District Health Department No. 2

www.dhd2.org

Strategic Plan 2026-2029

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Purpose. People. Performance.

On behalf of the Board of Health Commissioners, Dr. Hamed and I, we are pleased to present District Health Department No. 2's Strategic Plan 2026-2029. The journey to developing this roadmap was dynamic, comprehensive, and a very enriching process. A sincere thank you to the dedicated staff that contributed input to our Strategic Plan. Collectively, we all are embracing District Health Department No. 2's vision, mission, and values, and recognize the critical role local public health plays in building strong, healthy and resilient communities.

We are a small rural health jurisdiction, but mighty in our commitment to strive for excellence in public health service. District Health Department No. 2 is well positioned to be a chief health strategist for the communities we serve. Public health leadership is vital because we are currently facing numerous public health concerns. These include ongoing environmental threats, emerging communicable diseases, an increasing number of outbreaks, a changing and fragmented health care industry, gaps in oral health services, and maternal and infant health issues. We also face a national opioid epidemic with high-risk counties identified in our jurisdiction, more sophisticated cybersecurity phishing scams and threats, and natural disasters such as catastrophic flooding and prolonged ice storms. All of this occurs as we endure Federal, State, and local economic fragility.
Funding public health equates to protecting families and communities! District Health Department No. 2 will continue to champion for wellness, health and equity as a fundamental right.

This Strategic Plan will keep our priorities in focus and clarify the importance of public health services to our communities. Our district has an aging population, experiences seasonal surges of visitors to the area and we have many vulnerable families needing linkages to care and a variety of resources. Public health is essential. We are blessed to have a strong network of partners that care about health and community prosperity. District Health Department No. 2 is committed to serving all who live, work and play in Alcona, Iosco, Ogemaw, and Oscoda counties.

Denise M. Bryan, MPA
Health Officer

Mark Hamed, MD MBA MPH FAAFP
Medical Director

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 predominantly rural and holds a variety of landscapes including the Lake Huron shoreline, vast farmlands and the Huron National Forest.

Ogemaw County - Main Office
630 Progress St.
West Branch, MI 48661
Phone: (989) 345-5020

Iosco County
420 W Lake St.
Tawas, MI 48764
Phone: (989) 362-6183

Alcona County
117 E Main St.
Harrisville, MI 48740
Phone: (989) 724-6757

Oscoda County
393 S Mt. Tom Rd.
Mio, MI 48647
Phone: (989) 829-3970

@dhd2_mi facebook.com/dhd2mi

Local Public Health History

1929 - The Beginning

November 1, 1929, the supervisors of Crawford, Kalkaska, Missaukee and Roscommon Counties (then known as District 1) and 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 1950s 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 1970s EPSDT, a program focused on healthy babies, and Family Planning services were added.

1978 - State of Michigan, Public Health Code amended

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 with Act 368 of 1978 as amended, Sec. 2413 and 2415.

2016 – Environmental & Human Health Threat – PFAS/PFOA also known as Forever Chemicals

DHD2 took a hard stance against PFAS/PFOA contamination arising from the closed Wurtsmith Air Force Base in Iosco County that had been adversely affecting human health and the environment. Recognizing the lack of research and scientific data, lack of national and state regulations, and no accountability from the responsible source party, DHD2 boldly issued multiple Health Advisories alerting the public to risks. Townhall meetings were held along with rallying legislative partnerships, providing Eat Safe Fish and avoid foam information as well as other prevention messaging, distributing sink water filters to eligible homeowners , advocating with MDHHS for increased funding and support, and holding the responsible source party accountable. DHD2 fiercely entered uncharted territory providing true public health leadership that would create state-wide changes and eventually gain United States Congressional and Department of Defense attention. DHD2 will remain committed to its advocacy role in addressing PFAS/PFOA contamination and continue to act protectively to address the adverse effects of these forever chemicals on human health and our planet.

2020 – Global Pandemic

The world experienced a global pandemic with COVID-19 that would reshape many dimensions of life. On March 12, 2020, the Governor closed schools and subsequently implemented early and stringent quarantine and isolation guidance, household confinement, issued orders for the closure of non-essential businesses and limited social gatherings all in an attempt to reduce transmission of the virus and prevent death.
Hospitals were quickly overwhelmed with sick people. Public health expeditiously mobilized to develop mass testing opportunities with National Guard support, centralized disease reporting and provided regular up-to-date data and prevention education information. DHD2 had many trusted community partnerships and was prepared to respond and competently served all four counties working endless hours. January 2021 brought mass vaccination clinics with scarce supplies of vaccine along with concerns about whether the vaccine was safe. The public learned about the importance of epidemiology and disease surveillance. Public health staff saved lives and are true unsung heroes! The pandemic took a toll on the health and well-being of many, and then an unforeseen national landscape emerged – ruthless political divide and an erosion of public trust that remains today.

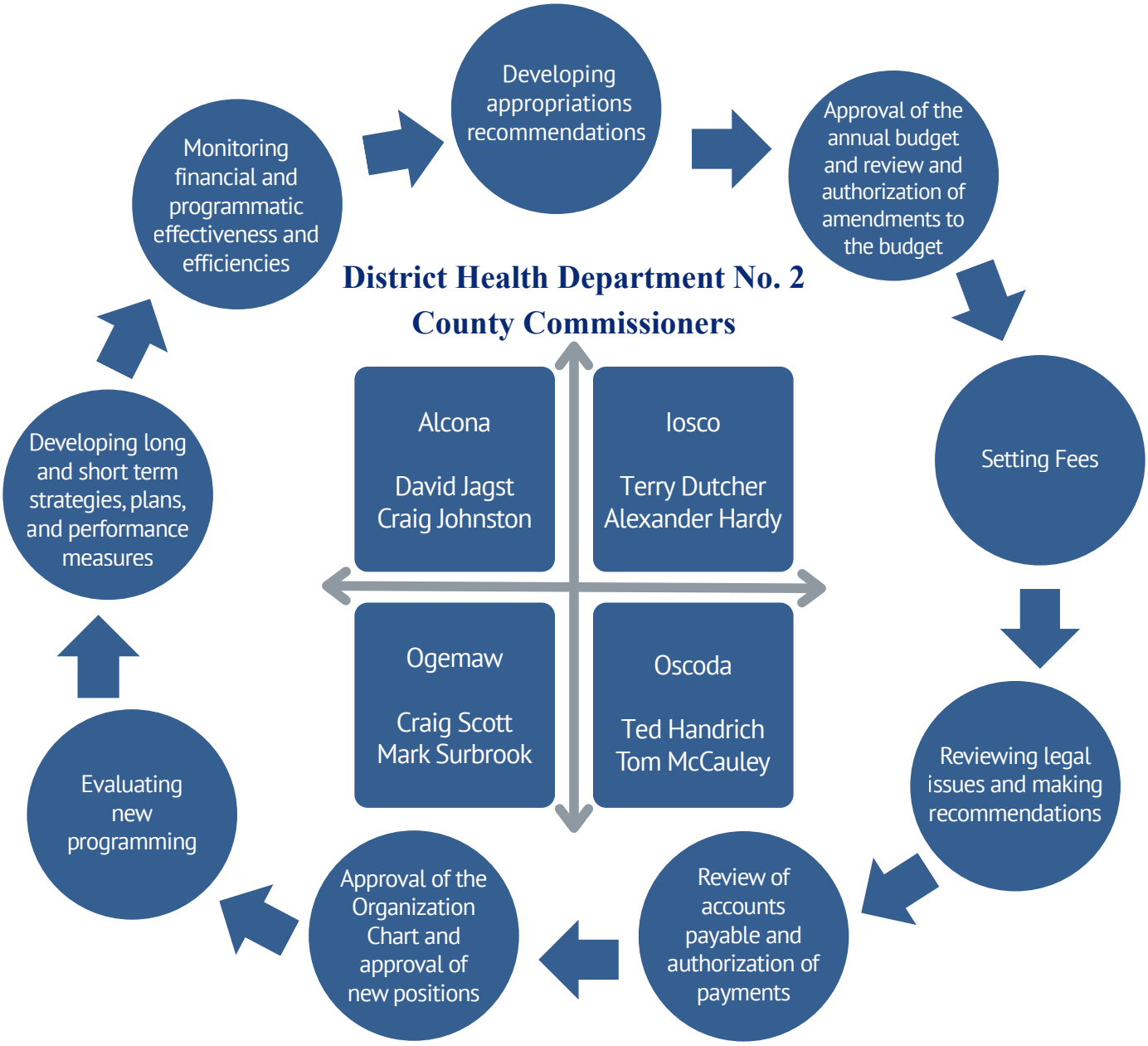
2026 – Public Health Currently

Our jurisdiction has experienced recent catastrophic natural disasters of ice storms and flooding events, so staying prepared to respond and protect is a high priority. PFAS/PFOA contamination surrounding the closed Wurtsmith Air Force Base has been a priority for over a decade and continues to be a focus of legislative advocacy for immediate environmental cleanup and mitigation actions, health advisories for protection and exposure testing for our residents and veterans, and the monitoring of new research of these forever chemicals. Public health epidemiology and disease surveillance is critical as we repeatedly respond to a variety of reportable communicable diseases, vector-borne illnesses, and food-borne outbreaks. This is, indeed, the time to adequately fund public health and invest in public health capacity and infrastructure. DHD2, small, but mighty, will remain committed to our public health mission!

Board of Health Governance

Two commissioners from each DHD2 county (Alcona, Iosco, Ogemaw, and Oscoda) are appointed annually to the Board of Health. At the first meeting of the year, the Board elects a Chair and a Vice Chair. There are no term limits to serving on the Board of Health, and all meetings adhere to the 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 of public health services and protection of the health of residents and visitors of the District, pursuant to all statutes, 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 providing appointment and general oversight of the Health Officer. The Health Officer is responsible for all DHD2's operations and seeks Board support for review of financial items, personnel, legal matters, and departmental policies, priorities and strategies.



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 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 positive teamwork and embrace the richness of diversity and inclusion.

Communication and Collaboration:

We believe timely, coordinated communication and strong collaboration lead to better internal and external service and stronger outcomes for all. We are committed to engaging cross-sector partners, building meaningful connections, and leveraging shared assets and resources to advance common goals and strengthen public health response. Together, we help build resilient communities.

Innovation and Adaptability:

We believe that innovation and adaptability can help us to be more efficient and effective in addressing the needs of our community. Timely, high-quality public health response to emergent health threats will be evidence-based and data-driven.

Focus on Health Equity:

All people have the right to access quality, comprehensive health care. Addressing the social determinants of health helps improve health outcomes.

Sustainability:

We are committed to 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.

PUBLIC HEALTH IN ACTION

Protecting and promoting health across our communities

Public health works to prevent disease, promote health, and create conditions where people can be healthy.

Its focus is the health of the population as a whole — not just one person at a time.

HEALTH CARE

Treats and supports individual patients

PUBLIC HEALTH

Works to improve health for entire communities

WHAT PUBLIC HEALTH DOES

PREVENT	Stop illness and injury before they happen.
PROTECT	Identify and respond to threats to community health.
PROMOTE	Help people and communities achieve better health.
IMPROVE	Address the environments and conditions that influence health.
CONNECT	Bring people, organizations, and resources together.

HOW DOES DHD2 PUT PUBLIC HEALTH INTO ACTION?

Through dedicated people, diverse services, strong departments and community partnerships.

PEOPLE

Our staff bring expertise, compassion, and commitment to the communities we serve.

SERVICES

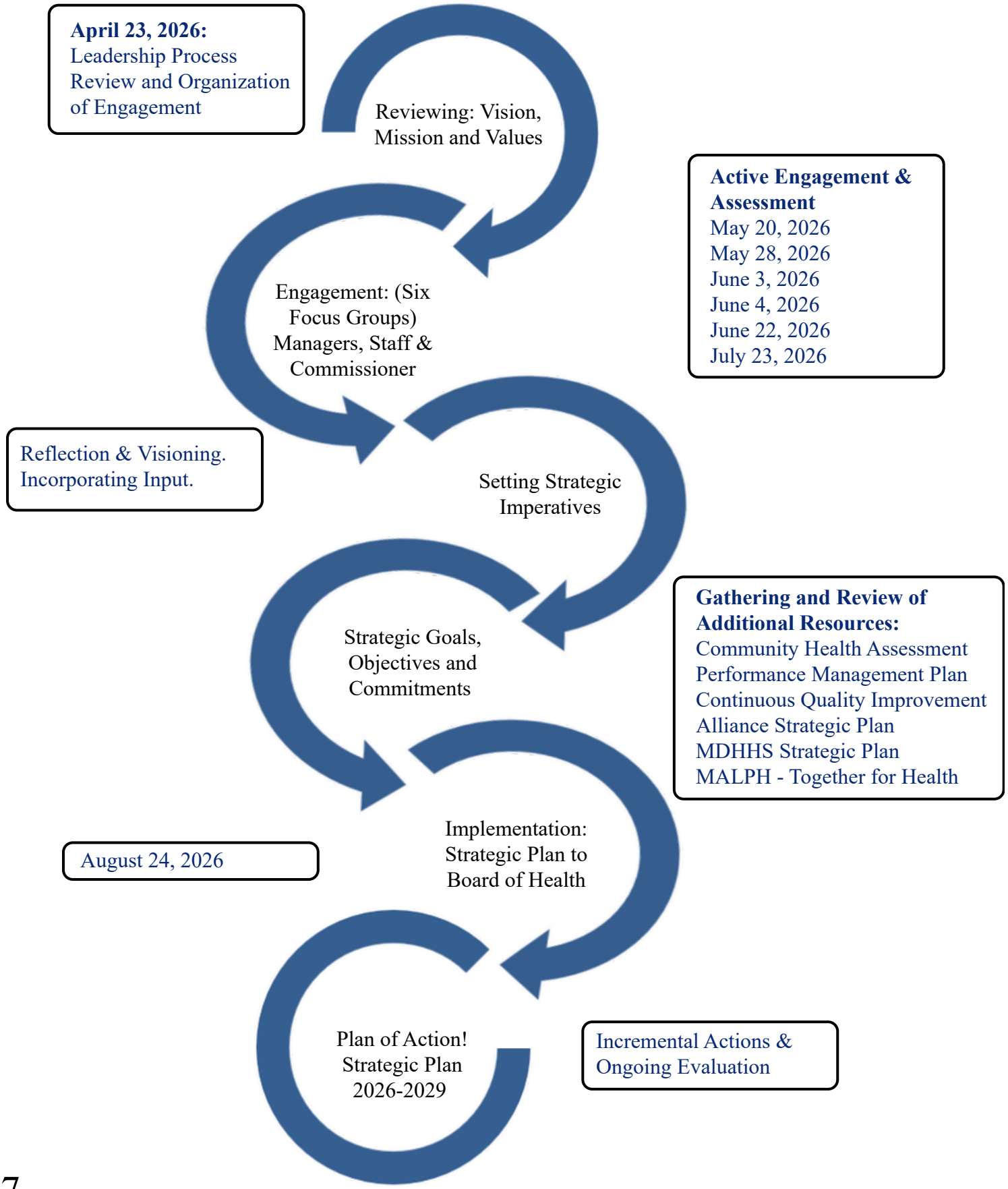
Our departments and programs address individual, family, environmental, and community health needs.

PARTNERS

We work with residents, healthcare, schools, local governments, and community organizations.

Leadership/Administration • Finance • Environmental Health • Emergency Preparedness • Health Education Clinical & Personal Health • Harm Reduction • Communicable Disease • Epidemiology • Immunizations • School Screenings: Hearing, Vision & Oral Health • Maternal & Infant Health • Breastfeeding • Nutrition • Home Visiting Social Determinants of Health Support/Connections

Strategic Planning Process



Community Partnerships - 2026

12 Area School Systems, both Public and Private	Child Abuse & Neglect Prevention Alcona County (CANPAC)	Family Spirit	Love INC
3 Area ISDs and ESDs	Child Death Review Teams	Habitat for Humanity	MALPH Deputy Health Officers Forum
Alcona Health Center (AHC)	Children's Protection Council	Human Service Coordinating Councils (HSCCs) – Four Counties	MALPH Finance Administrators Forum
American Dental Hygiene Association/Superior Sunrise Component	County Commissions – Four Counites	I Vaccinate Partner Group	MALPH Health Education and Promotion Forum (HEP)
American Heart Association	Delta Dental/Delta Dental Foundation	Independent Local Providers - Four Counites	MALPH Health Officer Executive Board
Area Agency on Aging – Four Counties	DHD2 Water Supply Advisory Committee - Well Drillers Four Counties	Iosco Local Interagency Coordinating Council (LICC)	MALPH Nursing Administrators Forum
Blue Cross Complete	Disability Network of Northern Michigan	Iosco Substance Free Coalition	McLaren Health Plan
Board of Health – Eight County Commissioners	EH Forum MALEHA	Local Media - Four Counites	McLaren Hospital - West Branch
Catholic Human Services	Emergency Managers - Four Counties	Local/County Emergency Planning Committees (LEPC)	Meridian Health Plan of Michigan
Chambers of Commerce – Four Counites	EMS – Four Counties	Local/County Planning Teams (LCP)	Michigan Association for Local Public Health (MALPH)

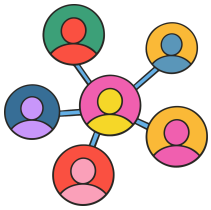
Michigan Care Improvement Registry (MCIR)	Michigan Public Health Association (MPHA)	Northeast Michigan Community Mental Health Agency	Region 3 Healthcare Coalition
Michigan Center for Rural Health (MCRH)	Michigan Public Health Institute (MPHI)	Northeast Michigan Community Service Agency (NEMSCA)	Safe Haven Doula
Michigan Children's Immunization Registry Governance Board	Michigan State University Extension (MSUE)	Northern Michigan EH Directors Group	Sheriff Departments - Four Counties
Michigan Department of Health and Human Services (MDHHS)	Michigan Volunteer Registry (MVR)	Northeast Michigan Family Resource Center	Skilled Nursing Facilities/Long term Care – Four Counties
Michigan Environmental Health Association (MEHA)	MiThrive Workgroup	Northern Michigan Opioid Response Consortium (NMORC)	Sunrise Side Childcare Coalition
Michigan Environnent of Great Lakes & Energy (EGLE)	Munson Healthcare / Healthy Futures	Northern Michigan Public Health Alliance (NMPHA)	Thunder Bay Community Health Services (TBCHS)
Michigan Groundwater Association	MyMichigan Hospital - West Branch & Tawas	Northern Michigan Regional Entity (NMRE)	Tobacco Free Michigan
Michigan Health Alert Network (MiHAN)	NMPHA PIO Workgroup	Ogemaw Opioid Committee	United Health Care
Michigan Local Health Department Academy of Science Group (AOS)	Northeast Michigan Community Foundation	Ogemaw Substance Free Coalition	University of Michigan School of Public Health
Michigan Oral Health Coalition	Northeast Michigan Community Health Innovation Region Steering Committee (NECHIR)	Priority Health	Wellvance

Our People. Our Purpose. Our Path Forward

Our strategic plan was shaped by the voices of the people who know DHD2 best. Six internal focus groups shared what makes them proud, what our communities need, what challenges us, what helps our workforce thrive, and what success looks like. Full focus-group feedback is included in Appendix A.

WHAT DRIVES US

Making a Difference



Community Service & Connection

Empowering People

Supporting Healthy Families

"Heart work. We make a difference!"

WHAT OUR COMMUNITIES NEED

Timely & Responsive Service

Trusted Information & Guidance

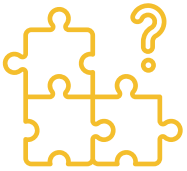
Accessible, Affordable, Respectful Care

Healthy & Safe Community Conditions

WHAT WE NEED TO OVERCOME

Unstable Resources

Workforce Capacity



Fragmentation & Silos

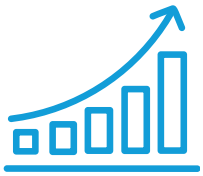
Trust, Misinformation & Changing Threats

WHAT HELPS OUR TEAM THRIVE

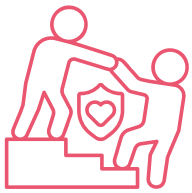
Teamwork

Competitive Pay

Communication, Connection, Listening



Growth & Development



Value & Supportive People

WHAT SUCCESS LOOKS LIKE

Measure What Matters

Customers Who Trust & Return

Strong Community Partnerships

Healthier Communities

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: Expertly enforce public health laws and regulations that mitigate public health threats, increase individual and environmental safety, and create optimal health outcomes.

Goal 2: Continually and enthusiastically collaborate with cross-sector community stakeholders seeking health in all policies. Purposefully strengthen the public health ecosystem by a clear vision, strong investment in updated infrastructure, engaging in legislative and local public health funding advocacy, and modernizing integrated data systems.

Goal 3: Strategically and effectively collaborate with the Michigan Department of Health and Human Services (MDHHS), Northern Michigan Public Health Alliance (NMPHA), Michigan Association for Local Public Health (MALPH), Michigan Oral Health Coalition (MOHC), and other coalitions that create best practices and evidence-based processes.

Goal 4: Methodically and comprehensively assess emerging incidences and proactively respond to public health threats, mitigating risks and fortifying resiliency in individuals and our communities.

Goal 5: Vigorously address social determinants of health and ensure that access to local health care is coordinated for all residents. Publish regular Community Health Assessment data reports, as well as a Community Health Improvement Plan.

Strategic Imperative 2: DHD2 will catalyze local public health to a sustainable future by achieving organizational excellence focused on: retaining a highly skilled workforce, stabilizing our financial status, improving timely communications, ensuring workplace safety, and implementing innovative systems that enhance effective and efficient processes.

Goal 1: Boldly and intensively assure stable and strategic financial status and organizational sustainability.

Goal 2: Expertly and consistently assure Human Resources meets legal obligations and responsibilities which help to create a culture of excellence, positive teamwork and inclusion.

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

Goal 4: Mindfully and frequently assess facility and environmental safety. Intentionally and proactively adhere to MI-OSHA standards, provide ongoing situational awareness training and drills, and mitigate all identified hazards.

Strategic Imperatives

Goal 5: Expertly assess and robustly develop and implement effective technology that will decrease cybersecurity and HIPAA risks.

Goal 6: Purposefully achieve excellence in high-quality internal and external customer service.

Goal 7: Vigorously strive for a culture of workplace excellence and cultural competence which will ultimately enhance staff recruitment and retention.

Goal 8: Strategically and expertly implement workforce development that enhances all public health staff competencies and quality outcomes.

Goal 9: Comprehensively and methodically collect data and metrics for Performance Management Plan.

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 a strong public health ecosystem by maintaining State accreditation status, certification in Project Public Health Ready (PPHR), and other program audits. Reference and align with national Public Health Accreditation Board (PHAB) domains.

Goal 2: Mindfully engage Board of Health Commissioners to advance the public health mission in a manner that embraces integrity, accountability and transparency.

Goal 3: Dynamically embrace a continuous quality improvement plan and strategies upholding evidence-based practices and data driven decisions

Appendix A: Focus Group Notes

What makes you proud of your public health work?

• Help the public -many thankful • Care about people • Educate- help people to understand • Community support- worthwhile work/local • Local public health has trusted relationships • Needs of clients met • Families have better outcomes • We do "a lot with a little" • Empowering women- family planning services, breastfeeding education and support to moms • Healthy babies/ vaccinations/WIC • Taking great care of moms & babies – ensuring thriving!	• "Heart work" We make a difference! • Health policy Influence • We know our community/ part of our communities • Serving rural areas • Building partnerships • Building/ creating self-sustaining • individuals, families and communities • Serving vulnerable people • Empowering youth • Giving back • Inspiring work! • Collaborative spirit with partners/community

What are the needs of our public health customers?

• Expeditious service • Quality results • Explanations of "why" • Expert problem-solving • Provide options • Education/ credible information • Timely responses • Affordable fees/ payments • Difficult to navigate healthcare- we are advocates • Resilient communities and ability to readily recover from disasters • Guidance • Referrals • Education/ knowledge	• Responsive • Universal home visiting • Meaningful progress • Holistic approach/ healing • Dignity in all services • Adequate health Insurance • Nonjudgemental services • Community as a whole: Transportation, affordable housing, more childcare options, access to medical care, more birthing hospitals work opportunities/financial prosperity, services for elderly/ aging population.

What is blocking us from our public health mission?

• Fragmented public health funding and unreliable year to year • Politics- national, state and local • Lack of public health trust • Cybersecurity threats/A.I. fake/ very concerning • Working with the public - negative situations can turn aggressive • MDHHS disconnect from local public health • Unfunded mandates • Lack of cooperation- antagonistic • Public expectations at times unrealistic	• Difficult hiring/ limited pool of candidates • Too much to do/ not enough time • Travel geography • Grants end – then loss of valued programs and staff • Workforce reduced post pandemic -Lack of staff • Staff turnover • Staff burnout • Internal silos • Doing more with less • Keeping up with social media misinformation

What does the team need to create and retain a competent workforce that works efficiently and effectively?

• Teamwork/ working together • Increase wages/pay • Fair and equal treatment • Software to full capacity • Competitive wages • Staff with self-initiative with administrative support • Good communication • Consistency • Supervisor understanding & support • More information on other department services • Written processes • Cross training	• Positivity • Support each other • Training • Kindness • Clarity of vision • Continue with employee engagement /Listening to staff • Feeling valued/ making a difference • Avoid- “not my job” • Job shadowing • Work-life balance

How do we measure local public health success?

• Data/ MPR/s/ accreditation • CHA/ CHIP • Compliance with public health regulations • Customer service feedback • Few complaints about service • Continued team learning environment • Trusted relationships/ partnerships/ businesses, community stakeholders • “People skills” utilized to handle situations • Continued PPHR certification	• Community success stories • Public appreciation • Expansion of programs EX: Youth • Staff safety • Decreased liability/risk management • Satisfied clients/ clients returning • Positive press/ social media • Efficient use of software, electronic reports • Increase outreach marketing/ branding • Staff retention • Address opioid epidemic/ being part of the solution and decreasing overdose deaths