District Health Department No. 2

Strategic Plan

2021 – 2025

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A Message from the Health Officer

Dear Residents, Community Partners, and Staff

On behalf of the Board of Health Commissioners and myself, we are pleased to present District Health Department No. 2's Strategic Plan 2021-2025. The journey to developing this roadmap was dynamic, comprehensive, and a very enriching process. Collectively, we all are embracing District Health Department No. 2's vision, mission, and values.

We are very well positioned to be a *chief health strategist* for the communities we serve, and the COVID-19 pandemic proves how essential local public health is to ensuring optimal health. Additionally, Public Health Leadership is vital because we currently face: ongoing environmental threats, emerging communicable diseases and an increasing number of outbreaks, a changing health care industry, a national Opioid epidemic with high-risk counties identified in our jurisdiction, and Federal, State and Local economic fragility.

This Strategic Plan will keep our priorities in focus and clarify the importance of public health services to our communities. Additionally, this Strategic Plan will also need to be flexible and adaptable as we go forward recognizing there are often new evolving opportunities and challenges. In times of scarce resources, it becomes even more important to continue to foster strong partnerships with District Health Department No. 4, our Northern Health Department Alliance partners, and across public and private sectors in order to be efficient and effective, serving all who live, work and play in Alcona, Iosco, Ogemaw, and Oscoda counties.

Here to Serve,

Denise M. Bryan

Denise M. Bryan, MPA
Administrative Health Officer

> ***"WE ARE VERY WELL POSITIONED TO BE A CHIEF HEALTH STRATEGIST FOR THE COMMUNITIES WE SERVE."***

Local Public Health History

November 1, 1929, the supervisors of Crawford, Kalkaska, Missaukee and Roscommon Counties (then known as District 1) and the supervisors from Alcona, Iosco, Ogemaw and Oscoda Counties (District Health Department No. 2) united to formally create for each District: public health programming on a local basis, appointed Board of Health advisory teams and selected health officers to run day-to-day operations. In 1930, District Health Department No. 2 consisted of a medical director/health officer, a dentist, a sanitarian, and three nurses with the main office in West Branch. In the 1950's more nursing programs were added to address hearing and vision screenings and immunizations. Additionally, TB was the catalyst for adding communicable disease surveillance, reporting, prevention efforts and treatment referrals. In the 1970's EPSDT, a program focused on healthy babies, and Family Planning services were added.

In 1978, the Public Health Code (Public Act 368 as amended) was passed by the Legislature and signed by the Governor. The Code establishes a State/Local system to carry out the responsibility to protect and promote public health. Pursuant to section 2224 of this code, the Michigan Department of Health and Human Services (MDHHS) is required to promote an adequate and appropriate system of local health services throughout the state; and to develop and establish arrangements and procedures for the effective coordination and integration of all public health services including effective cooperation between public and nonpublic entities to provide a unified system of statewide health care.

The Public Health Code requires every county to provide for a local health department. The County Board of Commissioners is required to organize county or district health departments in accordance to Act 368 of 1978 as amended, Sec. 2413 and 2415.

In 2016, District Health Department No. 2 entered into a shared Health Officer Agreement with District Health Department No. 4. This is a great cost sharing strategy for both rural, small health departments. There are many great opportunities to share expertise and leverage resources.

Current public health trends include emergency preparedness plans, emerging communicable diseases, increase in outbreaks of vaccine preventable diseases, and an increased need for environmental actions to address threats to the quality of water, air and land. The Health Officer must ensure there is adequate staffing and minimal program requirements to address all mandated services and meet the challenges of emerging health threats

Board of Health Governance

Two members each from Alcona, Iosco, Ogemaw and Oscoda Boards of Commissioners are appointed annually to serve on District Health Department No. 2's (DHD2) Board of Health. Each county shall appoint an alternate commissioner, to serve in the event of an absences of a regular Board member. At the first meeting of the year, the Board shall elect a Board Chairperson and Vice-Chairperson. Such officers may be re-elected the following year as there are no term limits. Board of Health meetings are monthly and adhere to Open Meetings Act.

The Board of Health shall be the legal governing entity of DHD2. The Board will function as the governing body and exercise the adoption of administrative rules, regulations and resolutions

necessary for the delivery and protection of the public health residents and visitors of the District pursuant to all statues, especially Part 24, Sections 2441 and 2442 of Act 368, P.A. of 1978 (MCL333.1101 et seq).

The Board of Health Commissioners are tasked with setting priorities, goals and policy; and provide appointment and general oversight of the Health Officer. The Health Officer is responsible for all DHD2 operations and seeks Board support in two (2) primary areas, but not limited to these areas:

The **Personnel and Finance**:

1. Developing appropriations and allocation recommendations.
2. Approval of annual budget and review and authorization of amendments to the budget.
3. Setting fees.
4. Reviewing legal issues and making recommendations.
5. Review bi-monthly accounts payable and authorize payment.
6. Approval of organization chart and new position creation.
7. Appointment of commissioners to union negotiation teams.

The **Continuous Quality Improvement (CQI) Program Review and Evaluation**:

1. Investigating and evaluating new program concepts.
2. Developing and periodically reviewing short and long-term strategies, plans, goals and performance measures.
3. Reviewing, evaluating and monitoring existing programs for financial and programmatic effectiveness and efficiency.

District Health Department No. 2 – Four Counties Strong!

District Health Department No. 2 has a proud tradition of serving Alcona, Iosco, Ogemaw and Oscoda Counties, in Lower Northeastern Michigan, with an office located in each county. The four-county service area is predominately rural and holds a variety of landscapes including the Lake Huron shoreline, vast farmlands and the Huron National Forest.

Four Locations:

Ogemaw County- Main Office
630 Progress Street
West Branch, MI 48661
Phone: (989) 345-5020
Fax: (989) 343-1899

Iosco County
420 W. Lake Street, P.O. Box 98
Tawas City, MI 48764
Phone: (989) 362-6183
Fax (989) 343-1892

Alcona County
311 Lake Street, P.O. Box 218
Harrisville, MI 48740
Phone: (989) 724-6757
Fax: (989) 343-1894

Oscoda County
393 S. Mt Tom Road
Mio, MI 48647
Phone: (989) 826-3970
Fax: (989) 343-1895

District Health Department No. 2 effectively addresses state mandates, as well as several additional non-mandated public health programs and services. DHD2 has proudly maintained full accreditation status since the inception of State accreditation minimum program standards.

Public health as a discipline exists to prevent disease, promote health and prolong life among the population as a whole. With an aim to provide conditions in which people can be healthy, and a focus on the entire population, public health works to create healthy people and environments for all. Preventing health problems before they occur is the main goal of public health.

With a unique role of performing core functions such as assessment, policy development, and assurance, public health works to deliver the ten (10) Essential Public Health Services in collaboration with the community.

These functions and services are the foundation of all District Health Department No. 2's work.

Core Functions: Assessment, Assurance, and Policy Development, and ten Essential Services	
1. Monitor health status to identify problems	6. Enforce laws and regulations that protect health and ensure safety
2. Diagnose and investigate health problems and hazards	7. Assure competent public and personal health care workforce
3. Inform, educate, and empower people about health issues	8. Evaluate effectiveness, accessibility, and quality of personal and population efforts
4. Mobilize partnerships to identify and solve problems	9. Utilize research for new insights, innovative solutions to health problems
5. Develop policies and plans that support individuals and state-wide health efforts	10. Link people to needed health services and assure the provision of health care when otherwise unavailable

Mission, Vision, Values

Mission: District Health Department No. 2 provides leadership in promoting environmental and personal health through health promotion, disease detection, disease prevention, education and regulation.

Vision: A Healthier Community and Environment for All!

Values: DHD2 achieves a high level of professionalism by demonstrating the following values:

Service-Focused:
We are committed to respectful, courteous and superior customer service. We foster teamwork and embrace the richness of diversity and inclusion.

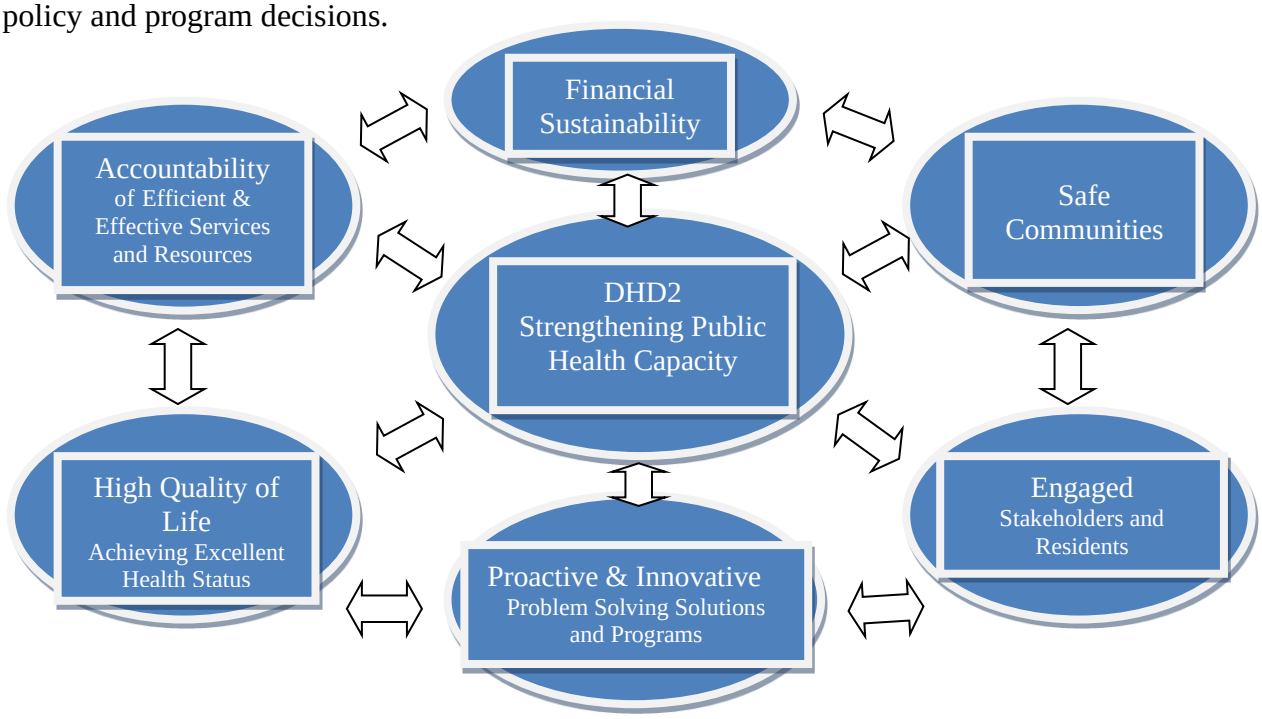
Communication and Collaboration:
We believe that communication and collaboration among Divisions and staff promote better service for the public. Every effort is made to create local, State and National partnerships to achieve mutual goals and efficiently leverage assets and resources.

Flexibility and Innovation:
We believe that flexibility and innovation can help us be more efficient and effective in addressing the needs of our constantly changing community. DHD2 embraces a culture of continuous quality improvement and strives to provide excellence in program delivery.

Focus on Equity:
We believe in the right for all people to achieve health access and equity in our communities.

Responding to Need:
We believe in working with our communities by demonstrating both strategic and timely responses to public health needs.

Sustainability:
We are committed to the principles of sustainability, whereby the interdependency of the natural environment, economic system, and social justice issues are recognized as fundamental to our policy and program decisions.



Strategic Planning Process

Phases and Activities

Phase 1: Planning and Development

*Review of existing Strategic Plan, Vision, Mission & Values
*Organize, Planning and engagement of staff, commissioners and partners.

Phase 2: Active Engagement & Assessment

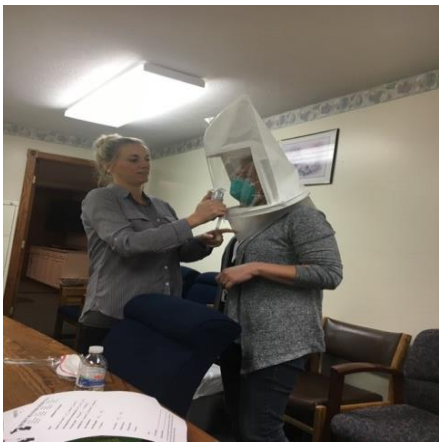
*Reflection and Visioning
*Gathering additional resources e.g. Community Health Assessment (CHA), Alliance Strategic Plan, Performance Management Plan and Continuous Quality Improvement Plan

Phase 3Strategic Plan/Work Tasks

* Meetings, SWOT, and surveys
*Identified three imperatives with objectives and strategies
*Strategic plan final review

Phase 4: Implementation

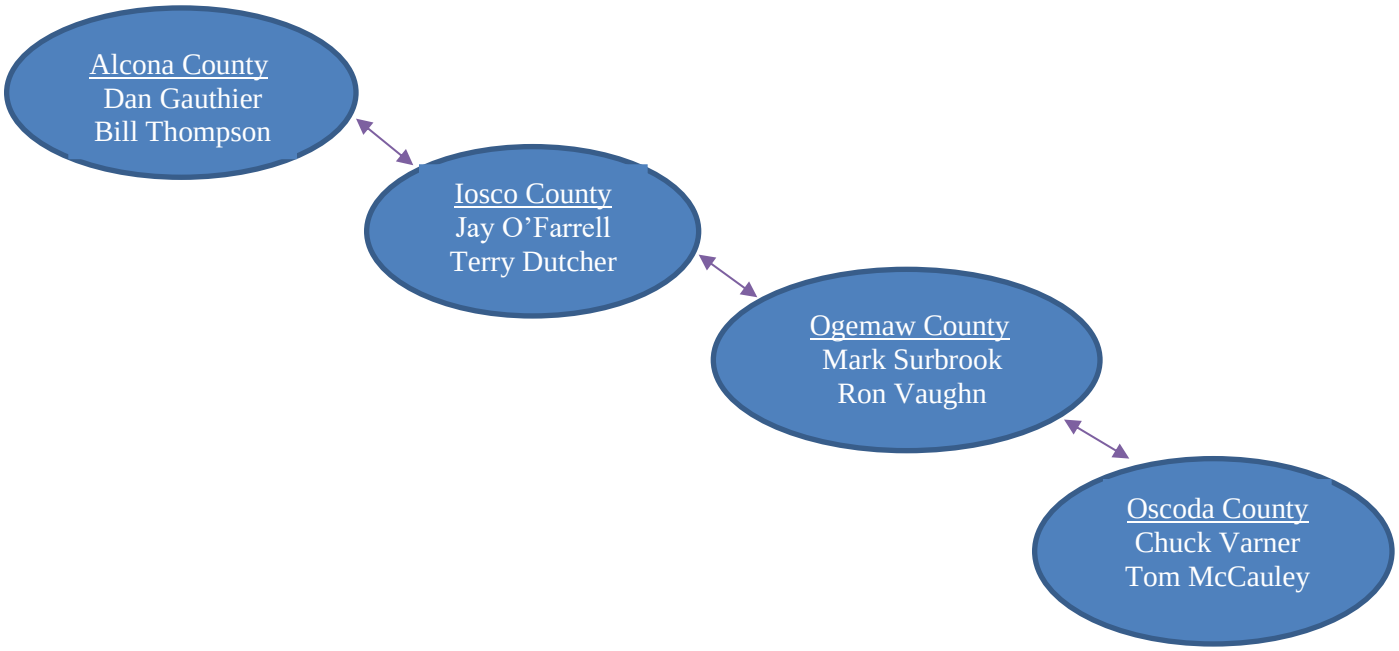
*Strategic Plan – Board of Health approval



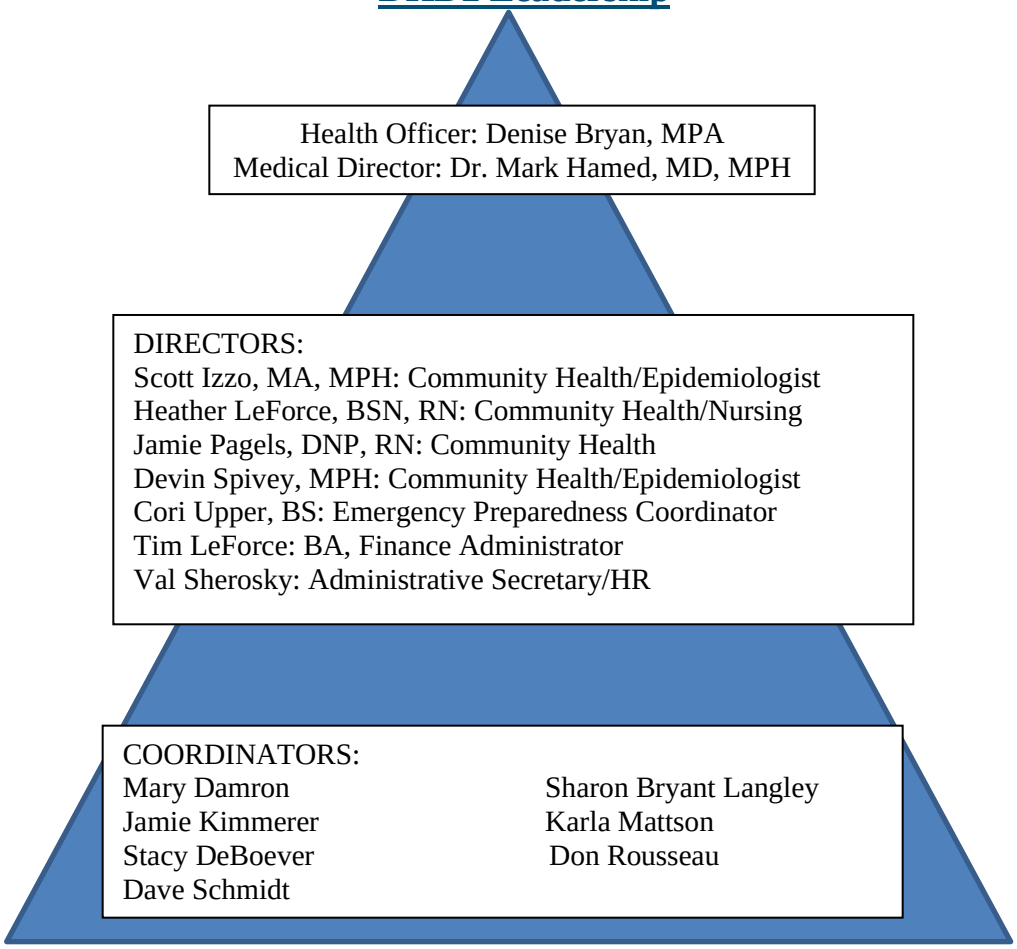
Phase 5: Evaluation

* Plan for action and active monitoring

Board of Health Commissioners



DHD2 Leadership



District Health Department No. 2 would like to sincerely thank the many staff and local partners who have made this strategic plan a success. Their dedication, commitment, and collaboration have been vital to the success of District Health Department No. 2.

District Health Department No. 2 Staff

Becky Allison
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Nancy Flynn
Catherine Friedman
Missy Hlinka
Abigail Jones
Kelsey Killinger
Schylur Miller
Tara Nelkie
Allison Ostrander

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Julie Rose
Lori Salisbury
Ashley Selman
Connie Shaw
Kellan Stanchik
Stacie Stewart
Sheila Tenwalde
Amber Trout
Brenda Wangler
Tracey Wood

Community Partnerships - 2021

Michigan Association for Local Public Health	Northern Michigan Public Health Alliance	District Health Dept. No. 4
Mid-Michigan Medical Center WB	MDHHS	Munson Health Care Grayling
Alcona Health Center	AuSable Valley Community Mental Health	County Planning Teams
County Emergency Planning Committees	Region 3 Local Leadership and CQI Group	Region 3 Health Care Preparedness Network
County Human Service Coordinating Councils	Administrative Team	Health Department of Northwest MI
Perinatal Conference Calls	Great Start Collaborative	Alcona Community Schools
Infant Mortality Task Force Iosco Co	Child Protection Council Ogemaw CO	Fairview Area Schools
MIHIA Population Health	Michigan Environmental Health Assoc.	Mio AuSable Schools
County LICC	County Child Death Reviews	Oscoda Area Schools
Ogemaw County Drug Free Coalition	Birth to Three Meetings	Tawas Schools
Head Start Health Advisory Committee	Local/County Sewage/Septic Contractors	Whittemore-Prescott Schools
Water Supply Advisory Committee	CANPAC	West Branch Rose City Schools
Ogemaw County CHOICES	Oscoda County CHOICES	St. Joseph School West Branch
Northern Michigan IAP Network	Tobacco Free Michigan	Northern Michigan EH Directors
McLaren Health Care West Branch	Northeast Rural Michigan	
Alcona Health Center	Thunder Bay Community Health Services	
County Emergency Managers	Ogemaw County TRUST	
Coalition of Hope		

SWOT Analysis Results

SWOT Analysis is a method used to evaluate the internal Strengths and Weaknesses, as well as external Opportunities and Threats that exist in the area in which DHD2 functions. Internal factors reside within DHD2 and its staff, while external factors are external to DHD2. Identification of these critical factors results in the creation of strategic goals and strategies.

DHD2 Strengths – Assets, Gifts & Talents

Willingness to compromise

Helpers

Resilient

Diverse experience

Dedicated employees

Fearless

Experienced employees

Able to cope, survive & adapt

Willingness to help

Flexibility

Serve the community well

Resourceful

Knowledgeable staff

Sense of humor

Know what clients need/want & repeat business

Smart and wise

Citizens appreciate our services

Sincere

Variety of services offered to citizens

Support mission and clients

Family friendly

Family oriented

Care about the clients - We go the extra mile…

Clients need our services

Team work, collegial and camaraderie

Cooperative

Trustworthy and honest

Will to succeed

Hard workers /Step up to the job at hand

Longevity of staff/low turnover rate

Caring with co-workers - work family

Great reputation

Compassionate

Like our job and proud of our services

Potlucks and celebrations

New *united* Board of Health

Very good retirement plan and benefits

Some stable revenue

Work hours

Excellent website

Part of the community

DHD2 kept identity

Can prioritize

Make good referrals

Honest Communications

Ready for change

External Opportunities

DHD4 Affiliation – Shared HO & Ability to Leverage Staff/Resources

Collaboration & Partnership with Community Stakeholder Groups (e.g. Alliance, CHOICES)

Telehealth

Increase Grant Revenue

Renewed Focus on Community Service

Communicable Disease Surveillance

PHAB

National Accreditation

Knowledgeable & Caring Medical Community

New BOH Commissioners

Hedgerow

Streamlined EH Programs

Technology Options

Positive Community Reputation from Robust Public Relations & Social Media Presence

Comprehensive Recognition of Treatment & Care for Whole Person

Enhanced Partnership with Legislatures

Growth through mentor-mentee relationships

External Threats

Fragile Economic Status for Agency & Communities Served

Emerging Diseases

Youth Challenges (Suicide, Bullying, & Low Graduation Rates

Opioid Epidemic & Continued Increasing Drug Use Trends

Continue Transformational Phase for Agency

Environmental Issues

Aging Community with Many Chronic Conditions

Infant Mortality

Low Heath Care Provider Region

Lack of Mass Transportation

Healthcare not accessible/coordinated or comprehensive in behavioral and physical health

Unfunded Mandates

Challenges to the Affordable Care Act

Political Unrest

Strategic Imperatives

Strategic Imperative 1: **DHD2 is the chief health strategist for the communities we serve by seamlessly fostering community partnerships in order to assess current health status and collaboratively promote healthy lifestyles for all that ultimately improves quality of life.**

Goal 1: Continually and enthusiastically collaborate with community stakeholders

Goal 2: Methodically and comprehensively assess emergent incidences and proactively respond to Public Health threats

Goal 3: Vigorously address that local health care access for all residents is coordinated, comprehensive and affordable

Goal 4: Strategically and effectively collaborate with the Northern Michigan Public Health Alliance (NMPHA) and Michigan Association for Local Public Health (MALPH)

Strategic Imperative 2: **DHD2 will achieve organizational excellence by means of a highly skilled workforce, stabilized financial status, improved organizational communication, and implementing innovative systems that potentially enhance effective and efficient processes.**

Goal 1: Boldly and intensively assure financial status and organizational sustainability

Goal 2: Expertly and zealously assure Human Resources meets legal obligations and responsibilities

Goal 3: Timely and effectively create robust internal/external communications

Goal 4: Strategically and competently implement workforce development

Goal 5: Expertly and zealously enhance leadership competencies and quality outcomes

Goal 6: Expertly assess and robustly develop and utilize Information Technology

Goal 7: Comprehensively and methodically collect data and metrics for Performance Management Plan/Dash Board

Goal 8: Strategically strive for a culture of workplace excellence and cultural competence

Goal 9: Intentionally achieve excellence in quality customer service

Strategic Imperative 3: **DHD2 will provide quality Essential Local Public Health Services mandated by the Michigan Public Health Code; and additionally, any value-added services that are adequately funded and approved by the Board of Health.**

Goal 1: Continually achieve State accreditation status and introduce PHAB domains for National accreditation

Goal 2: Purposefully strengthen public health vision, infrastructure and systems

Goal 3: Mindfully and heartily engage Board of Health Commissioners to advance the public health mission in a manner that embraces integrity, accountability and transparency

Goal 4: Dynamically embrace CQI Plan and strategies