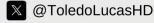
TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT

STRATEGIC PLAN



Toledo-Lucas County Health Department



@toledo_lucas_public_health





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Message from the Commissioner

To the community we proudly serve,

The Toledo-Lucas County Health Department (TLCHD) is pleased to present its Strategic Plan for 2025-2027, which serves as a roadmap for addressing the evolving public health needs of our community. This plan was developed by mobilizing our staff, Board of Health, and community partners, to formulate actionable goals and objectives to better address our community's needs and concerns. It articulates our mission, vision, and strategic priorities, providing a clear framework for our actions and guiding principles. Details of our strategy underscores our commitment to fostering a high-performing health department and improving the overall health of Lucas County residents.

Significant shifts have occurred in the public health landscape since the release of our previous strategic plan, most notably the challenges presented by the COVID-19 pandemic. This global crisis placed unprecedented demands on public health and healthcare systems, revealing both vulnerabilities and areas of resilience. While the pandemic tested our workforce and exacerbated health disparities, it also highlighted the critical need for a robust public health infrastructure and investment. The many lessons learned during this period have informed the development of our new strategic plan.

In 2023, TLCHD underwent substantial organizational changes, including the establishment of new service departments, leadership, and resources designed to better support our workforce and community initiatives. These changes align with our sharpened focus on promoting health equity and addressing the root causes of poor health outcomes, such as poverty, education, employment, housing, access to healthcare, environmental quality, nutrition, and other social determinants. Achieving progress in these areas requires strategic, policy-level interventions and the strengthening of both new and existing community partnerships.

As a nationally accredited health department, TLCHD remains dedicated to using data-driven approaches to monitor and evaluate the health of Lucas County residents. These evidence-based practices ensure transparency and accountability in tracking the effectiveness of our initiatives. We are committed to achieving the objectives outlined in this strategic plan and to working collaboratively with community members, government entities, and healthcare partners to create a healthier, more equitable future.

We look forward to providing regular updates on the implementation of this plan and to continuing the collective community efforts to enhance public health and quality of life in Lucas County. Together, we can build a healthier and more resilient community.

Karim Baroudi, REHS, MPH Public Health Commissioner

Introduction

The Toledo-Lucas County Health Department approached the 2025-2027 Strategic Plan's planning process as an opportunity to redefine our priorities and reaffirm our purpose. The COVID-19 Pandemic dramatically altered public health service delivery for nearly 3 years, requiring a large proportion of staff to redirect their focus to full-time guidance, emergency response, and mitigation functions until public health interventions began to reduce the impact of COVID on our communities. Staff also worked diligently to ensure that essential public health services and programming functioned with as little interruption as possible. While the pandemic delayed TLCHD's anticipated strategic planning timeline, the Health Department resolved to move this effort forward as it is fundamentally central to improving the health and wellbeing of all people in Lucas County.

Just as the pandemic was beginning in Lucas County, the Public Health Accreditation

Board (PHAB) formally recognized the Toledo-Lucas County Health

Department's efforts to promote and protect the health of our constituents by awarding the department 5-year national public health accreditation in March

2020. The pursuit and achievement of national accreditation firmly demonstrates TLCHD's commitment to implementation of policies, programs, and services with our community and not to our community. The accreditation process challenges us to examine and continuously improve our program and service delivery by engaging our residents, working to address health equity, and exploring public health innovations to best serve Lucas County.

The 2025-2027 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. Beginning in October 2022, our Strategic Planning Committees met regularly to draft the structure of this plan through careful review of staff and stakeholder feedback; data from the Lucas County Community Health Assessment & Community Health Improvement Plan; results from internal and external SWOT¹ analysis; and additional pertinent data. These committees then selected the priorities that we believe 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 Lucas County.

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¹ Strengths, Weaknesses, Opportunities, Threats (SWOT) Analysis

TLCHD Mission, Vision, Values

TLCHD's mission defines our organization's purpose and demonstrates our intent to be the best public health leaders we can for our constituents; our vision outlines our hopes for the future state of our community; and our values form the cornerstone of our approach to delivering our programs and services.

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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 our community where we live, learn, work, and play.

Core Values

Health Promotion

We actively promote the behaviors, knowledge, and attitudes that provide our community a foundation to reach its healthiest state.

Compassion

Compassion drives our commitment to serving others through empathy, respect, dignity, and genuine concern about the needs of others.

Collaboration

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

Social and Racial Equity

We are committed to respecting human differences and actively advancing health equity and social justice through anti-racism health practices and policies that address the underlying social determinants of health.

Prevention and Wellness

We protect, promote, and advance the health and safety of our community by raising awareness about health threats and utilizing proven public health strategies.

Quality through Excellence

We seek excellence to achieve the highest standards of public health through evaluation, innovation, and measurable outcomes for the betterment of ourselves and our community.

Who We Are and What We Do

A dedicated staff of 120+ professionals deliver nearly 100 programs and services across Lucas County. This work is accomplished through the following departments:

- **Administration** led by the Health Commissioner, this service area provides essential oversight and direction to the entire agency through a common mission, vision, and values, and ensures a sound fiscal, legal, and IT/communications infrastructure are in place to support operations and drive organizational development.
- Childhood Wellness focuses on protecting and promoting the health of Lucas County youth. This service area works to provide care coordination to improve birth outcomes, provide reproductive education and services, reduce the infant mortality rate, improve youth traffic safety, and improve the overall health of families through nutrition education, breastfeeding support, referrals and more.
- **Environmental Health** focuses on our natural and manmade environments and how they impact health in Lucas County. In collaboration with local, state, and national officials, our staff take part in the monitoring and regulation of Lucas County's beaches and pools, food service operations, pest-nuisances, sewage treatment systems, schools, water quality, and landfills. Our Environmental Health Department also works to reduce the impact of childhood lead poisoning among other environmental concerns.
- Innovation, Quality, and Informatics focuses on driving continuous quality improvement efforts across all service areas in the department, bridging the gap between public health practice and academia to train the next generation of public health professionals, monitoring and mitigating the spread of infectious disease in our community, and ensuring effective response to public health threats through emergency preparedness planning efforts.
- Nursing & Clinical Services focuses on providing direct patient care and population health services. These include immunizations for vaccine-preventable diseases, harm reduction and overdose prevention services to mitigate harm caused by drug use and blood borne diseases, HIV and STD prevention and counseling, reproductive health and wellness services, and health promotion and resources for seniors and children with medical handicaps.

Adopted: 12/19/2024

About Lucas County

Lucas County, Ohio, situated on the north-central edge of the Northwest Ohio (NWO) Region, is the sixth most populous county in the State of Ohio, and the largest by population of NWO's 18 counties. Lucas County shares borders with Lake Erie; Lenawee and Monroe counties in Southeastern Michigan; and Fulton, Henry, Ottawa, and Wood counties in Ohio. Lucas County's five (5) incorporated cities comprise 76.45% of the county's population but only 38.65% of the total land area.



Municipalities

Cities

Toledo County Seat

Maumee

Oregon

Sylvania

Waterville

Townships

Harding

Jerusalem

Monclova

Providence

Richfield

Spencer

Springfield

Swanton

Sylvania

Washington

Waterville

Villages

Berkey

Holland **Ottawa Hills**

Swanton

Whitehouse

Lucas County Demographics ²

Statewide Health Ranking³ 79 out of 88

Population 431,279

Estimated Households 179,358

Race & Ethnicity

White: 68.4% Black: 19.7%

Two or More Races 7.5%

Asian 1.7%

Other 2.4% 4

Hispanic 7.46%

Foreign Born 4% (ACS)

Income & Poverty Estimates: (SAPIE)

Median Household Income

Lucas County: \$53,176 Ohio: \$62,286 • U.S.: \$69,717

Percent in Poverty

All Ages:

17.4% Lucas County • 13.3% Ohio • 12.8% U.S

24.5% Lucas County • 18.2% Ohio • 16.9% U.S Under 18:

Language Other than English At Home (ACS) 6.2% of population

Education (ACS)

HS Grad 90.2% • Bachelor's or Higher 27.5%

All demographic data is sourced from the 2020 U.S. Decennial Census except where otherwise noted. Census information is also sourced from the 2022 American Community Survey (ACS) 1-year Estimate and the Small Area Income and Poverty Estimates (SAIPE).

County Ranking sourced through the County Health Rankings & Roadmaps sponsored by the Robert Wood Johnson Foundation.

Other includes American Indians, Alaskan Natives, Native Hawaiians, other Pacific Islanders, and individuals who marked 'other' on the 2020 U.S. Decennial Census.

Key Data Considerations

The Toledo-Lucas County Health Department pursued its strategic planning efforts with recognition that effective strategies must have a clear focus and therefore cannot touch upon all of the essential programs we provide or support in our community. Our Strategic Planning Committees took a measured approach in evaluating available data from internal and external sources to identify strategic focuses both necessary and within our control to best meet the needs of Lucas County residents. This included reviews of the internal and external SWOT analyses, comparisons of the *County Health Rankings* with the 2019/2020 Community Health Assessment (CHA) and Health Improvement Plan (CHIP), demographic data and other available information. As the release of this plan follows the release of the 2022/2023 Community Health Assessment in 2023, TLCHD's Strategic Planning Committees will review the most recent CHA's data to ensure our strategic objectives continue to address the most pertinent needs of our community.

Community Health Assessment & Improvement Plan (CHA & CHIP) 5

Every three years Healthy Lucas County, a broad coalition of community partners and organizations, facilitates a county-wide health assessment to identify the key factors affecting the health of Lucas County residents. Through systematic, comprehensive data collection and analysis the CHA provides a snapshot of the health and well-being of residents in the county. Three separate surveys were used to collect data for this cycle of the CHA – one for adults (19 years of age and older), youth (ages 12-18), and children (sent to parents of children ages 0-11). All data were collected prior to the emergence of COVID-19 in Lucas County. The results of the Community Health

Assessment were used to formulate the 2021-2024 Community Health Improvement Plan. Utilizing the Mobilizing for Action through Planning and Partnerships (MAPP) process, four priority areas were identified for community partner collaboration over the three-year life of the plan.

CHIP Priority Health Issues

- •Mental Health and Addiction
- Chronic Disease
- •Maternal & Infant Health
- Community Conditions

County Health Rankings & Roadmaps (CHRR)⁶

The County Health Rankings & Roadmaps provide a snapshot of a community's health by comparing available "data, evidence, guidance, and examples to build awareness of the multiple factors that influence health." The CHRR report is divided into two sections: *Health Outcomes*, the factors that represent how healthy a county is right now in terms of length and quality of life; and *Health Factors*, the aspects of health and behavior we can modify to improve the length and quality of life for residents. Overall, Lucas County ranked 79 out of 88 counties in Ohio for *Health Outcomes* and 62 out of 88 for *Health Factors* in the 2023 County Health Rankings.

⁵ All data in this section are from the 2019/2020 Community Health Assessment unless otherwise noted.

⁶ County Ranking data sourced through the <u>County Health Rankings & Roadmaps</u> sponsored by the Robert Wood Johnson Foundation.

Key Data Considerations

2019/2020 Community Health Assessment

Percentage	of Lucas	County	Adults	(ages	19+)
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Percentage of Lucas County Adults (ages 19+)		The same of the sa	
reported being overweight (34%) or obese (38%)	72%	70%	67%
reported being diagnosed with high blood cholesterol	27%	33%	33%
reported being diagnosed with high blood pressure	39%	35%	32%
reported their quality of life was limited in some way due to a physical, mental, or emotional problem vs Ohio (2018) and U.S. (2015)	37%	21%	20%
reported they had driven after having perhaps too much alcohol to drink (in the past month) vs Ohio (2018) and the U.S. (2018)	12%	4%	3%

Percentage of Lucas County Youth (9th-12th grades)

reported being overweight (12%) or obese (19%)	30%	29%	32%
reported feeling sad or hopeless almost every day for 2 or more weeks in a row and stopped doing some usual activities	45%	33%	37%
reported seriously considering attempting suicide (in the past year)	19%	16%	19%
reported attempting suicide (in the past year)	11%	7%	9%
reported they did not go to school because they felt unsafe (in the past 30 days)	17%	N/A	9%
reported they did not see a dentist in the past year	32%	22%	24%

Percentage of Lucas County Children (ages 6-11)

reported being diagnosed with depression vs Ohio (2018) and the U.S. (2018)	6%	1%	2%
reported being diagnosed with anxiety vs Ohio (2018) and the U.S. (2018)	15%	9%	9%
reported to eat a meal with their family every day of the week	29%	44%	45%
reported experiencing 2 or more adverse childhood events (ACEs)	10%	27%	20%

2023 County Health Rankings

Premature Death – years of life lost to deaths of people under age 75, per 100,000 people	10,800	8,700	7,300
Preventable hospital stays – stays per 100,000 people enrolled in Medicare that might have been prevented by outpatient treatment	3,757	3,278	2,809
Food Insecurity – % of people without a reliable source of food	16%	12%	12%
Access to Exercise - % of people living within 1/2 mile of a park or 1 mile (urban) / 3 miles (rural) of a recreation facility	96%	84%	84%
Sexually Transmitted Infections – new cases of chlamydia per 100,000 people	727.9	509.2	481.3

Other Data

Overall Infant Mortality Rate (deaths per 1,000 live births) for Lucas County (2022), Ohio (2020), and U.S (2021). In Lucas County, black infants are 2.3 times more likely to die before than first	Q	6.7	5.4
birthday than white infants ⁷		0.7	5.4

Lucas County still ranks in the top 5 highest counties for children testing for elevated blood lead levels (EBLLs) above 5 μ g/dL. There are currently 18 zip codes in Lucas County considered at higher risk for EBLLs in children under 6 years of age.

⁷ TLCHD Ohio Equity Institute report, data sourced from the *Resident Birth and Mortality Files* from the *ODH Bureau of Vital Statistics*.

Strategic Priorities

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

Chronic Diseases

- Goal: Educate and equip the community to better manage their chronic illness and/or preconditions of chronic illness
 - Obj1: Promote healthy decisions and visits to primary care
 - Obj2: Partner with key stakeholders and local community support groups to reduce the impact of chronic diseases in Lucas County
 - **Obj3:** Pursue policy and system changes to reduce emergency department and hospital admissions for chronic conditions

Complete Family Wellbeing

- Goal: Improved family physical, mental, social, and behavioral wellbeing for all Lucas County residents
 - **Obj1:** Improve maternal and infant health outcomes
 - Obj2: Promote available family services and resources
 - Obj3: Reduce the Percentage of Fatal and Non-Fatal Drug Related Overdoses

Healthy Homes & Spaces

- Goal: Environments that promote the health, wellbeing, and safety of Lucas County Residents
 - Obj1: Adopt full healthy homes initiative
 - Obj2: Educate landlords, renters, and homeowners on healthiest practices
 - Obj3: Seek funding to facilitate program management and necessary remediation and repairs

Nutrition

- Goal: Increase access to safe, healthy, and affordable foods for all residents
 - Obj1: Ensure and increase access to safe, healthy, and affordable food / food options
 - Obj2: Promote nutrition education
 - Obj3: Reduce incidence of foodborne illness and unsafe food handling practices

TLCHD Physical Infrastructure

- Goal: A clean, safe, accessible, and welcoming building that meets the needs of clients and staff.
 - Obj1: Secure new primary facility location
 - Obj2: Modernization and beautification of current facilities

Visit <u>lucascountyhealth.com</u> for information on all programs and services offered by the Toledo-Lucas County Health Department.

Strategic Planning Process

Strategic Planning Committees

TLCHD convened two strategic planning committees starting in September of 2022. TLCHD's strategic planning efforts were informed by a diverse, multi-disciplinary team from all levels of the organization and Board of Health throughout the process. These committees were charged with carefully evaluating the Health Department's mission, vision, and core values, reviewing relevant internal and external data, and proposing and selecting TLCHD's strategic priorities and objectives. Refer to *Appendix A* for a list of individuals involved in the planning process.

Timeline of Planning Activities:

	Date(s)	Description of Key Activities	Participants	
2021	June – July	• Staff SWOT sessions conducted in small group sessions	• All Staff	
	February	• Board of Health (BOH) Strategic Planning Committee Kickoff Meeting discussing PHAB requirements, strategic planning process overview and potential timeline, and planned efforts for stakeholder engagement	Planning	
	May - July	 BOH SWOT survey released to all BOH members Community Partner SWOT survey released to 224 individuals from 118+ community organizations, civil service agencies, emergency response personnel, and elected officials 	Community PartnersBOH Strategic Planning Committee	
2022	October - December	 Employee Mission, Vision, Values & SWOT Ranking Survey released to all staff to evaluate TLCHD's current Mission, Vision, Values, and priority rank themes from the 2021 staff SWOT sessions 88.5% of respondents indicated they agree TLCHD's current mission statement represents our primary objective/purpose 93.1% of respondents indicated they agree TLCHD's current vision statement represents our agency's highest goal Refer to SWOT section for ranking results Staff Strategic Planning Committee Kickoff Meeting discussing overview of planning process and results from the evaluation and SWOT ranking survey Revision and Finalization of Mission and Vision statements 	 All Staff BOH & Staff Strategic Planning Committees 	



Strategic Planning Process

	Date(s)	Description of Key Activities	Participants
	January - May	 Finalization of Core Value statements Data review and discussion: All SWOT results 2019/2020 Community Health Assessment (CHA) 2021-2024 Community Health Improvement Plan (CHIP) 2022 State Health Improvement Plan (SHIP) 2022 March of Dimes Report Card 2022 Community Health Rankings data Lucas County Demographic Data TLCHD Programmatic Data Prospective strategic priority proposals 	BOH & Staff Strategic Planning Committees
2023	June	 Strategic Issue Prioritization Survey Strategic Framework Workshop Review and discussion of priority dossiers generated from prioritization survey Selection of 5 priorities from proposed list Exercise to define highest goal, potential objectives, and metrics for each draft strategic priority 	BOH & Staff Strategic Planning Committees
	July - September	Refinement of draft priority goals and objectives	• BOH & Staff Strategic Planning Committees
	October	• Presentation of Draft Strategic Priorities, Goals, and Objectives at TLCHD Winter Retreat	• All Staff
	December	• Strategic Workplan drafted with specific action steps and performance metrics for each priority and objective	 Board of Health BOH & Staff Strategic Planning Committees Select Staff
2024	January - December	 Amendment and finalization of Strategic Workplan BOH Approval of Draft Strategic Plan Implementation of Strategic Plan & Workplan 	BOH & Staff Strategic Planning CommitteesAll Staff

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In preparation for the strategic planning process during the first significant reduction of COVID-19 cases in 2021, TLCHD began conducting a SWOT Analysis to identify what we do well, opportunities for focused improvement, and challenges to address. We recognize that the success of our agency is highly dependent on the diverse perspectives and insights from our staff, our community partners, and our Board.

In June and July 2021, TLCHD conducted a SWOT Analysis with staff in small to medium sized focus groups. Across 11 in-person and virtual sessions, nearly 81.3% (91) of all staff participated in this process. While the emergence of Delta and Omicron variants delayed compilation and analysis, by mid-2022 staff feedback was compiled into major and sub-themes resulting in 24 strengths, 30 weaknesses, 36 opportunities, and 32 threats. A ranking survey was released back to all staff in November 2022 to prioritize the top 5 themes for each SWOT Category; both Opportunities and Threats categories had 6 top themes due to equal final rankings. The ranking survey received a 69.6% (87) response rate from all staff. The delay between data collection, analysis, and ranking by staff presents a potential limitation in the timeliness and actionability of this information. One mitigating factor to this limitation is that 73 of the 91 staff (80.2%) who participated in the original SWOT sessions were still present to participate in the ranking survey, allowing for consistency of perspective on the most important themes compiled from the original feedback.

Beginning in May through July 2022, TLCHD released a SWOT survey to collect feedback from our Board of Health and key community stakeholders. Our stakeholders included 224 individuals from more than 118 community organizations, civil service agencies, emergency response personnel, and elected officials. During this period, 9 (75%) Board members and 26 (11.61%) stakeholder respondents from 22 unique affiliations completed the survey (see *Acknowledgements*). Due to the practical limitations for in-person facilitation, questions for each category of the SWOT were developed to better elicit relevant perspectives. All feedback was compiled into themes under each question within each of the four SWOT categories. The results of each SWOT can be found on the following pages. Please note the table does not display the staff sub-themes grouped under the major themes.

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	TLCHD Strengths					
TLCHD Staff	 TLCHD Staff Employee Benefits Adaptability of HD During Pandemic / Pandemic Response 	4. COVID Vaccination Clinics5. IT Support				
Board of Health	 Respected for providing sound policy/information Access to Care / Safety Net for Community Services Public Health Services - Food Programs, Immunizations, WIC, Health Education, Infectious Disease Response, Vital Statistics Employee Benefits Community Partnerships / Collaboration with local Gov / Recognition of Partners 	 Dedicated / Passionate / Knowledgeable Workforce Uniquely positioned to coordinate efforts addressing SDOHs & Disparities (Low SES) Pandemic Response & Data / Vaccination / Coordination of Community Response Efforts Consolidated HD allows economy of scale for fiscal efficiency 				
Community Partners	 TLCHDs large array of programs and services including: NOSS, Shots 4 Tots, 60+ Clinics, Disaster Response Planning, Minority Health Efforts, Diaper Bank, Maternal Child Health, Environmental Health programs, Community Partner Collaboration & Media Relationships Community engagement, responsiveness, healthcare education, outbreak resources, and support/assistance COVID-19 Pandemic Coordination & Response Efforts; COVID Vaccination Response - On-Site Vaccinators, V-Project mobile vaccination collaboration Actively involved in State-Wide initiatives (COVID, WIC, Childhood Immunization Rate) 	 Healthcare Provided Regardless of Ability to Pay; assuring access to healthcare services / Underprivileged Leading Public Health, Leveraging Resources, handling adversity and challenges TLCHD Staff responsiveness Public Communication, credible Information & Resource, transparency Strong Community Partnerships, Engagement, and mutual respect Providing Data to stakeholders and public to meet Community Needs 				
	TLCHD We	eaknesses				
TLCHD Staff	1. Parking 2. Agency Culture / Morale / Trust 3. Communication	4. Leadership / Admin' 5. Schedule Flexibility				

Board of Health

- Spreading Resources Too Thin / Staff Shortages / Duplicating Services
- Balancing Public Health Protections Against Infringement Of Individual Rights
- Communicating To The Public All Essential Services HD Provides / Social Media Outreach / Public Buy-In
- Candidate Recruitment (Good Benefits But Lower Wage Rates)
- We Face Public Scrutiny And Open Records That Other Organizations Do Not Face
- Leadership Skills Training

- Regular assessment of services provided & community issues / strategic planning frequency
- Disenfranchisement of board members
- Clear, data-driven, and regular communication with board and partners to ensure aligned priorities
- Board access to talk/collaborate with staff and community partners
- Issues to address gun violence, unaffordable care, infant mortality, adverse childhood experiences, affordable housing, obesity, tobacco use, support for those with HIV

TLCHD Weaknesses

- Communication: frequency and clarity of updates, especially staffing and programming changes; advertise services to other not for profits; communication from the frontlines (doesn't always need to come from the top)
- Better minority representation in decision making/leadership roles
- Resources available to HD / ask voters for levy to support efforts
- Mobile care/home visits/transportation to improve barriers to access to care
- Resume routine infection prevention meetings with hospitals; point-of-dispensing preparedness follow-up
- Provision/access of services to adults; more medical/clinical services; referral identification resources
- More community outreach (boots on the ground) / community education on resources
- Poor customer service when calling

- Format of materials distributed meeting population needs (individuals without tech access)
- Internal knowledge of programs across departments
- Grant funded program sustainability
- Logistics/staffing needs
- Immunization clinics no appointment should be needed; ensuring compliance for state required student vaccines
- Better blend behavioral health/mental health into public health initiatives
- Issues to address more health education/appropriate use of emergency services; transportation issues; women/child health home visits; rural access to services; school hearing/vision screening; mobile dental services; elderly and minority population needs; opiates; chronic diseases; assist partners with federal publications; more disease data sharing; school immunization access; more TLCHD presence in community; mental and behavioral health referrals and aid; inspection follow-up

TLCHD Opportunities

TLCHD Staff

Community Partners

- 1. New Building w/ Parking Arrangements
- 2. Schedule Flexibility Options
- 3. Build Greater Trust between Admin & Staff
- 4. Prioritize Staff Experience / Support / Connectedness
- 5. Interdepartmental Communication / Collaboration
- 6. Field/Satellite Offices & Mobile Clinics

Board of Health

- Collaborate with stakeholders, strengthen associations, and seek new partnerships including first responders, building code enforcers, hospitals, business & health leaders, city councils/trustees
- Participating in more community events to increase trust/visibility
- Focus on preventing teen pregnancy
- Investing in trails/walkable community initiatives
- Promote confidence in community through stronger supervision/oversight of restaurants and maintain confidentiality best practices
- Marketing tailored for key issues/vulnerable populations / throughout entire county; utilize Board members in marketing efforts

- Promote staff innovation in preventative health approaches and designate funding
- Advocate for schools preparing the next generation workforce and promote skilled labor trainings for youth, making community college more affordable
- Serve as neutral facilitator of stakeholders on key community issues
- Avoid duplication of public health services in the community
- Universal Healthcare focused on primary care & prevention
- Work to ensure our grants align with our priorities and pursue appropriate grants and grant training
- Explore internal work/life balance incentives



TLCHD Opportunities

- Collaborate with stakeholders, strengthen associations, and seek new partnerships including - Ohio Dept of Medicaid, Lucas County Board of Elections, American Heart Association for community events, EMS agencies, first responders, other Ohio Health Departments, senior centers, minority church leaders, the digitally disconnected, national public health orgs (CDC, HHS), hospital CEO's and ICPs, National Association of School Nurses, Salvation Army, dental services for the underserved
- Focus on local needs without burdensome federal regulations
- School based health centers, vaccination clinics
- Host annual health fair / attend resource & job fairs
- Media campaign(s) and high-profile events highlighting work being done / local celebs to raise awareness of HD Efforts; Highlight public health services that are for anyone (not just underserved)

- Operate programs in community where people live; Speak at area agencies that serve underserved
- Employees that represent the demographics of those served; community outreach workers
- Home visits for lead, immunizations, well visits, and Social determinants of health resources; pop-up clinics and education
- Leverage communication; continue visibility from pandemic; utilize social media to promote programs
- Billing Health Plans for Services
- Pursue opportunities to address dental health, rural health, non-compliant properties (rodents), aging water pipes, school initiatives (bullying, trafficking, alcohol), digital equity
- Pursue grants to address chronic diseases, opioid reduction, infant mortality, and improving maternal access to pre-natal care

TLCHD Threats

TLCHD Staff

Community Partners

- 1. Understaffed / Operating Capacity / Span of Control / Retention
- 2. Poor Public Perception / Knowledge of Programs
- 3. Facility / Prospective Facilities / Location

- 4. Funding / Finances / Cuts
- 5. Compensation
- 6. Agency Culture

Board of Health

- Misinformation / Disinformation
- Lack of trust in science, negative perception of profit motive, suppression of freedoms
- Limited funding for programs/key issues / staff shortages
- Legislature restriction of public health
- Health issues caused by: poor diet/lack of nutritious foods and exercise; drug abuse/opiate poisoning; mental health issues; gun violence
- Competitive instead of collaborate entities/agencies in the community; lacking focus on underserved populations
- Maternal/child welfare concerns / lack of adequate parenting
- Lack of public empathy, personal responsibility, racism, and failure to see common humanity

Community Partners

- Infectious Disease / Future Pandemics / State Support
- Agency Funding and unfunded mandates
- Opioid Epidemic / Drug & substance abuse
- Basic Health Care / undocumented individuals afraid to seek health care
- Public Health Infrastructure & Responsiveness
- Political/Public policy overruling federal and local public health recommendations/best practices
- Misinformation, contradictory information
- Lack of belief/trust in Public Health and workers; too much talk vs action;

- Lack of Public Education about resources, diseases / lack of access to higher education / failure to educate k-12
- FQHCs overlapping services; other entity duplication of services
- Other threats to public health gun violence, mental health issues, nicotine use, obesity, poverty, inflation, family breakdown, gang and police violence, contaminated food/water, perception of minority populations as dispensable

Plan Review & Evaluation

The 2025-2027 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 reviewed quarterly in Strategic Planning Committee Meetings.

Key considerations for reports will include:

- Progress made towards each objective's target
- 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.

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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. Our planning efforts would not have been possible without their valuable insights, expertise, and commitment to a healthier Lucas County for all.

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Area Office on Aging, Northwestern Ohio ProMedica Toledo Hospital

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Common Pleas Court The American Red Cross

Lucas County EMA The Salvation Army

Mercy Health Toledo Area Sanitary District

Mercy St. Vincent Medical Center Toledo City Schools

MHRSB of Lucas County

Toledo Fire & Rescue

Anonymous Participant Toledo Lucas County Public Library

Paramount Health Care Village of Holland

ProMedica Waterville City Council

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	Description of Change	Page #s	Rationale

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Appendix A

All individuals below participated directly in strategic planning committee work throughout TLCHD's process.

Name	Position	Department
Jonathon Ross, MD	Board of Health President	Board of Health
Donna Woodson, MD	Board of Health Member, SP Committee Chair	Board of Health
Barb Sarantou	Board of Health Member	Board of Health
Paul Komisarek	Board of Health Member	Board of Health
Ted Kaczorowski	Board of Health Member	Board of Health
Shannon Jones	Deputy Health Commissioner	Administrative Services
Brandon Palinski	Director of Innovation, Quality, and Informatics	Innovation, Quality, and Informatics
Amy Abodeely	Registered Dietician	Childhood Wellness
Clark Allen	Supervisor WIC	Childhood Wellness
Linda Arrington	Clerical	Environmental Health
Stephanie Baltes	Registered Dietician	Childhood Wellness
Zachary Barr	Environmental Health Specialist-in-Training	Environmental Health
Angie Bauman	Director of Nursing & Health Services	Nursing & Clinical
Mahjida Berryman	Injury Prevention Supervisor	Nursing & Clinical
Andrea Binz	Human Resources Officer	HR
Heather Burnette	Health Communication Specialist	Administration
Mike Butcher	Environmental Health Specialist	Environmental Health
Terri DeTano	Epidemiologist	Innovation, Quality, & Informatics
Ellen Gaietto	Health Educator	Childhood Wellness
Jennifer Gottschalk	Director of Environmental Health	Environmental Health
Nick Hoffman	QI Coordinator	Innovation, Quality, & Informatics
Letcher Jones	Community Health Worker	Childhood Wellness
Kendra Kec	Director of Childhood Wellness	Childhood Wellness
Melissa Lanier	Child & Youth Wellness Manager	Childhood Wellness
Sam Schwandner	IT Systems Analyst	IT & Operations
Jodi Sheaves	Office Administrator	Administration
Barb Stichter	Supervisor Vital Statistics	Finance
Tina Stokes	Director of Finance	Finance
Jodi Vaughan	Supervisor of Community Services	Environmental Health
Dave Welch	Chief of Staff	Administration
Sarah Worthington	Academic Public Health Manager	Innovation, Quality, & Informatics

Additional thanks go out to all staff who participated in the SWOT Analysis or planning committee work who have since retired or are pursuing opportunities outside of the agency.