!



Robin H. Read, Public Health Administrator

## About Kittitas County

The Kittitas County Public Health Department serves the entire population of Kittitas County which is located in the center of Washington State. Its 2,297 square miles and 42,100 residents span from the top of Snoqualmie Pass in the Cascade Mountains to the Columbia River. The Yakima River and Interstate 90 run through the middle of the county. The county seat is located in the largest town of Ellensburg with a population of 18,440. Other incorporated towns include Kittitas, Cle Elum, South Cle Elum, and Roslyn. Unincorporated communities include Easton, Thorp, Ronald, Liberty, Snoqualmie Pass, and Vantage.

Kittitas County is largely a rural county with 45% of the population living in unincorporated areas compared to 35% statewide. Population density is about 18 persons per square mile compared to 105 statewide. However, Kittitas County is also one of the five fastest growing counties in the state with a 22.6% increase in population between 2000-2010.



Because of the presence of a major university in Ellensburg (Central Washington University), Kittitas County has a greater proportion of young adults between the ages of 15-24 compared to Washington State. The median household income in Kittitas County is lower than both Washington State and the United States. Although the county is not as racially and ethnically diverse as many communities in Washington, about 13% of the population reports a race or ethnicity different than white or Caucasian.

In terms of health, the leading causes of death in Kittitas County are similar to Washington State: heart disease and cancer. Children ages 0-17 are most often hospitalized for respiratory, digestive, and injury/poisoning; young adults ages 18-24 are most often hospitalized for digestive, injury/poisoning, and mental illness; adults ages 25 to 64 are hospitalized for circulatory, digestive, and musculoskeletal issues; and older adults ages 65 and older are hospitalized for circulatory, digestive, and injury/poisoning.

Community health improvement issues chosen in 2012 as part of a comprehensive community health assessment and improvement process were:

1. How can we strengthen **coordination and communication among local public health system partners**?
2. How can we work effectively together to **improve the quality and affordability of health care**?
3. How can we increase **utilization of and access to preventive care** and **support healthy behaviors**; and how can we improve knowledge and capacity to **manage stress in a healthy way**?

Recent activities as part of the accountable communities of health initiative have revealed **mental health, substance abuse, and obesity** to be issues of concern in Kittitas County.

*Population data is from the Washington State Office of Financial Management Population Unit.*

*Health data is from the Washington State Department of Health Center for Health Statistics.*

# About Kittitas County Public Health Department

Documentation exists to indicate that the Kittitas County Public Health Department (KCPHD) has been providing public health services in Kittitas County since at least the early 1940s. Services have changed over time depending on public health need, mandates, and funding. As of 2015, KCPHD conducts the following services and programs for the public:

- **Community health assessment and improvement**
- **Communicable disease investigation**
- **Adult and child immunizations**
- **Travel consultations**
- **Tuberculosis screening and investigation**
- **Syringe exchange services**
- **Overdose prevention services**
- **HIV and hepatitis C education and testing**
- **Maternal and child health promotion**
- **Chronic disease prevention**
- **Emergency preparedness and response**
- **Access to oral health services for young children**
- **Birth and death certificates**
- **Food handler's education**
- **Food establishment permitting and enforcement**
- **On-site septic system permitting and enforcement**
- **Public pools and spas permitting and enforcement**
- **Air quality assessment, education, and outreach**
- **Solid waste permitting and enforcement**
- **Vector borne disease prevention**
- **Water quality assurance and enforcement**
- **Water resource administration**
- **School and playground inspections**
- **Camps and parks permitting and enforcement**

In addition to the services provided to the public, KCPHD staff also provides fiscal oversight of the department's budget and fund sources, program evaluation, performance measurement monitoring, public information, and quality improvement functions.

In 2015, the department is funded for 17.8 full-time equivalents (FTEs) with a budget of \$1,466,558. Staff works in the areas of health promotion, community health, environmental health, assessment, and administration. The Kittitas County Board of Health is the governing body of KCPHD.

KCPHD's work closely aligns with the 10 essential public health services as defined by the American Public Health Association:

1. **Monitor** health status to identify community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize** community partnerships to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce** laws and regulations that protect health and ensure safety.
7. **Link** people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure** a competent public health and personal healthcare workforce.
9. **Evaluate** effectiveness, accessibility, and quality of personal and population-based health services.
10. **Research** for new insights and innovative solutions to health problems.



*KCPHD Public Health Nurse administering tuberculosis skin tests to children at a Cle Elum school. May 1970.*

## Mission, Vision, and Core Values

### *Our Vision—What We Strive For*

All Kittitas County residents have the freedom and ability to pursue **healthy lives in a healthy environment.**

### *Our Mission—Why We Do What We Do*

To **protect and promote** the health and the environment of the people of Kittitas County.

### *Our Core Values—The Principles That Guide Us*

- **Quality:** We will be effective, efficient, consistent, adaptable, and provide excellent customer service.
- **Community:** We will seek to serve our community through compassion, collaboration, relationships, and partnerships.
- **Dedication:** We are committed and hard-working in our daily work.
- **Integrity:** We are professional, respectful, courteous, ethical, and honest. We are good stewards of our resources.



## Strategic Initiative 1

# To increase sustainability and stability of **public health funding.**

### STRATEGIES

**Analyze trends in budget, revenues, and expenses** and compare to other local health jurisdictions.

Work with county commissioners, Board of Health, Board of Health Advisory Committee, and other stakeholders to generate, research, and **pursue opportunities for local and alternative sources of funding.**

**Collect information from other local health jurisdictions** about local and alternative sources of funding.

Create a long term sustainable plan and policy for maintaining **an adequate and sustainable fund balance.**

Establish system of **grant opportunity** tracking and improve **grant writing** capacities.

**Maximize revenue sources** for fee-based services.

**Communicate with the public and state and federal policy makers** about the importance of adequate public health funding for foundational public health services.

*Public health funding is an increasingly important topic, both locally, statewide, and nationwide. Locally, KCPHD's current budget relies significantly on county general funds and fund balance. There is a strong need to explore and pursue more local funding opportunities.*



## Strategic Initiative 2

# To increase **community partnerships and awareness of public health's role** in the **community.**

### STRATEGIES

Create and promote **community health indicator dashboard**.

Increase KCPHD's **participation in community events**.

Implement annual campaign for **National Public Health Week**.

Increase **visibility of KCPHD logo** in the community.

Create and deliver public health presentation to **local community groups**.

Increase **co-sponsored initiatives and projects** with other community organizations.

*As public health efforts become more community-based, there is a need to focus on maintaining, strengthening, and increasing community partnerships. In addition, there is a need to expand awareness of public health and public health's role in the community. It is important in a time of limited resources for the public to understand the importance and the necessity of public health services in the community. This initiative also closely aligns with the Kittitas County Community Health Improvement Plan and accreditation standards.*





## Strategic Initiative 3

# Become **accredited** through the Public Health Accreditation Board.

### STRATEGIES

Evaluate the department's **readiness** for accreditation.

**Familiarize staff and stakeholders** with the accreditation process.

Establish an **accreditation team** consisting of representatives from each division.

Establish a system for collecting and organizing **accreditation documentation**.

**Identify focus areas** to prepare for accreditation and make plans to meet standards.

**Apply** for PHAB accreditation.

*Public health accreditation is gained by meeting of a set of national standards and expectations for local health jurisdictions. It is also a means to identify improvement opportunities and enhance services. The journey towards accreditation strongly aligns with the department's quality improvement plan and ongoing efforts towards improvement, as well as overlapping with several other strategic initiatives.*



## Strategic Initiative 4

# Implement an ongoing, sustainable system and culture of **Quality Improvement and Performance Management.**

### STRATEGIES

Create and implement an agency wide **quality improvement (QI) plan.**

Create and implement a **performance management system.**

*Quality improvement and performance management are basic foundational capabilities that will ensure the department performs its work at the highest level possible. They are key components of public health accreditation and this strategic initiative enhances the activities in the department's quality improvement plan.*

#### Continuous Quality Improvement Cycle



## Strategic Initiative 5

# Improve **internal collaboration and communication** between KCPHD divisions and teams.

### STRATEGIES

Utilize **Outlook calendars** to communicate work schedules with each other.

Utilize **outcome based agendas** for all internal and external meetings.

Ensure staff has the opportunity to **communicate with their supervisors** on a weekly basis.

Create and implement set of **management and leadership principles and guidelines** for supervisors to follow.

Develop and implement **guidelines for sharing program and project updates** with all staff on a regular basis.

Establish **guidelines for internal communications**.

Implement **cross-training program** for programs and divisions.

Host more **internal and guest presentations**.

*A well-functioning internal team is imperative for an organization to be successful in its mission. Improving communication and implementing more opportunities for collaboration will help strengthen our success in implementing the overall strategic plan, the quality improvement plan, and the community health improvement plan.*





*January 2015 All Staff Retreat*

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During the development of this plan, we were fortunate enough to receive funding and technical assistance from the Performance Management Centers for Excellence at the Washington State Department of Health.

*Copies of this strategic plan can be accessed at*

*<http://www.co.kittitas.wa.us/health/reports/publichealthstrategicplan.pdf>*

## *Appendix A: Implementation Plan*

### **Acronyms for Implementation Plan:**

AST=Accreditation Support Team  
 BOH=Board of Health  
 BOHAC=Board of Health Advisory Committee  
 DOH=Washington State Department of Health  
 KCPHD=Kittitas County Public Health Department  
 LHJ=Local Health Jurisdiction  
 MT=KCPHD management team  
 NACCHO=National Association of County and City Health Officials  
 PHAB=Public Health Accreditation Board  
 PHUND\$=Public Health Uniform National Data System  
 PIO=Public Information Officer  
 SAT=Self Assessment Tool  
 QI=Quality Improvement  
 QILT=Quality Improvement Leadership Team  
 WSALPHO=Washington State Association of Local Public Health Officials

## Increase sustainability and stability of public health funding.

### PERFORMANCE MEASURES (How will we know we are making progress?)

Short Term Indicators	Source	Frequency
Decreased the county contribution/fund balance budget request by 5% annually.	Annual budget	Annually
Increased clinic revenue by 10% annually.	Financial data	Annually
Eliminated the usage of fund balance in annual budget by 2017.	Annual budget	Annually

Long Term Indicators	Source	Frequency
Increased the number of local or alternative sources of funding from 0 to 3 by December 2019.	Financial data	5 years
At least 80% of all activities in the strategic implementation plan have been completed by December 2019.	Plan monitoring	5 years

## STRATEGIES (What will we do to achieve our goal?)

### Analyze trends in budget, revenues, and expenses and compare to other LHJs.

**Objectives:**

- Enter financial data into PHUND\$ system by June 2015.
- Compare financial data to at least ten other similar LHJs by December 2015.
- Develop five year and ten year trend reports by December 2015.
- Present information to Board of Health by March 2016.

Activity	Target Date	Lead
Enter all financial data into PHUND\$ up to date	June 2015	Financial Analyst
Complete comparison and trend reports	December 2015	Financial Analyst
Analyze comparisons and trend reports	December 2015	Financial Analyst
Incorporate information into a report and presentation	March 2016	Financial Analyst
Present information to BOH	March 2016	Public Health Administrator

### Work with county commissioners, Board of Health, Board of Health Advisory Committee, and other stakeholders to generate, research, and pursue opportunities for local and alternative sources of funding.

**Objectives:**

- Recruit at least five individuals to form public health funding committee by June 2015.
- Identify minimum funding level by December 2015.
- Research and/or pursue at least one funding idea annually through December 2019.

Activity	Target Date	Lead
Brainstorm and recruit individuals for funding committee	June 2015	Public Health Administrator
Set meeting schedule and logistics	September 2015	Public Health Administrator
Define "local and alternative sources of funding"	December 2015	Committee
Identify local foundational services and minimum funding level	December 2015	Committee
Generate local and alternative funding ideas within the committee	Ongoing	Committee
Research feasibility and legality of funding ideas	Ongoing	Committee
Present results of researched ideas to BOH	Ongoing	Public Health Administrator

### Collect information from other local health jurisdictions (LHJs) about local and alternative sources of funding.

**Objectives:**

- Collect information from at least ten other LHJs by September 2015.
- Present information to Board of Health by December 2015.

Activity	Target Date	Lead
Research and compile information from existing sources of data for LHJ funding (previous administrator work, DOH reports, NACCHO reports, etc.)	June 2015	Public Health Administrator
Develop survey questions for other LHJs about funding	June 2015	Public Health Administrator
Survey Washington State LHJs about funding	September 2015	Public Health Administrator
Follow up with specific LHJs via phone or in person	December 2015	Public Health Administrator
Put information and data together in a report and presentation	March 2016	Public Health Administrator
Present information to BOH	March 2016	Public Health Administrator

**Create a long term sustainable plan and policy for maintaining an adequate and sustainable fund balance.**

**Objective:**

- *A plan will be approved by Board of Health and Board of County Commissioners by December 2015.*

<b>Activity</b>	<b>Target Date</b>	<b>Lead</b>
Identify and maintain adequate amount needed for three months operating expenses	March 2015	Fiscal Analyst
Work with the auditor's office identify adequate amount needed for capital asset replacement	June 2015	Fiscal Analyst
Work with the auditor's office to identify annual contribution amount needed for capital asset replacement	June 2015	Fiscal Analyst
Create policy and procedures for the utilization and maintenance of the fund balance	December 2015	Fiscal Analyst
Get policy and procedures approved by BOH	December 2015	Public Health Administrator

**Establish system of grant opportunity tracking and improve grant writing capacities.**

**Objectives:**

- *Send at least three staff to grant writing training by December 2016.*
- *Submit at least three grant applications annually through December 2019.*
- *Complete a search for new grant opportunities quarterly through December 2019.*

<b>Activity</b>	<b>Target Date</b>	<b>Lead</b>
Research and identify grant writing trainings	June 2015	Administrative Assistant
Identify staff to attend trainings	December 2015	Management Team
Have staff present summary of training to all staff	December 2016	Staff
Create list of primary public health grant funding sources	December 2016	Management Team
Search sources quarterly	Quarterly	Administrative Assistant
Research grant opportunities for feasibility	Ongoing	Supervisors
Apply for feasible grant opportunities	Ongoing	Supervisors

**Maximize revenue sources for fee-based services.**

**Objectives:**

- *Revise fee schedule and policy annually to maximize revenue for public health services through December 2019.*
- *Contract with at least three primary health insurance companies by December 2015.*

<b>Activity</b>	<b>Target Date</b>	<b>Lead</b>
Adopt county's level of service fee methodology	December 2015	Public Health Administrator
Revise all fee calculations	Annually in October	Public Health Administrator
Consider cost-recovery as well as public health need, demand, and financial barriers in the development of fees	Annually in October	Public Health Administrator
Ensure staff understand and apply fees appropriately	Annually in December	Supervisors
Work with attorney to negotiate language in health insurance contracts	June 2015	Community Health Supervisor
Finalize health insurance contracts	December 2015	Community Health Supervisor
Implement systems to bill health insurance for clinic services	December 2015	Administrative Assistant
Consider adding new fee-based health services	December 2016	Management Team

**Communicate with the public and state policy makers about the importance of adequate public health funding for foundational public health services.**

**Objectives:**

- *Complete at least two annual communications to the general public and/or community groups in Kittitas County about the importance of public health funding through December 2019.*
- *Communicate with each state legislator at least annually through December 2019.*
- *Incorporate language into the county’s legislative priorities annually through December 2019.*

<b>Activity</b>	<b>Target Date</b>	<b>Lead</b>
Research talking points about the importance of public health funding (WSALPHO, NACCHO, etc.)	June 2015	Public Information Officer
Develop local talking points, key messages, and “elevator speech”	December 2015	Public Information Officer
Create press release or newspaper article	June 2016	Public Information Officer
Incorporate funding messages into community public health presentation	June 2016	Public Information Officer
Set up meetings with state legislators	Annually	Public Health Administrator
Develop written communication to share with legislators	Annually	Public Information Officer
Familiarize with local public health legislative agendas (WSALPHO, NACCHO, etc.)	Annually	Public Health Administrator
Recommend public health language to be added to the county’s legislative agenda	Annually	Public Health Administrator



## To increase community partnerships and awareness of public health's role in the community.

### PERFORMANCE MEASURES (How will we know we are making progress?)

Short Term Indicators	Source	Frequency
Increased average quarterly number of community engagements by five annually.	Quarterly data	Every January, Annually
Increased annual number of hits on community health indicator dashboard website by 10% annually.	Google Analytics website data	Every January, Annually

Long Term Indicators	Source	Frequency
Fully met Domain 3 and 4 of Public Health Accreditation Board (PHAB) standards and measures by December 2017.	PHAB Standards and Measures 1.5	5 years
At least 80% of all activities in the strategic implementation plan have been completed by December 2019.	Plan monitoring	5 years

### STRATEGIES (What will we do to achieve our goal?)

#### Create and promote community health indicator dashboard.

**Objectives:**

- Publish community health indicator dashboard by December 2018.
- Promote community health indicator dashboard through at least three different methods by December 2018.

Activity	Target Date	Lead
Research and choose dashboard format, platform, or software	December 2016	Assessment Coordinator
Identify community health indicators and align with Community Health Improvement Plan	June 2017	Assessment Coordinator
Work with county Information Technology Department to set up dashboard	December 2017	Assessment Coordinator
Get community and stakeholder feedback about dashboard format	December 2017	Assessment Coordinator
Publish dashboard	December 2018	Assessment Coordinator
Promote among the media, community partners and community members	December 2018	Assessment Coordinator
Maintain and update dashboard	Ongoing	Assessment Coordinator

#### Increase KCPHD participation in community events.

**Objectives:**

- Participate in at least one community event per quarter through December 2019.

Activity	Target Date	Lead
Create common definition for what qualifies as a community event	December 2016	Public Health Administrator
Brainstorm and maintain list of recurring community events appropriate for KCPHD participation	December 2016	Public Information Officer
Purchase standard supplies for community event participation	December 2016	Public Information Officer
Annually review list of events and designate staff	Ongoing, Annually in December	Public Information Officer

### Implement annual campaign for National Public Health Week.

**Objective:**

- Hold at least one event and coordinate at least one media connection annually for National Public Health Week through December 2019.

Activity	Target Date	Lead
Coordinate with BOHAC for annual Public Health Champion	Annually	Public Health Administrator
Organize and hold an open house or community event	Annually	Public Information Officer
Send press release and/or news article for National Public Health Week	Annually	Public Information Officer

### Increase visibility of KCPHD logo in the community.

**Objective:**

- Co-sponsor at least four events or efforts annually through December 2019.

Activity	Target Date	Lead
Identify events and efforts in the community that we could co-sponsor	December 2016	Management Team
Contact coordinators about co-sponsoring	June 2017	Public Information Officer
Increase logo size on displayed permits	December 2017	Environmental Health Supervisor
Install public health signage outside building	December 2017	Public Health Administrator
Look into budgeting and purchasing clothing items for official use during public health events and community work	December 2017	Public Health Administrator

### Create and deliver standard public health presentation to local community groups.

**Objective:**

- Present to at least four community groups annually through December 2019.

Activity	Target Date	Lead
Create template public health presentation	June 2017	Public Information Officer
Create list of groups to present to	June 2017	Public Information Officer
Set up presentations	Ongoing	Public Information Officer
Deliver presentations	Ongoing	Public Health Administrator

### Increase co-sponsored initiatives and projects with other community organizations.

**Objectives:**

- Co-sponsor and/or partner with another community agency on at least one initiative or project annually through December 2019.
- Meet with at least four leaders of community organizations annually through December 2019.

Activity	Target Date	Lead
Create list of organizations and efforts with the possibility of increased partnerships	June 2018	Public Health Administrator
Hold meetings with leaders of community organizations to discuss increased partnerships	Quarterly	Public Health Administrator
Partner with agencies on initiatives and projects	Annually	Public Health Administrator

## Become accredited through the Public Health Accreditation Board.

### PERFORMANCE MEASURES (How will we know we are making progress?)

Short Term Indicators	Source	Frequency
Increased department accreditation readiness by 75% by December 2016.	PHAB Readiness Checklist	Annually

Long Term Indicators	Source	Frequency
Fully met all Public Health Accreditation Board (PHAB) standards and measures by December 2017.	PHAB Standards and Measures 1.5	5 years
At least 80% of all activities in the strategic implementation plan have been completed by December 2019.	Plan monitoring	5 years

### STRATEGIES (What will we do to achieve our goal?)

#### Evaluate the department's readiness for accreditation.

*Objective:*

- Establish baseline accreditation readiness data by June 2015.

Activity	Target Date	Lead
Identify tool to use to evaluate accreditation readiness	March 2015	Assessment Coordinator
Complete tool, establish baseline data	June 2015	Assessment Coordinator
Summarize results	June 2015	Assessment Coordinator

#### Familiarize staff and stakeholders with the accreditation process.

*Objective:*

- 100% of accreditation stakeholders receive information about accreditation by September 2015.

Activity	Target Date	Lead
Create presentation about accreditation	March 2015	Assessment Coordinator
Identify stakeholders to receive presentation	March 2015	Assessment Coordinator
Schedule and conduct presentations	September 2015	Assessment Coordinator

#### Establish an accreditation team consisting of representatives from each division.

*Objective:*

- An accreditation team is well established and meeting regularly by December 2015.

Activity	Target Date	Lead
Make recommendations of who should be on the team	March 2015	Assessment Coordinator
Discuss recommendations	April 2015	Management Team
Appoint members to team	June 2015	Public Health Administrator
Develop team charter	September 2015	Assessment Coordinator

### Establish a system for collecting and organizing accreditation documentation.

**Objective:**

- *A system for collecting and organizing accreditation documentation is established and implemented by December 2015.*

Activity	Target Date	Lead
Research how other accredited departments organized documentation	March 2015	Assessment Coordinator
Become familiar with current software/systems at the department and compare to others	March 2015	Assessment Coordinator
Decide on system to be used	June 2015	Assessment Coordinator
Implement system	December 2015	Assessment Coordinator

### Identify focus areas to prepare for accreditation and make plans to meet standards.

**Objective:**

- *Increase department accreditation readiness by December 2015.*

Activity	Target Date	Lead
Use results of accreditation readiness evaluation to determine areas of focus	September 2015	Accreditation Support Team
Create action plans to meet standards	December 2015	Accreditation Support Team
Implement action plans	December 2016	Accreditation Support Team
Re-evaluate the department's accreditation readiness	December 2016	Assessment Coordinator
Create and implement new action plans if needed	March 2017	Accreditation Support Team

### Apply for PHAB accreditation.

**Objective:**

- *An application is submitted for public health accreditation by December 2016.*

Activity	Target Date	Lead
Submit letter of intent	December 2015	Assessment Coordinator
Submit application	December 2016	Assessment Coordinator
Begin collecting documentation for accreditation	December 2016	Accreditation Support Team
Budget for accreditation fees	December 2016	Fiscal Analyst
Submit final documentation	December 2017	Assessment Coordinator

## Implement an ongoing, sustainable system and culture of Quality Improvement (QI) and Performance Management.

### PERFORMANCE MEASURES (How will we know we are making progress?)

Short Term Indicators	Source	Frequency
Increased scores of all 6 QI SAT foundational elements by .5 annually	NACCHO Culture of QI Self Assessment Tool (QI SAT)	Every January, Annually
Increased QI skills and knowledge of all KCPHD staff by 25% annually	Internal staff QI survey	Every July, Annually
At least 3 formal QI projects are implemented annually	Quality Improvement Leadership Team (QILT) data	Annually

Long Term Indicators	Source	Frequency
Fully met all Domain 9 Public Health Accreditation Board (PHAB) standards and measures by December 2017.	PHAB Standards and Measures 1.5	5 years
At least 80% of all activities in the strategic implementation plan have been completed by December 2019.	Plan monitoring	5 years
Increased overall score from Phase 3 to Phase 5 by December 2019.	QI SAT	5 years

### STRATEGIES (What will we do to achieve our goal?)

#### Create and implement an agency wide quality improvement (QI) plan.

**Objective:**

- A completed QI plan is fully implemented and utilized by 2019.

Activity	Target Date	Lead
Incorporate QILT, staff, KCPHD Management Team (MT), NACCHO, and Washington State Department of Health (DOH) feedback into current QI plan.	December 2015	Assessment Coordinator
Revise and finalize current QI plan to meet PHAB standards.	December 2015	Assessment Coordinator
Publish, share, and present final QI plan.	March 2016	Assessment Coordinator
Create and implement ongoing formal and ad hoc training plan for staff.	December 2016	QILT
All staff will have participated in basic QI training.	December 2016, Ongoing	Public Health Administrator
Monitor, implement, and annually evaluate the QI plan.	Ongoing, Annually in December	QILT
QILT meets monthly.	Ongoing	QILT
At least 3 formal QI projects will be completed annually.	Ongoing	QILT

## Create and implement a performance management system.

### *Objectives:*

- *A formal performance management system will be developed, implemented, and continually utilized by 2019.*
- *KCPHD will have a defined set of performance indicators identified and continually monitored by 2019.*
- *KCPHD will have an agency wide performance management dashboard that is utilized for continuous quality improvement by 2019.*

Activity	Target Date	Lead
A process for continually evaluating and improving customer service will be implemented	December 2015	QILT
Identify dashboard system for ongoing monitoring and reporting	December 2015	Assessment Coordinator
Implement dashboard system	December 2016	Assessment Coordinator
Each program will have an up to date logic model and identified performance measures	December 2016	Assessment Coordinator
All performance measures will be tracked on a quarterly basis	Ongoing	Assessment Coordinator
Performance measure data will be reviewed quarterly	Ongoing	Assessment Coordinator
Program performance measure data will be thoroughly evaluated and analyzed for efficiency, effectiveness, and improvement opportunities annually.	Ongoing	Assessment Coordinator
Performance measure data will be communicated to stakeholders in quarterly and annual reports	Ongoing	Assessment Coordinator

## Improve internal collaboration and communication between KCPHD divisions and teams.

### PERFORMANCE MEASURES (How will we know we are making progress?)

Short Term Indicators	Source	Frequency
Increased satisfaction with overall department communication	Department survey	Annually in July
Increased satisfaction with overall department collaboration	Department survey	Annually in July
Increased level of comfort talking about public health programs and services to others	Department survey	Annually in July
Increased level of satisfaction with the department leadership team	Department survey	Annually in July
Increased engagement in all staff meetings	Department survey	Annually in July

Long Term Indicators	Source	Frequency
At least 80% of all activities in the strategic implementation plan have been completed by December 2019.	Plan monitoring	5 years

### STRATEGIES (What will we do to achieve our goal?)

#### Utilize Outlook calendars to communicate work schedules with each other.

##### Objectives:

- At least 90% of staff is trained in using Outlook calendars by December 2015.
- At least 90% of staff is actively using Outlook calendars by June 2016.
- At least 90% of new staff is trained in using Outlook calendars through December 2019.

Activity	Target Date	Lead
Communicate expectation of using Outlook calendars	September 2015	Public Health Administrator
Conduct all staff training on using Outlook calendars	December 2015	Public Health Administrator
Create handout on key tips and shortcuts for using Outlook	December 2015	Public Health Administrator
Include Outlook calendar training/expectation in new employee and intern orientations	December 2015	Public Health Administrator

#### Utilize outcome based agendas for all internal and external meetings.

##### Objectives:

- At least 90% of staff is trained in using outcome based agendas by December 2016.
- At least 90% of new staff is trained in using outcome based agendas through December 2019.

Activity	Target Date	Lead
Communicate expectation of using outcome based agendas	September 2016	Public Health Administrator
Conduct all staff training on using outcome based agendas	December 2016	Public Health Administrator
Create handout on key tips for using outcome based agendas	December 2016	Public Health Administrator
Include outcome based agenda training/expectation in new employee and intern orientations	December 2016	Public Health Administrator

**Ensure staff has the opportunity to communicate with their supervisors on a weekly basis.**

**Objective:**

- *At least 90% of staff reports having the opportunity to communicate with their supervisors weekly by December 2019.*

Activity	Target Date	Lead
Establish baseline measure of staff who report having the opportunity to communicate with their supervisors weekly	July 2015	Public Health Administrator
Create plans for weekly communication with staff	December 2015	Supervisors
Implement plans for weekly communication with staff	March 2016	Supervisors
Re-measure objective measure	Annually, in July	Public Health Administrator

**Create and implement set of management and leadership principles and guidelines for supervisors to follow.**

**Objectives:**

- *Leadership/management topics are incorporated into management meetings at least monthly through December 2019.*
- *Principles and guidelines are implemented by December 2016.*
- *100% of supervisors have attended management training by December 2015.*

Activity	Target Date	Lead
Supervisors attend management training together	December 2015	Public Health Administrator
Leadership and management topics are incorporated into management team meetings	December 2015	Public Health Administrator
Collect “nuggets” of leadership and management information and tools to incorporate into department principles and guidelines	Ongoing	Supervisors
Discuss actual management scenarios, challenges, and issues at management team meetings to use collective approaches	Ongoing	Supervisors
Create principles and guidelines to be used in the department among both current and new supervisors	December 2017	Public Health Administrator

**Develop and implement guidelines for sharing program and project updates with all staff on a regular basis.**

**Objectives:**

- *Updates are prepared and shared with all staff at least monthly through December 2019.*
- *Guidelines are formalized and followed consistently by December 2015.*

Activity	Target Date	Lead
Collect staff input on guidelines for updates	March 2015	Public Health Administrator
Formalize and finalize guidelines	December 2015	Public Health Administrator
Distribute and communicate guidelines with supervisors and other key staff	December 2015	Public Health Administrator
Include updates on monthly all staff agendas or email out monthly	Ongoing	Management Team

**Establish guidelines for internal communications.**

**Objective:**

- *At least 90% of staff have reviewed internal communication plan by December 2018.*

Activity	Target Date	Lead
Update department communication plan to include internal communications	December 2017	Public Information Officer
Share communication plan with all staff	June 2018	Public Information Officer
Add communication plan review to new staff orientation	June 2018	Public Health Administrator
Update plan annually	Annually	Public Information Officer



### Implement cross training program for programs and divisions.

**Objectives:**

- At least 75% of services have at least two individuals who can do them by December 2019.
- New staff persons meet with at least 90% of staff to learn about their jobs annually through December 2019.
- At least four staff presentations will take place at all staff meetings annually through December 2019.

Activity	Target Date	Lead
Create list of services and identify who can do each task and who can be trained	December 2018	Management Team
Conduct additional training to ensure at least two people can do all tasks in department	December 2019	Supervisors
Incorporate staff presentations about their jobs in all staff meetings	Ongoing	Public Health Administrator
Incorporate cross training or job shadowing activities into annual all staff retreat	Annually	Public Health Administrator
Ensure new staff meet with each staff person to learn about their jobs, add to new employee orientation	Ongoing	Supervisors

### Host more internal and guest presentations.

**Objective:**

- At least one presentation is conducted quarterly through December 2019.

Activity	Target Date	Lead
Create list of presentation topics, audience, and presenters	December 2015	Public Health Administrator
Update list quarterly with staff suggestions	Ongoing, quarterly	Public Health Administrator
Incorporate presentations into all staff meetings and/or as special presentations	Ongoing, quarterly	Public Health Administrator

## Appendix B: Timeline and Process

### January 2014

- The members of the KCPHD management and administration team (Public Health Administrator, Health Officer, Accountant, Administrative Assistant, Assessment Coordinator, Environmental Health Supervisor, Community Health Supervisor, and CDC Associate) started developing core values and strategic issues.
- They began by doing individual brainstorming of core values of the organization. Then, they shared their ideas in small groups (two groups of four). The small groups came to a consensus of the top three core values and shared their results with the larger group. Group #1: Professionalism, Community, Quality. Group #2: Service, Stewardship, Collaboration.
- For strategic issues, individual brainstorming was done on short, mid, and long term goals for the organization and the large group discussed the results.

### February 2014

- KCPHD staff brainstormed similar goals on large sheets of paper placed in the department's work room. Staff was asked to contribute their ideas.
- The Assessment Coordinator and Administrator then used an affinity diagram method to combine the ideas generated by the management team and by KCPHD staff, and group them into common themes. Ten primary groups were identified and draft goal statements were generated for each group. The groups were also aligned with accreditation standards. (See Appendix C.)
- Simple prioritization exercises were conducted with the Board of Health (BOH) and the Board of Health Advisory Committee (BOHAC.) Each of the ten strategic initiatives were displayed around the room. Each participant was given ten dots to vote with. They were asked to first choose their top five priorities. Then, they were asked to choose their top three, finally their top two. (The results of this prioritization exercise are in Appendix D.)
- A more quantitative method of prioritization was used for all staff. Four prioritization criteria were chosen based on common prioritization criteria and the organizational culture. The prioritization criteria were weighted with the input of all KCPHD staff.
- At an all staff retreat, the core values were further developed. Staff brainstormed individually the core values of the organization, they shared their ideas in small groups and came to a consensus on their top three values, and they presented their ideas to the rest of staff. Group #1: Quality, Compassion, Service. Group #2: Quality, Honest, Dedication. Group #3: Compassion, Ethical, Committed. Group #4: Respect, Courteous, Hard Working. Group #5: Integrity, Compassion, Commitment.

### March 2014

- All KCPHD staff were given prioritization worksheets to fill out and return. The answers were averaged to show final prioritization results. (See Appendix E all staff prioritization worksheet.)

### April 2014

- All prioritization results from each group and any overlap were considered when choosing the final five strategic issues. The Public Health Administrator and the Assessment Coordinator worked together to finalize the strategies and the core values.
- The final results were presented to all staff, BOH, and BOHAC for final consensus to move forward with development of the strategic plan.
- A new Strengths, Weaknesses, Opportunities, and Threats analysis was completed by all staff by putting up large sheets of paper in the hallway for staff to contribute their ideas as they had time. An intern compiled the results. (The results can be found in Appendix F.)

<b>April-May 2014</b>
<ul style="list-style-type: none"> <li>➤ The Public Health Administrator and the Assessment Coordinator developed draft strategies and action plans for the strategic initiatives dealing with accreditation and quality improvement/performance management. Feedback from the department management team was incorporated.</li> </ul>
<b>June 2014</b>
<ul style="list-style-type: none"> <li>➤ The Board of Health Advisory Committee brainstormed potential strategies for the strategic initiative dealing with community engagement. These strategies were developed and incorporated into an action plan.</li> </ul>
<b>July 2014</b>
<ul style="list-style-type: none"> <li>➤ At an all staff meeting, strategies for improving internal collaboration and communication were brainstormed by KCPHD staff. These strategies were later narrowed down via online voting and then incorporated into the action plan.</li> </ul>
<b>August 2014</b>
<ul style="list-style-type: none"> <li>➤ The Public Health Administrator and Accountant developed proposed strategies and action plans for improving financial sustainability and stability. The draft action plans were sent to Board of Health members and feedback was incorporated.</li> <li>➤ BOHAC members gave final feedback on the strategies and action plan developed for increasing community engagement.</li> </ul>
<b>September 2014 – February 2015</b>
<ul style="list-style-type: none"> <li>➤ The Assessment Coordinator worked with information technology staff to develop an online implementation monitoring tool.</li> <li>➤ The Administrator worked on finishing a near final draft of the written strategic plan.</li> </ul>
<b>March – May 2015</b>
<ul style="list-style-type: none"> <li>➤ The near final draft was sent to KCPHD staff, Board of Health, and Board of Health Advisory Committee members for final review before publishing. Feedback was incorporated.</li> </ul>
<b>May 2015</b>
<ul style="list-style-type: none"> <li>➤ The Kittitas County Board of Health formally approved the Kittitas County Public Health Department’s 2015-2019 strategic plan.</li> </ul>

## *Appendix C: 10 Initial Strategic Initiatives*

### **POSSIBLE STRATEGIC GOAL # 1:**

**To increase sustainability and stability of public health funding.**

**Aligns with PHAB Standard(s):**

**DOMAIN 11: Maintain administrative and management capacity**  
**Standard 11.2: Establish Effective Financial Management Systems**

**Employee input for KCPHD short and long term goals:**

- **Guaranteed local funding 50% of budget, decreased reliability on county funds, increased diversity of fund sources**
- **Identify county gaps in services that KCPHD could fill (billable services)**
- **Develop investment plan for fund balance funds**
- **Implement private insurance billing**

### **POSSIBLE STRATEGIC GOAL #2:**

**To increase community partnerships and strengthen KCPHD community presence by raising awareness of Public Health.**

**Aligns with PHAB Standard(s)**

**DOMAIN 3: Inform and educate about public health issues and functions**

**Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to support Prevention and Wellness**

**Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences**

**DOMAIN 4: Engage with the community to identify and address health problems**

**Standard 4.1: Engage with the Public Health System and the Community in Identifying and Addressing Health Problems Through Collaborative Processes**

**Standard 4.2: Promote the Community’s Understanding of and Support for Policies and Strategies That will Improve the Public’s Health**

**Employee input for KCPHD short and long term goals:**

- **Increase community partnerships and collaborations on an organizational level—KVH, CWU, business (Chamber), schools**
- **Increased community and legislative/policy-maker visibility**
- **Noticed, measurable, sustainable impact in our community in a variety of health related opportunities**
- **Better collaboration between KVH and Public Health**

### **POSSIBLE STRATEGIC GOAL #3:**

**To increase and strengthen existing Chronic Disease Prevention Program(s)**

**Aligns with PHAB Standard(s):**

**DOMAIN 3: Inform and educate about public health issues and functions**

**Standard 3.1: Provide Health Education and Health Promotion Policies, Programs, Processes, and Interventions to support Prevention and Wellness**

**Standard 3.2: Provide Information on Public Health Issues and Public Health Functions Through Multiple Methods to a Variety of Audiences**

**Employee input for KCPHD short and long term goals:**

- **Smoke free campus policies—KVH, fairgrounds, CWU**
- **Develop chronic disease prevention activities and programs**
- **“Fitness if Fun” Advocate to promote quick, fun movement sessions, that parents can do with their children**
- **Once a month nutrition classes, including a prep /cooking segment to teach county how easy it is to create healthy meals at home.**
- **An afterschool fitness and nutrition program for kids and parents in Kittitas County**
- **Tie exercise promotion in to mental health promotion for full person health-using physical movement as a “medicine”.**
- **Take lead role in improving county wellness policies and activities**
- **All WA residents have health insurance**

**POSSIBLE STRATEGIC GOAL #4:**

**Streamline and update all policies, procedures and regulations.**

**Aligns with PHAB Standard(s):**

**DOMAIN 5: Develop public health policies and plans**

**Standard 5.1:** Serve As a Primary and Expert Resource for Establishing and Maintaining Public Health Policies, Practices, and Capacity

**Standard 5.2:** Conduct a Comprehensive Planning Process Resulting in a Tribal/State/Community Health Improvement Plan

**Standard 5.3:** Develop and Implement a Health Department Organizational Strategic Plan

**Standard 5.4:** Maintain an All Hazards Emergency Operations Plan

**Employee input for KCPHD short and long term goals:**

- **Update policies and codes to be more current**

**POSSIBLE STRATEGIC GOAL #5:**

**To create a workforce development plan which addresses diversity, professional growth, and adequate qualified staffing.**

**Aligns with PHAB Standard(s):**

**DOMAIN 8: Maintain a competent public health workforce**

**Standard 8.1:** Encourage the Development of a Sufficient Number of Qualified Public Health Workers

**Standard 8.2:** Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

**Employee input for KCPHD short and long term goals:**

- **Increase diversity of staff and volunteers to align with the population of the county**
- **Increased opportunities for growth, education, and development for all staff?**
- **Develop and utilize staff and program work plans**
- **Full time nurse**

**POSSIBLE STRATEGIC GOAL #6:**

**KCPHD will become an accredited health department.**

**Aligns with PHAB Standard(s):**

**DOMAINS 1-12: All standards.**

**Employee input for KCPHD short and long term goals:**

- **Apply for public health accreditation**
- **Be a leader among health departments**
- **Increased opportunities for presenting the work we do—websites, other LHJs, conferences, etc.**
- **Increase capacity for doing research and studies**

**POSSIBLE STRATEGIC GOAL #7:**

**Implement an ongoing, sustainable system and culture of Quality Improvement and Performance Management.**

**Aligns with PHAB Standard(s):**

**DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions**

**Standard 9.1:** Use a Performance Management System to Monitor Achievement of Organizational Objectives

**Standard 9.2:** Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes and Interventions

**Employee input for KCPHD short and long term goals:**

- **Uniformity and approach of department wide systems & policies—best practices across the department**
- **Formalized QI, performance management, program evaluation, etc. in place**
- **Regularly scheduled Program Audits**
- **Improved equipment and vehicle replacement plans**
- **Improve capital facilities, include wellness in design**
- **Improve cleanliness, maintenance, and appearance of public spaces in health department**
- **Figure out how to accept credit cards for payment**
- **Go paperless in clinic functions**
- **Develop G drive guidelines**
- **Have all EH archives online for the public**
- **Address efficiency in department water processes.**
- **Comments Box in the waiting room (QI)**

**POSSIBLE STRATEGIC GOAL #8:**

**Increase and develop sustainable Community Assessment practices.**

Aligns with PHAB Standard(s):

**DOMAIN 1: Conduct and disseminate assessments focused on population health status and public health issues facing the community**

**Standard 1.1:** Participate in or Conduct a Collaborative Process Resulting in a Comprehensive Community Health Assessment

**Standard 1.2:** Collect and Maintain Reliable, Comparable, and Valid Data That Provide Information on Conditions of Public Health Importance and On the Health Status of the Population

**Standard 1.3:** Analyze Public Health Data to Identify Trends in Health Problems, Environmental Public Health Hazards, and Social and Economic Factors That Affect the Public's Health

**Standard 1.4:** Provide and Use the Results of Health Data Analysis to Develop Recommendations Regarding Public Health Policy, Processes, Programs, or Interventions

**Employee input for KCPHD short and long term goals:**

- Plan for continuing CHA activities long term and community wide, communication plan, get CHA/CHIP sponsors
- Noticed, measurable, sustainable impact in our community in a variety of health related opportunities
- Focus CHAIN on one indicator to make a difference in, define the health department's role, strengthen community health improvement in the community (not just health department)

**POSSIBLE STRATEGIC GOAL #9:**

**Streamline KCPHD data collection and management**

Aligns with PHAB Standard(s):

**DOMAIN 9: Evaluate and continuously improve processes, programs, and interventions**

**Standard 9.1:** Use a Performance Management System to Monitor Achievement of Organizational Objectives

**Standard 9.2:** Develop and Implement Quality Improvement Processes Integrated Into Organizational Practice, Programs, Processes, and Interventions

**DOMAIN 10: Contribute to and apply the evidence base of public health**

**Standard 10.1:** Identify and Use the Best Available Evidence for Making Informed Public Health Practice Decisions

**Standard 10.2:** Promote Understanding and Use of Research Results, Evaluations, and Evidence-based Practices with Appropriate Audiences

**DOMAIN 11: Maintain administrative and management capacity**

**Standard 11.1:** Develop and Maintain an Operational Infrastructure to Support the Performance of Public Health Functions

**Employee input for KCPHD short and long term goals :**

- Strengthen and streamline data collection
- Monitoring and maintaining data collection
- Keep up with technology advances for data collection
- Paperless data collection, entry and archiving
- ARC GIS connected data for graphical representation
- Have all EH archives online for the public
- Work on File Room archiving

**POSSIBLE STRATEGIC GOAL #10:**

**Improve internal collaboration and communication between KCPHD divisions.**

Aligns with PHAB Standard(s):

**DOMAIN 8: Maintain a competent public health workforce**

**Standard 8.1:** Encourage the Development of a Sufficient Number of Qualified Public Health Workers

**Standard 8.2:** Assess Staff Competencies and Address Gaps by Enabling Organizational and Individual Training and Development

**Employee input for KCPHD short and long term goals:**

- Updating succession plan
- Cross train staff—front desk, community health, environmental health, assessment, finance, health officer
- Strong collaboration between department teams to implement programs in our community
- Strong sense of identity, mission, direction for future throughout the department

## *Appendix D: BOHAC and BOH Prioritization Results*

### BOHAC Strategic Goal Prioritization Exercise: Results

<p><b>POSSIBLE STRATEGIC GOAL #2:</b> To increase community partnerships and strengthen KCPHD community presence by raising awareness of Public Health</p>	<p>●●●●●●●●●●●●●●●●=20% (17)</p>
<p><b>POSSIBLE STRATEGIC GOAL #1:</b> To Increase sustainability and stability of public health funding.</p>	<p>●●●●●●●●●●●●●●●●=19% (16)</p>
<p><b>POSSIBLE STRATEGIC GOAL #3:</b> To increase and strengthen existing Chronic Disease Prevention Program(s)</p>	<p>●●●●●●●●●●●●●●●●=16% (14)</p>
<p><b>POSSIBLE STRATEGIC GOAL #7:</b> Implement an ongoing, sustainable system and culture of Quality Improvement and Performance Management.</p>	<p>●●●●●●●●●●●●●●●●=15% (13)</p>
<p><b>POSSIBLE STRATEGIC GOAL #9:</b> Streamline KCPHD data collection and management</p>	<p>●●●●●●●●●●●●●●●●=13% (11)</p>
<p><b>POSSIBLE STRATEGIC GOAL #6:</b> KCPHD will become an accredited health department.</p>	<p>●●●●●●●●=8% (7)</p>
<p><b>POSSIBLE STRATEGIC GOAL #4:</b> Streamline and update all policies, procedures and regulations.</p>	<p>●●●●●=5% (4)</p>
<p><b>POSSIBLE STRATEGIC GOAL #8:</b> Increase and develop sustainable Community Assessment practices.</p>	<p>●●●●=4% (3)</p>
<p><b>POSSIBLE STRATEGIC GOAL #5:</b> To create a workforce development plan which addresses diversity, professional growth, and adequate qualified staffing.</p>	<p>●=1% (1)</p>
<p><b>POSSIBLE STRATEGIC GOAL #10:</b> Improve internal collaboration and communication between KCPHD divisions.</p>	<p>(0)</p>

## Board of Health Strategic Goal Prioritization Exercise: Results

<b>POSSIBLE STRATEGIC GOAL # 1:</b> To Increase sustainability and stability of public health funding.	✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓✓ (14)
<b>POSSIBLE STRATEGIC GOAL #7:</b> Implement an ongoing, sustainable system and culture of Quality Improvement and Performance Management.	✓✓✓✓✓✓✓✓✓✓✓✓ (10)
<b>POSSIBLE STRATEGIC GOAL #6:</b> KCPHD will become an accredited health department.	✓✓✓✓✓✓✓✓ (7)
<b>POSSIBLE STRATEGIC GOAL #2:</b> To increase community partnerships and strengthen KCPHD community presence by raising awareness of Public Health	✓✓✓✓ (4)
<b>POSSIBLE STRATEGIC GOAL #9:</b> Streamline KCPHD data collection and management	✓✓✓ (3)
<b>POSSIBLE STRATEGIC GOAL #5:</b> To create a workforce development plan which addresses diversity, professional growth, and adequate qualified staffing.	✓✓ (2)
<b>POSSIBLE STRATEGIC GOAL #4:</b> Streamline and update all policies, procedures and regulations.	✓ (1)
<b>POSSIBLE STRATEGIC GOAL #3:</b> To increase and strengthen existing Chronic Disease Prevention Program(s)	✓ (1)
<b>POSSIBLE STRATEGIC GOAL #10:</b> Improve internal collaboration and communication between KCPHD divisions.	✓ (1)
<b>POSSIBLE STRATEGIC GOAL #8:</b> Increase and develop sustainable Community Assessment practices.	(0)



## Appendix E: All Staff Prioritization Worksheet & Results

PLEASE INDICATE YOUR RATING FOR EACH CRITERIA QUESTION USING THE NUMBERS ASSOCIATED WITH THE POSSIBLE ANSWERS.

**REQUIRED!!!!!!**

**DUE: FRIDAY, MARCH 14TH BY 5PM; PUT IN ROBIN'S BOX WHEN FINISHED.**

Criteria Question	Would you be motivated to work on this goal?			Will achieving this goal have a positive impact on the community?			Will achieving this goal have a positive impact on our organization's success? (Will it make us a stronger organization?)			Will we be successful in achieving this goal? (Is it realistic, feasible, do we have the resources, skills, knowledge necessary?)		
	yes 2	sort of/ maybe 1	no 0	yes 2	sort of/ maybe 1	no 0	yes 2	sort of/ maybe 1	no 0	yes 2	sort of/ maybe 1	no 0
<i>IT IS OK TO USE 1/2 NUMBERS (IE 1.5, OR .5).</i>												
<b>STRATEGIC ISSUES</b>	Score			Score			Score			Score		
KCPHD will become an <b>accredited</b> health department.												
To increase <b>community partnerships</b> and strengthen KCPHD community presence by raising <b>awareness of Public Health</b>												
Implement an ongoing, sustainable system and culture of <b>Quality Improvement and Performance Management</b> .												
Streamline and update all <b>policies, procedures and regulations</b> .												
Increase and develop sustainable <b>Community Assessment</b> practices.												
To Increase sustainability and stability of <b>public health funding</b> .												
Improve <b>internal collaboration and communication</b> between KCPHD divisions.												
To create a <b>workforce development</b> plan which addresses diversity, professional growth, and adequate qualified staffing.												
To increase and strengthen existing <b>Chronic Disease Prevention</b> Program(s)												
Streamline KCPHD <b>data collection and management</b>												
<b>ARE YOU A MEMBER OF MANAGEMENT TEAM?</b>	yes	no										

Criteria Question	Would you be motivated to work on this goal?			Will achieving this goal have a positive impact on the community?			Will achieving this goal have a positive impact on our organization's success? (Will it make us a stronger organization?)			Will we be successful in achieving this goal? (Is it realistic, feasible, do we have the resources, skills, knowledge necessary?)							
	9%			6%			25%			60%							
Answers	yes	sort of/ maybe	no	yes	sort of/ maybe	no	yes	sort of/ maybe	no	yes	sort of/ maybe	no					
	2	1	0	2	1	0	2	1	0	2	1	0					
<i>IT IS OK TO USE 1/2 NUMBERS (IE 1.5, OR .5).</i>																	
STRATEGIC ISSUES													Score	Score	Score	Score	Total
KCPHD will become an <b>accredited</b> health department.													3.1	1.7	9.3	18.6	32.6
To increase <b>community partnerships</b> and strengthen KCPHD community presence by raising <b>awareness of Public Health</b>													2.8	2.2	8.0	20.1	33.1
Implement an ongoing, sustainable system and culture of <b>Quality Improvement and Performance Management</b> .													3.2	2.0	9.6	20.7	35.5
Streamline and update all <b>policies, procedures and regulations</b> .													2.0	1.2	7.9	20.1	31.2
Increase and develop sustainable <b>Community Assessment</b> practices.													2.3	1.9	8.0	17.7	29.8
To Increase sustainability and stability of <b>public health funding</b> .													2.7	2.3	9.6	15.6	30.3
Improve <b>internal collaboration and communication</b> between KCPHD divisions.													2.7	1.5	8.9	20.4	33.4
To create a <b>workforce development</b> plan which addresses diversity, professional growth, and adequate qualified staffing.													2.2	1.5	8.9	15.0	27.6
To increase and strengthen existing <b>Chronic Disease Prevention</b> Program(s)													2.3	2.2	7.3	16.8	28.5
Streamline KCPHD <b>data collection and management</b>													2.7	2.0	9.4	21.6	35.6

## *Appendix F: Strengths, Weaknesses, Opportunities, and Threats Analysis*

A strengths, weaknesses, opportunities, and threats (SWOT) analysis was conducted in 2014 with KCPHD staff. Major strengths of KCPHD have to do with having well-trained and cohesive staff and strong community connections. Weaknesses are in internal communication, data, poor facilities, and community presence. Primary opportunities identified were billing health insurance for clinic services and cross training staff. Primary threats and challenges are funding stability and payment methods. The SWOT analysis was utilized and considered in identifying the priority strategic initiatives for 2015-2019.

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Fun staff (+6 checks)</li> <li>• Cross-trained staff (+2 checks)</li> <li>• Supportive co-workers, cohesive team (+2 checks)</li> <li>• Experienced, well trained staff (+2 checks)</li> <li>• Strong community connection (+2 checks)</li> <li>• Positive attitude, strong work ethic in many staff (+1 check)</li> <li>• Customer service (+1 check)</li> <li>• Vaccine program / immunization efforts (+1 check)</li> <li>• Respect</li> <li>• Adaptable</li> <li>• Wonderful accountant</li> <li>• Inter-department collaboration / cooperation</li> <li>• Positive environment</li> <li>• Healthy staff</li> <li>• Positive energy / synergy between groups</li> <li>• New director</li> </ul>	<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Billing health insurance (+10 checks)</li> <li>• Cross training (+10 checks)</li> <li>• Community outreach – new programs (+2 checks)</li> <li>• Stricter policy enforcement (+2 checks)</li> <li>• New staff (+2 checks)</li> <li>• Partnerships with pharmacies (+ 1 check)</li> <li>• Providing links on the website to other state and local agencies (+1 check)</li> <li>• Expanding jurisdictional umbrella</li> <li>• Streamlining processes, making a more efficient team</li> <li>• Strategic planning</li> </ul>
<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Communication gaps (+15 checks)</li> <li>• Redundancy in data (+7 checks)</li> <li>• Dirty health department (+7 checks)</li> <li>• New building (+4 checks)</li> <li>• Crowded work environment (+3 checks)</li> <li>• Presence in the community (+3 checks)</li> <li>• Need to strengthen relationship with Kittitas Valley Healthcare and other medical providers (+3 checks)</li> <li>• Standardized education, work, trainings (+ 3 checks)</li> <li>• Salaries not enough (+2 checks)</li> <li>• Government requires transparency which leads to slow processes (+2 checks)</li> <li>• Programs start / stop due to funding issues (+2 checks)</li> <li>• People overwhelmed</li> <li>• Systems for performance management / quality improvement not yet in place</li> </ul>	<p><b>THREATS/CHALLENGES</b></p> <ul style="list-style-type: none"> <li>• Funding stability (+8 checks)</li> <li>• Taking credit / debit cards (+5 checks)</li> <li>• More nursing services (+2 checks)</li> <li>• Public still does not understand what public health is or does (+2 checks)</li> <li>• Slow government processes – can’t respond quickly to some kinds of opportunities (+2 checks)</li> <li>• Drama, politics, staff issues (+1 check)</li> <li>• Waiting on other departments (+1 check)</li> <li>• Office space – challenge (+1 check)</li> <li>• Staying focused on work (+1 check)</li> <li>• Inconsistency in services (+1 check)</li> <li>• Water</li> <li>• Gross work environment</li> </ul>