

# Toledo-Lucas County Health Department



## 2017-2020 Strategic Plan

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# Message from the Commissioner

Dear Friends and Colleagues,

I am both honored and proud to present the 2017-2020 Strategic Plan for the Toledo-Lucas County Health Department. This 3-year plan is the culmination of a 10 month process where we engaged not only our staff, but our community stakeholders as well. Throughout TLCHD's planning approach many ideas, comments, and feedback were provided to guide the development of the strategic plan. Eventually, the hard work and sustained efforts of our staff led to the strategic priorities we are pursuing today.

These priorities now set a clear course for the Health Department to follow as we work to improve the health and well-being of our 430,000 county residents and all other people that visit, work, and play in Lucas County. To meet the public health challenges Lucas County faces, it will not be enough to simply present this plan, but to implement and assess every aspect of it as we move toward a healthier tomorrow.

Successful strategic plans accomplish their goals not simply because there is a wish to improve community health, but through a firm commitment to the work that needs to be done and a desire to learn and change throughout the process. This learning is not just for department staff but for the entire community relative to how we all can and will improve health in our county. I look forward to providing you with regular updates on the implementation of this plan and working with our staff, community members, and partners, to improve the quality and quantity of life in Lucas County.

*Yours in Public Health,*



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Eric J. Zgodzinski, MPH, RS, CPH  
Health Commissioner



# Message from the Board President

It has been a privilege to serve on the Strategic Planning Committee since its inception. The overall vision of the Toledo-Lucas County Health Department is A Healthier Lucas County for Everyone. This is a lofty goal that calls for a comprehensive plan to assess the strengths and weaknesses of our Department, along with the opportunities to establish priorities to promote and protect the health of our citizens.

The 2017-2020 Strategic Plan is a carefully researched, crafted, and evaluated document that builds accountability into our vision, mission, and core values. There was significant and diverse involvement from all levels of the organization and the Plan received unanimous approval from the Lucas County Regional Board of Health.

The completion of this Strategic Plan also plays a part in TLCHD's goal to gain national accreditation from the Public Health Accreditation Board (PHAB). The Board of Health is in complete agreement with this accreditation process, and fully supports the department's improvement efforts to align with and accomplish this national achievement.

We look forward to collaboration with other community members in moving forward in our mission and remain grateful for the cadre of wonderfully committed healthcare staff at the Toledo-Lucas County Health Department.

*To your health,*



*Donna Ailport Woodson, MD*  
*President, Toledo-Lucas County Board of Health*

# Introduction

Beginning in May 2016, the Toledo-Lucas County Health Department (TLCHD) embarked on the journey to develop a comprehensive strategic plan that would renew its vision for the future and establish the agency's strategic initiatives for the next three years. Strategic Planning is fundamentally central to effectively improving the health and wellbeing of all people in Lucas County. This process plays an integral role in TLCHD's pursuit of national accreditation sponsored by the Public Health Accreditation Board (PHAB). PHAB recognizes the importance of critically examining our department's operations alongside the status of our community's health and using that information to decisively map a route to a healthier Lucas County. PHAB defines strategic planning as the deliberate decision-making process that sets the direction for our organization and, through common understanding of TLCHD's mission, vision, priorities and objectives, provides a template from which employees and stakeholders can make decisions that move the department and our community forward.<sup>1</sup>



Facilitated internally by TLCHD's Quality Assurance Coordinator, the 2017-2020 Strategic Plan is built on a framework that details the responsibilities, priorities, and objectives our agency plans to achieve, the means by which we will achieve them, and how we will know if we have been successful. It serves as a guide for making decisions regarding the allocation of resources, and for taking action to pursue our strategic priorities.<sup>2</sup> From August 2016 to February 2017, the Strategic Planning Committee met monthly to draft the structure of this plan through careful review of staff and stakeholder feedback; data from the most recent Lucas County Community Health Assessment & Community Health Improvement Plans; the results of internal and external SWOT<sup>3</sup> Analyses; and additional pertinent data. The Committee then selected the priorities that will set our agency and community on a course for improved health outcomes and healthier lives for all people who live, learn, work, or play within our county.

*Respectfully Submitted.*

  
Brandon Palinski, MPH, SIT  
Quality Assurance Coordinator

<sup>1</sup> Public Health Accreditation Board. *Acronyms and Glossary of Terms, Version 1.5*. Alexandria, Virginia. 2014.

<sup>2</sup> Public Health Accreditation Board. *Public Health Accreditation Board Standards & Measures, Version 1.5*. Alexandria, Virginia. 2014.

<sup>3</sup> Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

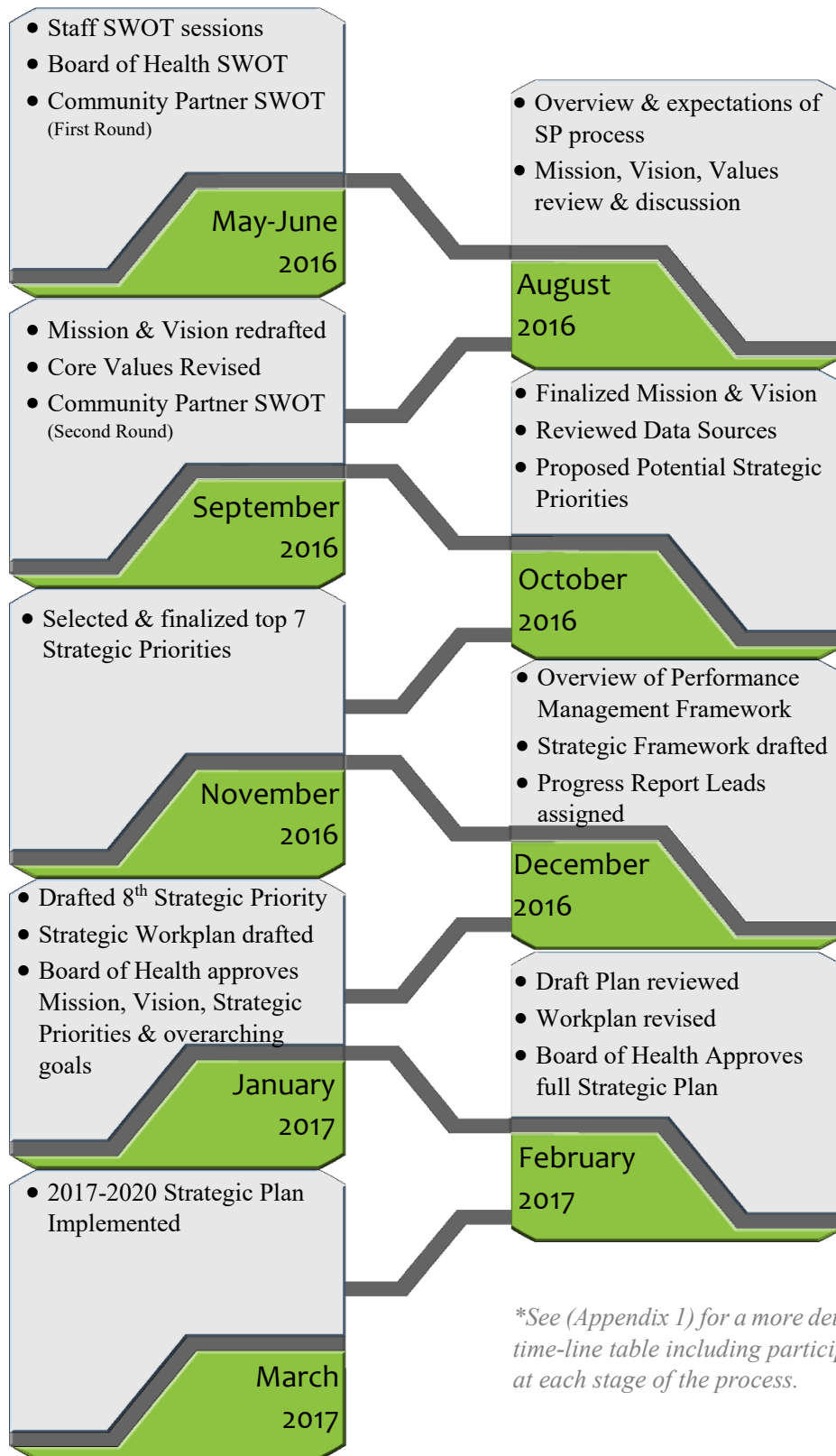
# Strategic Planning Process

## Strategic Planning Committee

The original Strategic Planning Committee was formed in July and convened for the first time in August 2016. The Committee was comprised of a diverse, multi-disciplinary team from all levels of the organization. The purpose of the Committee was to carefully review and update the Health Department's mission, vision, and core values (*page 9*), review relevant internal and external data, propose and select TLCHD's strategic priorities (*page 12*), and work with other agency staff to determine the specific action steps we should pursue to address those priorities (*page 14*).

Committee Members	Position	Division
Donna Woodson, MD	President	Board of Health
Barb Sarantou	Strategic Planning Committee Chair	Board of Health
Eric Zgodzinski	Health Commissioner	Administrative Services
Brandon Palinski	Quality Assurance Coordinator	Administrative Services
Richard Addo	Sanitarian-In-Training	Environmental Health & Community Services
Clark Allen	WIC Supervisor	Health & Outreach Services
Zyishia Bailey	Program Coordinator for Healthy Start	Health & Outreach Services
Kelly Burkholder-Allen	Interim Director of Nursing & Health Services	Health & Outreach Services
Terri Dalton	Environmental Health Senior Clerk	Environmental Health & Community Services
Alice Dargartz	Secretary	Environmental Health & Community Services
Samantha Eitniew	Supervisor of Epidemiology & Disaster Preparedness	Environmental Health & Community Services
Shynell Jones	Public Health Nurse- Healthy Start	Health & Outreach Services
Jerry Kerr	Program Coordinator for HIV	Health & Outreach Services
Shannon Lands	Director of Health Promotion & Policy Integration	Administrative Services
Joanne Melamed	Director of Administrative Services / CFO	Administrative Services
Sam Schwandner	Network Service Technician	Administrative Services
Gloria Smith	Public Health Nurse- Lead Case Manager	Environmental Health & Community Services
Denise Vernon	WIC Senior Clerk	Health & Outreach Services

# Strategic Planning Timeline



*\*See (Appendix 1) for a more detailed time-line table including participants at each stage of the process.*



# SWOT Analyses



In preparation for the strategic planning process, TLCHD conducted several SWOT Analyses with agency staff, community partners, and the Board of Health. TLCHD recognizes that the success of our agency is highly dependent on the relationships between these three diverse groups. Each group was invited to provide its perception of the Department's strengths and weaknesses as well as the external opportunities and threats that warrant close inspection and consideration for future planning efforts.

SWOT Analyses with TLCHD staff were conducted in small to medium sized focus groups. Nearly all staff were given the chance to participate in this process. Staff feedback from all sessions was compiled into major and sub-themes resulting in 24 strengths, 42 weaknesses, 23 opportunities, and 28 threats. A ranking survey was then released back to staff to prioritize the top 7 themes for each SWOT category. The ranking survey received a 55% response rate.

In June, the Board of Health convened a special retreat to conduct a SWOT analysis of the department from their perspective. A brief overview of the strategic planning process and its purpose were provided before the SWOT exercise was conducted. Seven BOH members identified themes in each category and were then guided through a priority ranking of their top three themes for each SWOT category. Three themes was considered appropriate for the Board's ranking due to the number of individuals involved in the process and the amount of feedback generated for each category.

A Community Partner SWOT survey was released to 69 individuals in June and to an additional 113 individuals in September. In total, 182 individuals representing 144 unique stakeholder and partner organizations received the survey. Between both releases, TLCHD received a total of 17 responses, representing a 9.3% response rate. All community partner feedback was then grouped into major and sub-themes resulting in 7 major strength themes, 13 major weakness themes, 9 major opportunity themes, and twelve 12 major threat themes.

The results of each SWOT can be found on the following page. Please note the table does not display the sub-themes grouped under the major themes.

	<b>S</b> <b>Strengths</b>	<b>W</b> <b>Weaknesses</b>	<b>O</b> <b>Opportunities</b>	<b>T</b> <b>Threats</b>
<b>TLCHD STAFF</b>	<ul style="list-style-type: none"> <li>• Employees / Staff</li> <li>• Wide Variety of Clinics, Programs, &amp; Services</li> <li>• Employee Benefits</li> <li>• Education &amp; Training Opportunities (Staff)</li> <li>• Vaccination Programs</li> <li>• Outreach</li> <li>• Food Safety</li> </ul>	<ul style="list-style-type: none"> <li>• Administration / Leadership</li> <li>• Communication (internal)</li> <li>• Physical Facilities (Building / Campus)</li> <li>• Board of Health</li> <li>• Morale / Interaction</li> <li>• Finances/ Funding</li> <li>• Unions</li> </ul>	<ul style="list-style-type: none"> <li>• Funding / Finances</li> <li>• Outreach Programs</li> <li>• Community Partnerships</li> <li>• Public Education / Leaders</li> <li>• Media</li> <li>• Physician / Patient Recruitment &amp; Retention</li> <li>• Higher Education Collaboration</li> </ul>	<ul style="list-style-type: none"> <li>• Funding / Finances</li> <li>• Morale</li> <li>• Public Perception</li> <li>• Physical Facility</li> <li>• Understaffed</li> <li>• Provider / Doctor Turnover</li> <li>• Changing Landscape for Public Health</li> </ul>
<b>BOARD OF HEALTH</b>	<ul style="list-style-type: none"> <li>• Employees / Staff</li> <li>• Wide Variety of Clinics, Programs, &amp; Services</li> <li>• Employee Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of Transparency</li> <li>• Communication with other entities</li> <li>• Low Staff Morale</li> </ul>	<ul style="list-style-type: none"> <li>• Continued but improved communication within department and community</li> <li>• Restructuring</li> <li>• Success Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Funding (Statewide Fiscal Policy, Local Economy)</li> <li>• Negativity</li> <li>• Changes in Healthcare Landscape</li> <li>• Political Landscape</li> </ul>
<b>COMMUNITY PARTNERS</b>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Collaboration</li> <li>• Staff</li> <li>• Community Outreach</li> <li>• Accessibility</li> <li>• Knowledgeable</li> <li>• Public Health Services</li> </ul>	<ul style="list-style-type: none"> <li>• Location</li> <li>• Communication</li> <li>• Customer Service</li> <li>• Stewardship</li> <li>• Staffing</li> <li>• Education</li> <li>• Health Commissioner*</li> <li>• Input</li> <li>• Community Outreach</li> <li>• Funding &amp; Resources</li> <li>• Access to Care</li> <li>• Low Morale</li> <li>• Perception</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboration</li> <li>• Communication</li> <li>• Health Advocacy</li> <li>• Efficiency</li> <li>• Educational Opportunities</li> <li>• Funding &amp; Grants</li> <li>• Program Initiatives</li> <li>• Leadership</li> <li>• Morale</li> </ul>	<ul style="list-style-type: none"> <li>• Regional Water Supply</li> <li>• Population Practices</li> <li>• Government Agency Perception</li> <li>• Funding</li> <li>• Communication</li> <li>• FQHC Integration</li> <li>• Terrorism</li> <li>• [Many] Immunization satellite sites</li> <li>• [Need] more proactive health protection</li> <li>• Staff Turnover</li> <li>• Limited Locations</li> <li>• Disaster Preparedness</li> </ul>

*\*From the first round of Community Partner SWOTs, prior to the Board of Health appointing a new Health Commissioner in June 2016.*

# Vision, Mission, Values

The Toledo-Lucas County Health Department's vision, mission, and values were reviewed and revised to lay a strong foundation in support of our agency's work. Our Vision communicates our hope for the future, our Mission demonstrates our intent to be the best leaders in public health we can be for our constituents, and our Values drive our efforts with purpose and a call to action.

## Vision

A Healthier Lucas  
County for Everyone

## Mission

The Toledo-Lucas  
County Health  
Department is  
committed to being  
the leader in public  
health by promoting  
and protecting the  
health of all people  
where they live, learn,  
work, and play.

## Core Values

**Health Promotion:** We actively promote the knowledge, attitudes, and behaviors that enable our community to reach its healthiest state.

**People Focused:** Our primary focus is to provide the best public health for those who rely on our leadership and guidance to live happier, healthier lives.

**Collaboration:** We foster partnerships with key community stakeholders to enhance the delivery and effectiveness of public health information and practices.

**Communication:** We encourage open and clear communication within our agency and to the community in a timely, culturally appropriate, and respectful manner.

**Empowerment:** We empower our citizens to make healthier choices through education and a shared responsibility for the health of the public.

**Disease Prevention:** We actively screen, evaluate, and educate our clients through evidence-based prevention strategies to minimize the threat of disease in our community.

# Key Data Considerations

The Strategic Planning Committee compared Lucas County's *County Health Rankings*<sup>4</sup> data against our Community Health Assessment (CHA) & Health Improvement Plan (CHIP), an early draft of the Environmental Health Assessment, demographic data for our jurisdiction, all SWOT results, and other internal data.

## Community Health Assessment & Improvement Plan (CHA & CHIP)<sup>5</sup>

Starting in late 2013, Healthy Lucas County- a coalition of community partners and organizations- and the Hospital Council of Northwest Ohio (HCNO) facilitated a county-wide health assessment to characterize the factors affecting the health of Lucas County residents. Four separate surveys were used to collect data for the CHA. One for adults, one for adolescents in grades 7-12, one for adolescents in grades 5-6, and one for parents with children aged 0-11. The resulting 2013/2014 Community Health Assessment (CHA) indicated our community has a high prevalence of chronic disease risk factors affecting all ages.

Approximately 70% of adults in Lucas County reported being either overweight (34%) or obese (36%) while 23% of adolescents in grades 7-12 reported being either overweight (10%) or obese (13%). Nineteen percent (19%) of adults are current smokers and an additional 25% reported being former smokers.

Nearly half of black Lucas County residents and nearly two-fifths (37%) of all adults have been diagnosed with high blood pressure. Twenty-five percent (25%) of all adults have been diagnosed with high blood cholesterol, and 15% have been diagnosed with diabetes. In addition to obesity and cardiovascular health risk factors, approximately 47% of adults reported that their quality of life has been limited due to a physical, mental, or emotional problem.

Infant mortality stands as one of the most significant issues facing Lucas County, especially for minority populations. Ohio ranks 46<sup>th</sup> in the nation for overall infant mortality and 50<sup>th</sup> for black infants. Lucas County's infant mortality rates in 2014 stood at 9.3 deaths per 1,000 compared with the state average of 6.8 per 1,000 live births.<sup>6</sup>

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<sup>4</sup> <http://www.countyhealthrankings.org/app/ohio/2016/rankings/lucas/county/outcomes/overall/snapshot>

<sup>5</sup> All data in this section are from the *2013/2014 Community Health Assessment & 2015-2018 Community Health Improvement Plan* unless otherwise stated.

<sup>6</sup> Robert Wood Johnson Foundation *Culture of Health Community Snapshots* for Toledo, Ohio. Report Published December 2016.

## Additional Health Factors

Elevated Blood Lead Levels (EBLLs) in children under 6 years of age also remains a significant issue within Lucas County. In 2013, both Lucas County as a whole, and Toledo as an individual municipality, ranked 5<sup>th</sup> highest in the state for children testing with EBLLs above 5 µg/dL.<sup>7</sup> There are currently 18 zip codes in Lucas County considered at higher risk for EBLLs in children under 6 years of age.

In 2014, the Toledo-Lucas County Health Department and the Mental Health & Recovery Services Board (MHR SB) of Lucas County collaborated on a Pain Medication & Heroin survey. The Community Health Assessment reported that 10% of adults have used medication not prescribed to them, or took more than their prescribed dose in order to feel “good or high and/or more active or alert,” while 7% of children in grades 7-12 reporting using prescription medications not prescribed to them. More than 4,000 Lucas County residents responded to the survey, 88% of which indicated they felt that pain medication misuse and heroin usage was a significant community issue. Over 50% of respondents reported they have been directly or indirectly impacted by misuse of pain medications or heroin. The full results of the survey were released to the community in July 2015 at a Heroin and Opiate Summit cohosted by TLCHD & MHR SB.

The results of the Community Health Assessment were used to formulate the *2015-2018 Community Health Improvement Plan*. TLCHD, Healthy Lucas County, and HCNO invited key community leaders to participate in the Mobilizing for Action through Planning and Partnerships (MAPP) process to facilitate development of priority issues for community partners to collaborate on over the three year life of the plan. Five priority health issues emerged from this process as well as a set of trans-strategies that cross-linked with all five priority health issues.

### CHIP Priority Health Issues

- **Increasing Health Weight Status**
- **Reducing Chronic Disease**
- **Decreasing Youth Mental Health Issues & Bullying**
- **Lowering Infant Mortality Rates**
- **Increased School Readiness**
- **Tran-Strategies**
  - Increase Cultural Competency
  - Increase efforts to address social determinants of health
  - Increase public and partner education messages promoting improved health

<sup>7</sup> [https://www.odh.ohio.gov/odhprograms/eh/lead\\_ch/lead\\_data.aspx](https://www.odh.ohio.gov/odhprograms/eh/lead_ch/lead_data.aspx)

# Strategic Priorities

The Strategic Planning Committee proposed the following eight strategic priorities after reviewing all relevant data to align the department's work, focus, and direction for the next three years:

## Obesity (Adult & Youth)

- **Goal:** Reduce the Percentage of People in Lucas County with a BMI above 30

## Opiate Epidemic / Drugs

- **Goal:** Reduce the Percentage of Fatal and Non-Fatal Opioid Overdoses

## Access to Care

- **Goal:** Understand Barriers to Accessing Care

## Infant Mortality

- **Goal:** Implement Evidence-Based Strategies & Programs to Reduce the Infant Mortality Rate in Lucas County

## Health Promotion

- **Goal:** Promote Awareness & Community Adoption of Healthier Behaviors & Outcomes through sound Public Policy and Public Health Practices

## Healthy Homes

- **Goal:** Improve the Home Environment & Reduce Housing Related Illnesses for Residents in Lucas County

## Workforce Development

- **Goal:** Ensure TLCHD has Appropriate Staffing Structure and Developmental Opportunities at all Levels

## Financial Stability

- **Goal:** Secure and Maintain Diverse, Sustainable, and Flexible Funding to Support all Essential Public Health Services

*Visit [lucascountyhealth.com](http://lucascountyhealth.com) for information on all programs and services offered by the Toledo-Lucas County Health Department.*

# TLCHD's Strategic Map

## TLCHD 2017-2020 Strategic Plan Priorities

A Healthier Lucas County for Everyone

Vision

Strategic Priorities & Objectives

Values

Mission

**Obesity  
(Adult &  
Youth)**

Obj1: Healthier Weight-related Behaviors Among TLCHD Staff  
Obj2: Healthy Eating & Food Literacy

**Opiate  
Epidemic /  
Drugs**

Obj1: Continue Linkages to Mental Health & Recovery Services  
Obj2: Reduce Opioid-Related Morbidity and Mortality within Lucas County  
Obj3: Reduce Harms Ancilliary to Opiate & Drug Abuse/Misuse  
Obj4: TLCHD Coordinates Coalition Building

**Access to  
Care**

Obj1: Assess Community Knowledge of Social Determinants of Health and their Impact

**Infant  
Mortality**

Obj1: Promote Healthy Pregnancies  
Obj2: Help Infants Thrive  
Obj3: Assess and Address Disparities including those caused by Racism  
Obj4: Decrease Tobacco Use for Women of Childbearing Age

**Health  
Promotion**

Obj1: Increase Health Education Opportunities for Clientele  
Obj2: Promote Evidence-Based Education & Intervention Strategies to Improve Health Outcomes  
Obj3: Increase Health Department Visibility  
Obj4: Actively Contribute to the Development and Implementation of Policies that Support and Improve Population Health at All Levels

**Healthy  
Homes &  
Environment**

Obj1: Develop and Promote the Lead Safe & Healthy Homes Initiative  
Obj2: Collaborate with Community Partners to Mitigate, Prevent, or Resolve Environmental Issues

**Workforce  
Development**

Obj1: Increase Workforce Training Opportunities at all Levels  
Obj2: Develop "Safe Feedback" system/process for staff  
Obj3: Staff Performance Effectively Managed  
Obj4: Develop and Implement an agency Workforce Development Plan  
Obj5: Workforce Acquires and Maintains Necessary Skills for Job Excellence

**Financial  
Stability**

Obj1: Actively Evaluate and Monitor Program Budgets to Effectively Manage Fiscal Resources  
Obj2: Effectively Implement Key Financial Analysis & Business Management Practices

**Health Promotion**

**People Focused**

**Collaboration**

**Communication**

**Empowerment**

**Disease Prevention**

The Toledo-Lucas County Health Department is committed to being the leader in public health by promoting and protecting the health of all people where they live, learn, work, and play.

Updated 2-12-2019

# Strategic Workplan

A comprehensive Strategic Workplan has been developed for each Strategic Priority. The purpose of the workplan is to guide implementation and keep the department on track to achieve its objectives. Each priority has identified progress report lead(s) responsible for ensuring milestones are met and progress is being made according to identified timeframes for each action step.

## Strategic Workplan Progress Report Leads

<b>Obesity (Adult &amp; Youth)</b>	<b>Clark Allen</b>
<b>Opiate Epidemic / Drugs</b>	<b>Shannon Lands</b>
<b>Access to Care</b>	<b>Gwen Gregory</b>
<b>Infant Mortality</b>	<b>Shynell Jones</b>
<b>Health Promotion</b>	<b>Shannon Lands</b>
<b>Healthy Homes</b>	<b>David Welch &amp; Gloria Smith</b>
<b>Workforce Development</b>	<b>Brandon Palinski</b>
<b>Financial Stability</b>	<b>Tina Stokes</b>

*\*See the Workplan Glossary at the end of the workplan for definitions of select terminology used within the workplan.*

### 2017-2020 Toledo-Lucas County Health Department Strategic Workplan

#### Strategic Priority: Obesity (Adult & Youth)

**Goal:** Reduce the Percentage of People in Lucas County with a BMI above 30

#### Objective 1: Healthier Weight-related Behaviors Among TLCHD Staff

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Turn remodeled basement into a workout facility	12/2019	- N/a	-Onsite gym
1a Develop report on possible layout for basement workout facility and required resources/investment	12/2019	- Workout Facility Layout / Considerations	- Floorplan and design proposal - Available/required Equipment/resources list
1b The Health & Wellness Committee will secure funding/fundraise to establish a workout facility and for related ongoing maintenance/supplies	Ongoing	- Amount raised	- Raise a minimum of \$800 to establish workout facility - Establish maintenance/supply fund



2	Develop & Implement Activities with wellness incentives for employees	Ongoing		
2a	Research and implement healthy weight challenges & competitions		- # of staff participating	- Host one healthy foods activity in March and September annually - At least 15% of staff participate in each activity
2b	Work to increase staff participation in County Wellness Program		- # of staff participating	- Increase staff participation in walking program by 25% from 2016 baseline.

### Objective 2: Healthy Eating & Food Literacy

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Develop Draft of Healthy Eating Goals Policy with community stakeholders (inner city, city, county)	12/2019	- Develop Draft Policy with county and city officials	- Draft policy
1a Promote adoption and implementation of policy or ordinance	12/2019	- # of municipalities adopting ordinance/policy - % of staff trained on policy	- Adoption of ordinance by Lucas County Municipalities - 100% of Staff informed/trained on policy by 12/2019
2 Work to Increase # of stores participating in selling fresh produce & healthy foods	12/2019	- # recruited & enrolled stores	YR1: Increase Stores by 10% YR2: 20% YR3: 30%
2a Provide Education on importance of healthy food retail to community including stakeholders, business owners, residents	12/2019	- Press releases/ Marketing campaign - Community/neighborhood presentations - In store demonstrations	- Conduct at least 2 community presentations annually - Quarterly Press Releases

### Strategic Priority: Opiate Epidemic / Drugs

**Goal:** Reduce the Percentage of Fatal and Non-Fatal Opioid Overdoses

### Objective 1: Continue Linkages to Mental Health & Recovery Services

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 NOSS staff and Opiate Coordinator will expand upon linkages to mental health through community resources, support groups, and faith based organizations - Develop, print, and distribute calling cards with information about the Lucas County Opioid Coalition	12/2019	- # of organizations connected to NOSS & MH - LC Opioid Coalition membership/organization demographics	- Meet with at least 5 mental health/recovery services agencies/providers, support groups, or Faith Based orgs annually to recruit new membership for the LC Opioid Coalition

2	Populations in need of TLCHD services or programs will be included in program planning, outreach efforts, and community events <ul style="list-style-type: none"> <li>- Solicit consumer feedback from TLCHD programs: NOSS Clinic, Naloxone Training/Distribution events, Town Halls, outreach events, etc.</li> <li>- Collect targeted feedback from "at risk" groups (incarcerated, human trafficking, minorities, homeless individuals)</li> </ul>	12/2019	- # of respondents per event/program	- Establish/identify feedback criteria/survey tools - NOSS quarterly feedback collection
2a	Organize Mental Health First Aid Training Sessions	12/2019	- # of participants - # of trainings held	- By December, organize at least two MHFA training sessions for community members

**Objective 2: Reduce Opioid-Related Morbidity and Mortality within Lucas County**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Increase naloxone distribution, training, and education in at-risk zip codes	12/2019	- # of kits distributed - # of individuals trained	- Increase the number of kits distributed by at least 5% each year - Increase number of individuals trained to administer Naloxone by at least 10% each year
2 Increase distribution of syringes, paraphernalia, and education to promote harm reduction in NOSS Clinics	12/2019	-# of Works Kits distributed -# of Syringes distributed - #of Naloxone kits distributed at NOSS Clinics/ Outreach Programming	- Increase the number of syringes, paraphernalia distributed in NOSS Clinic sites by 10% -Increase number of Naloxone kits/training delivered by 10%
2a Increase awareness of harm reduction and decrease the stigma associated with illicit drug use	12/2019	- Total # of clients across all clinics - # of clients participating in outreach events.	- Increase total NOSS client numbers by 20% each year - By December, participate in at least 2 outreach events promoting harm reduction principles
2b Increase distribution and knowledge of fentanyl test strips	12/2019	- # of test strips distributed - # of individuals trained - # of reversals reported	-Increase the distribution of Fentanyl Test Strips by 10% each year
3 Increase access to, and availability of, drop boxes and medication take-back opportunities	12/2019	- # of drop boxes - Distribution of drop boxes	- Increase community drug drop box availability by at least 2 new portable/semi-fixed sites by December

**Objective 3: Reduce Harms Ancillary to Opiate & Drug Abuse/Misuse**

Action Steps	Time Frame	Performance Metrics	Target /Goal
<p>1 Decrease disease transmission through prevention and mitigation efforts:</p> <ul style="list-style-type: none"> <li>- Increase HIV testing for at-risk populations</li> <li>- Increase HCV testing for at-risk populations</li> <li>- Increase distribution of safe sex kits</li> <li>- Providing HAV vaccines</li> </ul>	12/2019	<ul style="list-style-type: none"> <li>- # of Rapid HIV tests performed</li> <li>- # of Rapid HCV tests performed</li> <li>- # of safe sex kits distributed</li> <li>Activities</li> <li>-# of HAV vaccines administered</li> </ul>	- A 10% annual increase in the number of HIV tests, HCV tests, HAV Vaccines administered, and Safe Sex kits distributed
<p>2 Hold education campaigns on following topics:</p> <ul style="list-style-type: none"> <li>- The significance of being Vaccinated against preventable diseases that are more prevalent in individuals using illicit drugs (HBV and HAV)</li> <li>- Awareness of disease transmission</li> <li>- Communicable diseases</li> </ul>	12/2019	<ul style="list-style-type: none"> <li>- # educational sessions held</li> <li>- # participants</li> </ul>	<ul style="list-style-type: none"> <li>- Create/adapt Harm Reduction educational materials and messaging related to disease transmission/ prevention measures, especially for communicable diseases most prevalent within the population that uses illicit drugs.</li> <li>- Hold at least 2 vaccine clinics during NOSS Clinic hours or other targeted outreach activities</li> <li>- Hold at least 2 education sessions for “at risk” populations at addiction and recovery centers, outreach activities, community forums, Town Hall Meetings, etc.</li> <li>- Increasing the number of HAV vaccinations administered to PIWD and use illicit drugs by 10% each year</li> </ul>

**Objective 4: TLCHD Coordinates Coalition Building**

Action Steps	Time Frame	Performance Metrics	Target /Goal
<p>1 Strengthen Lucas County Coalition</p> <ul style="list-style-type: none"> <li>- Target population and community-based stakeholders, not previously identified to extend information and invitation</li> </ul>	12/2019	<ul style="list-style-type: none"> <li>- # of coalition members</li> <li>- # of members in attendance at each meeting</li> </ul>	<ul style="list-style-type: none"> <li>- The Lucas County Opioid Coalition will increase its membership by 10% each year</li> <li>- Percentage of membership in attendance will average approximately 25%</li> </ul>

1a	Improve timeliness of data sharing between agencies/disciplines within stakeholder community and LC Opioid Coalition - Analyze data and identify emerging trends	12/2019	-# of agencies entering into Data-User Agreement -Development of dashboard to provide information on meetings, events, emerging trends, etc.	- Data-User Agreement will be developed for implementation with targeted agencies -Data generated by TLCHD and disseminated via terms within the agreement
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**Strategic Priority: Access to Care**

**Goal:** Understand Barriers to Accessing Care

**Objective 1: Assess Community Knowledge of Social Determinants of Health and their Impact**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Develop and distribute survey to assess community partner knowledge and understanding of social determinants of health (SDOH) and the impact SDOH have on the clients they serve	12/2019	- # of survey respondents	- Developed Survey by December or sooner - Distributed survey by March 2020 or sooner
2 Compile report on populations in Lucas County that experience SDOH	Ongoing into 2020	- N/a	- Report on SDOH
3 Assess Lucas County barriers to accessing care	Ongoing into 2020	- N/a	- Report on barriers

**Strategic Priority: Infant Mortality**

**Goal:** Implement Evidence-Based Strategies & Programs to Reduce the Infant Mortality Rate

**Objective 1: Promote Healthy Pregnancies**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Complete a Reproductive Life Plan for all clients served in the STD/Sexual Health Clinic.	12/2019	- Total # of clients - % of clients completing RLPs	- By December 31, 2019, 25% of clients served in the Sexual Health Clinics will have completed a Reproductive Life Plan in their electronic health record

**Objective 2: Help Infants Thrive**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Review and revise (draft) internal breastfeeding policy to increase support and ensure best practices are in place.	12/2019	- N/a	- Revised Policy
1a Partner with 12 businesses in Lucas County to promote and support breastfeeding practices through policy development and/or policy change.	12/2019	- # of partnerships - % of partnerships implementing policies	- Implemented policies at 12 or more businesses in Lucas county by 12/2019.

**Objective 3: Assess and Address Disparities including those caused by Racism**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Hold an annual dialogue with key community members on prevalence of disparities including those caused by racism, and how to address them.	12/2019	- Increase in community knowledge / awareness	- At least 1 report (semi-annual) per year
1a Conduct 1 cultural diversity trainings/ education for community partners.	12/2019	- # of dialogues held	- At least one 6-week cultural diversity dialogue training with a community partner
2 Track how many people view the Black and White: Infant Mortality in Lucas County Documentary.	12/2019	- # of documentary views per year	- At least 200 people will view the documentary per year

**Objective 4: Decrease Tobacco Use for Women of Childbearing Age**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Collect information on tobacco use for all women of childbearing age in WIC, Healthy Start, Sexual Health Clinic, and NOSS	12/2019	- # of female clients using tobacco products	- Ongoing data collection
2 Increase number of women that receive cessation services	12/2019	- # of referrals - # of completed referrals - # of consults	- Increase 15% from 2018

**Strategic Priority: Health Promotion**

**Goal:** Promote Awareness & Community Adoption of Healthier Behaviors & Outcomes through sound Public Policy and Public Health Practices

**Objective 1: Increase Health Education Opportunities for Clientele**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Promote and regularly update community calendar of events - Update website calendar listings on weekly basis and promote upcoming events, classes and more through social media accounts	12/2019	- N/a	- Provide updated weekly calendar schedules in all public waiting areas to increase availability of event information - Website updated weekly

**Objective 2: Promote Evidence-Based Education & Intervention Strategies to Improve Health Outcomes**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Increase social media campaigns and presence to position TLCHD as reliable source of information on relevant Public Health issues	12/2019	- # of followers, shares, and reaches/impressions	- 10% more total followers than 2018 on Facebook and Twitter - 15% more "reach/shares/impressions" on FB and TW.

**Objective 3: Increase Health Department Visibility**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Institute standing agenda item for monthly divisional meetings on branding considerations.	12/2019	- N/a	- Branding Considerations are discussed as necessary at every divisional meeting
2 Standardize email signatures for all employees to promote uniform appearance.	12/2019	- % of staff using standardized email template	- 100% of staff using standardized email signature
3 Develop standardized toolkits of marketing materials/templates for staff to use including: - External Meetings - Internal Meetings - Presentations/Trainings - Fliers/Newsletters	12/2019	- N/a	- Standard Templates / Toolkits
4 Improve staff marketing competencies by training on the use and development of marketing/branding materials and strategies	12/2019	- # of staff trained	- 100% of staff trained by June 30, 2019

**Objective 4: Actively Contribute to the Development and Implementation of Policies that Support and Improve Population Health at All Levels**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Re-establish the Board of Health's Legislative Affairs Committee	Ongoing	- # Board members in attendance per meeting - # meetings per year	- At least 2 board members shall attend every meeting - Quarterly Meetings
2 Contribute to policy proposals and/or amendments at local and state level	Ongoing	- N/a	
2a Seek TLCHD participation on the Toledo Chamber of Commerce's legislative sub-committees to promote a "health in all policies" approach to community well-being.	Ongoing	- N/a	- Participate on/ represent Public Health to legislative sub-committees - TLCHD presence at 2 or more meetings per year

## Strategic Priority: Healthy Homes & Environment

**Goal:** Improve the Home Environment & Reduce Housing Related Illnesses for Residents in Lucas County

### Objective 1: Develop and Promote the Lead Safe & Healthy Homes Initiative

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Develop Lead Clearance Technician Course Refresher. - Education curriculum and process - Develop standard exam for testing	12/2019	- N/a	- Finalized Course curriculum - Exam and pass criteria created
1a Obtain ODH approval/certification for curriculum.	12/2019	- N/a	- ODH approval
2 Develop Healthy Homes Certification Program - Complaint driven process	12/2019	- N/a	- A certificate program that is utilized to resolve housing complaints
2a Develop Survey and collect feedback from constituents/ stakeholders	4/2019	- # of survey respondents	- Finalized Stakeholder Survey - Minimum 150 survey respondents
2b Develop training certification program curriculum to train inspectors	12/2019	- N/a	- Finalized Course curriculum
3 Develop marketing campaign for Healthy Homes Certification Program (e.g., health benefits, insurance benefits, etc.)	5/2019	- N/a	- Completed multimedia campaign

### Objective 2: Collaborate with Community Partners to Mitigate, Prevent, or Resolve Environmental Issues

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Assess unmet needs for Lucas County residents living in unsafe living conditions and develop report.	1/2019	- N/a	- Develop a list of needs our staff observe in the community
1a Use assessment report to determine what social services agencies/groups that we should engage based on the needs determined by the assessment.	3/2019	- N/a	- List of needs matched up with agency
2 Build a referral network with social service agencies in Lucas County.	9/2019		
2a Approach social service agencies to schedule mutual education sessions (what we do and what they do)		- N/a	- Develop a referral resource list. - The list will contain the name of the agency, what they can offer or do, the contact person with phone number/email. - List is available to all EH staff and have a list to hand out to the public

3	Develop various types of media to promote Healthy Homes & Environment that reaches all citizens of Lucas County (i.e. Radon, indoor air quality, Sewage O&M, etc.) - Research other Health Departments and agencies to find most effective methods to reach our citizens	9/2019		- By July 2019 staff will look at other accredited Health Departments to see how they use a multimedia approach to promote EH programs. - Begin to implement a multimedia approach for at least one program by September 2019.
3a	Hire an EH educator/social workers in Environmental Health	12/2019	- N/a	- Secure funding to hire an EH educator/social worker
4	Develop database of community partners the department regularly interacts with on environmental issues and establish protocol to touch base at appropriate intervals	12/2019	- N/a	- Establish and maintain listing of community partners, classified by category or EH area of expertise/use - Determine most appropriate means of communication with community partners (e.g. in person, phone, e-mail) - Develop protocol for reaching out to determine if unmet needs exist
5	Explore and develop stakeholder workgroup to create handouts/informational toolkits for residents the department interacts with on housing issues - Approach A.B.L.E., Legal Aid of Western Ohio, Property Investment Network, Lucas Metropolitan Housing Authority, Zoning & Building and others	12/2019	- Hold at minimum 2 stakeholders meetings	-Developed Workgroup- identify staff to participate in stakeholder workgroup -Develop handouts/toolkits for residents -Distribute handouts/toolkits for residents -Develop handouts/toolkits for residents with the Subject Matter Experts (SMEs) contributing to appropriate topics

### Strategic Priority: Workforce Development

**Goal:** Ensure TLCHD has Appropriate Staffing Structure and Developmental Opportunities at all Levels

**Objective 1:** Increase Workforce Training Opportunities at all Levels

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Develop/ Revise/ Implement consistent and inclusive Hiring & On-boarding process	12/2019	- N/a	- Ongoing review



1b	Review & Revise On-boarding orientation: -When and how do we welcome new staff? -How do we cultivate a great first impression as an Employer?	12/2019	- N/a	- Ongoing review
1c	Partner/arrange with County to have all new staff complete <i>Lucas County 101</i> training	12/2019	- % of new hires completing training	- 100% of new hires complete training within 1 year of hire
2	Provide Bridges Out of Poverty Training to All Staff	12/2019	-% staff completing training	YR1: 25% of Staff Trained YR2: 50% "" YR3: 100% ""
3	Provide Mental Health First Aid Certification to all Staff	12/2019	-% staff completing training	YR1: 25% of Staff Trained YR2: 50% "" YR3: 100% ""
4	Provide C.O.P.E. training to all staff	12/2019	-% staff completing training	YR1: 25% of Staff Trained YR2: 50% "" YR3: 100% ""

**Objective 2: Develop "Safe Feedback" system/process for staff**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Revise and implement Annual Employee Satisfaction/Morale Survey	Ongoing	-Implemented Survey	- At least 85% of staff complete the ESS each year
2 Assess methods for continuous collection of staff feedback	12/2019	-Review of available methods and effectiveness	- Report on effectiveness of available methods
2a Assess location of suggestion boxes & market their use internally	12/2019	-Renewed Internal Marketing Campaign	-Reposition SB locations as necessary

**Objective 3: Staff Performance Effectively Managed**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 All Position Descriptions reviewed and updated	12/2019	- N/a	-All position descriptions reviewed and revised as necessary
2 Staff are engaged in the development of programmatic performance measures	12/2019	- Programmatic Performance Measures	-All programs tracking performance measures
3 Develop Employee Handbook containing information on appropriate agency policies & procedures and human resource functions.	12/2019	- N/a	-Employee Handbook Distributed to staff

**Objective 4: Develop and Implement an agency Workforce Development Plan**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Develop or assign staff group to oversee Workforce Development plan implementation	12/2019	- N/a	- Group formed
1a Revise WFD Plan Annually	12/2019	- N/a	- Revised WFD
2 Implement WFD Plan goals and objectives	12/2019	- N/a	- WFD goals implemented on schedule
3 Develop / implement process for uniform tracking of employee trainings and credentials	12/2019	- N/a	- Defined standard process
3a Assess OhioTrain and/or other options for tracking platform	12/2019	- # of staff currently on OHTrain	- Assessment of feasibility / user-friendliness of OHTrain

**Objective 5: Workforce Maintains & Acquires Necessary Skills for Job Excellence**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Develop license/certification CEU tracking system	12/2019	- N/a	-Implemented process for tracking CEU's

**Strategic Priority: Financial Stability**

**Goal:** Secure and Maintain Diverse, Sustainable, and Flexible Funding to Support all Essential Public Health Services

**Objective 1: Actively Monitor and Evaluate Program Budgets to Effectively Manage Fiscal Resources**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Grant all directors access to FROGS (Financial Reporting System)	12/2019	- % of directors with access	- 100% of directors have access to FROGS
1a Train directors on use of FROGS	12/2019	- % of directors trained	- 100% of directors trained to use FROGS
2 Run monthly financial reports comparing projected vs actual revenues & expenses at the department/division level	12/2019	- # of reports per division - Projected vs Actual Comparisons	- 1 financial report per month per division
2a Develop reporting template for explanations of discrepancies > 10% from projected	12/2019	- N/a	- Standardized template
2b Develop/revise SOP for monitoring of budgetary processes	12/2019	- N/a	- Updated standard budgetary operating processes
3 Fiscal Assurance Officer and directors report quarterly to Audit Finance Committee discrepancies > 10% from projected	12/2019	- Projected vs Actual Comparisons	- Quarterly reporting to Audit Finance

4	Develop department/division level matrix maps for programmatic fiscal assessment	12/2019	- Program Cost vs Mission Impact	- Divisional/Programmatic Matrix Maps
4a	Develop matrix-map template and instructions	12/2019	- N/a	- Standard matrix map template - Procedure for creating matrix maps
5	Develop/Revise SOP defining agency budgetary deadlines for budgets submitted to budget commission, DAC, and certificates of estimated resources and process: - Inclusion of approval/signatory process for each budget - Legal requirements	12/2019	- N/a	- Updated standard budgetary approval processes

**Objective 2: Effectively Implement Key Financial Analysis & Business Management Practices**

Action Steps	Time Frame	Performance Metrics	Target /Goal
1 Conduct assessment of all capital resources valued at \$5,000 or more: - Forecasting for replacement	12/2019	- Inventory of capital resources	- Assessment of Resources
1a Begin replacement/emergency fund for anticipated expenses	12/2019	- % of monies allocated	- Established fund for capital resource replacement/emergencies
2 Develop/Revise SOP for agency competitive bid process.	12/2019	- N/a	- Updated standard competitive bid process

# Plan Review & Evaluation

The 2017-2020 Strategic Plan is a living document intended to direct the focus of both TLCHD staff and Board of Health members over the next three years. This plan will evolve over time to meet the changing needs of our community and to incorporate new data and information as it becomes available. In collaboration with our Community Partners, a new Community Health Assessment and Community Health Improvement Plan are on the horizon and updated information from both will be used to evaluate our priorities and objectives.

The full Strategic Workplan will be reviewed and updated on an annual basis to ensure continued progress towards our stated mission, vision, and department goals. Progress made or barriers encountered on individual Goals, Objectives, and Action Steps will be reported monthly in Strategic Planning Committee Meetings.

*Key considerations for monthly reports will include:*

- Progress made towards each objective's targets
- Barriers or facilitators encountered
- Proposed adjustments to timeframes or targets
- What have we learned?

As we evaluate our progress we may modify our direction to best serve our community. All progress will be tracked through TLCHD's performance management system and barriers encountered will be examined according to the processes outlined in the agency's Quality Improvement Plan.

To ensure we are successful, we will work to foster continued collaboration across our department and among our community partners and stakeholders. We believe these efforts will truly lead to healthier outcomes, and a healthier Lucas County.

# Acknowledgements

The Strategic Planning Committee would like to express our sincere appreciation to the Toledo-Lucas County Health Department Staff, Board of Health members, and the Community Partners who participated in our strategic planning process. This plan would not have been possible without their valuable insights, expertise, and commitment to a healthier Lucas County for all.

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## BOARD OF HEALTH

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## Community Partner SWOT\*

Advanced Specialty Hospital of Toledo  
American Cancer Society  
Anthony Wayne Local Schools  
Arrowhead Behavioral Health  
Department of Neighborhoods, City of Toledo  
Flower Hospital  
Harbor Behavioral  
Mercy Health  
Mental Health Recovery Services Board of Lucas County  
ProMedica  
St. Charles Hospital  
St. Luke's Hospital  
Success Mile Academy  
Toledo Hospital

*\*Community Partner Names listed as self-reported.*

*Thank you to all staff for your hard work and dedication to Public Health!*

# Record of Changes

Date of Change	Changes Made By	Changes Made / Notes
3/8/2017	BP	Updated Position Titles for SPC Members
8/8/17	BP	Updated "Responsible Leads" in accordance with staffing changes, added fourth (4 <sup>th</sup> ) objective to <i>Infant Mortality</i> , and updated Strategic Map to reflect new priorities
3/12/2019	BP	Updated "Responsible Leads" in accordance with staffing changes; Revised Workplan and Strategic Map to reflect organizational priority and resource changes. Updated "Plan Review & Evaluation" section.
10/26/20	BP	Updated "Responsible Leads" in accordance with staffing changes.

# Appendix 1

## Strategic Planning Timeline:

Date(s)	Description of Key Activities	Participants
2016	<b>May – June</b> <ul style="list-style-type: none"> <li>• Staff *SWOT Analyses conducted in small group sessions</li> <li>• Staff prioritized top seven themes in each SWOT category</li> <li>• Board of Health Retreat held to conduct BOH SWOT</li> <li>• Community Partner SWOT released to 69 individuals from 31 community partner/stakeholder organizations</li> </ul>	<ul style="list-style-type: none"> <li>• All Staff</li> <li>• Community Partners</li> <li>• Board of Health</li> </ul>
	<b>August</b> <ul style="list-style-type: none"> <li>• Overview &amp; Expectations of Strategic Planning Process</li> <li>• Brief Review of strategic plan structures</li> <li>• Mission, Vision, Values Review &amp; Discussion</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> </ul>
	<b>September</b> <ul style="list-style-type: none"> <li>• Community Partner SWOT released to an additional 113 community partner/stakeholders</li> <li>• Mission &amp; Vision re-drafted</li> <li>• Core Values revised</li> </ul>	<ul style="list-style-type: none"> <li>• Community Partners</li> <li>• Strategic Planning Committee</li> </ul>
	<b>October</b> <ul style="list-style-type: none"> <li>• Finalized Mission &amp; Vision Statements</li> <li>• Reviewed &amp; Discussed:                             <ul style="list-style-type: none"> <li>○ SWOT results</li> <li>○ Community Health Assessment data (CHA)</li> <li>○ Community Health Improvement Plan data (CHIP)</li> <li>○ Early Environmental Health Assessment Data</li> <li>○ Community Health Rankings data</li> <li>○ County Demographic Data</li> </ul> </li> <li>• Proposed potential strategic priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> </ul>
	<b>November</b> <ul style="list-style-type: none"> <li>• Top 7 Strategic Priorities Selected &amp; Finalized</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> </ul>
	<b>December</b> <ul style="list-style-type: none"> <li>• Overview &amp; Introduction to Performance Management frameworks</li> <li>• Strategic Framework drafted:                             <ul style="list-style-type: none"> <li>○ Overarching Goal per priority</li> <li>○ High level Objectives per priority</li> <li>○ Initial action step feedback generated</li> </ul> </li> <li>• Progress Report Leads assigned</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> </ul>
2017	<b>January</b> <ul style="list-style-type: none"> <li>• Revised Strategic Priority Language</li> <li>• Drafted an 8<sup>th</sup> Strategic Priority and its framework</li> <li>• Actionable Activities Workplan drafted using staff feedback</li> <li>• Board of Health Approves Mission, Vision, Strategic Priorities &amp; Overarching Goals</li> <li>• Board of Health Feedback requested on objectives</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> <li>• Select Staff</li> <li>• Board of Health</li> </ul>
	<b>February</b> <ul style="list-style-type: none"> <li>• Draft Plan reviewed</li> <li>• Workplan revised</li> <li>• Board of Health Approves full Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> <li>• Board of Health</li> </ul>
	<b>March</b> <ul style="list-style-type: none"> <li>• 2017-2020 Strategic Plan Implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Strategic Planning Committee</li> <li>• TLCHD Staff</li> </ul>

\*Information on all SWOT Analyses are included in the section by the same name (page 6).