Calhoun County Board of Health

Strategic Planning Retreat 2009

February 28, 2009

Dams & Associates, Inc. | STRATEGIC PERFORMANCE CONSULTING

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Introduction

The purpose of this Board of Health strategic planning retreat was to sharpen our focus for improving the health of Calhoun County residents. Together with our community partners and health department staff, we determined the following two community health indicators as our top two long-term priorities:

- **Nutrition, Overweight, and Obesity**
  Increase the percent of adults who are at a healthy weight and reduce the percent of adults who are obese.

- **Teen Pregnancy**
  Reduce the teen pregnancy rate.

Interwoven throughout our efforts to positively impact these indicators is the recognition that we can only achieve our goals if we *simultaneously address the healthcare disparity for minorities*.

The Calhoun County Public Health Department provides a number of mandated and non-mandated services. With the support of the Board of Health, the CCPHD will now take a leading role in the areas of Nutrition, Overweight, and Obesity and Teen Pregnancy.

We are calling on our community partners, and on our community as a whole, to work with us on improving the health of our community. Together we can increase the quality of life in Calhoun County and make it an attractive place for businesses and residents alike.

Jeffrey Mitchell, M.D.
Chair, Calhoun County Board of Health

James A. Rutherford, RS, MPA
Calhoun County Health Officer

Mission and Vision

Mission	The Calhoun County Public Health Department works to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.

Vision	The healthiest community for life & living.

Board of Health Long-Term Priorities

Nutrition, Overweight, and Obesity

- Increase the percent of adults living in Calhoun County who are at a healthy weight and reduce the percent of adults who are obese.

Teen Pregnancy

- Reduce the teen pregnancy rate in Calhoun County.

Goals for Achieving Priorities

- People have the knowledge to make health a priority.
- The system of collaboration will be integrated.
- Involve minority leadership.
- Decision-making will be informed and data-based.
- Funding will be sustainable and strategic.

Strategy Map

Vision

The healthiest community for life & living.

Mission

The Calhoun County Public Health Department works to enhance our community's total well-being by promoting healthy lifestyles, protecting health, and preventing disease.

Long-Term Priorities

Nutrition, Overweight, and Obesity

Increase the percent of adults living in Calhoun County who are at a healthy weight.

Reduce the percent of adults who are obese.

Teen Pregnancy

Reduce the teen pregnancy rate in Calhoun County.

Community

People have the knowledge to make health a priority.

Collaboration

The system of collaboration will be integrated.

Involve minority leadership.

Learning & Growth

Decision-making will be informed and data-based.

Financial

Funding will be sustainable and strategic.

Community Collaborations

At the retreat, participants identified community collaborations that address specific health indicators (in addition to current CCPHD services).

Health Indicators	CCPHD Programs and Services	Community Collaborations
Access to Health Care		• Battle Creek Community Foundation • Calhoun Health Plan (CHP) • Family Health Center • Free Clinics • Regional Health Alliance • United Way
Cancer		• Calhoun County Cancer Control Coalition (5C)
Diabetes		• Minority Health Partnership (MHP) • Pathway to Health • Regional Health Alliance
Health Respiratory Diseases		
Healthcare disparity for minorities		• LHCP • Minority Health Partnership (MHP) • Regional Health Alliance
Heart Disease and Stroke		• Minority Health Partnership (MHP)
Lead	Elevated Blood Level Response	• City of Battle Creek
Maternal, Infant & Child Health • Adequate Prenatal Care • Childhood Immunization • Infant Mortality	Adolescent Health Center Children's Special Health Care Services Fetal Infant Mortality Review **Hearing and Vision Testing (mandated)** **Immunizations (mandated)** School Wellness Program WIC Nutrition Program	• Battle Creek Community Foundation • Regional Health Alliance
Nutrition, Overweight & Obesity		• Minority Health Partnership (MHP) • Regional Health Alliance
Physical Activity		• City of Battle Creek Parks and Recreation • Regional Health Alliance • YMCA

Community Collaborations - continued

Health Indicators	CCPHD Programs and Services	Community Collaborations
Sexually Transmitted Infections	**Communicable Disease Surveillance, Prevention, and Control (mandated)**	
	HIV/AIDS Testing and Counseling (mandated)	
	STI Testing and Treatment (mandated)	
Smoking & Tobacco Use	Tobacco Reduction Coalition	• Calhoun County Cancer Control Coalition (5C)
Teen Pregnancy	Great Choices" Teen Pregnancy Prevention Teen Pregnancy Prevention Partnership Coordination	• Regional Health Alliance • United Way
Senior Health (added during retreat)		• Area Agency on Aging • Program of All Inclusive Care for the Elderly Model (PACE) • Senior Health Partners

The

Retreat Planning

Process

Retreat Participants

Anderson, Larry	Consultant
Camp, Julie	Board of Commissioners
Crooks, Regina	CCPHD, Nurse Manager
Doolittle, Genessa	CCPHD, Health Educator
Eva, John	CCPHD, Financial Analyst
Foerster, Kathy	Board of Health; MSU Extension
Gerow, Lisa	Board of Health; Board of Commissioners
Haadsma, Jim	Board of Commissioners
Harrington, G., MD	CCPHD, Medical Director
Hazard, Diana	CCPHD, WIC Coordinator
Hulbert, Sonjalita	Minority Health Partnership
Karamchandani, M., MD	Board of Health; Physician
Lindberg, Ted	Family & Child Services, Program Director
Makoski, Paul	CCPHD, Food Coordinator
Mitchell, Jeffrey, MD	Board of Health, Chair; VP of Medical Affairs, BCHS
Overley, Bob	CCPHD, EH Coordinator
Pearl, Samantha	Board of Health; Calhoun Health Plan
Ponds, Ken	Board of Health; Chaplain, Starr Commonwealth
Rae, Michael	Board of Commissioners; Rae Law Offices
Reichenbaugh, Brigette	CCPHD, Communications and Grant Manager
Rutherford, James	CCPHD, Health Officer
Sproule, Kelli	Calhoun County, County Administrator
Tsoumas, Rick	Board of Health, Vice-Chair; The Planning Group
Wise, Jill	Regional Health Alliance-Battle Creek Community Foundation; Consultant

Exercise 1: Select Two Indicators as Long-Term Priorities

After an initial overview by Health Officer Rutherford, participants discussed and voted on their long-term priorities. After the initial voting, participants discussed the potential priorities further and then determined the top two via a final vote.

Indicator	Initial Vote	Final Vote
Nutrition, Overweight & Obesity	**17**	**17**
Teen Pregnancy	**8**	**13**
Healthcare Disparity for Minorities	5	11
Access to Health Care	3	1
Lead	1	1
Adequate Prenatal Care	1	0
Cancer	0	0
Childhood Immunization	2	0
Diabetes	0	0
Health Respiratory Diseases	0	0
Heart Disease and Stroke	1	0
Infant Mortality	1	0
Physical Activity	0	0
Senior Health (added during retreat)	0	0
Sexually Transmitted Infections	1	0
Smoking & Tobacco Use	2	0

Participants explored how Healthcare Disparity for Minorities could be interwoven throughout the efforts for achieving the top two long-term priorities and throughout all CCPHD programs and services.

Exercise 2: Identify Gaps and Barriers

Participants identified gaps (what's missing) and barriers (what's in the way) that impede achieving the long-term priorities.

- What is missing today that we need to improve the indicators?
- What do we not know that we should know for planning for the long term?
- What are the gaps?
- What are the barriers?

Gap Analysis Results

Funding Challenges	Lack of Information	Lack of Collaboration	Lack of Community Education	Unhealthy Behaviors
Lack of resources to develop new programs Teen Pregnancy: Lack of money Teen Pregnancy: Funding Funding Lack of funding; lack of approp. Staffing, so multi-factorial (adequate program model?), long-term Teen Preg: Lack of funding, lack of approp. program model? Nutrition-Obesity: Access, $ Lack of funding TP: Resources Lack funding Health Disparities: Funding Nutrition: Funding Minority service providers Zero dollars to support minority programs from local med institutions Overall lack of: funding, education, community commitment Teen Pregnancy: Lack of funding	Lack of data collection and reporting capability Teen Preg: Why is it increasing, education needed Research: Why (not how) do young women become pregnant? All: Need to rifle shoot ☐ Epidemiologist to assist community in resource decision-making Teen Preg: Rethink approach Nutrition/Healthy Life: Need to focus – very broad area Lack of programs to support TP – willing to try new ideas Teen Pregnancy: National model Lack of readily adoptable success models	Need collaborators who are in the target audience Difficulty inhere in collaborating with other agencies Lack of broad collaboration with private sector Lack of focus (program, SWP?) Disparities: Educate public, build bridges (community issue), cohesive leadership Lack of community commitment TP: Rebuild trust in the community for our role in T.P. Teen Preg: Ability to reach target population	Nutrition: Lack of education Community acceptance of indicator STI: Education Community (whole) support Marketing Lack education Nutrition: Lack of early education Nutrition: Education TP: Lack of education	Lack of parental involvement Getting behavioral change with individuals and families Lack of personal responsibility Obesity: lifestyle change, education
			Lack of Expertise	**Ignorance-Racism-Prejudice**
			Lack of expertise needed for new priorities Nutrition/Overweight/Obesity: Staff expertise, training, funding Staff expertise Lack of diversity in H.D. staff Understanding cultural norms that inhibit behavioral change Minority: Lack of education, language barrier	Teen Pregnancy: Greater commitment to and involvement of minority population HC Disparity: Racism
				Lack of Control
				Teen pregnancy: Lots of issues that are out of our control
				Politics
				Teen Preg: politics

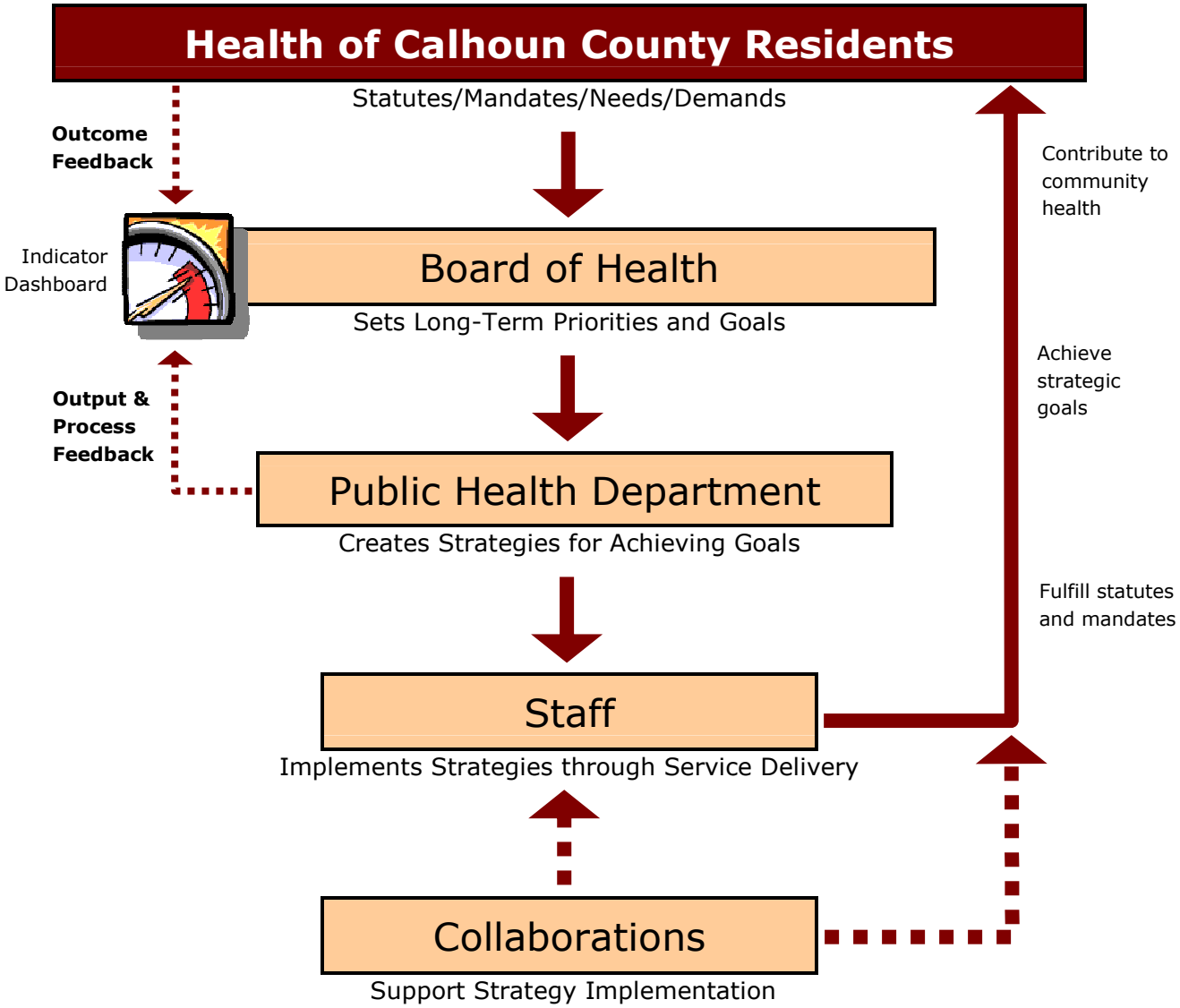
Exercise 3: Develop Goals

Based on the gap analysis, participants drafted initial goals and possible objectives to answer the question: "What can the Calhoun County Public Health Department do to close the gaps and overcome the barriers that impede progress toward the long-term priorities?"

Goals for Achieving Priorities	Suggested Objectives
People have the knowledge to make health a priority	• Educational outreach efforts target the top priorities • Education • Ability to use knowledge ("empower")
The system of collaboration will be integrated	• Develop new partnerships (e.g., Kalamazoo, Jackson) • Increase strategic focus of CCPHD's intra-county collaborations
Involve minority leadership	• Open communication with minorities • Communicate with minority leadership ("We know they are working on these issues.")
Decision-making will be informed and data-based	• Hire a new epidemiologist
Funding will be sustainable and strategic	• Develop a funding plan that identifies new funding sources targeting the long-term priorities

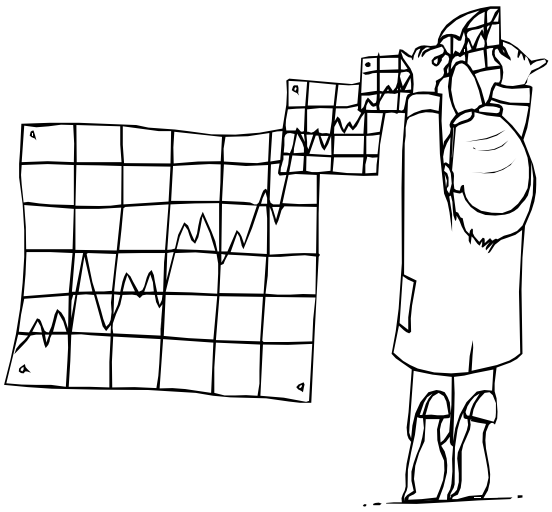
Achieving Long-Term Priorities Through Service Delivery

As a next step, the CCPHD will develop concrete objectives and action plans that will guide staff in achieving the long-term priorities. The five goals for achieving the priorities are designed to encourage and sustain those aspects of the Public Health Department's services that will specifically contribute - over time - to bringing about improvements in the priority indicators and the health of Calhoun County residents in general.



Next Steps

- County Board of Health adopts long-term priorities and goals.
- CCPHD staff will develop implementation strategies and timetables.
- Implement action plan.
- Track progress and identify data trends.
- Focus on top indicators throughout the year by placing updates on board and staff meeting agendas.
- Report results to the community.
- Use outcome measures for continuous improvement.
- Regularly review, validate, and update goals and action plans.



Contact Information

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